

CONDENSED AGENDA OF THE BOARD OF DIRECTORS' VIRTUAL MEETING

To be held at 0800 on Wednesday 6 May 2020

V = Verbal D = Document P = Presentation

Ref N ^o .	Agenda Item	FOI (exempt)	Lead	Time
PRELIMINARY BUSINESS				08:00
TB056/20 (V)	Chair's welcome & note of apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate.</i>	No	Chair	10 mins
TB057/20 (D)	Declaration of Directors' Interests concerning agenda items <i>Purpose: To record any Declarations of Interest relating to items on the agenda:</i>	No	Chair	
TB058/20 (D)	Minutes of the previous meeting <i>Purpose: To approve the minutes of previous meeting held on 1 April 2020</i>	No	Chair	
TB059/20 (D)	Matters Arising and Action Logs a) Trust Board Part 1 b) Trust Board Part 2 <i>Purpose: To consider any matters arising not included anywhere on agenda and review outstanding and approve completed actions.</i>	No Yes	Chair	
STRATEGIC CONTEXT				08:10
TB060/20 (V)	Chair's Report <i>Purpose: To receive an update on key issues from the Chair</i>	No	Chair	10 mins
TB061/20 (D)	Chief Executive's Report <i>Purpose: To receive an update on key issues from the Chief Executive</i>	No	CEO	10 mins

Gold Command Update				08:30
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TB062/20 (P)	Covid19 Presentation <ul style="list-style-type: none"> • Operations Report • Workforce • Finance • Quality and Safety 	Yes	COO	30 mins
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Purpose: to receive the updates

TB063/20 (D)	Covid 19 Risk Register	Yes	CEO/ DON	10 mins
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Purpose: To receive the Covid 19 Risk Register

QUALITY AND SAFETY				09:10
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TB064/20 (D)	Quality and Safety Report <ul style="list-style-type: none"> • AAA Report • Minutes of meeting held on 23 Mar 2020 	No Yes	Cttee Chair	5 mins
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Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board

TB065/20 (V)	Quality and Safety Update <i>Annual Safeguarding Report deferred to June 2020</i>	No	DoN	5 mins
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Purpose: To receive the Quality and Safety update for information and assurance

PERFORMANCE & GOVERNANCE				09:20
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TB066/20 (D)	Finance, Performance and Investments Committee <ul style="list-style-type: none"> • AAA Report • Minutes from the meeting held on 23 Mar 2020 	No Yes	Cttee Chair	5 mins
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Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board

TB067/20 (P/D)	Integrated Performance Report (IPR)	No	COO	10 mins
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Purpose: To receive the IPR and consider any issues stemming from the report

TB068/20 (D)	Finance Report including: a) Finance Report b) 2020 Financial Plan c) Use of Resources Report	No No No	DoF	15 mins
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Purpose: To receive the finance report for discussion and

assurance

WORKFORCE 09:50

TB069/20 (D)	Workforce Committee <ul style="list-style-type: none"> • AAA Report • Minutes from meeting held on 24 Mar 2020 	No Yes	Cttee Chair	10 mins
<i>Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board</i>				

Risk and Governance 10:00

TB070/20 (D)	Audit Committee <ul style="list-style-type: none"> • AAA Report • Audit Committee Minutes from 15 January 2020 • Audit Committee Annual Report 	No Yes Yes	Cttee Chair	10mins
<i>Purpose: To receive the reports for information and assurance and receive items of concern escalated to the Board</i>				

TB071/20 (D)	Corporate Risk Register	Yes	DoN	10 mins
<i>Purpose: To receive the Risk Register</i>				

TB072/20 (D)	Board Assurance Framework	No	ADCG	5 mins
<i>Purpose: To receive the Board Assurance Framework</i>				

TB072/20 (D)	Fit and Proper Person's Test (FPPT) Annual Report	No	ADCG	5mins
<i>Purpose: To approve the FPPT report</i>				

TB073/20 (D)	Compliance with Provider Licence	No	ADCG	5 mins
<i>Purpose: To note the report</i>				

ITEMS FOR INFORMATION 10:35

TB074/20 (D)	Annual Report and Accounts	No	ADCG	
<i>Purpose to provide on the change to ARA submission</i>				

CONCLUDING BUSINESS 10:35

TB075/20 (V)	Message from the Board	Chair		3 mins
<i>Purpose: To approve the key messages from the Board for cascading throughout the organisation.</i>				

TB076/20	Any Other Business	Chair		2 mins
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(V)

Purpose: To receive any urgent business not included on the agenda.

TB077/20
(V)

Date and time of next meeting:
09:00, Wednesday 3 June 2020

Chair

**10.40
close**

Chair: Neil Masom

Register of Interests Declared by the Board of Directors 2020/21 as at 28 April 2020

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
ARMSTRONG-CHILD Mrs Trish	Chief Executive Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	16 December 2019
BIRRELL, Mr Jim	Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	25 September 2017
BRICKNELL, Dr David	Non-Executive Director	Pilkington Family Trust St Joseph's Hospice The World of Glass Pilkington Glass Collection	Nil	Nil	Director, St Joseph's Hospice Director, Pilkington Family Trust	Director, St Joseph's Hospice	Nil	Nil	Nil	20 February 2020
CHRISTIAN, Mr Steven	Chief Operating Officer	Nil	Nil	Nil	Trustee at The Rainford Trust	Trustee at The Rainford Trust	Nil	Nil	Nil	27 March 2020
GIBSON, Mrs Pauline	Non-Executive Director Designate		Director; Excel Coaching & Consultancy, Provision of	Nil	Nil	Nil	Nil	Nil	Nil	25 July 2017

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
GORRY, Mrs Julie	Non-Executive Director	Catalyst Choices C.I.C.	coaching services to Directorate and senior NHS Management personnel	Nil	Nil	Project Adviser: Hospice of the Good Shepherd 2017 to date Specialist Adviser CQC 2015 to date Macmillan Cancer Information & Support Specialist 2017 to date	Nil	Nil	NED Representative on the North West Coast Strategic Clinical Network for Palliative and End of Life Care	9 July 2019
HANKIN Dr Terence	Medical Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	31 January 2020
KATEMA Mrs Sharon	Associate Director of Corporate Governance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	02 December 2019

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
LEES Ms Bridget	Director of Nursing, Midwifery and Governance	Nil	Nil	Nil	Nil	Nil	Spouse employed as a Pharmacist Technician	Nil	Nil	7 February 2020
MASOM Mr Neil	Chairman & Non-Executive Director	Industrial & Financial Systems (IFS) AB NDLM Ltd	CQC Holdings Ltd (manufacturer of textile products) JSSH Ltd	Nil	Nil	Nil	Nil	Nil	Nil	4 February 2020
PATTEN, Ms Therese	Deputy Chief Executive/Director of Strategy	Nil	Nil	Nil	Nil	Trustee - Blackburn House Group	Nil	Nil	Nil	4 February 2020
POLLARD Mr Graham	Non-Executive Director	Nil	Nil	Nil	Nil	Trustee at Alder Hey Children's Kidney fund	Nil	Nil	Employed by the University of Liverpool	27 April 2020
ROYDS, Mrs Jane	Director of Human Resources & Organisational Development	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Vice Chair of Governors, Farnborough Road Junior School, Southport	24 February 2020
SHANAHAN, Mr Steve	Director of Finance	Nil	Nil	Nil	Member of the Board of Trustees	Nil	Nil	Nil	Trustee – Age Concern	5 February 2020

NAME	POSITION/ROLE	Directorship, including non-executive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
SINGH, Mr Gurpreet	Non-Executive Director	Nil	GS Urology Ltd: providing practice & GMC work	Nil	for Age Concern Central Lancashire	Private practice at Ramsay Health	Nil	Nil	Nil	19 February 2020
						Trustee of the Southport and District Medical Education Centre Fund				
						Trustee of the Ormskirk and District Post Graduate Medical Trust.				

**Minutes of the Board of Directors’ Meeting
held on Microsoft Teams
Wednesday 1 April 2020**

(Subject to the approval of the Board on 6 May 2020)

Members Present

Mr Neil Masom	Chair
Mrs Trish Armstrong-Child	Chief Executive
Mr Jim Birrell	Non-Executive Director
Dr David Bricknell	Non-Executive Director
Mrs Julie Gorry	Non-Executive Director
Dr Terry Hankin	Executive Medical Director
Ms Bridget Lees	Executive Director of Nursing, Midwifery and Therapies
Ms Therese Patten	Deputy Chief Executive/ Executive Director of Strategy
Mr Steve Shanahan	Executive Director of Finance
Mr Gurpreet Singh	Non-Executive Director

In Attendance

Mr Steve Christian	Chief Operating Officer
Mrs Pauline Gibson	Non-Executive Director Designate
Mrs Sharon Katema	Associate Director of Corporate Governance
Mr Graham Pollard	Non-Executive Director
Mrs Jane Royds	Director of Human Resources and Organisational Development
Miss Ellen Johnson	Personal Assistant to DoHR

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		

TB036/20 Chair’s Welcome and Note of Apologies

Mr Masom welcomed all in attendance and in particular, welcomed Mr Pollard to his first Board meeting since his appointment. He expressed thanks to Mr Pollard, who had been instrumental in securing 3D printed visors from the University of Liverpool, and was in the process of arranging for increased production.

Mr Masom outlined the governance arrangements for the Trust Board meetings adding that to ensure key decisions and important governance processes continued to be maintained, all meetings would now take place virtually. The format for the Board meeting had been abridged to incorporate Parts 1 and 2 of the agenda. Minutes and papers from all meeting papers would continue to be published on the website. Mr Masom formally welcomed Mrs Katema since her substantive appointment as Associate Director of Corporate Governance.

Mr Masom reflected on his attendance at the North West Regional Leads Forum chaired by Bill McCarthy, North West Regional Director of NHS Improvement (NHSI) the focus of which was on the Coronavirus pandemic. Notes from the meeting would be shared with non-executive directors.

TB037/20 Declaration of Directors' Interests concerning agenda items

The Register of interests would be updated to reflect Mr Pollard interests as a Trustee at Alder Hey Children's Kidney Fund and his substantive employment with the University of Liverpool.

There were no declarations of interests in relation to the agenda items.

RESOLVED:

The Register of Directors' Interests was **approved**.

TB038/20 Minutes of the previous meetings

Mr Masom requested that any comments on the minutes should be submitted to the ADCG.

The Board reviewed the minutes of the previous meeting held in private and the minutes from the meeting held in public on 4 March 2020 and approved them as a correct and accurate record of proceedings subject to comments received.

RESOLVED:

The Board **approved** the minutes from the Private and Public meeting held on 4 March 2020 subject to noted comments.

TB039/20 Matters Arising Action Logs – Outstanding & Completed Actions

There were no outstanding actions.

TB040/20 Chief Executive's Report

Mrs Armstrong-Child's presentation focussed on the Trust's position regarding Covid-19 and the expected impact on hospital admissions. She outlined that in line with NHSE/I Emergency Preparedness, Resilience, and Response (EPRR) Framework, the North West region had now initiated Command and Control procedures. System planning and virtual meetings with provider Chief Executives had also commenced on 1 April 2020.

Internally, members of the Executive were leading on different directorate portfolios with Dr Hankin leading on Clinical Reference Groups and Mrs Royds working on the redeployment of staff. Mrs Armstrong-Child expressed thanks to the non-executive directors (NEDs) for their support and involvement in staff welfare calls.

Mrs Gibson highlighted that there had been appreciation from staff

following when undertaking staff welfare calls and many comments include they feel cared for by the Trust

Mrs Armstrong-Child provided a brief overview of the current Situation Report for the Trust which included the following:

- 60 patients had tested positive for Covid-19 of which 21 had recovered and unfortunately seven had died.
- the Trust was currently reaching 62% occupancy, with a forecast of 92% occupancy by 12 April 2020. In order to cope with the surge, Mr Christian explained an additional 120 beds would need to be procured by the end of April 2020.
- Temporary service configurations had been considered which included the reconfiguration of Adult Emergency Department and the closure of Paediatrics ED from 10pm to 8am from 1 April 2020.
- Cancer activity would be continuing
- Review and consideration regarding utilisation of Ormskirk and Renacres Hospital
- Commencing redeployment of staff and ensuring training and competencies were appropriate for this

The Business Intelligence (BI) team had undertaken analysis of the demographics of patients in the hospital testing positive for Covid-19. This collated data could be used to locate hotspots in the surrounding areas and inform local care homes. Predictions regarding the bed model for the worst and best case scenarios were being generated.

In response to Mr Masom's query on how Covid19 mortality would be recorded, Dr Hankin outlined that there was no clarity regarding how to code deaths in this instance, given that some patients had pre-existing respiratory diseases.

Mr Singh sought clarification on when the introduction of the antibody tests would occur. Mr Christian advised that the Trust had proactively commissioned staff testing which not only supported staff personally but enabled staff to return to work ensuring there was continued delivery of service. He advised that as of 31 March, 580 members of staff were self-isolating.

Mrs Gorry thanked the executives and their teams for their work and queried how the command and control governance procedure would cope with the rising number of staff sickness absence. Mrs Armstrong-Child advised this was under constant review adding that all executives were encouraged to be flexible with their hours to ensure their health and wellbeing.

In response to Mr Pollard observation on managing public assurance, Mrs Armstrong-Child highlighted that her request for support from Edge Hill University had been unsuccessful. Mr Pollard advised that he would try and source support from the University of Liverpool. Ms Patten added that there was an additional individual that had been identified and could provide support to the Communications Team.

RESOLVED:

The Board **received** the Chief Executive's Report.

TB041/20 Strategy Update (including Task and Finish update)

Mr Masom advised that due to the current challenges, the Acute Sustainability programme had been put on hold. A meeting had been arranged to commence a formal shutdown. He stated Mrs Suzy Ning has been redeployed to support Mrs Patten with her executive agenda in the Covid-19 position.

He stated that the Cheshire and Mersey Hospital and Out of Hospital Cells were clearly aligned with the services and activity. Best practice was being discussed throughout departments to achieve more efficient services and was an opportunity to understand a new a normality of working by using the natural reconfigurations to feed into system planning. Mr Masom stated that all lessons learnt needed to be captured to enable more efficient working. Ms Patten highlighted that a mid-programme report would be produced to share with all stakeholders in early April.

RESOLVED:

The Board **noted** the Strategy update on next steps.

TB042/20 Quality & Safety Report

Dr Bricknell presented the AAA highlight report from the Quality and Safety Committee. It was noted that the Quality Improvement Programme would be flexed due to the current pandemic. He noted that the requirement of training on the wards was being refocussed and was delivering on the required change. Dr Bricknell stated the outcomes of this work would be reported at the next Quality and Safety Committee.

RESOLVED:

The Board **received** the AAA Highlight report from the Quality and Safety Committee.

TB043/20 Quality & Safety Reports

Ms Lees and Dr Hankin presented the Quality and Safety Reports.

a) Quality Priorities Programme Update

Ms Lees highlighted that the Trust had remained committed to ensuring that metrics were consistent into 2021; there was a requirement to make papers more manageable; and, some Quality Priorities would be moved due to Covid-19 arrangements. Dr Hankin highlighted that those Priorities which would take precedence would be shared with the Trust's regulators.

b) Summary of Complaints & Compliments

Ms Lees advised that the target for completing responses within 40 days had not been met adding that the Trust was on track to deliver the aspirational target for all outstanding complaints by May 2020.

In response to Mr Masom query on the likelihood of an increase in complaints due the Covid-19 position, Ms Lees advised that a lot of precautionary steps were being taken to ensure any complaints received were responded to and resolved in line with timescales. Mrs Armstrong-Child added that she had received acknowledgement from Ms Rosie Cooper that the Trust's complaint letters were of a much higher quality standard.

With regards to Mortality, Dr Hankin advised that a clinical pathway had been developed to ensure there was a clear audit trail within a patient's records and this work was fairly advanced now.

Mrs Gibson observed that there was a need for the Trust to capture the positives and learn from this work post Covid-19.

Dr Bricknell asked if there was an impact on attendances at Emergency Department. Mr Christian explained that Urgent and Emergency Care provision was continuing and patients requiring immediate medical attention would be welcome to attend. Furthermore, all patients in the Elective pathway were being risk stratified to minimise any requirements for urgent care.

Ms Patten highlighted that the Trust was likely to see an increase in demand for mental health, domestic, and sexual health services during the pandemic.

c) Safe Staffing: Monthly

Ms Lees outlined that Safe Staffing compliance had decreased to 88.31% in February 2020 against the national average of 90%. She highlighted that future reports would be modified so they provided additional assurance during the pandemic. Ms Lees advised that there had been a lot of interest from local retired nurses and the wider community who were willing to volunteer their services during this period.

In response to Mr Birrell's query on the data, it was agreed that Ms Lees and Mr Birrell would meet before the next Board meeting to discuss this.

d) CQC Update report

Ms Lees highlighted that a new risk relating to the lack of a ratification process for policies had been added to the Risk Register and explained that she was confident this would be resolved. She explained the current crisis would ultimately deliver some of the Must Do's and Should Do's but would equally delay others.

Mrs Armstrong-Child highlighted that there was a need to maintain a focus on the CQC inspections. She highlighted that the Use of Resources report, one out of the three elements of the CQC inspection, would be presented at the April FP&I meeting prior to presentation at Board in May 2020.

ACTION: CQC Use of Resources report to be presented to Board in May 2020 **DoF**

RESOLVED:

The Board **received** the AAA highlight report and minutes from the Quality and Safety Committee.

TB044/20 Finance, Performance and Investments Committee

Mr Birrell presented the AAA highlight report and minutes from the Finance, Performance and Investments Committee. He outlined that the meeting had been streamlined so it addressed key issues relating to Finance and Operational Performance. Mr Birrell drew attention to the alerts to the Board advising that NHSE/I had directed that new developments or business cases should not be implemented in the early part of 2020/21 without prior agreement.

RESOLVED:

The Board **received** the AAA highlight Report and minutes from the Finance, Performance and Investments Committee.

TB045/20 Integrated Performance Report

Mr Christian presented the Integrated Performance Report. The following key points were noted:

- The Clinical Decisions Unit and Minor Injuries department in Adult A&E was being utilised for respiratory patients
- An enhanced version of the IPR would be circulated for comments to members prior to presentation at the next meeting.
- Difficult arrangements had been made within the last four weeks to improve against clinical decisions, which would ultimately decrease performance of the Trust's NHS constitutional standards.
- Elective Activity had now been deferred for a minimum of 10weeks
- Clinicians were trialling alternative virtual methods to contact their patients such as Skype.
- The work of clinical colleagues was being reprioritised meaning staff would be redeployed to other areas, such as Outpatient nurses being moved into medical wards. All redeployed staff would receive training before commencing different roles.

RESOLVED:

The Board **received** the Integrated Performance Report.

TB046/20 Financial Position

Mr Shanahan presented the Finance report for Month 11 which indicated that:

- The Trust was reporting a cumulative deficit of £28.3m before PSF and FRF, which was £3.563 million worse than plan.
- NHSE/I had accepted that the Trust would be overspent by £3.6m at the year end. However, due to expenditure levels, the Trust had a worst case scenario that the deficit from plan would be an over spend of £4.9 million.
- Whilst no impact on the CIP was envisaged, there was concern on the overall delivery of the control total.

Finance Report – Financial Arrangements for 2020/21

Mr Shanahan provided an update on the financial arrangements for the first four months of 2020/21 in light of the COVID-19 pandemic. The following key points were noted:

- A block contract would be in place for four months.
- The Trust would receive £13.7 million from the commissioners and would likely receive additional top-up funding the value of which would be disclosed when the second payment would be issued on 15 April 2020.
- NHSE/I leads had reassured trusts that most would receive 90% of their income based on 2019/2020 figures.
- A separate cost collection and report would be established for Covid-19 recovery costs but it was unknown when this would be paid.
- Consequential costs such as closing down a service or loss of activity would not be recovered, as the block contract and 'top up'

would be enough to cover.

- The company IQVIA were supporting the Trust to collect costs for Covid-19 recovery monies.

Mr Masom highlighted the need to ensure that all spending was accounted for. Mrs Royds advised that the HR Absence Line, which records staff absence related to Covid-19, allowed the team to monitor staffing gaps and would be useful in capturing spending. It was noted that daily Gold Command meetings included a standing agenda item dedicated to Finance.

Mrs Gorry asked if there was opportunity for the Trust to offer incentives for temporary staff and if the Trust could use Thornbury Nursing Services given the circumstances. Mr Shanahan advised there was, but the agency cap still applied. He added that trusts had been advised to hold the line on this through the regional command and control process.

Dr Hankin reflected that this would be an opportune time to agree a national tariff for locum medical staff adding that this was being discussed at the highest level.

RESOLVED:

The Board **received** the Finance Report.

TB047/20 Workforce Committee

Mrs Gibson advised that the sickness absence rate for February 2020 had decreased and the figures included in the report for Staff Turnover were incorrect. She explained the Committee had discussed the results of the 2019 Staff Survey and how the organisation could use the Coronavirus pandemic as an opportunity to increase engagement with staff. Mrs Gibson informed the Board that the Workforce Committee were recommending the International Nursing Recruitment proposal for approval.

RESOLVED:

The Board **received** the Workforce Committee Reports.

TB048/20 Medical Vacancies

Dr Hankin presented the Medical Vacancies report. The following key points were noted:

- There were significant medical vacancies in Radiology and Anaesthesia
- The Trust had a medical vacancy rate of 14%
- The Covid-19 position gives the Trust an opportunity to work with larger Trusts in the region.

- A significant portion of the Trusts workforce were over 55 years old and this was unsustainable.
- Medicine would need to work differently and have been given the opportunity to redesign and configure the workforce.

Mr Singh asked if the vacancy rate included in the report was the actual or aspirational to which Dr Hankin advised they are the correct number of vacancies at the time the report was published. Mr Singh reflected on the migration of doctors outside of the EU before asking if there were any solutions to address the issue of an aging workforce. Dr Hankin advised that it was worth noting that nationally, there was reliance on medical staff from Europe. It was agreed that the report would need to be considered in detail at the Workforce Committee in May 2020 with possible solutions against the vacancies.

ACTION: Medical Vacancies report to be taken back to Workforce Committee in May 2020 with solutions against the vacancies

MD

RESOLVED:

The Board **received** the Medical Vacancies Report.

TB049/20 Annual Staff Survey

Mrs Royds advised that the results in the 2019 Staff Survey had improved slightly, with the figure for staff recommending the Trust as a place to work increasing from 51.9% to 55.1%. She explained nevertheless that there was still a lot of work to be done to improve engagement.

RESOLVED:

The Board **received** the Annual Staff Survey report.

TB050/20 *Item redacted as FOI Exempt*

TB051/20 Guardian of Safe Working Report

Dr Hankin advised that there had been an increase in exception reports (ERs) and in September 2019, sixteen ERs were reported from three individuals regarding the surgical rotas and cover on the wards. He explained that the organisation was not short on cover of junior doctors but there had been concerns regarding even deployments. Dr Hankin reminded the Board that this was a significant improvement from the previous Trust position of 96 ERs.

Mr Singh highlighted that three of the ERs had been raised by trainee doctors and wondered if this would cause issues in the future with the Dean. Dr Hankin assured Mr Singh that the trainees wish to be aligned

by ward, not by team, and thus managers are liaising with them to ensure sustainability going forward.

RESOLVED:

The Board **received** the Guardian of Safe Working Report.

TB052/20 Gender Pay Gap Annual Report

Mrs Royds presented the Gender Pay Gap Annual Report.

RESOLVED:

The Board **noted** the Gender Pay Gap Annual Report.

TB053/20 Message from the Board

The Board reviewed the following key messages to be communicated to the organisation relating to the impact of the Covid-19.

The Board considered the format of future Board and Committee meetings. It was agreed that as the Trust was a challenged trust there was a need for continued adherence to governance processes. To ensure key decisions were made, all meetings would be carried out virtually. All committee chairs were asked to link in with their respective executive leads to streamline agendas and agree a way forward.

It was agreed that Mrs Gibson would show the non-executives that were having trouble with the Teams platform prior to approaching IT colleagues for support.

Mr Birrell highlighted that given the current challenges there was a need for consideration on whether the Scheme of Reservation and Delegation needed to be reviewed.

TB054/20 Any Other Business

The Board was alerted that the Trust had received a regulatory notice from the Fire Service. Ms Patten outlined that an action plan had been developed and would be monitored through the Health and Safety Group which reported to Quality and Safety Committee. Additionally, Ms Patten had now assumed chairmanship of the meeting.

Mrs Gorry thanked the executives for their hard work during the challenges and asked if a message of appreciation could be shared on the Facebook Meeting Place on behalf of the Board to all members to staff for their hard work.

There being no other business, the chair thanked all for attending the first virtual Board meeting and brought the meeting to a close at 1040.

TB055/20 The next Board meeting would be held virtually on Wednesday 6 May 2020 at 9am.

Board Attendance 2020/21												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Neil Masom (Chair)	✓											
Trish Armstrong-Child	✓											
Jim Birrell	✓											
David Bricknell	✓											
Bridget Lees	✓											
Julie Gorry	✓											
Terry Hankin	✓											
Therese Patten	✓											
Graham Pollard	✓											
Steve Shanahan	✓											
Gurpreet Singh	✓											
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Pauline Gibson	✓											
Steve Christian	✓											
Jane Royds	✓											
Sharon Katema	✓											

A = Apologies ✓ = In attendance

Public Board Matters Arising Action Log

1 May 2020

BRAG Status Key

Red	Significantly delayed and/or of high risk
Amber	Slightly delayed and/or of low risk
Green	Progressing on schedule
Blue	Completed

OUTSTANDING ACTIONS

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG STATUS
TB043/20	1 April 2020	Quality & Safety Reports	CQC Use of Resources report to be presented to Board in May 2020	DOF	May 2020	May 2020	Report included on agenda. Action Completed	BLUE
TB048/20		Medical Vacancies	ACTION: Medical Vacancies report to be taken back to Workforce Committee in May 2020 with solutions against the vacancies	MD	May 2020	June 2020	Medical Vacancies report to be presented at Workforce Committee in May 2020	GREEN

Public Board Matters Arising Action Log

1 May 2020

COMPLETED ACTIONS								
Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Original Deadline	Forecast Completion	Status Outcomes	BRAG STATUS
TB025/20	4 March 2020	Chief Executive's Report	Mrs Royds to circulate Staff Survey results prior to April Trust Board	DoHR	April 2020	April 2020	Survey results were circulated to all NEDs. Action completed:	BLUE

Title of Meeting	BOARD OF DIRECTORS	Date	6 May 2020
Agenda Item	TB061/20	FOI Exempt	NO
Report Title	CHIEF EXECUTIVE'S REPORT		
Executive Lead	Trish Armstrong-Child, Chief Executive Officer		
Lead Officer	Trish Armstrong-Child, Chief Executive Officer		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
To provide a high level overview of Trust activity in April 2020			
Executive Summary			
This report provides a snap shot of: <ul style="list-style-type: none"> • some key areas of news and developments • reportable issues log • updates from regulators since the last Trust Board meeting. 			
Recommendations			
The Board is asked to receive the Chief Executive's Report.			
Previously Considered By:			
N/A			
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO3 Efficiently and productively provide care within agreed financial limits			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Trish Armstrong-Child, Chief Executive Officer		Trish Armstrong-Child, Chief Executive Officer	

CHIEF EXECUTIVE'S REPORT

1. Awards and Recognition

Due to the current circumstances there have been no formal awards or recognition presentations. However, it is important for us to recognise the commitment and dedication shown by all our staff during this very challenging time. When we do eventually get to hold our formal Staff Awards night, it is going to be an almost impossible job to decide the nominations and winners.

2. News and Developments

2.1 Covid-19 virus

There is only one news item to note which Covid-19 is. As I prepare this paper and reflect on my last formal update to Trust Board at the beginning of March, it is hard to comprehend that in my briefing I reported 13 confirmed cases in the UK.

2.2 System Pressures

During the Covid-19 outbreak we have formed part of the Cheshire & Mersey Hospital Cell. This has been co-ordinated by Ann Marr, Chief Executive of St Helens & Knowsley and whilst the primary focus has been on the co-ordination of critical care capacity across the system, all temporary reconfigurations have also been ratified through this cell. There has also been the Out of Hospital Cell, co-ordinated by Joe Rafferty, Chief Executive of Merseycare. The Trust and the local CCGs have been coming together on a daily call to co-ordinate our response to the outputs from these cells.

2.3 Trust News

Despite the pressures of Covid-19, the Trust has continued to recruit into some of its key posts. Notable appointments since my last report:

- Sharon Katema, Associate Director of Corporate Governance
- Paul Chadwick, Head of Information Technology
- Chris Davies Associate Director for Estates and Facilities
- Dr Lakshmi Sandu Aana - Consultant Obstetrician & Gynaecologist
- Dr Srividhya Budithi - Consultant Obstetrician
- Dr Wilfred Kumakech - Consultant Obstetrician
- Mr Nicholas Lordan Consultant Urologist

3. NHSI/E Meetings

3.1 Whilst the systems assurance meeting, chaired by NHSI Regional Directors have been suspended during this time, the Trust has been participating in the weekly NHSI/E regional and national calls.

3.2 The Trust have been informed that Simon Bennett, NHSI Regional Director of Intensive Support, will shortly be leaving his post and Suzanne Kirwan, NHSI/E North West Region Director of System Improvement will replace him. We would like to formally

thank Simon for all his support over the past year and look forward to working with Suzanne in the future as we continue to move forward on our improvement journey.

4. Reportable Issues Log

Issues occurring between 30/01/2020 to 29/04/2020.

4.1 Serious Incidents and Never events

Three STEIS incidents were reported within this time.

- Fall resulting in harm
- Unexpected admission to NNU (Hypoxic Ischaemic Encephalopathy)
- Category 3 pressure ulcer (device related)

4.2 Level Four and Five Complaints

There has been one level four complaint reported this month which relates to concerns regarding treatment. This is currently under investigation. The Trust has had long standing challenges around responding to complaints within the agreed timescale. This has resulted in a significant back log of complaint responses. At the start of the year we made a commitment to resolve this by the end of May 2020. Last month the number of overdue complaints was reported as 111, this is now currently at 16 and it is anticipated all will be resolved as planned by May 2020.

4.3 Regulation 28 Reports

No concerns were detailed in HM Coroner reports.

4.4 Whistleblowing

None to report

5. Media Coverage

Covid-19 has dominated media coverage of the Trust in April. Two of our local free newspapers, the Midweek Visitor, and the Champion series have ceased publication for the time being.

Covid-19 coverage included:

- The death of our colleague, nurse Josephine Peter, which was covered widely in print, TV, digital and social media
- The decision to close children's A&E at Ormskirk overnight
- A Trust appeal for volunteers to support our hospitals
- How we're helping families and loved ones keep in touch during restrictions on visiting. Letter to Loved Ones was picked up by other trusts from our social media posts
- An appeal by the Chief Nurse for retired staff to return to the frontline
- A reminder that the NHS was still "open for business" and parents in particular should continue to bring their children who needed medical attention to hospital
- A Facebook shout out for children to send in letters to patients not receiving reached 47,000 people

6. Risk Register and Board Assurance Framework

The planned work to revise the current Board Assurance Framework (BAF) has been temporarily suspended as we deal with Covid-19 and work will resume after quarter 2. However, the Executive Directors will continue to review the current BAF on a monthly basis and an updated position is included within this agenda. A Covid-19 risk register has been developed and is included in the Trust Board pack.

Trish Armstrong-Child
Chief Executive
29 April 2020

ALERT | ADVISE | ASSURE (AAA) HIGHLIGHT REPORT

COMMITTEE/GROUP:	QUALITY AND SAFETY COMMITTEE (QSC)
MEETING DATE:	27 APRIL 2020
LEAD:	DR DAVID BRICKNELL

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- There is concern at the significant drop in GP referrals, A&E attendances and outpatients attendances, all implying a backlog of serious issues which are not being addressed. We may wish to communicate that we are open, and safe, for non-Covid patients.

ADVISE

- Policies will be examined to ensure that those due for review are revised or consciously deferred with a new review date.
- The CQC actions and Quality Improvement reports will be modified to show actions which have been accelerated or deferred because of the crisis. The new Perfect Ward software will be launched in May and this will highlight, at ward level, the issues raised in the MIAA report and CQC report and form the basis of new ward to board reporting and assurance reports.
- Mortality reviews and SJRs are impacted as key contributors are also those most in demand with Covid. As the Covid demand reduces so these will be reinstated.
- Significant work was being done try and preserve the pathways of our cancer patients to keep as close as possible to the target pathways.

ASSURE

- The QIA process in relation to the reconfigurations required by Covid had been even more robust than normal, and there had been committed involvement from clinicians.
- Emergency surgery had continued with appropriate risk stratification.
- There had always been a reserve of PPE on both sites, and staff continually being advised of the latest national guidance from PHE. The Committee is assured that these standards are being met.
- There were adequate supplies of ancillary equipment, drugs etc. required in Critical Care as a result of anticipatory action taken by the Hospital.
- The hospital had taken early initiatives in staff testing, social isolation and visiting restrictions, all of which had a material impact on the incidence within the hospital.
- A number of new patient experience initiatives have been developed during this time, in response to a decision to stop all visiting:
 - *Letters to loved ones* – This is a 7 day service, enabling a patient's family/friends to send an e-mail letter into the Trust which is then delivered to the patient.
 - *The Patient Information and Communication Officers (PICO)* are a 'bridge' of communication between patient families/wards/departments.
 - *Bereavement Support* – in response to the impact on the ability of families to be with their loved ones at the end of their lives, a team of experience staff and volunteers have been set up to support families during this time. The team identifies a next of kin to offer comfort and support to relatives. If they wish, families can receive a memory box and the nurse who has cared directly for the dying patient is asked to write a sympathy card to the family, which is then placed in the memory box or sent out separately.
 - The Trust has been asked to share these initiatives with other organisations.

New Risk identified at the meeting	No new risks were identified at the meeting.
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Review of the Risk Register

Alert, Advise, Assure (AAA) Highlight Report

COMMITTEE/GROUP MEETING DATE:	FINANCE, PERFORMANCE & INVESTMENT COMMITTEE 27 APRIL 2020
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LEAD:	JIM BIRRELL
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KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- An update on the CQC Use of Resources Report suggests that the Trust will face some significant challenges in resolving the areas highlighted as requiring improvement. However, a detailed and co-ordinated work programme is being constructed, details of which will be considered by the Finance, Performance & Investment Committee in July 2020.

ADVISE

- the Committee received an informative and assuring update on the impact of Covid-19 on out-patient services, elective care and cancer services. It also noted that work is underway to ensure that the elective work programme can be reset with minimal disruption, albeit accepting that this is a complex task and returning to previous levels of performance will take some time to achieve.
- business cases approved in 2019/20 with only a partial year impact, (e.g. care of older people, pharmacy staffing and investment in HR), will be fully implemented in the current year.
- a number of interesting and noteworthy A&E/emergency care statistics were quoted, including a 46% reduction in Southport A&E attendances; a 69% reduction in Ormskirk A&E attendances; a 7% reduction in emergency admissions, (which is apparently less than most other Trusts have experienced); and a 48% reduction in both Medically Optimised for Discharge patients and Stranded Patients.

ASSURE

- the Trust is on course to hit NHSI's revised revenue spending target for the organisation, i.e. a £3.6m overspend on the control total of £26.6m less non-recurrent support from the Provider Sustainability Fund and the Financial Recovery Fund, (estimated to be £6.4m).
- the Trust achieved its 2019/20 statutory Capital Resource Limit, which is a significant achievement given the programme changes that had to be accommodated in order to meet the target.
- the centrally-assessed funding allocation for the first four months of 2020/21 is broadly in line with spending at the end of the last financial year and indications suggest that this arrangement may be extended beyond month 4. Whilst this sum is in excess of what would have been negotiated through contracts, it leaves little scope for absorbing any additional costs or funding new developments so tight budgetary control will still be required across the Trust.
- the new Head of IT believes the revised staffing structure will be adequate to implement the planned IT Strategy, albeit with some short term recruitment on particularly complex projects. The Committee hopes to review the updated IT programme at its next meeting.
- whilst noting some areas of concern, the Committee wanted to record that the information provided to the meeting offered a good deal of assurance that key business and operational areas are being managed as effectively as possible given the exceptional circumstances. The members thanked all staff for their tremendous efforts over recent weeks.

New Risk identified at the meeting	None.
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Review of the Risk Register

Title of Meeting	BOARD OF DIRECTORS		Date	6 MAY 2020
Agenda Item	TB067/20		FOI Exempt	NO
Report Title	INTEGRATED PERFORMANCE REPORT (IPR)			
Executive Lead	Steve Christian, Chief Operating Officer			
Lead Officer	Michael Lightfoot, Head of Information			
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure		<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose				
To provide an update to the Board on the Trust's performance including key changes in performance (improvement or any areas of concern) and specific actions linked to the Trust's improvement plan and key programmes of work.				
Executive Summary				
<p>The performance report includes the Trust indicators relating to the NHS Constitutional standards; the 19/20 SOF; and internal performance indicators which the Trust has identified as essential measures of operational delivery and assurance. The performance indicators are grouped according to the domains used by regulators in the Well Led Framework.</p> <p>Each indicator has a Statistical Process Control (SPC) chart and commentary. Whilst this executive summary provides an overall view of the organisational improvements and risks, some indicators are also included as improvement measures for the four QI priorities and are covered in detail in the relevant reports.</p> <p>The Board is asked to note that this is the last time the IPR will be presented in this format. The next iteration of the IPR will be in the new format, which was previously circulated for comment and will include the Ward to Board Dashboard.</p>				
Recommendations				
The Trust Board is requested to receive and acknowledge progress / risks outlined in the full Integrated Performance Report along with the executive summary complimenting the report.				
Previously Considered By:				
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee			<input checked="" type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives				
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services				
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards				
✓ SO3 Efficiently and productively provide care within agreed financial limits				
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel				

valued and motivated	
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values	
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	
Prepared By:	Presented By:
Michael Lightfoot, Head of Information	Steve Christian, Chief Operating Officer

Activity Summary – March 2020

Indicator Name	March 2019	February 2020	March 2020	Trend
Overall Trust A&E attendances	10,745	9,559	7,526	➤
SDGH A&E Attendances	4,751	4,455	3,582	➤
ODGH A&E Attendances	2,736	2,290	1,934	➤
SDGH Full Admissions Actual	1,133	1,185	1,041	➤
Stranded Patients AVG	183	183	170	➤
Super Stranded Patients AVG	71	68	70	➤
MOFD Avg Patients Per Day	61	60	53	➤
DTOC Unconfirmed Avg Per Day	7	15	8	➤
GP Referrals (Exc. 2WW)	2,987	2,348	1,709	➤
2 Week Wait Referrals	811	741	537	➤
Elective Admissions	178	218	155	➤
Elective Patients Avg. Per Day	6	8	5	➤

Activity Summary – March 2020

Indicator Name	March 2019	February 2020	March 2020	Trend
Elective Cancellations	26	19	44	▲
Day case Admissions	1,967	1,723	1,414	▼
Day Case Patients Avg. Per Day	63	59	46	▼
Day Case Cancellations	43	43	39	▼
Total Cancellations (EL & Day Case)	69	62	83	▲
Total Cancellations (On or after day of admission, non clinical reasons)	13	8	0	▼
Outpatients Seen	22,113	20,249	17,679	▼
Outpatients Avg. Per Day	713	698	570	▼
Outpatients Cancellations	4,452	4,082	6,810	▲
Theatre Cases	899	578	435	▼
General & Acute Beds Avg. Per Day	416	420	417	▲
Escalation Beds Avg. Per Day	22	18	25	▲
In Hospital Deaths	72	73	84	▲

Board Report - March 2020

Safe	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
MRSA	1	0	1	0	0	▲	○
C-Diff	1.33	4	31	4	●	▲	●
Never Events	0	0	1	0	●	▲	○
VTE Prophylaxis Assessments	95%	97%	98%	109	○	▲	○
Harm Free (Safety Thermometer)	95%	97.9%	98.1%	7	○	▲	○
Falls - Moderate/Severe/Death	1	1	19	1	●	▲	○
Patient Safety Incidents - Low, Near Miss or No Harm	647	647	9834	647	○	▲	○
Safe Staffing	90%	88.9%	91%	N/A	●	▲	○
Fractured Neck of Femur	90%	75%	75.1%	18	●	▲	○
Hospital Pressure Ulcers - Grade 2 & 4	2	7	69	N/A	●	▲	○
Hospital Pressure Ulcers - Grades 3 & 4	1	0	19	0	○	▲	○

Effective	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
SHMI (Summary Hospital-level Mortality Indicator)	100	97.9	99.2	N/A	○	▲	○
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	100	84.9	84.9	N/A	○	▲	○
WHO Checklist	100%	99.8%	100%	1	●	▲	○
Stroke - 90% Stay on Stroke Ward	80%	76.9%	75.1%	6	●	▲	○
Sepsis - Timely Identification	75%	100%	98.8%	N/A	○	▲	○
Sepsis - Timely Treatment	75%	85.2%	79.8%	N/A	●	▲	○
Percentage of Deaths Screened	100%	57.5%	65.9%	31	●	▲	○

Caring	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	1	9	206	9	●	▲	○
Written Complaints	35	15	258	15	○	▲	○
Complaints Average Turnaround Time	40	72	930.7	N/A	●	▲	○
Friends and Family Test - Patients - % That Would Recommend - Trust Overall	90%	93.7%	92.3%	67	○	▲	○

Responsive	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
Accident & Emergency - 4 Hour compliance	94.99%	86.7%	85.4%	898	●	▲	○
Accident & Emergency - 12+ Hour trolley waits	1	10	131	10	●	▲	○
Ambulance Handovers <=15 Mins	99%	56.8%	52.5%	503	●	▲	○
Diagnostic waits	1.01%	10.1%	3.1%	141	○	▲	○
14 day GP referral to Outpatients	93%	96.5%	95.2%	28	○	▲	○
31 day treatment	96%	98.2%	97.3%	1	○	▲	○
31 day treatment (Surgery)	94%	100%	100%	0	○	▲	○
31 day treatment (Anti-cancer drugs)	98%	100%	100%	0	○	▲	○
62 day pathway Analysis	85%	79.8%	80.1%	9	●	▲	○
62 day GP referral to treatment	85%	79.8%	79.3%	9	●	▲	○
Referral to treatment: on-going	92%	89.8%	93%	1009	●	▲	○
Bed Occupancy - SDGH	93%	76.9%	91%	N/A	○	▲	○
Bed Occupancy - ODGH	60%	56.4%	49.3%	N/A	●	▲	○

Well-Led	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
Duty of Candour - Evidence of Discussion	100%	100%	98%	0	○	▲	○
Duty of Candour - Evidence of Letter	100%	100%	96.9%	0	○	▲	○
I&E surplus or deficit:total revenue	-4.21%	-12.9%	-12.9%	N/A	●	▲	○
Liquidity	-106	-145	-145	N/A	●	▲	○
Distance from Control Total	0%	-8.1%	-8.1%	N/A	●	▲	○
Capital Service Capacity	0.21	-1.063	-1.063	N/A	●	▲	○
% Agency Staff (cost)	5.45%	10.1%	9.1%	N/A	○	▲	○
Use of Resources (Finance) Score	3	4	3	N/A	○	▲	○
Distance from Agency Spend Cap	0%	166%	166%	N/A	●	▲	○
Staff Turnover	0.76%	0.9%	6.8%	N/A	●	▲	○
Staff Turnover (Rolling)	10%	12.4%	N/A	N/A	○	▲	○
Vacancy Rate - Medical	5%	15.4%	N/A	N/A	○	▲	○
Vacancy Rate - Nursing	8%	15%	N/A	N/A	○	▲	○
Sickness Rate	4%	5.9%	5.2%	N/A	○	▲	○
Sickness Rate (Rolling 12 Month)	5.2%	5.4%	5.4%	N/A	○	▲	○
Personal Development Review	85%	71.1%	70.8%	N/A	●	▲	○
Mandatory Training (CHPPD)	85%	87.7%	87.7%	N/A	○	▲	○
Care Hours Per Patient Day	7.5	9.1	8.4	N/A	○	▲	○
Time to Recruit	30	50	62	N/A	○	▲	○

Efficient	Target	Actual	YTD Actual	Patients	RAG	Trend	Traj RAG
Length Of Stay	6.5	7.5	7	N/A	●	▲	○
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost in Month	50	53	65	53	●	▲	○
Stranded Patients (>6 Days LOS)	170	170	2141	170	○	▲	○
Super Stranded Patients (<20 Days LOS)	58	70	826	70	●	▲	○
New-Follow Up	2.64	2.6	2.5	N/A	○	▲	○
DNA (Did Not Attend) rate	8%	7.1%	7.1%	1357	○	▲	○
Theatre Utilisation - SDGH	80%	61.1%	62%	N/A	●	▲	○
Theatre Utilisation - ODGH	90%	69.5%	70.4%	N/A	●	▲	○
Cancelled Operations	0.61%	0.4%	0.3%	6	○	▲	○
Southport A&E Conversion Rate	20%	25.7%	914	914	●	▲	○

Board Report - March 2020

Safe

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
C-Diff	<p>Number of Clostridium difficile (C. diff) infections for patients aged 2 or more on the date the specimen was taken.</p> <p>Trust target 16 for the year.</p> <p>Good performance is fewer than 16 for the year.</p>	<p>4 cases in March, but 3 of these no lapses in care - In March of the 4 case 3 are eligible for appeal. In reviewing the year there are a total of 31 cases, 7 have been successfully appealed, 3 have been sent for appeal and a further 9 are eligible for appeal because no lapses in care have been identified. The main reason for a lapse in care over the last 2 months is not isolating immediately when diarrhoea first occurs, however once the test result is obtained which is typically the same day as the sample is sent the patient is quickly isolated thereafter, hence the lapse in care is not to do with acquisition.</p>	
Never Events	<p>Never Events - A particular type of serious incident that is wholly preventable and has the potential to cause serious patient harm or death.</p>	<p>There were 0 Never Events reported by the Trust in March 20 - There were 0 Never Events reported by the Trust in March 20</p>	
MRSA	<p>The number of Methicillin Resistant Staphylococcus Aureus (MRSA) test samples that were positive.</p> <p>The threshold is 0.</p>	<p>1 MRSA bacteraemia in 2019/20 - The Trust is a low incidence Trust for MRSA bacteraemia with the last case being in August 2019</p>	

Board Report - March 2020

Safe

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
<p>Falls - Moderate/Severe/Death</p> <p>Threshold:0</p>	<p>The total number of falls within the Trust were the severity of the harm was either moderate, severe or resulted in death.</p> <p>Threshold:0</p>	<p>Performance is above the target - The number of falls with harm is 1, with a target of 0. The total falls is 67 for the month of March, an increase on the 58 seen in February but remains lower than the previous three months of 76,73,87. The outcome of quarter 4 compliance with risk assessing and implementing a care plan are not yet available. The action plan for falls in terms of the trust falls group meeting, revision of equipment to reduce risk and manage post-fall appropriately has been paused but is due to meet and recommence in May 2020 to continue the improvement work. The focus will be on post-fall management, implementation of actions to reduce falls risk including falls alarms, red walking frames and the use of ultra low beds/crash mats where appropriate.</p>	
<p>Harm Free (Safety Thermometer)</p>	<p>Safety Thermometer - Percentage of Patients With Harm Free Care.</p> <p>Threshold 98%. Higher is better.</p>	<p>The Trust remains above target - In March the Trust reported at total of 7 patient harms during the monthly harm free care census - 2 x category 2 pressure ulcers on RSIC and Critical Care, 1 x fall with low harm on H Ward, 3 x catheter associated UTIs on ward 7b, RSIC and H Ward and 1 x new DVT on ward 9b.</p> <p>Any further investigation required or actions arising is the responsibility of the relevant CBU</p> <p>Following direction from Safety Thermometer, all data collection for Classic Safety Thermometer has ceased with effect from March 2020. Plans for nationally produced replacement data are under discussion.</p>	
<p>VTE Prophylaxis Assessments</p>	<p>VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE.</p> <p>Threshold 95%. Good performance is higher.</p>	<p>- At 97% the Trust continues to perform above target</p>	

Board Report - March 2020

Safe

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Patient Safety/ Incidents - Low, Near Miss or No Harm	<p>The number of incidents relating to patients where the severity was Low, Near Miss or No Harm caused.</p> <p>A higher number is good.</p>	<p>There were 656 lower level incidents reported in March - There was a decrease in lower level incidents reported in March 656 compared to 822 (number differs from the table due to higher level incidents being downgraded to no harm) the reduction may have been impacted because of the reduction in activity and time for staff to report incidents during the initial phased of the Covid 19 impacting on the Trust.</p> <p>The highest category of incidents reported was Deprivation of Liberty applications(DoLs) and 30 Child Safeguarding incidents which are not incidents reported against the Trust. The second highest category was bed management, due to the delayed transfers from Critical Care, mixed sex breaches Corridor Wats and in A&E reported. The third highest was falls at 67 reported.</p>	
Safe Staffing	<p>The ratio between the proposed number of nursing staff to ensure a safe staffing level and the actual number of nurses working those shifts.</p> <p>Threshold: 95%, Fail 90%.</p>	<p>Fill rate reports at 89.59% just under national average (90%) - Following review of workforce report the DDoN and ADoN to ensure the Board and are updated, on the detail following deeper scrutiny of the data in the Safe Staffing report that have previously been raised as confusing or irregular. DDoN & ADoN to support review of UNIFY data and ensure the data is accurate and providing assurance to the Workforce Committee and Trust Board.</p>	
Fractured Neck of Femur	<p>Percentage of FNOF operated on within 36 hours of admission.</p> <p>Threshold: 90%.</p>	<p>- Decline in performance reflects COVID position in early March, with guidance developing around urgent surgical patients and screening pre surgery.</p> <p>77% within 36 hours - 26 patients in total, 6 delayed beyond 36 hours, one patient initially refused surgery, the remaining five were displaying COVID symptoms and results of swab was being awaited. All patients are now considered COVID positive unless proven otherwise and surgery will not be delayed going forward for this reason</p>	

Board Report - March 2020

Safe

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Hospital Pressure Ulcers - Grade 2	Number of Patients with Hospital Acquired Grade 2 Pressure Ulcers.	<p>- 7 cat 2 incidents were reported in March 2020. All of these incidents will be subject to thorough investigation and review at Ham Free Care Panels to ensure lessons are learned. Due to current Coronavirus situation, some of the investigations may take longer than usual.</p> <p>Current strategies include:</p> <ul style="list-style-type: none"> Purple resource folders continue to be rolled out across the organisation to assist clinical staff in correct identification, prevention and management of pressure ulcers. TVN team continue to offer advice, guidance and education to support pressure ulcer prevention. A trust wide overarching action plan is in place and available as a resource for staff alongside the current pressure ulcer prevention policy and care plans. 	
Hospital Pressure Ulcers - Grades 3 & 4	Number of reported Trust acquired pressure ulcers graded between 3 and 4.	<p>- All reported cat 3 or 4 hapu incidents are reviewed by TVN team to validate category. No incidents were reported during March 2020</p>	

Board Report - March 2020

Effective

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
WHO Checklist	WHO Checklist.	Performance remains on target -	
SHMI (Summary Hospital-Level Mortality Indicator)	<p>Summary Hospital-level Mortality Indicator (SHMI) is the standardised mortality both in hospital and within 30 days of discharge. Source = Dr. Foster. Please note: This indicator is reported quarterly (rolling 12 months) and is 6 months behind due to when Dr Foster publish the data.</p>	<p>Continued excellent performance. - 5th consecutive month that SHMI has been below 100. Despite the end of a run of continued decreasing levels this was fully expected and has been discussed in the Mortality Operational Group.</p>	
HSMR - Rolling 12 Months (Hospital Standardised Mortality Ratio)	<p>The ratio of the observed number of in-hospital deaths with a Hospital Standardised Mortality Ratio (HSMR) diagnosis to the expected number of deaths, multiplied by 100.</p> <p>Please note: This indicator is reported monthly and is 3 months behind due to when Dr Foster publish the data.</p>	<p>Continued trend of improving performance. - 11 months of performance better than the threshold and the lowest score in more than 3 years. Mortality and Care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals.</p>	

Board Report - March 2020

Effective

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Stroke - 90% Stay on Stroke Ward	Proportion of stroke patients who have 90% of their hospital stay on a dedicated stroke ward. Threshold 80%. Good performance is higher. Please note: Indicator may change as a result of further validation.	<p>- Through COVID-19 the Trust is doing its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The ED and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement.</p>	
Sepsis - Timely Identification	Sepsis Timely identification of sepsis in emergency departments and acute inpatient settings - National early warning score (NEWS) recorded within 1 hour of hospital arrival.	Trust achieving 100% target - The trust continues to meet the target for the identification of sepsis. It should be noted that the total number of ED attendances fell by 20% (total attendances at Southport A&E in Feb was 4512, total in March was 3582), a trend that is expected to continue for April in response to 'COVID effect'.	
Sepsis - Timely Treatment	Sepsis Timely treatment for sepsis in emergency departments and acute inpatient settings- the rate of rapid administration of antibiotics within one hour of diagnosis of sepsis.	Performance maintained - Sepsis management is well embedded within the department; a doctor is designated as the 'sepsis' doctor on each shift and there is high awareness amongst the nursing staff.	

Board Report - March 2020

Effective

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend																																										
Percentage of Deaths Screened	Percentage of Deaths Screened - DATIX	Further reduction in performance/ - There was a further drop in performance for deaths screened in February, this is due to the increased demand from winter pressures leading to both a marginal increase in number of deaths and the reduced availability of clinical staff to complete the reviews.	<table border="1"> <caption>Month Trend Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Percentage of Deaths Screened</th> </tr> </thead> <tbody> <tr><td>Jul 18</td><td>40%</td></tr> <tr><td>Aug 18</td><td>45%</td></tr> <tr><td>Sep 18</td><td>50%</td></tr> <tr><td>Oct 18</td><td>55%</td></tr> <tr><td>Nov 18</td><td>60%</td></tr> <tr><td>Dec 18</td><td>65%</td></tr> <tr><td>Jan 19</td><td>70%</td></tr> <tr><td>Feb 19</td><td>75%</td></tr> <tr><td>Mar 19</td><td>80%</td></tr> <tr><td>Apr 19</td><td>85%</td></tr> <tr><td>May 19</td><td>88%</td></tr> <tr><td>Jun 19</td><td>90%</td></tr> <tr><td>Jul 19</td><td>92%</td></tr> <tr><td>Aug 19</td><td>95%</td></tr> <tr><td>Sep 19</td><td>98%</td></tr> <tr><td>Oct 19</td><td>100%</td></tr> <tr><td>Nov 19</td><td>100%</td></tr> <tr><td>Dec 19</td><td>100%</td></tr> <tr><td>Jan 20</td><td>80%</td></tr> <tr><td>Feb 20</td><td>45%</td></tr> </tbody> </table>	Month	Percentage of Deaths Screened	Jul 18	40%	Aug 18	45%	Sep 18	50%	Oct 18	55%	Nov 18	60%	Dec 18	65%	Jan 19	70%	Feb 19	75%	Mar 19	80%	Apr 19	85%	May 19	88%	Jun 19	90%	Jul 19	92%	Aug 19	95%	Sep 19	98%	Oct 19	100%	Nov 19	100%	Dec 19	100%	Jan 20	80%	Feb 20	45%
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Board Report - March 2020

Caring

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Complaints Average Turnaround Time	The average time in days from a complaint being received to closure.	Average Turnaround Time 72 working days - The average time to close all complaints in the month of March was 72 working days, the same as the previous month. 37 complaints were closed in March, of which 10 were done so within the Trust internal 40 working day target. The average turnaround time was adversely affected by 8 complaints which were closed more than 100 working days from receipt. The Trust currently has 15 complaints open more than 40 working days, less than half the previous month, due to targeted work, so it is anticipated that performance against this indicator will show a significant improvement in coming months.	
Written Complaints	The total number of complaints received. A lower number is good.	Reduction in the number of Complaints received - 15 complaints were received in March, a reduction of 13 on the previous month. Urgent Care accounted for 8, Planned Care 5 and Women & Children's 2. Themes included clinical treatment related to alleged poor nursing care, lack of basic care, poor verbal communication and staff attitude/behaviour. Wards 14A and 9B (FESS) accounted for the highest number with 2 each received in March.	
DSSA (Delivering Same Sex Accommodation) Breaches - Trust	This indicator monitors the Trust's part in the NHS commitment to eliminate mixed sex accommodation. Each patient breaches each 24 hours.	impact of Covid-19 - as previously breaches are within the critical care setting; the impact of reconfiguring critical care for Covid -19 patients will continue to impact on these breaches	

Board Report - March 2020

Caring

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
<p style="background-color: yellow;">Friends and Family Test - Patients - % That Would Recommend - Trust Overall</p>	<p>The proportion of patients overall who responded that they would be likely or extremely likely to recommend the Trust to Friends and Family.</p>	<p>Performance improved on previous month. - Performance improved on previous month but remains slightly below target of 94%. Since the implementation of the ENVOY system, the Trust continues to see an improvement in response rates (March- 18.32%) and an increase in qualitative comments supporting the ratings given. Planned Care - those that would recommend has decreased to 94.39% from 95.72% Urgent Care- those that would recommend has increased to 92.29% from 87.09% (This includes a score of 92.25% (Feb'20 - 85.61%) that would recommend from the Adult Emergency Department). Maternity - those that would recommend has increased to 100% from 98.7% Paediatrics - those that would recommend has decreased slightly to 95.41% from 95.86% (This includes a score of 95.41% (Feb 96.7%) that would recommend from the Paediatric Emergency Department). From qualitative comments received alongside negative ratings. Shared themes from negative ratings for Mich-20 are staff attitude, implementation of care, environment. Throughout the Coronavirus response the Trust has been advised to stop FFT reporting to NHS England and NHSI. On national advice the use of postcards and I-Pads as methods of data collection has been stopped. Areas that were using SMS Text and automated landline calls to support FFT continue to do so and patients can also access the online survey on the Trust website. The online survey is to be promoted through social media in an attempt to increase responses. All senior ward/dept staff now have the opportunity to access ENVOY for live FFT data to enable timely action to be taken at a local level in response to poor ratings /comments and the ability to identify positive/negative themes to direct local improvements. Ongoing support to familiarise with system is in place from the Patient Experience Matron. FFT data is also presented on ward/dept dashboards alongside the number complaints/concerns to support identification of any trends. The matron for patient experience receives daily alerts for ratings of unlikely / extremely unlikely to monitor themes and action any responses that require immediate attention Local action plans for National Surveys awaiting development by leads within the Paediatrics and Maternity departments. Once developed these will be presented to and monitored through the Trust Patient Experience Group. FFT % that will recommend will continue to be monitored and reported to wards/depts on a monthly basis.</p>	

Board Report - March 2020

Responsive

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
<p style="background-color: red; color: white; padding: 5px;">Accident & Emergency - 12+ Hour trolley waits</p>	<p>The number of patients waiting more than 12 hours for an emergency admission via A&E; from the point when the decision is made to admit to the time when the patient is admitted.</p> <p>The threshold is 0.</p>	<p>- 70% of the 12 hour DTA breaches that occurred for March 2020 happened on 1st March. This was following a difficult weekend whereby demand on emergency admission was 25% higher than the forecasted position which resulted in operational pressures as the Trust wrestled with patient flows. On this occasion the Trust could not mobilise its level 4 escalation actions (i.e. create additional bed capacity) due to workforce constraints. The Trust recovered within 24 hours and RCA have been completed for those patients that experienced the breach in DTA. The Trust has reported no 12 hour DTA breaches since week ending 8th March 2020.</p>	
<p style="background-color: red; color: white; padding: 5px;">Accident & Emergency - 4 Hour compliance</p>	<p>Percentage of patients spending less than 4 hours in a A&E department from arrival to discharge, transfer or admission.</p> <p>95% target. Good performance is higher.</p>	<p>- The Trust reported that 86% of patients were seen, treated and either transferred or discharged from ED. This is a 2% improvement against March 2019. The Trust performance ranked 36 (out of 128) nationally and ranked 4 (out of 21) for the North West region. COVID-19 has had a profound and unprecedented impact on urgent & emergency care demand country-wide and the Trusts experience is no different. The Trust experienced a 30% reduction in ED attendance activity for March against March 2019 and in the same period a 10% reduction in emergency admissions. The reduced activity alongside a reduction in MOFD occupying a hospital bed has resulted in improved patient flows. The outcome allowing for a 60% corridor care for March 2020 versus March 2019.</p> <p>On 17 March 2020 NHS England instructed NHS hospital trusts to formally prepare for and respond to large numbers of inpatients requiring respiratory support particularly across adult pathways. The Trust commenced planning alongside regional NHS England teams and local health & care partners ensuring steps were taken to manage the outbreak of COVID-19 and quickly develop clinically led surge plans. The Trust is working hard to maintain business as usual critical clinical services across urgent & emergency care. This has required clinical leaders to consider different ways of operating to ensure safe and consistent models of care are in place for the local population over this unprecedented period. Part of the planning and in line with national modelling and guidance the trust has planned for increased demand on adult services indicating significant pressures being placed on the limited resources contained with the emergency medicine consultant rota at the Trust. The Trust has developed it clinically led Surge Plan to support Emergency Medicine preparedness and is now reviewed daily through the Trusts COVID-19 governance arrangements to ensure good oversight on performance & delivery is in place.</p>	

Board Report - March 2020

Responsive

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
14 day GP referral to Outpatients	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer. Target 93%. Good performance is higher.	Performance Maintained - Performance currently maintained although due to COVID all new referrals will be offered telephone consultations as first appointments. This is an eligible first appointment against the cancer standards as agreed by NHS England.	
Diagnostic waits	The number of patients waiting 6 weeks or more for a diagnostic test expressed as a percentage of all patients waiting. Threshold 1%. Good performance is lower.	Significant deterioration in performance. - Following excellent performance in the previous month the service suffered dramatic effects of the risk stratification mandate from the Government in the middle of March, this resulted in the cancellation of a large number of patients.	
Ambulance Handovers <= 15 Mins	All handovers between ambulance and A&E staff to occur within 15 minutes. This measure looks at the percentage of handovers within 15 minutes.	- The Trust reported improved compliance for the 15 minute ambulance handover time. This performance improvement was helped by a 24% reduction in ambulance arrivals for March 2020 in comparison to March 2019. The Trust recorded a 55% reduction in handover delays greater than one hour for March 2020 versus March 2019. The COVID19 Surge Plan has allowed the Trust to increase senior medical presence in the ED which has allowed effective See & Treat pathways to operate which has helped stream patients away from ED majors and therefore support maintaining smooth and effective flows across the dept.	

Board Report - March 2020

Responsive

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
31 day treatment (Surgery)	Percentage of patients receiving first definitive surgical treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat').	Compliance maintained against standard - Few patients are reported in this category, but their progress on the pathway will be impacted by COVID. They are being monitored closely in the same way as those waiting for first treatment, through clinical prioritisation and listing and subsequent referral to cancer hubs if necessary.	
31 day treatment (Anti-cancer drugs)	Percentage of patients receiving first definitive anti-cancer drug treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat').	National Standard maintained - Do not anticipate a fall in standard, as those patients that are due to have drug therapy will still be able to commence treatment when they consent to this course of action	
31 day treatment	Percentage of patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis (measured from 'date of decision to treat'). Target 96%. Good performance is higher.	Compliance against standard maintained - Some increase in breaches anticipated due to current capacity constraints in theatres. However, in order to manage this, all clinical teams have risk stratified patients according to national priorities and patients are being listed accordingly. Trust is playing an active part in the new network wide surgical prioritisation group and patients will be referred to the new cancer hubs for surgery externally if deemed clinically essential.	

Board Report - March 2020

Responsive

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
62 day pathway Analysis	All Trust Boards should have sight of tumour specific performance against the 62 day GP referral to treatment.	Performance below national standard. - Team still working to maintain improvements to national standard. Aware that COVID-19 suspension due to patients not wishing to attend will mean breaches in system in future. We remain steadfast in tracking methods to maintain close observation of all cancer patients including suspensions due to COVID. All patients encouraged to attend whenever possible, alternatives to clinic appointments including telephone conversations and straight to right test implemented to support non contact investigations. Review of endoscopy to support FIT testing under consideration. Use of regional cancer hubs for escalation of surgeries explored. All cancer surgery list have been risk stratified and patients categorised against national guidance in accordance to surgical requirements.	
62 day GP referral to treatment	Percentage of Patients receiving first definitive treatment for cancer within two months (62 days) of urgent GP referral for suspected cancer. Target 85%. Good performance is higher.	- Team still working to maintain improvements to national standard. Aware that COVID-19 suspension due to patients not wishing to attend will mean breaches in system in future. We remain steadfast in tracking methods to maintain close observation of all cancer patients including suspensions due to COVID. All patients encouraged to attend whenever possible, alternatives to clinic appointments including telephone conversations and straight to right test implemented to support non contact investigations. Review of endoscopy to support FIT testing under consideration. Use of regional cancer hubs for escalation of surgeries explored. All cancer surgery list have been risk stratified and patients categorised against national guidance in accordance to surgical requirements. All breaches will continue to be reported through Trust Governance procedure and full route cause analysis completed on each. Harm review for any 104+ breaches in system.	
Referral to treatment: on-going	Percentage of patients on an incomplete pathway with a current wait experience of 18 weeks or less. Threshold 92%. Good performance is higher.	Performance impacted by covid from week commencing 23rd March - Trust has been complaint for 18 months at over 92% before COVID-19 outbreak. The requirement to defer all elective activity for a period of three months has been complied with and as such has had a dramatic impact on RTT performance. Performance is dropping rapidly - at present trajectory performance will drop below 80% in May 2020.	

Board Report - March 2020

Responsive

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Bed Occupancy - SDGH	Percentage bed occupancy at the Southport site. A lower percentage is good. Threshold is 93%.	<ul style="list-style-type: none"> - Due to COVID19 Surge Planning the Trust in line with NHS E directive delivered on the requirement to reduce occupancy levels. This was delivered through a combination of events: <ul style="list-style-type: none"> • Deferring non-essential elective activity and therefore freeing up beds • Reduction of MOFD patients occupying a hospital bed • Reduction in emergency admissions • Reconfiguration of the Trusts bed base (i.e. introduction of Oasis ward and reclassification of the adult ODGH bed-base) • Delivery of daily senior reviews of all inpatients due to the ability in redeploying medical teams who ordinarily would be delivering elective activity. 	
Bed Occupancy - ODGH	Percentage bed occupancy at the Ormskirk site, based on open beds. A higher percentage is good. Threshold is 60%.	Performance impacted by covid from week commencing 23rd March - The Trust has postponed its elective programme as per the National NHSE directive which by default would significantly reduce ODGH occupancy however the Trust developed COVID19 pathways to maximise the ODGH beds available to ensure the Trust overall can maintain safe and timely patient flow. The reconfiguration has been a clinically led process which has been overseen through the Trusts COVID19 operational governance processes.	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Duty of Candour - Evidence of Discussion	The proportion of patients who have had a discussion with healthcare professionals about something that has gone wrong with their treatment or care.	100% Compliance maintained in March - The Trust maintained 100% compliance against this statutory requirement in March. The Risk Team continue to monitor this daily and escalate as appropriate to ensure the initial discussion and apology takes place within the 10 day timescale.	
Duty of Candour - Evidence of Letter	The proportion of patients who have received a letter of apology when something that has gone wrong with their treatment or care.	100% Compliance achieved in March - The Trust achieved 100% compliance against this statutory requirement in March. The Risk Team continue to monitor this daily and escalate as appropriate to ensure the Duty of Candour letter is sent within the 10 day timescale.	
I&E surplus or deficit/total revenue	The proportion of Income & Expenditure surplus/deficit of the total revenue generated by the Trust.	Performance improved since last month - There was a significant reduction in the in-month performance with this reducing from February's in-month deficit of £3.675m to £2.019m in March. This has helped to reduce this cumulative deficit.	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Distance from Control Total	Distance from Control Total.	Significantly adverse from control total. - Although adversely away from the original control total, the Regulator set a revised target of £3.6m away from plan (excluding PSF & FRF funding). To that end, the Trust is only £159k away and that is a draft position excluding the impact of the single site valuation. Once that is factored in the Trust is likely to show a small favourable variance against the Regulator's revised target.	
Capital Service Capacity	The level of debt the Trust is required to service. This indicator is 1 of 5 used to derive the 'Use of Resources (Finance)' score.	Metric has deteriorated in month - The downward trend is associated with the removal of the income accrual for PSF and FRF (Provider Sustainability Fund and Financial Recovery Fund).	
Liquidity	Liquidity indicates whether the provider can meet its operational cash obligations.	Significant deterioration in metric - Whilst this significant deterioration in the metric appears to suggest significant problems it is actually reverse and will be beneficial to the Trust in 2021. What has happened is that at the end of 19/20 DHSC has re-classified all revenue loans as current liabilities which is what has caused the significant adverse movement. However, DHSC have done this as they will be converting all of these loans to equity (public dividend capital) by September 2021. Once this has been done the Trust's liquidity metric will significantly improve.	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Use of Resources (Finance) Score	A Financial performance score derived from the NHS Improvement 'Use of Resources' assessment framework.	Performance is static. - This metric remains at a 4. It is an overall value based on 5 separate metrics. All of these individual metrics are also at a 4.	
Distance from Agency Spend Cap	Distance from Agency Spend Cap.	Performance continues to deteriorate as cap has already been breached. - Although the distance from the cap has increased the actual in month spend in March has reduced from the previous month. However, this effect has been achieved with a reduction in nursing agency and an increase in medical agency. This is due to continued high level of vacancies.	
% Agency Staff (cost)	The cost of agency staff as a proportion of the total cost of the workforce. Reliant on finance system to monitor spend rather than the HR system.	Improvement in month - Whilst this looks like a significant improvement and indeed the absolute value of agency spend has reduced since last month it is driven a number of factors including the denominator in the calculation (total pay costs) has increased and the Trust has responded to the pandemic through rapid response recruitment with NHSP and redeployment of staff.	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
<p>Vacancy Rate - Medical</p>	<p>The proportion of planned medical establishment that is currently vacant.</p>	<p>Improving vacancy rate with pipeline of candidates to commence - The Trust has been successful in appointing to hard to recruit positions through a series of successful AAC campaigns recently however the level of recruitment activity being requested by departments is not equivalent to the reported vacancy rate and will be subject to a deep dive review.</p>	
<p>Staff Turnover</p>	<p>Staff Turnover is calculated by taking the number of leavers divided by the average headcount from the start and end of the month.</p>	<p>March 2020 experienced an increase in staff turnover to 0.92% from 0.83% in February 2020. - The number of leavers in March is 26 which is an increase of 1 from February 2020. Staff turnover is not a current focus in the covid-19 response however upon recommencement of the Workforce Improvement Group, it has been agreed the proposal for a 2020/21 Strategic work stream that will focus on Attraction, Attrition and Retention Group.</p>	
<p>Staff Turnover (Rolling)</p>	<p>Staff Turnover (Rolling) is calculated by taking the number of leavers over the past 12 months divided by the average headcount from the last 12 months.</p>	<p>The rolling staff turnover has decreased for the third consecutive month in March to 12.37% from 12.8% in February 2020. - The number of leavers in March is 26 which is an increase of 1 from February 2020. Staff turnover is not a current focus in the covid-19 response however upon recommencement of the Workforce Improvement Group, it has been agreed the proposal for a 2020/21 Strategic work stream that will focus on Attraction, Attrition and Retention Group.</p>	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
<div style="background-color: red; color: white; padding: 5px; text-align: center;">Vacancy Rate - Nursing</div>	<p>The proportion of planned nursing establishment that is currently vacant.</p>	<p>Improvement in the month of March - Improvement has been achieved in March with significant improvement delivered through April through temporary appointments particularly in HCAs where vacancies total less than 2 wte.</p>	
<div style="background-color: red; color: white; padding: 5px; text-align: center;">Sickness Rate (Rolling 12 Month)</div>	<p>The cumulative number of available WTE hours against the WTE hours of sickness in a 12 month period.</p>	<p>March 2020's rolling year to date sickness absence rate has increased in month to 5.24% from 5.17% this is to be expected as the monthly sickness absence rate has increased again in month which is disappointing at the Trust had been on track to hit its 5% target up until February 2020. Sickness absence levels across the Trust from March 2020 have seen a significant increase due to covid-19 and it is expected that this increase will continue in the near future. All covid-19 related absences are recorded separately and the Workforce Team has worked hard over the last 2 months to set up an absence line to ensure real time reporting and also to enable the swabbing POD to ensure a quick return to work for those who test negative and support those who test positive.</p>	
<div style="background-color: red; color: white; padding: 5px; text-align: center;">Sickness Rate</div>	<p>The proportion of the substantive WTE in month who were unavailable for work. Threshold: 4%. Lower is better.</p>	<p>March 2020's monthly sickness absence rate has increased in month to 5.94% from 5.44% last month and has exceeded the Trust target of 5%. Sickness absence levels across the Trust from March 2020 have seen a significant increase due to covid-19. - The monthly sickness absence rate has increased again in month which is disappointing at the Trust had been on track to hit its 5% target up until February 2020. Sickness absence levels across the Trust from March 2020 have seen a significant increase due to covid-19 and it is expected that this increase will continue in the near future. All covid-19 related absences are recorded separately and the Workforce Team has worked hard over the last 2 months to set up an absence line to ensure real time reporting and also to enable the swabbing POD to ensure a quick return to work for those who test negative and support those who test positive.</p>	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Personal Development Review	Percentage of staff with an up to date Personal Development Review (PDR). Rolling 12 month figure.	PDR compliance increased again for the 4th month to 71.14% in March 2020. This is the highest compliance rate since September 2019 - PDR performance and compliance continues to be challenged for the Trust and although performance has been improving over the last 4 months it is expected that the rate will decrease in the coming months due to the covid-19 response that commenced on 16th March 2020. Multiple factors have been identified throughout the year in understanding the barriers to improving compliance and subsequent interventions have been established to address the matter, however, the Trust has started to realise a slight improvement. HR Business Partners are working closely with CBU's to utilise resource within the CBU to support the process from staff who may be displaced from the substantive role due to covid-19. Planned Care have lead the way with this and are currently utilising staff who are shielding at home to undertake PDR's remotely with the workforce.	
Care Hours Per Patient Day (CHPPD)	Number of nursing care hours worked per patient day. This indicator is used to measure nurse staffing levels.	Remains above national average of 7.0 - March data is reflective of the operational changes, changes in configuration of wards, additional bed base in support of the Covid-19 local surge plans. The data omits re-deployed staff to areas of increased patient activity and acuity.	
Mandatory Training	The percentage of staff with upto date Mandatory Training. Threshold: 85%. Rolling 12 month figure.	Decrease of 1.02% in overall % compliance of core mandatory training (does not include role specific) - There has been a significant drop in % compliance of 1.02% within a one month period, this may be related to current pandemic. Whilst the national advice is to postpone mandatory training for a period of 3 months, the Trust continues to encourage those staff that can to remain up to date i.e. homeworkers, those shielding. HRBP's and HR Advisors are actively promoting core mandatory training compliance in the CBU's. Role specific training reports now circulated monthly & reported at CBU PRB's - these now include the revised Resuscitation & Safeguarding TNA's and will include Medicines Management from May 2020 onwards. Work continues via the Clinical Competency Working Group to undertake TNA for the Trust's Top10 clinical risks. Two x Statements of Case developed to be reviewed at BDISC to provide an interim solution to clinical skills training	

Board Report - March 2020

Well-Led

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Time to Recruit	The number of working days from Advert Close to Start Date. Please note that candidates requiring a Visa are included.	Time to hire improved to better than peer and national medical for all substantive staff - The trust time to hire reported at 50.08 days is better than the peer median (55 days) and national median (59 days) for all substantive staff. A proposal presented at workforce committee in April 2020, to be reviewed by the board, is to set targets of 55 days for all staff, 50 days for non medical and 65 days for medical and dental recruitment. These targets are in line with the peer median data available on model hospital. It is proposed a stretch target of 30 days could continue to be monitored. Significant variation is observed in the application of the recruitment process and only through discipline in compliance with requirements for recruitment processes will the targets be achieved.	

Board Report - March 2020

Efficient

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
MOFD (Medically Optimised for Discharge) - Average Number of Daily Beds Lost In Month	Average Number of Daily Beds Lost In Month. Taken from A Daily Snapshot Of Patients Medically Fit For Discharge. Lower is better.	- The Trust reported a 12% in MOFD for March 2020 in comparison to March 2019. The NHSE COVID19 directive for Discharge was issued at the end of March and for April this has had a profound impact with a significant reduction in actual numbers of MOFD (below 25 patients per day). Over March the system did implement elements of the national NHSE directive. There has been reasonable progress over April with improved results – the challenges for the system will not to embed and sustain this performance as normal working per COVID19. It does however show what can be achieved from the S&O health and care system. The key action delivered is the introduction of a Single Point of Access for Discharge which is overseen by an Integrated Discharge Team. Current work is progressing to consider alternative bed models of intermediate care and how the system might consolidate this bed base which by default will create further efficiencies.	
Length Of Stay	The average amount of time in days that patients spent as an inpatient from an emergency admission. Excludes ZERO Length of Stay.	Increase in length of stay. - There was an increase in average length of stay in March by just over half a day. This is mainly driven by a sharp decline in shorter lengths of stay in the late weeks of the month when non elective hospital activity was greatly reduced due to the impact of COVID-19.	

Board Report - March 2020

Efficient

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Stranded Patients (>6 Days LOS)	Patients who spend 7 days or more as an inpatient.	- There was a drop in the number of stranded patients in March, as an average across the month there will be a difference in the start of the month and the later parts of the month when there was a decrease in admissions and increase in discharges as the Trust prepared for the impact of COVID19 and the public began the lockdown period imposed by the Government.	
Super Stranded Patients (>20 Days LOS)	Patients who spend 21 days or more as an inpatient.	Marginal increase. - The number of super stranded patients increased in March to 70, this is an average across the month so there will be a noticeable difference from the start of the month to the end of the month when the impact of the Coronavirus took effect on discharges.	
New/Follow Up	The Trust's overall ratio between new outpatient appointments and follow-up outpatient appointments. Threshold: monitor.	Performance impacted from week commencing March 23rd by COVID. - There has been a slight deterioration of the new to follow-up ratio – essentially due to the number of non-urgent appointments that have been cancelled in March as part of the decision to defer non-urgent activity in outpatients across all specialties where clinically appropriate. Any deferred (in line with Royal College / NHSE guidance) is being risk stratified to ensure the backlog created due to COVID19 is regularly reviewed to move forward any time critical care. To support maintaining outpatient activity the trust is using digital enablers such as telephone consultations and virtual platforms.	

Board Report - March 2020

Efficient

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Theatre Utilisation - SDGH	The proportion of elective Theatre slots used over the total elective planned capacity on the Southport site.	Performance impacted by covid from week commencing 23rd March - Theatre lists were curtailed as part of the national directive for deferral of elective activity for a period of three months. Theatres, recovery and both anaesthetic and Theatre staff were also to be utilised as part of the surge plan for ITU. A combined emergency/trauma list was delivered on a 24hour per day basis in Theatre 5 – outside main complex. Length of cases and turnaround time between cases was severely impacted due to PHE guidance around aerosol generating procedures and theatres.	
Theatre Utilisation - ODHG	The proportion of elective Theatre slots used over the total elective planned capacity on the Ormskirk site.	Performance impacted by covid from week commencing 23rd March - Given Ormskirk is the elective hub utilisation was severely impacted due to the Covid-19 crisis with large numbers of staff and ventilators being utilised in Southport as part of the surge plan. Combined ambulant trauma, gynaecology emergency and speciality specific cancer lists were delivered from 8am to 8pm however turnaround and PHE guidance impacted the number of cases being able to be performed on those lists.	
DNA (Did Not Attend) rate	The proportion of patients of all those offered appointments or treatment dates that do not give notice of non-attendance irrespective of how short that notice is. Lower is better.	Performance impacted by covid from week commencing 23rd March - DNA rate was impacted negatively due to the start of the Covid-19 pandemic with patients choosing not to attend however not informing the Trust of that intention. In April there has been seen a commensurate increase in patient led cancellations and a decrease in DNAs.	

Board Report - March 2020

Efficient

Indicator Name (Colour - Perf Traj)	Description	Narrative	Month Trend
Southport A&E Conversion Rate	Proportion of Southport A&E Attendances that are moved to a base ward. Patients who only stay on an Assessment Ward are not included.	- Whilst emergency admissions have dropped by 10% the conversion rate has increased due to the unprecedented reduction in ED attendances at the Trust and seen nationally.	
Cancelled Operations	Cancelled Elective Operations for Non-Clinical Reasons (within 24 hours of operation) - % of Total Electives & Daycases in Month	Performance impacted by covid from week commencing 23rd March - Performance has improved slightly into March. Towards the end of March the decision was made to defer all elective surgery. There will be a negative impact towards the end of March however given there has been little elective activity other than cancer surgery there has been very few if any cancellations within 24 hours of operation into the Month of April.	

Title of Meeting	BOARD OF DIRECTORS	Date	6 MAY 2020
Agenda Item	TB068/20	FOI Exempt	NO
Report Title	FINANCE REPORT – MONTH 12 2019/20		
Executive Lead	Steve Shanahan, Director of Finance		
Lead Officer	Kevin Walsh, Deputy Director of Finance		
Action Required	<input checked="" type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
<p>This report provides the Board with</p> <p>a) Finance Report Month 12 2019/20 with the 2019/20 year-end financial position (subject to external audit); CIP delivery; and the key reasons why the Trust did not deliver its deficit control total of £26.567 million before PSF and FRF</p> <p>b) 2020/21 Financial Plan reflecting the financial arrangements that have been put in place due to COVID-19 pandemic</p> <p>c) Use of Resources Report with an update on the key metrics and work being undertaken on Corporate Services to address one of the November 2019 CQC Use of Resources report.</p>			
Executive Summary			
Section 1 : Finance Report Month 12 2019/20			
<p>The 2019/20 financial plan has not been achieved with the cumulative deficit ££30.326 million before PSF and FRF, £3.759 million worse than plan which is currently £159,000 worse than NHSE/I accepted overspend. This is despite a £2.831 million CIP shortfall against a £6.3 million plan. The Trust is planning to complete the single site revaluation before submission of the draft final accounts in order to achieve the agreed £3.6 million overspend.</p> <p>During the month the Trust incurred additional expenditure in response to the COVID-19 pandemic and received less income in respect of Car Parking and Catering as elective and outpatient activity was stood down in preparation. The financial impact was £379,389 which has been funded centrally.</p> <p>The report includes the 2019/20 cash position together with debt position the majority of which will be converted into Public Dividend Capital (PDC) at the end of September 2020. The Trust has achieved its statutory Capital Resource Limit (CRL) with a small £2,000 under-spend</p>			
Section 2 : 2020/21 Financial Plan			
<p>2020/21 Operational Planning process was suspended on 17 March due to COVID-19 with new financial arrangements introduced for the period 1st April – 31st July. Instead a block contract has been agreed nationally with Commissioners to cover the period 1 April to 31 July 2020 and NHSE/I published the values of the block contract to Commissioners and Trusts on 25 March 2020.</p> <p>As a result Trusts to suspend invoicing for non-contract activity for the period 1 April to 31 July and instead a sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. Initial guidance also stated that provider to provider billing should be paused throughout the period, however as this was not deemed to be practical a revision to guidance was made on 15 April, and provider to provider billing will continue as normal for 2020/21.</p>			

The block value does not include non-clinical income. A national top up payment has been provided to providers where the expected cost base is higher than the calculated CCG block contract and NHSE/I published details of the top up payment to Trusts on 17 April 2020. Trusts can also claim the additional marginal costs due to COVID-19. These arrangements have been made to avoid any interim working capital support. The expectation from the Regulator is that the funding formula should enable the Trust to break-even over the four month period and will provide the basis against which the Regulator will monitor performance. A break even financial plan has developed from the information provided by NHSE/i.

Section 3 : Use of Resources Report

The CQC Use of Resources report highlighted seven areas for improvement:

1. The trust needed to understand and address its underlying financial deficit and agree a clinical and financial sustainable solution
2. Meet the constitutional standards around Cancer, Accident & Emergency (A&E) and diagnostic waiting times.
3. The trust is an outlier for pre-procedure length of the stay for elective and non-elective
4. The trust's pay cost per WAU at £2,577, is significantly above the national median of £2,180.
5. The trust did not meet its agency ceiling for 2018/19 and is forecasting to miss 2019/20.
6. Further work is required to address the higher than average staff sickness levels.
7. The trust benchmarks significantly above the national average for corporate services.

In quarter 4 2019/20 the Trust's Model Hospital Group focus has been on a detailed review and analysis of Corporate Services to develop CIP plans for 2020/21 and 2021/22. Unfortunately this work was put on hold in response to Covid-19, the plan is to finish this work by end of Quarter 1 2020/21. The outputs of this work along with a work programme to reflect all the areas of improvement will be brought back to FP&I in July.

Recommendations

The Board is asked to

- a) **receive** the Finance Report Month 12 2019/20
- b) **approve** the 2020/21 Financial Plan
- c) **receive** the Use of Resources Report

Previously Considered By:

Finance, Performance & Investment Committee

Strategic Objectives

- SO1** Improve clinical outcomes and patient safety to ensure we deliver high quality services
- SO2** Deliver services that meet NHS constitutional and regulatory standards
- SO3** Efficiently and productively provide care within agreed financial limits
- SO4** Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated
- SO5** Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values
- SO6** Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

Prepared By:

Kevin Walsh, Deputy Director of Finance

Presented By:

Steve Shanahan, Director of Finance

SECTION 1: Finance Report – Month 12 2019/20

1. Purpose

- 1.1. This report provides the Board of Directors with the 2019/20 year-end financial position (subject to external audit); CIP delivery; and the key reasons why the Trust did not deliver its deficit control total of £26.567 million before PSF and FRF

2. Executive Summary

- 2.1. The 2019/20 financial plan has not been achieved with the cumulative deficit ££30.326 million before PSF and FRF, £3.759 million worse than plan which is currently £159,000 worse than NHSE/I accepted overspend.
- 2.2. The Trust is planning to complete the single site asset revaluation before submission of the draft final accounts in order to achieve the agreed £3.6 million overspend.
- 2.3. The over spend was in respect of pay, £4.8 million and a CIP shortfall of £2.831 million against a £6.314 million plan.
- 2.4. Of the £3.483 million CIP delivered, £789,000 was non recurrent against the £6.314 million plan.
- 2.5. During the month the Trust incurred additional expenditure in response to the COVID-19 pandemic and received less income in respect of Car Parking and Catering as elective and outpatient activity was stood down in preparation.
- 2.6. The financial impact was £379,389 which has been funded centrally.
- 2.7. The table below is the I&E statement for 2019/20:

I&E (Including R&D)	ANNUAL	YEAR TO DATE			IN MONTH		
	Budget £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Commissioning Income	167,423	167,423	167,844	421	15,137	16,567	1,430
PP, Overseas & RTA	1,098	1,098	734	(364)	91	40	(51)
Other Income	12,522	12,522	12,996	473	1,084	1,070	(14)
PSF & FRF	18,271	18,271	6,394	(11,877)	2,133	0	(2,133)
Total Operating Income	199,313	199,313	187,967	(11,346)	18,445	17,677	(768)
PAY	(141,427)	(141,427)	(144,352)	(2,925)	(12,150)	(13,962)	(1,812)
NON PAY	(54,067)	(54,067)	(55,535)	(1,468)	(5,014)	(4,773)	241
Total Operating Expenditure	(195,494)	(195,494)	(199,887)	(4,393)	(17,164)	(18,735)	(1,571)
EBITDA	3,820	3,820	(11,920)	(15,739)	1,281	(1,058)	(2,339)
Net Financing Costs	(12,149)	(12,149)	(12,114)	35	(958)	(974)	(16)
Retained Surplus/Deficit	(8,329)	(8,329)	(24,034)	(15,704)	324	(2,032)	(2,355)
Technical Adjustments	33	33	102	69	(14)	13	27
Break Even Surplus/(Deficit)	(8,296)	(8,296)	(23,932)	(15,635)	310	(2,019)	(2,328)
Less PSF/FRF Funding	(18,271)	(18,271)	(6,394)	11,877	(2,133)	0	2,133
SURPLUS/(DEFICIT) excluding PSF/FRF	(26,567)	(26,567)	(30,326)	(3,759)	(1,823)	(2,019)	(195)

- 2.8. The report includes the 2019/20 cash position together with debt position the majority of which will be converted into Public Dividend Capital (PDC) at the end of September 2020.
- 2.9. The Trust achieved its statutory Capital Resource Limit (CRL) with a £2,000 under-spend.

3. COVID-19

- 3.1. During March 2020 the Trust incurred additional expenditure in response to the COVID-19 pandemic and received less income in respect of Car Parking and Catering as elective and outpatient activity was scaled down in preparation for the pandemic
- 3.2. Additional funding was made available to mitigate any adverse impact on the Trust's Income and Expenditure position with £379,389 accrued in the month 12 position the analysis of which is as follows
 - Pay £128,544
 - Non Pay £219,805
 - Income loss £31,040
- 3.3. The above funding arrangement will continue in 2020/21 and income will be accrued on a monthly basis in order to mitigate the financial impact of COVID-19.

4. Income and Activity Performance

- 4.1. Elective activity is significantly below plan in March following cancellation of planned procedures in response to COVID-19 along with Outpatient activity and A&E attendances.
- 4.2. Trust activity and income performance at month 12 YTD is as follows:
 - Elective – activity is 6.4% below plan; £1,200,000 loss of income split £555,000 West Lancashire CCG, £292,000 Southport & Formby CCG and £353,000 for other CCGs. The System Recovery Plan did have an impact during the summer up until October 2019 but it was not sustained during the winter months to deliver the elective shortfall and then the impact from COVID-19 in March. The majority of the other CCG activity relates to dental which is commissioned by NHS England.
 - A&E – activity 4.0% above plan; £640,000 of additional income.
 - Non Elective – activity is 2% below plan; £5,764,000 additional income due to case mix but only a proportion of the non-elective value is payable due to the application of the “blended tariff” adjustment
 - Outpatients – activity is 1.4% above plan; £468,000 of additional income.

5. West Lancashire CCG Contract Performance

- 5.1. The contract is a PbR based contract and the Trust plan is £51.0 million and the contract value is £50.5 million which followed the arbitration outcome due to timing issues on when the Trust could start counting CDU activity.
- 5.2. The Trust was forecasting an outturn position in line with the revised contract value of £50.5 million but actual performance was below this value in month 12 as a result of COVID-19.
- 5.3. In line with national guidance the Trust and CCG agreed a year end position reflective of the level of performance prior to the impact of COVID-19, resulting in full payment of the contract value, £50.5 million.

6. South Sefton CCG Contract Performance

- 6.1. The value of the South Sefton CCG contract was £7.1 million and was a “Cost based contract” although there was no conditional income attached or any additional charge for escalation bed usage applied.
- 6.2. The Trust had forecast to over-perform by circa £0.3 million however due to the impact of COVID-19 this level of income was not achieved.
- 6.3. At month 12 there was an over-performance of £228,717 after the application of blended tariff (£7.3 million) and in line with Section 5a of the 2019/20 contract the Trust has accrued this income.

7. Southport & Formby CCG Contract Performance

- 7.1. The value of the Southport & Formby CCG contract is £74.9 million and is a “Cost based contract” which has a number of “conditional income” elements.
- 7.2. These conditional elements, and performance, are shown in the table below:

	Annual Plan	M12 YTD Plan	M12 YTD Actual	M12 YTD Var
	£	£	£	£
Repatriation	600,000	600,000	0	(600,000)
Business Cases	1,300,000	1,300,000	1,224,357	(75,643)
CQC Contingency	300,000	300,000	113,000	(187,000)
BPT	850,000	850,000	183,426	(666,574)
Contingency - Other Conditional	450,000	412,500	0	(412,500)
Total	3,500,000	3,462,500	1,520,783	(1,941,717)

- 7.3. The Trust had forecast to over-perform by circa £1.7 million before the impact of COVID-19 and despite the £1.942 million underperformance on conditional income, the Trust’s activity performance, together with additional funding for escalation beds, means the CCG contract has over-performed by £1.403 million as at month 12 (£76.3 million).
- 7.4. In line with Section 5a of the 2019/20 contract the Trust has accrued the additional £1.403 million.

8. Expenditure

- 8.1. The expenditure run rate was higher in March to reflect the following:
 - Legacy issues in pay reserves which were only allocated in month 12 as planned
 - Very Senior Manager pay award £44,000
 - Job Planning £26,000
 - COVID-19 £378,000
 - Consultant pension tax provision £317,775, centrally funded.
- 8.2. There was an improvement in the vacancy rate in all staff groups in March.
- 8.3. However, this improvement has not been accompanied with a reduction in bank and agency spend which continues to contribute to adverse variances.
- 8.4. Within pay the main staff groups driving the over spend continues to be non-consultant medical staff (£1.3 million YTD) and Nursing & Midwifery (£3.4 million YTD).
- 8.5. High vacancy levels continue to contribute significantly to the over spends within these staff groups resulting in high levels of agency and bank usage (see section 9).
- 8.6. March saw an improvement in the nurse vacancy rate although this represents the successful recruitment of additional staff at band 2/3 and band 4.

- 8.7. However the ability to improve the band 5 nurse vacancy rate continues to be a challenge with the number of contracted nurses falling in Quarter 4 with the band 5 nurse vacancy rate now 28.3% (25.2% in January 2020)
- 8.8. After taking into account the additional pay expenditure identified in section 6.2 the Month 12 pay expenditure is showing an upward trend, mainly in medical staff and Nursing & Midwifery.
- 8.9. These trends will be analysed to determine whether under the existing 2020/21 financial framework the Trust will require a retrospective adjustment to the top-up payment.
- 8.10. Please refer to the run rate analysis in the appendices for more information regarding expenditure and Whole Time Equivalent (WTE).

9. Bank and Agency spend

- 9.1. Monthly agency spend in March reduced to £1.173 million (8.4% of the pay bill); Medical staff £578,000 (month 11 £535,000); Nursing £536,000 (month 11 £588,000): This brings the total agency spend for the year to £13.076 million (9.1% of the pay bill); Medical staff £6.638 million; Nursing £5.355 million.
- 9.2. Total Bank spend in March was £1.157 million (8.3% of the total pay bill) bringing the total spend for the year to £11.526 million (8% of the total pay bill).
- 9.3. Total temporary staff spend in March was £2.330 million is the highest recorded spend to date of which £90,000 was incurred on COVID-19 (agency £34,000; bank £56,000).
- 9.4. This brought the temporary staff spend to £24.6 million for 2019/20 (17% of the pay bill).

10. Cost Improvement Plan (CIP) Performance

- 10.1. The Trust's I&E plan assumed a £6.314 million CIP was required in 2019/20 which following contract agreement with Southport and Formby CCG mainly from reduced expenditure.
- 10.2. The Trust delivered only 55.2% of the plan, £3.483 million
- 10.3. 87% of the £2.831 million shortfall related to schemes to reduce pay expenditure.
- 10.4. Of the £3.483 million delivered, 77.3% (£2.694 million) was recurrent
- 10.5. The table below illustrates both the targets and performance for the full year.

	Annual Plan £000	Annual Budget £000	Month 12			YTD			CYE £000	FYE £000
			Budget £000	Actual £000	Var £000	Budget £000	Actual £000	Var £000		
19/20 Plan - Expenditure (pay)	2,465	3,965	381	85	(296)	3,965	1,495	(2,470)	1,495	1,034
19/20 Plan - Expenditure (non pay)	1,724	1,724	168	116	(52)	1,724	1,578	(146)	1,578	1,459
19/20 Plan - Income (other op income)	325	325	39	42	3	325	410	85	410	201
19/20 Plan - Income (BPT)	1,800	300	30		(30)	300		(300)		
19/20 Plan - Total	6,314	6,314	618	243	(375)	6,314	3,483	(2,831)	3,483	2,694

- 10.6. The performance by CBU/department is as follows:

CBU / Department	Executive Director	Target	Actual	Variance	Actual	Variance
		CYE	CYE	CYE	FYE	FYE
		£000	£000	£000	£000	£000
Planned Care CBU	Steve Christian	2,057	666	(1,391)	641	(1,416)
Urgent Care CBU		1,764	604	(1,160)	680	(1,084)
Specialist and Support Services CBU		1,139	727	(412)	428	(711)
Finance	Steve Shanahan	282	963	681	552	270
Pharmacy*	Terry Hankin	133	95	(38)	0	(133)
IM&T & Data Capture	Steve Shanahan	184	177	(7)	33	(151)
Estates	Therese Patten	287	15	(272)	0	(287)
Facilities		287	126	(161)	162	(125)
HR	Jane Royds	0	0	0	0	0
Nursing & Midwifery	Bridget Lees	0	0	0	0	0
Procurement*	Steve Shanahan	200	110	(90)	198	(2)
Total		6,332	3,483	(2,849)	2,694	(3,638)

*Additional savings from Procurement and Pharmacy have been attributed to the CBU position.

11. Pay Expenditure increase during 2019/20

- 11.1. The two main reasons why the Trust has not achieved the 2019/20 financial plan are due to overspends on pay (£2.5 million) and non-delivery of the pay CIP plan (£2.470 million).
- 11.2. The 2019/20 pay budget was based on funding the Trust's average monthly run rate between September 2019 and December 2019 which had been fairly consistent.
- 11.3. During Quarter 4 of 2018/19 both Medical and Nursing & Midwifery staff expenditure increased.
- 11.4. This coincided with supporting winter pressures and in particular the opening of Ward 1 which remained in use into Quarter 1 2020/21.
- 11.5. The 2019/20 pay budget did not fund the Quarter 4 increase for these two staff groups (£400,000 per month).
- 11.6. The intention was for the Quarter 4 spend to reduce back down to previous monthly levels and any 2019/20 winter budget would be subject to separate discussions with local commissioners.
- 11.7. The 2019/20 pay budget was funded for a number of other issues:
 - 2019/20 Pay Award
 - Full Year Effect of 2018/19 Business Case not yet implemented (£0.7 million)
 - Agreed 2019/20 Business Cases £3.1 million reduced to £2.3 million due to slippage in Quarter 1 2019/20.
- 11.8. Not all business cases have been implemented and, therefore, individual pay budgets have only received the part year funding.
- 11.9. There was also a requirement to achieve a CIP of £3.965 million from pay budgets as part of the £6.314 million CIP programme.
- 11.10. The following tables (£000 and WTE) illustrate how pay budgets have been established and updated throughout the year, excluding any reductions for CIP and illustrates the growth in spend on Medical and Nursing & Midwifery staff:

Analysis of Pay Spend for 2019/20

STAFF GROUP	STAFF TYPE	Monthly		Annual		Pay Award £000	Investments £000	Winter £000	COVID-19 £000	HR Transfer £000	Other £000	2019-20	
		M6-9 avg run rate £000	2018-19 £000	Budget £000	Actual £000								
Consultants	Substantive	(1.3)	(15.8)	(0.4)	(0.6)	(0.0)		(0.2)				(17.1)	(15.5)
	Bank	(0.1)	(0.7)				(0.0)					(0.7)	(1.0)
	Agency	(0.1)	(1.7)			(0.1)	(0.0)					(1.8)	(3.4)
Consultants Total		(1.5)	(18.2)	(0.4)	(0.6)	(0.1)	(0.0)	(0.2)		0.0		(19.5)	(19.9)
Other Medical	Substantive	(1.2)	(14.6)	(0.4)	(0.3)	(0.0)		(0.1)				(15.5)	(16.1)
	Bank	(0.1)	(1.7)			(0.1)						(1.8)	(2.0)
	Agency	(0.2)	(2.7)			(0.1)	(0.0)					(2.7)	(3.2)
Other Medical Total		(1.6)	(19.0)	(0.4)	(0.3)	(0.1)	(0.0)	(0.1)		0.0		(20.0)	(21.3)
Nurses & Midwives	Substantive	(3.6)	(43.2)	(0.7)	(1.1)	(0.2)	(0.0)	(0.2)				(45.2)	(45.6)
	Bank	(0.5)	(6.5)			(0.1)	(0.1)					(6.7)	(8.1)
	Agency	(0.3)	(3.6)			(0.2)	(0.0)					(3.9)	(5.4)
Nurses & Midwives Total		(4.4)	(53.4)	(0.7)	(1.1)	(0.5)	(0.1)	(0.2)		0.0	0.0	(55.7)	(59.1)
Scientific, Technical & Therapeutic	Substantive	(1.3)	(15.9)	(0.2)	(0.1)	(0.0)					(1.8)	(18.1)	(16.2)
	Bank	(0.0)	(0.1)									(0.1)	(0.1)
	Agency	(0.0)	(0.2)									(0.2)	(0.3)
Scientific, Technical & Therapeutic Total		(1.4)	(16.2)	(0.2)	(0.1)	(0.0)			0.0	0.0	(1.8)	(18.4)	(16.6)
Other Staff	Substantive	(2.0)	(24.1)	(0.4)	(0.4)	(0.0)	(0.4)	(0.0)	(0.0)	(1.5)		(26.7)	(25.9)
	Bank	(0.0)	(0.3)						(0.0)			(0.3)	(0.3)
	Agency	(0.1)	(0.7)			(0.0)						(0.7)	(0.7)
Other Staff Total		(2.1)	(25.0)	(0.4)	(0.4)	(0.0)	(0.4)	(0.0)	(0.0)	(1.5)	(0.2)	(27.6)	(26.9)
Total Pay Expenditure	Substantive	(9.5)	(113.6)	(2.2)	(2.6)	(0.2)	(2.6)	(0.2)	(0.0)	(1.5)	(2.3)	(122.4)	(119.2)
	Bank	(0.8)	(9.3)	0.0	0.0	(0.2)	0.0	0.0	(0.1)	0.0	0.0	(9.6)	(11.5)
	Agency	(0.7)	(8.9)	0.0	0.0	(0.4)	0.0	(0.4)	(0.0)	0.0	0.0	(9.3)	(13.1)
Total Pay Expenditure		(11.0)	(131.8)	(2.2)	(2.6)	(0.7)	(2.6)	(0.7)	(0.1)	(1.5)	(2.3)	(141.3)	(143.8)

Total Pay expenditure excludes £0.5 million

Analysis of WTE for 2019/20

STAFF GROUP	STAFF TYPE	Monthly M6-9 avg run rate 2018-19		NER	Investments	Winter	COVID-19	HR Transfer	Other	2019-20 Budget	2019-20 Actual
		WTE	WTE								
Consultants	Substantive	101	5						8	114	100
	Bank	3			0					3	10
	Agency	7			0					7	12
Consultants Total		110	5	0	1	-	8	124	122		
Other Medical	Substantive	208	6	2			9	224	223		
	Bank	10		2				12	16		
	Agency	18		2	0			21	22		
Other Medical Total		236	6	5	0	-	9	257	260		
Nurses & Midwives	Substantive	1,093	4	23	0		(6)	1,210	1,168		
	Bank	163		8	15			185	231		
	Agency	43		11	4			58	94		
Nurses & Midwives Total		1,299	4	41	19	-	6	1,453	1,493		
Scientific, Technical & Therapeutic	Substantive	406	4	5			49	463	407		
	Bank	3						3	2		
	Agency	3						3	5		
Scientific, Technical & Therapeutic Total		412	4	5	-		49	469	414		
Other Staff	Substantive	773	18	1	13	36	15	857	844		
	Bank	14			0			14	10		
	Agency	10		1				11	7		
Other Staff Total		797	18	2	14	36	15	882	861		
Total Pay WTE	Substantive	2,580	37	30	14	36	75	2,867	2,741		
	Bank	192	-	9	16	-	0	216	269		
	Agency	82	-	15	4	-	0	101	140		
Total Pay WTE		2,854	37	54	34	36	75	3,185	3,151		

12. Cash

- 12.1. The Trust has achieved its External Financing Limit (EFL) with a small increase on its year-end cash holdings which increased from £1.042 million at the end of 2018/19 to £1.067million in 2019/20.
- 12.2. The cashflow in the appendices shows actual performance each month for 2019/20.
- 12.3. Total DHSC loans drawn in 2019/20 including capital was £30.448 million although the Trust did pay down £3.141million (including capital principle repayments).
- 12.4. At the end of March the Trust had borrowed a total of £131.542 million of this £1.935 million relates to capital.
- 12.5. At the end of March £129.607million of revenue loans are being reclassified as current assets as by September 2020 DHSC will have converted all these loans to public dividend capital (equity).
- 12.6. In essence these loans are written off and no interest is due, however, equity will attract a dividend payment at 3.5%.
- 12.7. Cash flow for 2020/21 has completely altered in light of the COVID-19 pandemic; however, the Trust has received 2 months cash in April to ensure that we can meet all our commitments.

13. Capital

- 13.1. The Trust has achieved its statutory Capital Resource Limit (CRL) with a small £2,000 under-spend.
- 13.2. There were further changes required to the plan in March with further funding received for cyber-security (£30,000); pharmacy (£22,000) and Covid-19 (£170,000).
- 13.3. The Capital Resource Limit (CRL) increased from £7.647 million (highlighted in January's report) to £7.869 million before donated assets and IFRIC 12 assets which are automatically funded.
- 13.4. Actual spend in month was £3.698 million with approximately £1.0 million on medical equipment, £1.3 million on IT, £0.500 million on pharmacy and the balance on Estates projects and Covid-19.

14. Recommendations

- 14.1. The Board is asked to **receive** the Finance Report Month 12 2019/20.

Section 2: 2020/21 Financial Plan

1. Purpose

- 1.1. This report provides the Board of Directors with 2020/21 Financial Plan reflecting the financial arrangements that have been put in place due to COVID-19 pandemic.

2. Introduction

- 2.1. Since the April board meeting the guidance for financial planning has been updated.
- 2.2. National and Regional conference calls have been taking place twice weekly to explain the planning approach to 2020/21.
- 2.3. Although initially the financial framework was to be introduced for the period April-July 2020 it seems increasingly likely that this arrangement will remain for the first half of the financial year at least and may well even be in place for the full year.
- 2.4. Therefore, the Trust will be setting a financial plan and associated budget based on an extrapolation of the figures that have recently been shared by NHSE/I.

3. Executive Summary

- 3.1. 2020/21 Operational Planning process was suspended on 17 March due to COVID-19 with new financial arrangements introduced for the period 1st April – 31st July.
- 3.2. Instead a block contract has been agreed nationally with Commissioners to cover the period 1 April to 31 July 2020.
- 3.3. NHSE/I published the values of the block contract to Commissioners and Trusts on 25 March.
- 3.4. As a result Trusts to suspend invoicing for non-contract activity for the period 1 April to 31 July and instead a sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner.
- 3.5. Initial guidance stated that provider to provider billing should also be paused throughout the period, however as this was not deemed to be practical, a revision to guidance was made on 15 April, therefore provider to provider billing will continue as normal for 2020/21.
- 3.6. The block value does not include any non-clinical income
- 3.7. A national top up payment has been provided to providers where the expected cost base is higher than the calculated CCG block contract.
- 3.8. NHSE/I published details of the top up payment to Trusts on 17 April 2020
- 3.9. Trusts can claim the additional marginal costs due to COVID-19.
- 3.10. These arrangements have been made to avoid any interim working capital support.
- 3.11. The expectation from the Regulator is that the funding formula should enable the Trust to break-even over the four month period and will provide the basis against which the Regulator will monitor performance.
- 3.12. A break even financial plan has developed from the information provided by NHSE/I

4. Contractual Payments and Trust Reimbursement

- 4.1. All Trusts will be guaranteed a minimum level of income reflecting the current cost base on the following basis:
- 4.2. Commissioners should agree block contracts with NHS Trusts with whom they have a contract to cover the period 1 April to 31 July 2020.
- 4.3. The figure will be based on the average CCG monthly expenditure implied by the provider figures in the month 9 Agreement of Balances return plus an uplift for 2020/21 inflation

(including pay uplifts and CNST) but excluding the tariff efficiency factor as there is no CIP expectations

- 4.4. 2020/21 activity growth is excluded.
- 4.5. Trust to suspend invoicing for non-contract activity for the period 1 April to 31 July; a sum equivalent to the historical monthly average will be added to the block contract of the Trust's coordinating commissioner.
- 4.6. A national top up payment will be provided to reflect the difference between the actual costs and income guaranteed by the two steps above where the expected cost base (which will be calculated as the average monthly expenditure figure over the period November to January uplifted for inflation) is higher.
- 4.7. The Financial Recovery Fund and associated rules will be suspended during the period.
- 4.8. Trusts can claim additional costs where the block payments do not equal actual costs to reflect additional marginal costs due to COVID-19. These reasonable costs should include:
 - Increases in staffing costs compared to the baseline period for dealing with increased total activity.
 - Increases in temporary staffing to cover increased levels of sickness absence or to deal with other caring responsibilities.
 - Payments for bank or sub-contractor staff to ensure all sickness absence is covered.
 - Additional costs of dealing with COVID-19 activity.
- 4.9. Claims will be made on a monthly basis, alongside regular monthly financial reports.
- 4.10. NHSE/I view is that this should provide sufficient funds to deliver a break-even position throughout the four month period and will provide the basis against which the Regulator will monitor performance.
- 4.11. Payments made by commissioners under block contract arrangements should not be revised to reflect any shortfalls in normal contractual performance during this period.
- 4.12. The above arrangements means there should be minimal requirement for any interim working capital support during this period.

5. Published Block Contract Values

- 5.1. NHSE/I have informed the Trust of the value of the block contract payments from Commissioners totalling £13.77 million and a top up payment of £2.79 million:

Commissioning Income	£M
NHS Southport & Formby CCG	6.61
NHS West Lancashire CCG	4.34
NHS NW Specialist Commissioners	1.46
NHS South Sefton CCG	0.61
Other Associates	0.76
Monthly top up	2.79
Sub total	16.56
Local Authority	0.22
Other	0.05
Total	16.83

- 5.2. In addition local authority will continue to be billed for sexual health contract and provider to provider recharges which will now continue accounting for the other £50,000 per month.

6. Non commissioning income

- 6.1. The Trust is also expected to plan for other income elements such as Education income, Catering, Car Park etc.
- 6.2. NHSE/I have estimated the Trust's expected income based on recent monthly performance returns.
- 6.3. This information has only just recently been received (22 April) and the finance department is currently in the process of reviewing its accuracy.

7. Total Income Plan

- 7.1. The Trust income plan for the first four months is based on the information provided by NHSE/I.
- 7.2. Given the uncertainty around how long this accounting framework will be in place the Trust is setting an income plan based on the assumption that the arrangement will be in place for the full year.
- 7.3. In addition to the income plan there will be a further income stream for COVID-19. An income budget will only be set for this each month once expenditure levels are known.
- 7.4. The total income plan is shown in the table below:

Income	Month £000	Year £000
Commissioning Income	16.83	201.98
PP, Overseas & RTA	0.05	0.60
Other Income	1.08	13.01
Total Operating Income	17.97	215.59

8. Expenditure

- 8.1. NHSE/I have forecast the Trust's 2020/21 cost base on the following basis:
- Average monthly expenditure between November 2019 and January 2020.
 - 2020/21 inflation (as per recent guidance the weighted uplift is 2.8%)
 - The 1.1% efficiency requirement (CIP) has not been applied as there is no expectation on savings during COVID-19
- 8.2. NHSE/I have then used the top up identified in the income section above as a mechanism to ensure all Trust should be able to break-even on a monthly basis.
- 8.3. The total expenditure plan is shown in the table below:

Expenditure	Month £000	Year £000
Pay	(12.17)	(146.00)
Non-Pay	(4.78)	(57.38)
Total Operating Expenditure	(16.95)	(203.39)
Non-Operating Expenditure	(1.02)	(12.20)
Total Expenditure	(17.97)	(215.59)

- 8.4. The Trust will be able to claim any COVID-19 related expenditure in addition to the above expenditure plan.

8.5. If the Trust monthly expenditure (excluding COVID-19) exceeds the plan then the reasons will need to be submitted to NHSE/I and the Top Up should be adjusted retrospectively to enable delivery of break-even.

9. Revenue Investments

- 9.1. No new revenue business investments should be entered into unless related to COVID-19 or unless approved by NHSE/I.
- 9.2. The Trust has a number of business cases that were agreed in 2019/20 and have not yet been fully implemented e.g Human Resources, Pharmacy staffing relating to CQC and Older Peoples.
- 9.3. As highlighted in 8.5 above any increased expenditure would need to be funded through the Top Up following submission to NHSE/I.

10. Income & Expenditure

10.1. A summary of the 2020/21 financial plan is shown in the table below:

I&E (Including R&D)	2020/21	2019/20
	Plan £M	Actual £M
Commissioning Income	202.0	167.8
PP, Overseas & RTA	0.6	0.7
Other Income	13.0	13.0
PSF & FRF	0.0	6.4
Total Operating Income	215.6	188.0
PAY	(146.0)	(144.4)
NON PAY	(57.4)	(55.5)
Total Operating Expenditure	(203.4)	(199.9)
EBITDA	12.2	(11.9)
Non Operating Expenditure	(12.2)	(12.1)
Retained Surplus/Deficit	0.0	(24.0)
Technical Adjustments	0.0	0.1
Break Even Surplus/(Deficit)	0.0	(23.9)
Less PSF/FRF Funding	0.0	(6.4)
SURPLUS/(DEFICIT) excluding PSF/FRF	0.0	(30.3)

11. Conclusion

11.1. The response required to address COVID-19 has resulted in a significant delay to the 2020/21 planning process and immediate changes to funding for the period 1 April-31 July and the requirement to break even during this period.

- 11.2. NHSE/I have communicated the Trust's expected financial plan for the first four months of the year.
- 11.3. Expenditure budgets will reflect the appropriate monthly profile.
- 11.4. In order to convert the plan into budgets the Trust is making the assumption that the arrangement will be in place for the full financial year.

12. Recommendation

- 12.1. The Board is asked to **approve** the 2020/21 Financial Plan.

Section 3: Use of Resources

1. Purpose

- 1.1. This report provides the Board of Directors with an update on the key metrics and work being undertaken on Corporate Services to address one of the November 2019 CQC Use of Resources report

2. Introduction

- 2.1. CQC Use of Resources report November 2019 rated the trust's use of resources as inadequate.
- 2.2. The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients.
- 2.3. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence, followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

3. Key Findings of the Report

- 3.1. The trust has a significant deficit in relation to turnover and an inconsistent track record of managing spending within available resources and in line with plans. Since 2017/18, the trust has been in Enhanced Financial Oversight with NHS Improvement and for the past year has had a Financial Turnaround Director.
- 3.2. The trust does not have a plan to return to financial balance and failed to balance its budget in 2018/19, reporting a deficit of £29 million.
- 3.3. As of the first quarter in 2019/20, the trust is on track to achieve a deficit of £8.3 million (which includes £18.3m of PSF, FRF and MRET funding), however, delivery of the quarter 1 financial plan was reliant on non-recurrent benefits.
- 3.4. The trust has a cost improvement plan (CIP) of £6.3m (or 3% of its expenditure) and is currently forecasting to deliver against its plans. 11.1% is planned to be non-recurrent. As at the end of quarter 1, the trust has delivered £0.4m (6.5% of the annual target). In addition, £2.5m of the annual target is still unidentified.
- 3.5. The trust will not be able to meet its all financial obligations in 2019/20 without cash support from the Department of Health and Social Care. The trust has been reliant on external funding to meet its financial obligations and deliver its services for the past three years and currently has a liability of £103m of revenue support loans on the balance sheet.
- 3.6. The trust spends more on pay and other goods and services per weighted unit of activity (WAU) than most other trusts nationally. This indicates that the trust is less productive at delivering services than other trusts by showing that, on average, the trust spends more to deliver the same number of services. This is reflected in their overall cost per WAU of £3,749 compared to a national median of £3,486.
- 3.7. Underneath this headline metric, the trust's pay cost per WAU at £2,577, is above the national median of £2,180. In addition, this is coupled with a high number of vacancies across various staff groups, resulting in high agency usage and spend.
- 3.8. However, the trust's non-pay cost per WAU, at £1,172 benchmarks below the national median of £1,307.
- 3.9. Individual areas where the trust's productivity compared well included Delayed Transfers of Care, Did Not Attend rates, staff retention and procurement.
- 3.10. However, opportunities for improvement were identified in clinical productivity, staff sickness rates, pay costs, agency spend, pathology, pharmacy and estates and facilities.
- 3.11. Furthermore, the trust has a significantly higher than median spend per £100m turnover across its corporate services.

4. Areas for Improvement

- 4.1. The trust has failed to achieve financial targets in 2017/18 and 2018/19. The trust needs to understand and address its underlying financial deficit and agree a clinical and financial sustainable solution with commissioners for provision of services within the local healthy economy.
- 4.2. At the time of the assessment, the trust was not meeting the constitutional operational performance standards around Cancer, Accident & Emergency (A&E) or diagnostic waiting times.
- 4.3. The trust is an outlier for pre-procedure length of the stay for elective and non-elective which continues to present an opportunity for the trust to improve productivity.
- 4.4. The trust's pay cost per WAU at £2,577, is significantly above the national median of £2,180. Despite this, the trust also has a high number of vacancies across various staff groups, resulting in high agency usage and spends.
- 4.5. The trust did not meet its agency ceiling as set by NHS Improvement for 2018/19 and is forecasting to miss its ceiling in 2019/20. At month 4, the trust's agency spend is £2m above agency cap. It is spending more than the national average on agency spend as a proportion of total pay spend.
- 4.6. Despite some recent improvements in sickness absence, further work is required to address the higher than average staff sickness levels.
- 4.7. The trust benchmarks significantly above the national average for corporate services, including HR, Finance and IM&T cost per £100m turnover. The trust would benefit from a greater understanding of what is driving these costs and how they can be reduced.

5. Response

- 5.1. The Acute Sustainability Programme is to address its underlying financial deficit and agree a clinical and financial sustainable solution.
- 5.2. Regular reports on Constitutional Standards are discussed at Finance Investment and Performance Committee
- 5.3. The pre-procedure length of the stay for elective and non-elective can be tracked through the IPR.
- 5.4. The Trusts pay cost per WAU has changed in 2018/19 and medical and nursing cost per WAU is now better than the national mean.
- 5.5. The latest sickness rate reported on the Model Hospital is for January 2020 which was 4.24% compared to national median of 4.64%.
- 5.6. In response to Use of Resources report the Trusts Model Hospital Group focus in Q4 2019/20 has been primarily on a detailed review and analysis of the Trust Corporate Services to support the development of CIP plans for 2020/21 and 2021/22.
- 5.7. Unfortunately this work was put on hold in response to Covid-19, the plan is to finish this work by end of Q1 2020/21.
- 5.8. The current position of the key Use of Resources metrics is as follows:

Use of Resources Framework

Compare performance on core metrics used in Use of Resources assessments, a framework developed by the Care Quality Commission and NHS Improvement.

Data period: latest available at the time of generating this report

Peer group: 'Trust Size (Clinical Output)'

Clinical Services	Data period	Trust value	Performance band description	Peer median	National median
Pre-procedure elective bed days	Q3 2019/20	0.12	In quartile 3 - Mid-High 25% (amber / red)	0.06	0.11
Pre-procedure non-elective bed days	Q3 2019/20	1.24	In quartile 4 - Highest 25% (red)	0.72	0.66
Did not attend (DNA) rate	Q3 2019/20	7.37%	In quartile 3 - Mid-High 25% (amber / red)	6.37%	7.11%
Emergency Readmission 30 days	Q3 2019/20	9.13%	In quartile 4 - Highest 25% (red)	7.98%	7.94%
Clinical Support Services	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Mar 2018	173%	Above the benchmark (green)	N/A	100%
Overall cost per test	NO DATA AVAILABLE				
People	Data period	Trust value	Performance band description	Peer median	National median
Staff retention rate	Jan 2020	87.6%	In quartile 3 - Mid-High 25% (amber / green)	85.9%	86.3%
Sickness absence rate	Jan 2020	4.24%	In quartile 2 - Mid-Low 25% (amber / green)	4.54%	4.64%
Medical staff cost per WAU	2018/19	£725	In quartile 2 - Mid-Low 25% (amber / green)	£797	£763
Nursing staff cost per WAU	2018/19	£704	In quartile 1 - Lowest 25% (green)	£949	£892
(Annual Accounts estimate) AHP cost per WAU	2018/19	£295	In quartile 4 - Highest 25% (red)	£135	£121
Corporate services, procurement, and estates and facilities	Data period	Trust value	Performance band description	Peer median	National median
Finance function cost per £100m turnover (comparison within sector)	2018/19	£1.13m	In quartile 4 - Highest 25% (red)	£741.99k	£653.29k
HR function cost per £100m turnover (comparison within sector)	2018/19	£1.67m	In quartile 4 - Highest 25% (red)	£1.06m	£910.73k
Estates & Facilities Cost (£ per m2)	2018/19	£296	In quartile 1 - Lowest 25% (green)	£349	£377
Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	Q2 2019/20	48	In quartile 2 - Mid-Low 25% (amber / red)	46	57

6. Model Hospital Corporate Benchmarking Analysis

- 6.1. The largest opportunity on Model Hospital is £3.5 million to £5.2 million in respect of Corporate Services which covers Finance, Governance & Risk, HR, IM&T, Payroll, Legal and Procurement functions.
- 6.2. Through an extensive validation and alignment exercise with the corporate teams there was an expectation that this would provide the opportunity to release costs through a mixture of staffing changes, temporary staffing reductions and non-pay savings that started in 2019/20 and would continue into 2020/21 and 2021/22.
- 6.3. The opportunities are as follows:

Table 1 – Corporate Area Financial Opportunity Summary

Corporate Function	Model Hospital Opportunity £
Finance	711,640
Governance & Risk	320,820
HR	978,670
IM&T Transactional	1,280,000
Legal	0
Payroll	87,491
Procurement	123,870
	£3,502,491

7. Initial Assessment of Corporate Services

Corporate Function	Model Hospital Opportunity £	Initial Assessment
Finance	£711,640	<ul style="list-style-type: none"> There are 12 sub functions in Finance with an overall opportunity of £0.7M. The largest opportunities were in Finance specific IT systems and ledger (£0.24 million), Costing (£0.21 million), Service Improvement/PMO (£0.16 million) and Management Accounts (£0.14 million). 2 sub functions, Accounts payable and Accounts receivable were actually better than the national median by £0.01 million and £0.004 million respectively.
Governance & Risk	£320,820	<ul style="list-style-type: none"> Governance & Risk has 10 sub functions and an opportunity of £0.321 million. The largest opportunity was in <i>Clinical Audit and Quality corporate team</i> (£0.299 million), <i>Infection Control Corporate Team</i> (£0.21 million) and <i>Corporate Governance</i> (£0.186 million). 3 sub functions were better than national median – <i>Clinical Governance</i> (£0.094 million), <i>Risk Management</i> (£0.062 million) and <i>PALS and Compliments</i> (£0.025 million)
HR	£978,670	<ul style="list-style-type: none"> There are 11 sub functions in HR with an overall opportunity of £0.979 million. The service returned to the Trust with effect from 1st April 2019. The return of HR Services to the Trust was 52.5 wte staff at a total cost budget of £2.290 million The Trust has a number of key workforce challenges and programmes which require delivery to support the Trust strategy and are encompassed in three areas

		<p>(1) Effective resource utilisation (2) Clinical Workforce Strategy (3) Organisational Development.</p> <ul style="list-style-type: none"> • Current resourcing levels and structures present challenges in the ability of the HR function to support key Trust strategy delivery and maintain legal minimum requirements for employment process. Non-recurrent investment in the HR function is required in order to support the Trust to achieve its strategic objectives over the next two years. •
IM&T Transactional	£1,280,000	<ul style="list-style-type: none"> • There are 16 IM&T sub-functions but benchmarking is only performed on transactional costs so <i>Security, Applications purchase and Management, Applications development</i> and <i>IT training</i> are excluded. • With an original opportunity of £1.2 million <i>Information Services, Clinical Coding</i> and <i>Medical Records</i> accounted for most of this, with <i>Data Centre and Hosting</i> also a high cost area. •
Legal	0	<ul style="list-style-type: none"> • There are 4 Legal sub functions and no opportunity to meet the national median costs. •
Payroll	£87,491	<ul style="list-style-type: none"> • There are 4 Payroll sub functions, with the Trust, 3 of which are fully outsourced and the fourth relating to <i>Payroll specific systems and licenses</i> which has no costs
Procurement	£123,870	<ul style="list-style-type: none"> • Procurement has 10 sub functions and an opportunity of £0.124 million. • The largest opportunities are in Transactional Buying (£0.069 million) and Sourcing (£0.057 million). • Receipts and Distribution are better than the national median by £0.019 million.
	£3,502,491.00	

8. Next Steps

- 8.1. The outputs of this Corporate Services work along with a work programme to reflect all the areas of improvement will be brought back to FP&I in July

9. Recommendation

- 9.1. The Board is asked to **receive** the Use of Resources Report

List of Appendices

- 1. Activity run rate by month**
- 2. Expenditure run rate by month**
- 3. WTE run rate by month**
- 4. Statement of Financial Position (Balance Sheet)**
- 5. Cashflow statement**
- 6. Capital**

1. Activity run rate by month

	2019/20												
	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
AandE	7,595	7,176	7,446	7,162	7,783	7,224	7,393	7,677	8,104	7,791	7,267	6,841	5,321
Day Case	1,854	1,707	1,706	1,605	1,815	1,801	1,825	1,887	1,685	1,656	1,773	1,628	1,321
Elective	179	144	187	183	177	175	153	193	182	148	207	193	151
Non Elective (Including Short Stay)	2,646	2,368	2,504	2,339	2,662	2,706	2,559	2,770	2,801	2,800	2,740	2,513	2,235
Non Elective Non Emergency	262	75	78	60	76	62	69	71	79	52	69	164	184
Outpatients (Including Procedures)	15,302	15,074	15,615	14,365	16,777	14,066	15,286	16,049	15,456	13,463	15,723	14,751	11,665

2. Expenditure run rate by month - £000

Class	STAFF GROUP	STAFF TYPE	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
PAY	Consultants	Substantive	(1,118)	(1,238)	(1,239)	(1,234)	(1,321)	(1,235)	(1,396)	(1,282)	(1,267)	(1,246)	(1,244)	(1,224)	(1,619)
		Bank Agency	(104)	(98)	(70)	(65)	(112)	(65)	(75)	(84)	(80)	(77)	(40)	(94)	(107)
	Consultants Total		(272)	(279)	(279)	(201)	(275)	(266)	(341)	(264)	(290)	(363)	(314)	(263)	(282)
Other Medical		Substantive	(1,494)	(1,615)	(1,587)	(1,500)	(1,708)	(1,566)	(1,812)	(1,630)	(1,636)	(1,686)	(1,598)	(1,581)	(2,009)
		Bank Agency	(1,245)	(1,320)	(1,285)	(1,304)	(1,277)	(1,293)	(1,409)	(1,308)	(1,256)	(1,274)	(1,261)	(1,261)	(1,353)
	Other Medical Total		(316)	(256)	(257)	(277)	(288)	(255)	(235)	(247)	(258)	(304)	(279)	(272)	(296)
Nurses & Midwives		Substantive	(1,728)	(1,742)	(1,709)	(1,776)	(1,720)	(1,722)	(1,815)	(1,701)	(1,696)	(1,717)	(1,691)	(1,717)	(1,860)
		Bank Agency	(3,388)	(3,954)	(3,818)	(3,797)	(3,745)	(3,722)	(3,771)	(3,749)	(3,820)	(3,769)	(3,816)	(3,780)	(3,878)
	Nurses & Midwives Total		(684)	(609)	(637)	(645)	(632)	(671)	(656)	(684)	(665)	(669)	(696)	(721)	(809)
Nurses & Midwives Total		Substantive	(4,508)	(4,935)	(4,852)	(4,761)	(4,680)	(4,793)	(4,796)	(4,891)	(4,941)	(4,987)	(5,119)	(5,089)	(5,224)
		Bank Agency	(1,271)	(1,453)	(1,370)	(1,351)	(1,343)	(1,369)	(1,394)	(1,404)	(1,420)	(1,416)	(1,364)	(1,379)	(1,360)
	Scientific, Technical & Therapeutic Total		(14)	(7)	(8)	(20)	(8)	(6)	(5)	(5)	(4)	(12)	(10)	(12)	(7)
Other Staff		Substantive	(1,296)	(1,465)	(1,384)	(1,378)	(1,386)	(1,400)	(1,471)	(1,437)	(1,463)	(1,466)	(1,367)	(1,429)	(1,409)
		Bank Agency	(1,731)	(2,284)	(2,156)	(2,147)	(2,090)	(2,115)	(2,150)	(2,120)	(2,126)	(2,128)	(2,190)	(2,177)	(2,168)
	Other Staff Total		(34)	(38)	(17)	(27)	(34)	(40)	(28)	(24)	(26)	(23)	(25)	(27)	(22)
Other Staff Total		Substantive	(1,818)	(2,381)	(2,227)	(2,223)	(2,188)	(2,232)	(2,213)	(2,256)	(2,239)	(2,231)	(2,257)	(2,268)	(2,207)
		Bank Agency	(176)	(57)	(56)	149	(191)	(54)	914	(0)	501	(0)	501	(0)	(1,207)
	Pay Reserves Total		(176)	(57)	(56)	149	(191)	(54)	914	(0)	501	(0)	501	(0)	(1,207)
PAY Total		Substantive	0	0	0	0	0	0	0	0	0	0	0	0	0
		Bank Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
	Apprenticeship Levy		0	0	0	0	0	0	0	0	0	0	0	0	0
NON-PAY		Substantive	(47)	(44)	(42)	(38)	(50)	(36)	(43)	(46)	(39)	(46)	(43)	(40)	(46)
		Bank Agency	(11,068)	(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	(13,962)
	Supplies & Services Clinical		(2,413)	(2,263)	(2,325)	(2,420)	(2,264)	(2,227)	(2,382)	(2,299)	(2,334)	(2,481)	(2,380)	(2,376)	
NON-PAY Total		Substantive	(212)	(186)	(172)	(173)	(164)	(189)	(219)	(211)	(191)	(204)	(203)	(191)	(306)
		Bank Agency	(268)	(191)	(226)	(232)	(221)	(245)	(242)	(237)	(231)	(249)	(214)	(204)	(210)
	Establishment Expenses		(775)	(1,018)	(1,035)	(991)	(985)	(1,055)	(948)	(1,061)	(1,132)	(1,109)	(1,127)	(1,135)	
NON-PAY Total		Miscellaneous	(595)	(717)	(720)	(716)	(735)	(717)	(666)	(740)	(723)	(460)	(705)	(684)	(684)
		Services From Other NHS Bodies	(328)	(103)	(61)	(69)	(145)	(188)	(136)	(137)	(106)	(114)	(100)	(149)	(53)
	Non Pay Reserve		0	(7)	7	0	0	0	0	0	0	0	0	0	
	Non Pay CIP		0	0	0	0	0	0	0	0	0	0	0	0	
	NON-PAY Total		(4,590)	(4,491)	(4,538)	(4,446)	(4,678)	(4,662)	(4,443)	(4,775)	(4,692)	(4,477)	(4,818)	(4,743)	(4,773)
	NON-OPERATING EXPENDITURE		(479)	(1,031)	(1,023)	(1,037)	(1,006)	(1,042)	(1,016)	(998)	(1,005)	(1,015)	(1,013)	(1,016)	(977)
	Grand Total		(16,137)	(17,761)	(17,418)	(17,009)	(17,608)	(17,506)	(16,694)	(17,733)	(17,710)	(17,124)	(17,906)	(17,883)	(19,712)
PAY	Substantive	Bank	(8,975)	(10,351)	(9,964)	(9,723)	(10,016)	(9,822)	(9,248)	(9,908)	(9,928)	(9,378)	(9,917)	(9,861)	(11,633)
		Agency	(1,001)	(918)	(898)	(940)	(942)	(956)	(936)	(944)	(956)	(920)	(922)	(1,037)	(1,157)
	Agency		(1,092)	(970)	(995)	(864)	(966)	(1,024)	(1,050)	(1,109)	(1,129)	(1,334)	(1,236)	(1,225)	(1,173)
	PAY Total		(11,068)	(12,239)	(11,857)	(11,527)	(11,924)	(11,803)	(11,235)	(11,961)	(12,014)	(11,632)	(12,075)	(12,124)	(13,962)

3. WTE run rate worked by month

STAFF GROUP	STAFF TYPE	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Consultants	Substantive	97	96	95	94	94	95	95	95	95	97	95	98	100
	Bank	5	5	5	3	5	3	3	4	4	4	4	1	5
	Agency	12	12	12	9	12	12	13	14	13	13	13	14	13
Consultants Total		114	114	111	106	111	110	111	113	114	115	110	110	122
Other Medical	Substantive	222	221	221	212	223	220	212	211	208	213	212	212	223
	Bank	11	13	11	9	12	12	9	12	12	12	5	5	16
	Agency	28	20	23	24	22	20	20	21	21	22	22	22	22
Other Medical Total		261	254	255	245	258	252	241	244	248	247	239	246	260
Nurses & Midwives	Substantive	1,110	1,106	1,121	1,110	1,109	1,107	1,102	1,121	1,142	1,124	1,148	1,158	1,168
	Bank	208	178	185	186	189	196	187	197	199	194	203	205	231
	Agency	69	63	60	54	57	66	65	75	84	91	105	106	94
Nurses & Midwives Total		1,387	1,347	1,367	1,350	1,355	1,369	1,354	1,394	1,425	1,409	1,457	1,469	1,493
Scientific, Technical & Therapeutic	Substantive	405	409	405	392	400	405	413	411	413	412	409	412	407
	Bank	2	2	2	1	2	2	1	1	2	2	2	2	2
	Agency	2	1	1	4	6	5	6	5	5	5	6	5	5
Scientific, Technical & Therapeutic Total		410	412	408	397	408	412	420	417	421	419	417	420	414
Pay Reserves	Substantive	-	-	-	-	-	-	-	-	-	-	-	-	-
Pay Reserves Total		-	-	-	-	-	-	-	-	-	-	-	-	-
Other Staff	Substantive	773	810	802	805	797	803	804	824	818	810	816	819	844
	Bank	14	15	13	10	14	14	13	12	12	12	11	12	10
	Agency	8	8	10	13	10	12	9	11	10	10	5	9	7
Other Staff Total		795	833	825	828	821	829	826	848	839	833	832	840	861
Grand Total		2,967	2,959	2,966	2,926	2,952	2,972	2,952	3,015	3,047	3,023	3,054	3,092	3,151

Substantive	Bank	2,608	2,642	2,643	2,613	2,623	2,630	2,626	2,663	2,677	2,657	2,680	2,694	2,741
	Agency	240	213	215	210	222	227	213	226	234	225	223	241	269
		119	103	108	103	107	115	113	126	135	142	152	156	140
Grand Total		2,967	2,959	2,966	2,926	2,952	2,972	2,952	3,015	3,047	3,023	3,054	3,092	3,151

4. Statement of Financial Position (Balance Sheet)

	Opening balance	Closing balance	Movement
	01/04/2019	31/03/2020	
	£'000s	£'000s	£'000s
NON CURRENT ASSETS			
Property plant and equipment/intangibles	123,067	124,293	1,226
Other assets	966	1,075	109
TOTAL NON CURRENT ASSETS	124,033	125,368	1,335
CURRENT ASSETS			
Inventories	2,382	2,469	87
Trade and other receivables	11,678	13,282	1,604
Cash and cash equivalents	1,042	1,067	25
Non current assets held for sale	0	0	0
TOTAL CURRENT ASSETS	15,102	16,818	1,716
CURRENT LIABILITIES			
Trade and other payables	(22,771)	(21,526)	1,245
Provisions	(199)	(536)	(337)
PFI/Finance lease liabilities	(1,153)	(1,137)	16
DH revenue loans	(20,487)	(130,260)	(109,773)
DH Capital loan	(411)	(1,342)	(931)
Other liabilities	(1,025)	(1,212)	(187)
TOTAL CURRENT LIABILITIES	(46,046)	(156,013)	(109,967)
NET CURRENT ASSETS/(LIABILITIES)	(30,944)	(139,195)	(108,251)
TOTAL ASSETS LESS CURRENT LIABILITIES	93,089	(13,827)	(106,916)
NON CURRENT LIABILITIES			
Provisions	(207)	(152)	55
DH revenue loans	(82,953)	0	82,953
PFI/Finance lease liabilities	(13,831)	(12,606)	1,225
DH Capital loan	(1,000)	(600)	400
TOTAL NON CURRENT LIABILITIES	(97,991)	(13,358)	84,633
TOTAL ASSETS EMPLOYED	(4,902)	(27,185)	(22,283)
FINANCED BY TAXPAYERS EQUITY			
Public Dividend Capital	98,214	99,965	1,751
Retained earnings	(112,432)	(136,466)	(24,034)
Revaluation reserve	9,316	9,316	0
TOTAL TAXPAYERS EQUITY	(4,902)	(27,185)	(22,283)

5. 2019/20 Cashflow Statement

	Actual Apr-19 £'000s	Actual May-19 £'000s	Actual Jun-19 £'000s	Actual Jul-19 £'000s	Actual Aug-19 £'000s	Actual Sep-19 £'000s	Actual Oct-19 £'000s	Actual Nov-19 £'000s	Actual Dec-19 £'000s	Actual Jan-20 £'000s	Actual Feb-20 £'000s	Actual Mar-20 £'000s	Total £'000s
Cash Flows from Operating Activities													
Operating Surplus/(Deficit)	(1,593)	(1,005)	(26)	(1,093)	(1,391)	126	(122)	(315)	(529)	(8,024)	(3,251)	(1,652)	(18,875)
Income recognised in respect of capital donations	(9)	1	0	(34)	0	0	(8)	0	0	0	0	0	(50)
Depreciation and Amortisation	594	593	601	571	572	572	573	572	574	572	573	587	6,954
Impairments and Reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
(Increase) in Inventories	59	(86)	200	(143)	(74)	216	(105)	(44)	(30)	(50)	(2)	(28)	(87)
(Increase) in Trade and Other Receivables	(949)	(2,096)	(1,115)	1,143	1,947	1,011	(2,702)	179	(1,047)	5,774	(403)	(3,520)	(1,778)
Increase in Trade and Other Payables	3,517	(1,123)	(1,871)	(1,887)	5,822	(512)	514	(2,786)	(601)	(4,399)	(153)	(326)	(3,805)
Increase in Provisions	1	(8)	(3)	10	0	(14)	14	(1)	(4)	(18)	(14)	320	283
Net Cash Inflow/(Outflow) from Operating Activities	1,620	(3,724)	(2,214)	(1,433)	6,876	1,399	(1,836)	(2,395)	(1,637)	(6,145)	(3,250)	(4,619)	(17,358)
Cash Flows from Investing Activities													
Interest Received	3	4	5	5	8	17	(1)	5	6	3	6	3	64
(Payments) for Intangible Assets	(57)	0	(2)	(152)	127	0	(2)	(5)	(107)	95	(8)	574	463
(Payments) for PPE and investment property	(190)	(117)	(186)	40	(1,144)	(325)	(189)	(227)	(1,118)	451	(393)	(2,498)	(5,896)
Receipts from disposal of fixed assets	0	0	0	0	0	0	0	0	38	3	0	0	41
Receipt of cash donations to purchase capital assets	9	(1)	0	34	0	0	8	0	0	0	0	0	50
Net Cash Inflow/(Outflow) from Investing Activities	(235)	(114)	(183)	(73)	(1,009)	(308)	(184)	(227)	(1,181)	552	(395)	(1,921)	(5,278)
Cash Flows from Financing Activities													
Public dividend capital received	0	0	0	0	0	0	0	0	0	519	500	732	1,751
Public dividend capital repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans received from DH	2,456	1,458	2,386	2,179	0	0	0	3,693	2,458	6,097	4,074	5,647	30,448
Loans repaid to DH	(200)	0	0	0	0	0	(2,941)	0	0	(697)	0	697	(3,141)
Capital element of finance leases	(8)	(8)	(8)	(8)	(8)	(8)	(596)	(8)	(8)	(8)	(256)	89	(835)
Capital element of PFI, LIFT	(16)	(15)	(118)	(16)	(15)	(119)	(15)	(16)	(119)	(93)	(16)	7	(551)
Interest Paid	(190)	(234)	(225)	(195)	(228)	(545)	(207)	(243)	(244)	0	(445)	(549)	(3,305)
Interest element of finance lease	0	0	0	0	0	0	(240)	0	0	0	(159)	1	(398)
Interest element of PFI, LIFT	(80)	(81)	(209)	(80)	(81)	(209)	(81)	(80)	6	(296)	(80)	(102)	(1,373)
PDC dividend (paid)/refunded	0	0	0	0	0	0	0	0	65	0	0	0	65
Net Cash Inflow/(Outflow) from Financing Activities	1,962	1,120	1,826	1,880	(332)	(881)	(4,080)	3,346	2,158	5,522	3,618	6,522	22,661
NET INCREASE/(DECREASE) IN CASH	3,347	(2,718)	(571)	374	5,535	210	(6,100)	724	(660)	(71)	(27)	(18)	25
Cash - Beginning of the Period	1,042	4,389	1,671	1,100	1,474	7,009	7,219	1,119	1,843	1,183	1,112	1,085	1,042
Cash - End of the Period	4,389	1,671	1,100	1,474	7,009	7,219	1,119	1,843	1,183	1,112	1,085	1,067	1,067

6. Capital

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20		M12 YTD		
			£'000		£'000		
			Plan	Revised Plan	Actual	Variance	
MEDICAL DEVICES	Medical Equipment fund	G0090	1,000	2,017	2,152	(135)	
	Beds	G0060		31	31		
	Sub total MEDICAL DEVICES		1,000	2,048	2,183	(135)	
PHARMACY	E Prescribing	G0167		327	354	(27)	
	Pharmacy Automation	G0190		149	149		
	Sub total PHARMACY			476	503	(27)	
IM&T	Electronic Patient Record Bluespier	G0100	111				
	Electronic Patient Record PDS	G0101	69				
	Electronic Patient Record Careflow	G0102	149	281	441	(160)	
	Vitalpac	G0007	10	25	25		
	Patient Service Signposting	G0081	184	184	184		
	eDMS Evolve	F6447	80	43	43		
	SQL Server Upgrades						
	Windows 10 Project	G0104	318	600	579	21	
	Telephony System Replacement	G0059	50	50	20	30	
	Baby Tagging	G0105	50	48	48		
	Cyber Security	G0071	80	93	113	(20)	
	Fixed Network Infrastructure	F6498	120	120	365	(245)	
	PAS Replacement	F6409		7	15	(8)	
	Data Storage Infrastructure	G0106	25	191	186	5	
	Wireless Network Upgrade	G0073		2	3	(1)	
	5 VDI servers			195	195		195
	Windows tablets - community midwives	G0168			50	51	(1)
IM&T Contingency	G0107	450	255	182	73		
	Sub total IM&T		1,696	2,144	2,255	(111)	
ESTATES	GE Turnkey works for Radiology equipment replacement programme	G0061	350	30	(52)	82	
	6 Facet Survey	G0150	90	55	60	(5)	
	Nurse Call System	G0151	100		25	(25)	
	Upgrade Ventilation Plants	G0152	100				
	Fire compartmentation	G0052	100	89	95	(6)	
	Fire Precautions - Fire Doors	G0019	100	20	2	18	

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20	M12 YTD		
			£'000	Revised Plan	Actual	Variance
			Plan			
ESTATES	Legionella Prevention	G0153	50			
	Spinal Lift & Ramp	G0154	85			
	Spinal isolation works	G0099	150	312	309	3
	SDGH Ward Upgrades	G0155	600	847	984	(137)
	Library Extension	G0156	145			
	Capital Team	F6305	160	290	257	33
	CCTV	G0157	50			
	UPS Theatre	G0053		15	9	6
	Southport A&E	G0068		13	4	9
	Sexual Health Accomodation	G0079			(13)	13
	Estates Contingency					
	Car Parking Scheme	G0083			(1)	1
	Spinal Ward Bathrooms	G0158		249	249	
	HR Move - Further Alterations to LRC	F6301		34	13	21
	Winter Pressures - Ward E	G0159		534	493	41
	Doctors Mess (18/19)	G0082			(1)	1
	Compressors - sterile services	G0163			14	14
	Piped air paediatrics	G0162			7	1
	Paediatric flooring	G0166			50	47
	Bereavement room roof	G0165			46	1
	ODGH Theatre Air Handling Units	G0169			13	(13)
	Capital Project Management	G0172		22	18	4
	Piped Air Maternity	G0178			7	7
	SDGH Muslim Faith Room	G0179			25	4
	SDGH A&E Heating & Ventilation	G0180			3	3
	GUM Clinic Sewage Plant Compressor	G0182			13	1
ODGH Innovation Centre Fire Escape Staircase	G0183			28	28	
ODGH LV Generator Switchroom	G0184			62	62	
ODGH IPS Panels Replacement	G0185			42	13	
Medical Gases	G0067				(6)	
					6	

CATEGORY	CAPITAL SCHEME DESCRIPTIONS	SCHEME CODES	2019/20	M12 YTD		
			£'000	Revised Plan	Actual	Variance
			Plan			
ESTATES	Ophthalmology Eye Clinic Room			15		15
	ODGH AHU Theatre Fans Theatres 1 & 2			16		16
	Car park spaces (both sites)			1		1
	LRC Windows & Doors	G0186		67	67	
	Sub total ESTATE IMPROVEMENT SCHEMES		2,080	2,906	2,584	322
FACILITIES	Catering equipment	G0026	75	102	100	2
	Vehicle Replacement	G0145	50	23	49	(26)
	Sub total FACILITIES		125	125	149	(24)
Contingency	Contingency	F6301	202		28	(28)
	Covid-19	G0195		170	165	5
	Sub total CONTINGENCY		202	170	193	(23)
	Capital plan excluding donations and IFRIC 12		5,103	7,869	7,867	2
OTHER	Donated assets	000000	100	50	50	
	GE Radiology equipment replacement programme (IFRIC 12)	F6420	1,214	265	265	
	Sub total Donations and IFRIC 12		1,314	315	315	
	TOTAL CAPITAL SPEND		6,417	8,184	8,182	2

Alert, Advise, Assure (AAA) Highlight Report

Committee/Group Workforce Committee
Meeting date: 28th April 2020

Lead: Pauline Gibson

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

(Alert the Committee to areas of non-compliance or matters that need addressing urgently)

Sickness Absence

The monthly sickness absence rate has increased in month to 5.94% from 5.44% in February 2020, with the rolling year to date sickness absence rate increasing to 5.24% in March 2020 from 5.17%. However, the sickness absence rate as at 28th April 2020 is 7.75%: 491 staff are absent or on medical suspension, with a further 260 staff being absent due to Covid-19. Whilst the projections for sickness absence are to decrease, the Workforce Directorate are seeing an increase in staff going on sick leave due to stress and anxiety. The Director of HR & OD assured the Committee of the wellbeing provisions the directorate have established to ensure staff are supported throughout the pandemic.

NHSP Performance

NHSP performance remains below the KPIs detailed in the contract; 58.03% of all shifts released through the roster were filled by Bank workers, 21.44% were filled by agency workers and 20.53% were unfilled in March 2020. Nursing fill rate is clearly a concern, however it should be noted that HCA fill rate is 77.19%.

Bank and Agency

The demand for bank and agency is currently at 55% which is 22% higher than it was in March 2019. Therefore agency usage, whilst high, is consistent if not decreased comparatively to 2019. The current bank usage however doesn't take into consideration the Nursing Establishment Review uplift and thus isn't a like for like comparison.

Safe Staffing – Band 5 Registered Nurses

The current number of Band 5 Registered Nurses vacancies is 142.65wte which is a slight increase to the vacancy position in month. To address this, the Trust are working with Health Education England and the Nursing and Midwifery Council to expand the nursing and midwifery workforce through the opportunity within the national temporary register.

ADVISE

(Detail here any areas of on-going monitoring where an update has been provided to the sub-committee AND any new developments that will need to be communicated or included in operational delivery)

Time to Hire

The average Time to Hire in March 2020 is 62 days against 71.1 in February 2020 which is an improvement. The Trust target of 30 days is noted as an unrealistic target and thus the Workforce Committee are proposing to the Board a number of different Time to Hire targets dependant on staff groups. The original target of 30 days however will remain as a stretch target.

Staff Friends and Family Test (SFFT)

The responses received for Quarter 4 of the SFFT were maintained at over 14% which indicates the data is more representative than previously. There have been a number of positive responses; How likely are you to recommend SO Trust for care/treatment has

increased from 65.4% in Q2 to 77.58%. How likely are you to recommend as a place of work has increased from 63.57% to 74.48%. Both of which are the highest results since 18/19.

Apprenticeships

The issue regarding whether £12,058 will be deducted in June 2020 remains and the Committee are not assured. The Chair requested the Director of HR & OD to continue to liaise with the Trust's Apprenticeship Lead to monitor and progress Apprenticeships despite Covid-19.

Safe Nurse Staffing - Fill Rate and Recruitment

Safe staffing compliance has increased to 89.59% in March 2020 from 88.31% in February 2020, against the national average of 90%. To address the high vacancy rate of Band 5 Registered Nurses, the Trust are employing from various different sources such as: pre-registration nursing and midwifery students in the final six months of their programme and pre-registration nursing and midwifery students in year 2 and in the last six months of the final year of their programme.

E-Rostering

There is a risk as to whether the Trust will achieve Level 4 of the NHSI Levels of Attainment by the stretched target of December 2020, as the team are responding to Covid-19 by working on the rotas. This target will however be monitored and the team are confident the original deadline of April 2021 will be met.

ASSURE

(Detail here any areas of assurance that the committee has received)

HR & OD Department Acknowledgement

The Chair and the Workforce Committee formally acknowledged and thanked the HR and OD Directorate for the work and contribution to Covid-19. The Chair stated that the directorate are often undervalued and unrecognised in the work they undertake and thus wanted to ensure this is escalated to Board. They are key enablers behind the scenes and it would be great to shine a light on all they are achieving.

Workforce Response to Covid-19

The Committee were presented with an update around the Workforce Directorate's response to Covid-19, detailing an in depth overview of provisions introduced such as: the HR Absence Line for staff to inform management of their sickness; the established Redeployment Tool to support Gold and Silver Command, the swabbing process; and Boo Coaching and other Organisational Development projects to support staff. The Chair and membership were highly assured by the report.

Safe Staffing – Rapid Response Recruitment

To expand the nursing and Midwifery workforce in response to Covid-19, the Senior Nursing Team have established with NHSP a rapid response recruitment process for Registered Nurses who are either retired or haven't worked for a period of time, in order for them to return to work at the Trust. As at 28th April 2020, the Trust have recruited via this process 37 new starters, making the Trust one of the highest performing organisations for this in Cheshire and Merseyside.

New Risk identified at the meeting

None.

Review of the Risk Register

(Detail the risks on the committees risk register that were reviewed in the meeting, including scores C&L and current actions)

Alert, Advise, Assure (AAA) Highlight Report

COMMITTEE/GROUP MEETING DATE:	AUDIT COMMITTEE 15 APRIL 2020
LEAD:	JIM BIRRELL

KEY ITEMS DISCUSSED AT THE MEETING

ALERT

- the Committee considered two Internal Audit reports that had been assessed as providing "limited assurance":
 - the e-rostering audit highlighted areas of non-compliance with potential safety and financial implications. The Workforce Assurance Committee will oversee the agreed action plan and a final report is scheduled to come back to the Audit Committee in July.
 - the Quality Spot Checks audit discovered a number of serious shortcomings in the recording of patient monitoring information. Whilst it was noted that the observations took place some months ago, the Committee was very concerned that the recording shortfalls were consistent with findings in other reports, notably the External Auditor's assessment of the 2018/19 Quality Accounts, the external review of mortality and elements of the recent CQC assessment. Whilst recognising that new systems to provide a greater focus on basic care are being introduced, it was agreed that the Quality & Safety Committee should oversee progress on addressing the issues contained within the audit report. The Audit Committee will receive feedback in due course.
 - In view of the levels of concern expressed on Quality Spot Checks it was agreed that the Audit Committee's first 2020/21 "deep dive" review into strategic objectives/high level risk areas will focus on quality generally and basic care in particular.

ADVISE

- the Committee agreed the 2020/21 plans for both Internal Audit and Anti-Fraud, noting that they are subject to change as a consequence of Covid-19's impact on the practicality of auditors undertaking on-site work over the next few weeks.
- with regards to Covid-19, guidance has been provided on governance arrangements that need to be considered and/or implemented at the present time. The Trust is aware of the situation and will take action as necessary. Mersey Internal Audit Agency will supply its clients with intelligence updates as and when appropriate.
- the Trust's Finance Team is aiming to complete the 2019/20 accounts by the end of April but external audit sign-off will probably not take place until June.
- no date has been provided as yet for the submission of 2019/20 Reference Costs Information but work to complete the exercise is underway.
- 2019/20 Audit Committee report will include opinions from the Trust's Assurance Committees on the relevant Strategic Objectives/BAF

ASSURE

- The Head of Internal Audit's opinion on the 2019/20 Internal Audit Plan is that the Trust has "substantial assurance" that internal controls are being applied consistently and are helping the organisation to meet its objectives. In the previous year the Trust had a "moderate assurance" assessment so the improved rating suggests that controls have improved and that any actions arising from Internal Audit reviews have been actioned in a timely manner.
- The Anti Fraud Annual Report was generally positive and the Trust was described as having "a mature approach" to anti-fraud matters.

New Risk identified at the meeting	None.
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Review of the Risk Register

Title Of Meeting	Trust Board	Date	06 May 2020
Agenda Item	TB072/20	FOI Exempt	No
Report Title	Board Assurance Framework		
Executive Lead	Trish Armstrong-Child, Chief Executive		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
To provide an update on the Board Assurance Frameworks, following review by Accountable Executive Officers			
Executive Summary			
<p>It was the intention to review and revise the Board Assurance moving into the 2020/2021 Financial year. However, given the Covid 19 challenges, work on updating the BAF has been postponed to Q.2. The current BAF continues to be reviewed on a monthly basis by the executive directors for their respective domains.</p> <p>The current iteration was completed during April 2020 and is enclosed.</p>			
Recommendation			
The Board is asked to receive the updated Board Assurance Framework			
Previously Considered By:			
<input checked="" type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input checked="" type="checkbox"/> Quality & Safety Committee <input checked="" type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input checked="" type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input checked="" type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input checked="" type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input checked="" type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input checked="" type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input checked="" type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Sharon Katema, Associate Director of Corporate Governance		Trish Armstrong-Child, Chief Executive Officer	

Board Assurance Framework (BAF) Report

Strategic Objective	S01 - Improve clinical outcomes and patient safety to ensure we deliver high quality services		Risk Description (What could prevent the objective from being achieved)	If quality is not maintained in line with regulatory standards this will impede clinical outcomes and patient safety		
DATIX CODE	2094	RISK ID: 1		Potential Effect:	Current	Target
Assurance Committee	Quality and Safety Committee			<ul style="list-style-type: none"> Reputational damage leading to difficulty in recruitment. High numbers of people waiting for transfer from inpatient care, particularly older people Delays in patient flow, patients not seen in a timely way. Reduced patient experience feedback via Friends and Family Test and National Surveys Enforcement action, prosecution, financial penalties, reputational damage, loss of commissioner and patient confidence in provision of services 	12 3x4 (L x C)	8 2x4 (L x C)
Executive Director	Director of Nursing/Medical Director			Potential Impact:		
Risk Appetite:	CAUTIOUS			<ul style="list-style-type: none"> On reputation. Failure to meet contractual requirements. Inability to deliver the best clinical outcomes for patients Increased patient safety incidents, increased levels of patient harm, loss of commissioner and patient confidence in provision of services, enforcement action, prosecution, financial penalties, and reputational damage. 		
Risk Rating Tracker	Risk updated April 2020 and remains high		Risk Scores:	Initial/Raw	Current	Target
					16 4x4 (L x C)	
Controls	Gaps in Controls					
Medicines Management Improvement Plan	Delivery against Medicines Management Improvement Plan due 2021/22					
Care of the Older Person Improvement Programme	Delivery against Care of the Older Person Improvement Plan due 2021					
Recognising the Care of the Deteriorating Patient Including compliance with the National Structured Judgement Review method designed by the Royal College of Physicians	Delivery against Recognising Care of Deteriorating Patient due 2021					
Infection Prevention & Control Improvement Plan	Delivery against Infection Prevention & Control Improvement Plan due 2021					
Workforce Improvement Plan	High levels of clinical staff vacancies and high levels of agency usage					
	<p>Remedial Actions</p> <p>Action 1 – Delivery against Medicines management Improvement Programme April 2020 Update: The CQC 'Must Do' actions continue to be addressed during the Coronavirus pandemic. Regular and consistent ward level checks and audits are continuing and there has been a significant improvement in the quality and visibility of the administration of oxygen to patients across the Trust. It is anticipated that actions and outcomes for quarter 1 will be achieved.</p> <p>Action 2 – Delivery against Care of the Older people Improvement Programme April 2020 Update: Care of the Older people Improvement Programme. Improvements have been made to the end of life pathway, which includes the review and re-instatement of the policy for verification of death by a registered nurse, and the introduction of a Family Liaison Team to support the families and carers of patients identified as being at end of life. Actions to progress the individual projects within the Older Peoples Care programme have been postponed as lead clinicians have been redeployed to support the Trust's Coronavirus pandemic response.</p> <p>Action 3 – Delivery against Recognising Care of Deteriorating Patient Improvement Programme April 2020 Update: There has been an increased focus on the recognition and management of deteriorating patients. This has included a targeted approach to improving NEWS compliance.</p> <p>Action 4 – Delivery against Infection prevention control Improvement Programme April 2020 Update: Programme scoped with improvement metrics identified for Q1 however IPC team have been focussed on leading and supporting the Trust response to the Coronavirus Pandemic. Therefore none of the specific quality improvement activities have been initiated. As a result of the pandemic, improvements in IPC signage and adherence to PPE guidelines have been evident.</p> <p>Action 5 – Nurse Establishment Review</p>					

	Medical staff work plans not yet finalised	<p>Action 6 – Finalising Medical Job Plans</p> <p>April 2020 Update: The NER has been aligned to Healthroster. Recruitment of 10 Apprentice Nurses halted due to HEI's. Redeployment tool in place to support awareness of temporary re-assignment of staffing during current pandemic.</p> <p>Action 7 – Trust Patient Flow Improvement Programme</p> <p>April 2020 Update: Continuous improvement is being delivered through the Trust's Patient Flow Improvement Programme to address alternative to admission, criteria led discharge, proactive escalation planning and multi-specialty team working. This reports into Hospital Improvement Board and Hospital Management Board and assurance given through this route.</p> <p>April 2020 Update: Clinical Competency Working Group established with clear terms of reference (review of core and role specific training) and Medical Education Committee reinstated.</p> <p>Action 8 – Establish Documentation Programme</p> <p>Action 10 – Ward Accreditation Programme</p> <p>April 2020 Update: Scoping on the documentation programme has stalled due to the pandemic. 14 wards have been assessed under the Ward Accreditation Programme with a current outcome position of 5 Silver wards and 9 Bronze wards across the Trust - in total 23 assessments have been undertaken which comprises of a mixture of initial assessments and reassessments.</p> <p>April 2020 Update: Enhancement of shared learning across CBU's including shared bulletins between Urgent and Planned Care. Bi-weekly lessons learnt bulletins from Harm Free Care now produced.</p>
Winter Plan	Gaps in system-wide working e.g. social care High bed occupancy and reduced patient flow	
Training programme (mandatory and non-mandatory)	Gaps in some areas of mandatory training e.g. Resus	
Governance processes around policies and guidelines	Issues with the quality of documentation	
Analysis of incidents, complaints and claims to identify areas of risk.	Evidence of lessons learned from incidents, complaints and audit	
<ul style="list-style-type: none"> Supervision and education of clinical staff across all professions. Application of clinical pathways and guidelines. Increasing R&D involvement across the organisation Regulatory information provided to staff in update sessions An integrated approach between corporate, operational and governance teams. Quality Impact Assessments for all service changes and CIPs that are considered Professional standard Risk Management Strategy and culture Freedom to Speak Up Champions in place across the Trust Bronze, Silver, Gold Control for management of Coronavirus pandemic 		
Assurance	Gaps in Assurance	Remedial Actions
Management assurance gained at operational tier – Level 1		
<ul style="list-style-type: none"> Local and National Audit Programme/Audit Strategy MDT approach to patient management Directorate performance reviews Monthly and Annual Mortality Reports to Mortality Operational Group and Trust Board STES and Incident Reporting Monthly CBU Quality and Safety Reports Reports to Patient Flow Improvement Board Clinical Revalidation Patient feedback (FFT/Patient Surveys) Quality Visits/Senior Walkabouts including focus on Patient Safety Maintenance of CQC registration 		
Reports and metrics monitored at Assurance Committees and/or Board – Level 2		
<ul style="list-style-type: none"> Monthly Mortality Reports to Q&S and Board 		

<ul style="list-style-type: none"> • Never events • Quality Strategy metrics • CQUINS • Internal audit metrics • High level performance metrics • Serious Incident Reporting Group • Freedom to Speak Up • Speak Up Champion (NED appointed by Board) • Integrated Performance Report • Monthly Safe Staffing Report • Quarterly and Annual Guardian of Safe Working Report <p>Monthly Highlight Reports on 4 Key Quality Priorities to Q&S and Board</p>	<p>Pace of improvement against Quality Priorities</p>	<p>Actions 1, 2, 3, 4 as above April 2020 Update: See above Action 9 as above April 2020 Update: See above</p>
<p>Incident data</p>	<p>Lack of testing of action plans following audits to ensure they lead to embedded change</p>	<p>April 2020 Update: See above</p>
<p>Performance data</p>	<p>Lack of available benchmarking data across all services</p>	<p>April 2020 Update: See above</p>
<p>Independent / semi-independent</p> <p>CQC inspection visits</p>	<p>CQC Inspection identified regulatory breaches (Must & Should Do's)</p>	<p>Action 11 - Delivery of must and should do CQC actions April 2020 Update: Despite the current pandemic, the Trust continues to work through the 31 'Must Dos'. 3 actions are delivered and sustained, 7 are completed and 21 are on track to deliver. Additional CQC resource 2 days per week will help expedite the actions.</p>
<ul style="list-style-type: none"> • External and Internal Audit Plans • GMC / NMC Reports • Royal College Reports / Visits • SHMI / RAMI • CQC Outlier Alerts • National Audits • Peer Reviews and accreditation. • R&D Performance • Regular meetings with NHS/E/ CQC • Engagement meetings with CQC • CCG monthly quality and performance meetings • Quality Account 	<p>Number of linked incidents</p>	<p>April 2020 Update: Eight incidents reported to STEIS Jan – Mar 2020</p>
<p>Number of linked Risks: 9</p>	<p>Number of linked incidents</p>	<p>April 2020 Update: Eight incidents reported to STEIS Jan – Mar 2020</p>
<p>1688 – Inadequate Staffing Levels in Anaesthetic Department. 1902 – CQC Compliance 1862 - Maintaining safe quality nursing care with current level of nursing & HCA vacancies 2056 - Missing Patient appointments/admissions 2123 - Overdue Ophthalmology backlog 2122 - Medicines Management 2173 - Requirement to Improve Older People's Care 2130 - Clinical competence of the multi-professional patient facing workforce 1977 - Paediatric Dietetic Service Community West Lancashire</p>	<p>Number of linked Risks: 9</p>	<p>Next Review Date June 2020</p>

Board Assurance Framework (BAF) Report

Strategic Objective	S02 - Deliver services that meet NHS constitutional and regulatory standards		Risk Description (What could prevent the objective from being achieved)	<p>If the Trust cannot achieve its key performance targets it may lead of loss of services</p> <p>Potential Effect:</p> <ul style="list-style-type: none"> Failure to deliver NHS Constitutional Targets Failure to deliver the quality aspects of contracts for the commissioners Patients experience indicators show a decline in quality CQC rating of 'Requires Improvement' <p>Potential Impact:</p> <ul style="list-style-type: none"> Poor patient outcome and standards of care Inaccurate or inappropriate media coverage or reputational damage Duplication of services with negative impact on CIP Potential breach of provider license Potential loss of reputation Financial penalties may be applied Enforcement action, prosecution, financial penalties, reputational damage, loss of commissioner and patient confidence in provision of services 	
DATIX CODE	2095	RISK ID: 2			
Assurance Committee	Finance, Performance & Investment Committee				
Executive Director	Chief Operating Officer				
Risk Appetite:	OPEN				
Risk Rating Tracker	Risk updated April 2020 and remains extreme	Risk Scores:	Initial/Raw	Current	Target
			16 4x4 (L x C)	16 4x4 (L x C)	12 3x4 (L x C)
Controls	Remedial Actions				
Develop a systematic Quality Improvement (QI) Methodology to ensure any service improvement can be sustained and embedded	The workforce of the Trust does not have the sufficient level of expertise to ensure QI methodology can be applied				
Regulatory information provided to staff in update sessions.					
Develop an Integrated Performance Report that allows the Trust to measure improvement and understand variation	The current IPR format does not adopt Statistical Process Charts as its measurement of KPIs and therefore is not taking on best practice set by regulatory bodies.				
Adopt CBU Performance Review Boards to ensure the required scrutiny, constructive challenge and support is put into place to support delivery and improvement of the constitutional standards	The COVID-19 outbreak has meant that PRBs has been suspended for April 2020				
An integrated approach to Service Improvement against the constitutional standards between corporate, operational and governance teams.	There was no dedicated space to discuss and develop improvement plans to drive performance across the Trust				
Quality Impact Assessments for all service changes and CIPs that could adversely affect delivery of the constitutional standards	The Trust needs to develop an improved understanding in risk management / appetite to help support performance improvement and sustainability of clinical services.				
Development of Professional Standards	A lack of understanding of what best practice looks like and adopting these approaches as the "Southport & Ormskirk" way				
Receiving assurance from the Regulator	The Trust did not have regular formal forums for the constitutional standards to be reviewed by the regulator				
Ensuring the Constitutional standards are assessed, understood and reviewed at Committees' to offer the necessary assurance and / or escalation					
Trust policies and procedures updated in line with SITREP requirements /					

<p>guidance against the constitutional standards</p> <p>Ensure the Constitutional standard are assessed, understood and reviewed at within the Trusts Internal Governance to ensure system and processes are in place to provide transparency and accountability in delivery</p>			
<p>Assurance</p>	<p>Gaps in Assurance</p>	<p>Remedial Actions</p>	
<p>Reports and Metrics monitored at monthly Assurance Committees and/or Board</p>	<p>Not delivering the 95% standard of all patients presenting to ED being seen, treated and discharged / transferred within 4 hours. The is primarily down to rising demand at the front door and poor whole system patient flow at discharge</p>	<p>The Trust has a specific improvement plan to focus on improvement reported through to OPIG</p>	
<p>Constitutional Standard: Accident & Emergency - 4 hour compliance</p>	<p>During COVID-19 outbreak the Trust has postponed all non-essential elective activity which has adversely impacted on waiting list and compliance against the diagnostic standard</p>	<p>The Trust is actively engaged in looking to identify whole system solutions to reconfigure urgent & Emergency Care pathways</p>	
<p>Constitutional Standard: Diagnostic Waits</p>	<p>Not consistently delivering the national standard due to workforce challenges across a number of tumour groups in particular Haematology and Head & Neck services</p>	<p>The Trust is now undertaking a review of the recovery phase post COVID-19 outbreak to commence routine activity from 1st June subject to NHS England guidance</p>	
<p>Constitutional Standard: 62 day GP referral to treatment (and associated Cancer Standard measures)</p>	<p>During COVID-19 outbreak the Trust has postponed all non-essential elective activity which has adversely impacted on waiting list and compliance against the diagnostic standard</p>	<p>The Trust has formally set out strategic intentions to collaborate with local health economy partners to support clinical sustainability of services for the local population</p>	
<p>Constitutional Standard: 18 week RTT</p>	<p>During COVID-19 outbreak the Trust has postponed all non-essential elective activity which has adversely impacted on waiting list and compliance against the diagnostic standard</p>	<p>The Trust is now undertaking a review of the recovery phase post COVID-19 outbreak to commence routine activity from 1st June subject to NHS England guidance</p>	
<p>The Trust has engaged audit and regulatory bodies to appraise / review process, policies and protocols in measurement & validation of the constitutional standards. Any recommendations are reviewed and acted upon</p>			
<p>Independent / semi-independent</p>			
<p>Southport & Ormskirk Improvement Board meets monthly</p> <p>CCG Pre Consultation Business Case, approved by CCG Committees in Common</p>			
<p>BAF Summary Report April 2020</p>			
<p>Current and most significant risk: Impact of COVID-19 outbreak</p>			
<p>The global impact of COVID-19 has been profound, and the public health threat it represents is the most serious seen in recent times. On 30 January the NHS declared a Level 4 national incident, and modelling from Imperial College in London suggested that without drastic mitigation strategies, the UK healthcare system would experience a severe crisis. Since this declaration, the Trust has complied and delivered against all nationally mandated requirements to support overall NHS preparedness.</p>			
<p>On 17 March 2020 NHS England instructed NHS trusts to formally prepare for and respond to large numbers of inpatients requiring respiratory support particularly across adult pathways. Southport & Ormskirk Hospital NHS Trust commenced planning alongside regional NHS England teams and local health & care partners ensuring steps were taken to manage the outbreak of COVID-19 and quickly develop clinically led surge plans. Part of this was a requirement set by NHS England to suspend non-essential clinical activity – in essence to only plan for elective urgent and cancer cases to be completed during the outbreak period. Following the announcement the Royal Colleges and NHS England quickly set-out specific speciality guidance of what conditions / procedures are identified as urgent. For those conditions / procedures not classified as urgent every NHS secondary care provider was requested to cancel / suspend all activity with immediate effect until further notice i.e. when the COVID-19 outbreak is under control. In response to the national requirement the Trust completed independent service reviews overseen by the Clinical Directors to review national guidelines and rising local challenges due to the outbreak (i.e. workforce). The outcome being a comprehensive set of service level assessments ensuring worst case scenarios based on NHS England guidance are understood and planned for accordingly. The implementation of the assessments resulted in significant performance deterioration across a number of the RTT constitutional standards (a similar picture for every NHS acute provider up and down the country). The Trust overseen by the COO is monitoring and risk stratifying all waiting lists to manage the safety of patients however the resulted delays due to the NHS England mandate will inevitably result in poor experiences for patients. The Trust is doing its best to manage / monitor the waiting lists and monitor performance through CBU PTL reports which are reviewed by the COVID-19 Gold meetings. Also, during the outbreak the Trust has introduced new & different ways of working to support patient contacts i.e. telephone consultations and digital solutions to help maintain some parts of the elective programme.</p>			
<p>Number of linked Risks</p>	<p>1987-Haematology/Oncology service 1688-Anaesthetic staffing 2056 – Missing Patient appointments/admissions</p>	<p>Number of linked Incidents</p>	<p>Last Review Date April 2020</p> <p>Next Review Date June 2020</p>
<p>6 (issues with Outpatient appointments)</p>			

Board Assurance Framework (BAF) Report

Strategic Objective	SO3 - Efficiently and productively provide care within agreed financial limits		Risk Description (What could prevent the objective from being achieved)	If the Trust cannot meet its financial regulatory standards and operate within agreed financial resources the sustainability of services will be in question.		
DATIX CODE	2096	RISK ID:	3	Cause:	Potential Effect:	Potential Impact:
Assurance Committee	Finance, Performance & Investment Committee			<ul style="list-style-type: none"> Being able to deliver the required levels of CIP. Being able to control agency costs. Ability to service outstanding historic debt Being able to agree sufficient income to support cost base 	<ul style="list-style-type: none"> Misses its control total Additional CIPs may need to be identified and delivered. Lack of financial stability Inability to invest in services and new technologies Continued borrowing to meet operational expenses resulting in significant debt 	<ul style="list-style-type: none"> No non-recurrent funding (PSF/FRF) Reductions in services or the level of service provision in some areas. Potential loss in market share and or external intervention. External interventions and financial special measures.
Executive Director	Director of Finance					
Risk Appetite:	OPEN					
Risk Rating Tracker	Risk updated April 2020 and remains extreme		Risk Scores:	Initial/Raw	Current	Target
				16 4x4 (L x C)	16 4x4 (L x C)	12 3x4 (L x C)
Controls	Gaps in Controls			Remedial Actions		
Control Total	<ul style="list-style-type: none"> Financial model produced giving early indication of issues Annual Financial Plan including target to reduce underlying deficit within Vision 2020 Cash support through agreed loan arrangements 			<ul style="list-style-type: none"> Future Clinical Model not finalised Financial Recovery Plan that delivers break-even Modelling of Acute Sustainability into 5 year LTFM to provide savings from any reconfiguration in line with Sefton Transformation Board Strategy 		
Use of Resources	<ul style="list-style-type: none"> Business case to Trust Board which identified a solution which minimised deficit, including relocation to an acute site and merger 			<ul style="list-style-type: none"> Action 1 - Delivery of control total in 2019/20 at end of financial year April 2020 Update: <ul style="list-style-type: none"> Trust had a revised Control Total from NHSE/I - £33.6m adverse variance against the planned Control Total. Future Clinical model to be finalised as part of Acute Sustainability work. Action 2 - Achieve NHSEI Use of Resources Risk Rating – 3 		
CIP	<ul style="list-style-type: none"> Early and continuing dialogue with NHSE/I CIP plan for 2019/20 in place Fortnightly CIP review meetings Revised CIP planning processes and PMO co-ordination of planning and delivery PMO Governance improved with roles and responsibilities CIP lead appointed 			<ul style="list-style-type: none"> Action 3 - Delivery of CIP for 2019/20 at end of financial year April 2020: The Trust will be reporting £3.5m against the planned £6.3m 		
Agency Spend	<ul style="list-style-type: none"> Weekly reporting to NHSE/I Agency spend reviewed by Efficiency Programme Group (EPG) People Activity Group (PAG) eRoosting 			<ul style="list-style-type: none"> Action 4 - Manage Agency Spend vis a vis NHSEI cap April 2020: <ul style="list-style-type: none"> The Trust breached the NHSE/I Agency cap of £4.891m in Sept 19 Outturn £13.1m against a plan of £7.6m. 		
Assurance	<ul style="list-style-type: none"> Financial governance arrangements in place at a number of levels: <ul style="list-style-type: none"> FP&I Committee/CBU's Monthly governance meeting and performance meetings with Execs Monthly Directorate Meetings (budget scrutiny at this level) 			Remedial Actions		
Management assurance	Gaps in Assurance			Remedial Actions		

2019/20 Operational Plan approval (Board – April 2019)			
Future Generations Clinical Strategy and Business Plan	No clinically and financially sustainable model		April 2020: Acute sustainability programme is currently on hold
Sustainability Plan	Having a financially sustainable plan to achieve financial balance by 2023/24		Action 1, Action 2 & Action 4 April 2020: April 2020: NHSE/I advised Trust financial improvement trajectories for the next four years and financial balance will be achieved with financial recovery funding. April 2020: Introduced Budget holder training. Work is underway to ensure that staff that didn't attend training in 19/20 attend 2020 April 2020: Revenue loans will not be required from 2020/21.
Budget holder training manual and attendance records			
13 week rolling cash flow forecast agreed by NHSE/I			
Reports and metrics monitored at Assurance Committees and/or Board			
<ul style="list-style-type: none"> Financial Performance Reports (monthly to FP&I and BoD) Long term financial projections CIP achievement reports (monthly to FP&I and BoD) Integrated Performance Reports (Board and all committees) Fortnightly Acute Sustainability Programme Board Monthly Performance Review Boards Executive Team Meeting Weekly Update CIP Reviews through fortnightly Efficiency Programme Group Meetings Internal and External audit reports and opinion at Audit Committee 			
Independent / semi-independent			
Southport & Ormskirk Improvement Board meets monthly			
CCG Pre Consultation Business Case, approved by CCG Committees in Common			
Northern Clinical Senate Report recommendations			
Monthly reports to NHSI with feedback			
Internal Audit			
<ul style="list-style-type: none"> Annual Plan reviews of budgetary controls 			
External audit opinion			
Number of linked Risks		Add: None	Last Review Date April 2020
	Number of linked Incidents		Next Review Date June 2020
	1942: Eradicating Trust deficit by 2023/24 2072: Failure to achieve 2019/20 financial control total 1688: Anaesthetic staffing		

Board Assurance Framework (BAF) Report

Strategic Objective SO4 - Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated	2097 Workforce Committee	Risk Description (What could prevent the objective from being achieved)	<p>If the Trust does not attract, develop, and retain a resilient and adaptable workforce with the right capabilities and capacity there will be an impact on clinical outcomes and patient experience</p> <p>Potential Effect:</p> <ul style="list-style-type: none"> Difficulty recruiting and retaining high-quality staff in certain areas Low levels of staff satisfaction, health & wellbeing and engagement Insufficient provision of training, appraisals and development <p>Potential Impact:</p> <ul style="list-style-type: none"> Low levels of staff involvement and engagement in the Trust's agenda. Higher than average vacancy rates. Failure to deliver required activity levels / poor staff productivity Higher than average sickness rates Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of medical staff with the capability and capacity to deliver the best care Insufficient junior medical staffing numbers to ensure patient safety and workforce wellbeing. 	
DATIX CODE 2097	RISK ID: 4			
Assurance Committee	Workforce Committee			
Executive Director Director of Human Resources & Organisational Development	Director of Human Resources & Organisational Development			
Risk Appetite: OPEN				
Risk Rating Tracker Risk updated April 2020 and remains high (12)		Risk Scores: 12 3x4 (L x C)	Current 12 3x4 (L x C)	Target 8 2x4 (L x C)
Controls Annually agreed funding contract with HEE Regional Training Programme Directors manage the junior doctor rotation programme and highlight shortages to the Lead Employer. Effective electronic rota management system implemented in 2015.	Gaps in junior doctor workforce Regional Training Programme Directors manage the junior doctor rotation programme and do not highlight shortages to the Lead Employer Rota management system not fully utilised	Remedial Actions Action 1 - During 2020/21 the Trust will develop and enhance clinical & nursing roles to mitigate the gaps in the junior doctor workforce. Roles include; Physician Assistants, Surgical Assistants, ANPs, Consultant Nurses, ER Practitioners April 2020 Update: Review date delayed to July due to Covid work as resourcing activity is mainly focussed on redeployment and recruiting temporary staff to cover absences. 2020: Action 2 - Full medical establishment review to be completed in 2020 with proactive planning for gaps in doctors in training workforce. April 2020 Update: We are advised by the leading employer of which Trainees are collocated to us – Jennie Penniford supported by Chris Thompson (Medical HR) to liaise with colleagues to undertake full medical staff review Action 3 - Deployment of e-roster to AHP and Estate and facilities workforce in 2020. Action 4 – Delivery of NHSJ levels of attainment action plan in 2020/21. April 2020 Update: Prior to the COVID epidemic, work was at an advanced stage to implement e-roster across the remaining units within Therapies, to go live with the first Pharmacy units and commence development of the Radiology department rollout by the end of April. This activity would have placed us in a strong position in terms of securing level 2 standard against the LOA. <ul style="list-style-type: none"> The Medical Task Force Group, chaired by the Medical/Deputy Medical Director has temporarily been stood down, as has the Nurse Rostering Compliance Group, both of which were established to drive activity in relation to delivery of the LOA. Deadlines will be reviewed and if need be, revised once the Covid 19 crisis is over and we have returned to BAU.	MIAA undertook an eRostering review which advised of limited assurance. An action plan was developed in April and will be monitored at Workforce Committee.	

<p>New Guardian of Safe Working Hours appointed in 2019</p>	<p>Training requirements are not always met</p>	<p>Action 5 – Establish a process to obtain early notification of shortages in the junior doctor rotation programme from the Lead Employer April 2020 Update: – Chris Thompson Medical HR receives rotation programme 12 weeks before the rotation date. Early notification process is arranged by Health Education England.</p>
<p>Monitoring exercises undertaken on annual basis to ensure compliance on junior doctor rotas</p>	<p>Delays in recruitment of staff</p>	<p>Action 6 - Annual schedule of monitoring of junior doctor rotas to be implemented April 2020 Update: Chris Thompson Medical HR, offers assurance rotas are always compliance and don't get implemented until compliance is worked out. Monitoring is a process no longer relevant for the Trainee's Drs as they report by exception instead.</p>
<p>Annual Workforce Planning exercise with operational and clinical teams</p>	<p>Lack of local in year feedback in relation to staff views / staff surveys</p>	<p>Action 7 - During 2019/20 the Director of Medical Education (DME) will ensure training requirements are met and will report to the Trust Medical Director and externally to HEE</p>
<p>Workforce & Organisational Development Strategy in place</p>	<p>Ability to deliver due to pandemic / HR led</p>	<p>Leadership and development activity to be relaunched once business as usual returns post Covid 19 Action 9 – Workforce improvement activities monitored via Workforce Improvement Group reporting to Hospital Improvement Board April 2020 Update: Due for review – July 2020</p>
<p>Staff engagement and awareness programme in place</p>	<p></p>	<p>Action 10 – The Trust delivers a staff engagement programme called The Big Brew facilitated by the OD Team to engage the workforce each year. Action 11: OD Team delivering So Proud conversations and Survey. Focus on providing support for staff during the Covid 19 period – development of wellbeing resource databank shared via Daily Briefing & the Meeting Place – packs will be handed out to each area. Launch of online coaching modules for staff and line managers to access (May 2020). One to one coaching continues to be offered for staff Action 12 – Develop, implement, embed and review Communication and Engagement Strategy and Plan April 2020 Update – to be reviewed July 2020</p>
<p>Trust Values & Behaviours Framework</p>	<p>Lack of Senior Leader engagement</p>	<p>Action 13 - Staff feedback informs the Trust's values and behaviours framework. Work delayed due to Covid 19 although design work continues to rebrand and launch rebranded values and highlight their importance during these difficult times (July, 2020) April 2020 Update: Execs have a rota to attend Big Brews across both sites which has now been delayed till July 2020 OD team are still working in partnership with Boo Consulting during Covid-19 to support staff.</p>
<p>Health and Wellbeing strategy and action plan</p>	<p>Health and wellbeing strategy aligned to workforce and OD strategies developed.</p>	<p>Action 14 – Health and Wellbeing action plan being developed based using NHS Employers diagnostic tool (advised to use this tool by NHS); Paper being prepared for workforce committee. April 2020 Update: Paper due to go to Workforce Committee in June 2020.</p>
<p>Corporate staff Induction</p>	<p>Not yet values based</p>	<p>Action 14 – Corporate Staff Induction has been reviewed and values based programmes was due to launch April 2020. During Covid 19 – the OD Team has developed a fast track process including welcome pack. The OD Team phone new starters once in post as a support follow up; they will commence pre-starter phone calls April 2020. Corporate Induction will re-commence post Covid 19 and be values based. April 2020 Update: Was reviewed and linked to Values and Behaviours Framework which was due to be launched in April. To be reviewed</p>
<p>Mandatory training</p>	<p>Some subjects not meeting 85% Trust target</p>	<p>Action 15 – Extreme Risk identified for role specific training. Clinical Competency Working Group established to identify the Top 10 – still to be agreed, delayed due to Covid 19. Statement of Case in place proposing the establishment of a core clinical skills team to train the multi-professional workforce - £35k investment requested. Core mandatory training remains above the Trust 87.5% - all training taken online - a piece of work led by the HRBP's to focus on staff who can update during the Covid 19 period.</p>

			<p>April 2020 Update: Ongoing with to review after Covid 19. Release issue – work is continuing.</p> <p>Action 16 - PDR process & policy in place. New At our Best leadership programme covers importance of PDR as form of staff engagement.</p> <p>April 2020 Update: OD advertised PDR training sessions – both training programmes on hold during Covid 19 period – both will be re-instated. July 2020</p> <p>Action 17 - Launch April 2020 – however this has been postponed and will need to be rescheduled post COVI-19</p> <p>April 2020 Update: deferred due to current crisis – June 2020</p> <p>Action 18 – 2 x cohorts of “At our Best” leadership programme commenced Feb and March 2020.</p> <p>April 2020 Update: Programmes postponed until post Covid 19.</p> <p>Detailed analysis and action plan by June 2020</p> <p>Action 19 – Valuing our people group in place to progress the staff engagement activities linked to the WIG highlight report. Poorly attended to date.</p> <p>April 2020 Update: The VPG will need to be reviewed and re-focused post Covid 19.</p>
PDR process and training	Failure to meet 85% target		
Leading Healthy Workplaces training	Releasing staff to attend		
Leadership Development Training Programme	Requirement for further development of middle managers		
Staff Engagement Strategy in place			
Training and Development <ul style="list-style-type: none"> Coaching Strategy in place Coaching in-house service in place Substantive OD posts in post 	Not currently available Releasing staff to attend coaching Limited capacity		
Supporting attendance policy			
Duty of Candour/Safe Care			
Retention Strategy			
NHSI Nursing Retention Programme and Improvement plan			
<ul style="list-style-type: none"> Robust employment checks <ul style="list-style-type: none"> FPPT Disclosure Barring Service Professional Bodies Checks and Balances for clinicians (NMC/GMC) Equality & Diversity Lead in post Freedom to Speak Up Champion & Guardian – change to assurance Recruitment Strategy Shared decision making and review of risks with Joint Local Negotiating Committee 			
Assurance	Gaps in Assurance		Remedial Actions

<p>Management assurance</p> <p>Quarterly reporting by Guardian of Safe Working to JNC, PPF and the Lead Employer.</p> <p>Annual report to Board by the Guardian of Safe Working.</p> <p>Escalation process in place for Exception Reporting to the Medical Director</p> <p>DME reports to HEN on an annual basis in relation to junior doctor training</p> <p>Jr Dr work plans</p> <p>Junior Medical Staff – annual internal staff survey</p> <p>Annual GMC Survey</p> <p>Mandatory training processes in place</p> <p>Appraisal compliance and training attendance monitored</p> <p>Staff Survey & Quarterly Staff FFT/Survey</p> <p>Reports and metrics monitored at Assurance Committees and/or Board</p> <ul style="list-style-type: none"> • Exception reporting data • FTSUG reports • Absence Data • Turnover Data • Vacancy Rate • National Medical Revalidation process ensuring competent doctors • Quality Visits by NEDs and EDs • Time to Hire • Nursing temporary staffing fill rate/ NHSP contract performance • Junior Doctor Forum held quarterly for concerns to be raised. <p>Independent / semi-independent</p> <ul style="list-style-type: none"> • GMC Revalidation process. • HEN visit – regular • GMC Medical Staff survey – annual 	<p>Sickness absence above target but improved to 4.8%</p> <p>Appraisal Rates below target</p> <p>Time to hire is longer than 30 day target (however better than national median)</p> <p>Lack of talent pipeline for nursing and specialist medical roles</p> <p>Overall staff engagement scores are lower than average which impacts on Trust reputation.</p> <p>Reliance on agency staff to fill gaps in rotas for nursing and medical staff</p> <p>Low completion rates for Exit interviews</p> <p>CBU breakdown of mandatory training reporting at PRB</p> <p>Low compliance rates for PDR</p> <p>Staff Survey results increasing positive scores but remain below national average in most area</p>	<p>Action 28 - Continued working with the NHSI Health and Wellbeing (reducing sickness absence rate) for 20/21.</p> <p>Action 29 - Training and Development Strategic Workstream to be developed for 20/21 of which appraisal compliance and quality will be a focus</p> <p>Ongoing monitoring and review of time to hire process. Identification of potential causes of delay. Reports to work force committee. Jennie Penniford has been asked to undertake a deep dive and report to the HRD before end of April 2020.</p> <p>Action 30 – Further improve the response rate for the annual Staff Survey from 2019 improvements</p> <p>Action 31 – Include mandatory training by subject heading</p> <p>PDR Action planning with CBU's by October 2020</p> <p>Staff Survey detailed action plans, focusing on key areas to improve by June 2020</p>	<p>Number of linked Risks</p> <p>1862: High level of nursing/HCA vacancies</p> <p>2130: Clinical competency of the multi-professional workforce</p>	<p>Number of linked Incidents</p> <p>Add: None</p>	<p>Last Review Date</p> <p>April 2020</p>	<p>Next Review Date</p> <p>June 2020</p>
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Board Assurance Framework (BAF) Report

Strategic Objective	SO5 - Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values		Risk Description (What could prevent the objective from being achieved)	<p>If the Trust does not leadership at all levels, patient and staff satisfaction will be impacted</p> <p>Cause:</p> <ul style="list-style-type: none"> Lack of sustained, long-term leadership Less than optimal management practice Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust <p>Potential Effect:</p> <ul style="list-style-type: none"> Low staff morale Poor outcomes & experience for large numbers of patients Less effective teamwork High levels of staff absence High staff turnover <p>Potential Impact:</p> <ul style="list-style-type: none"> Poor quality of patient service Poor recruitment and retention of staff Negative impact on quality of patient care Potential for regulatory action and reputational damage 		
DATIX CODE	2099	RISK ID:	5			
Assurance Committee	Workforce Committee					
Executive Director	Director of Human Resources & Organisational Development					
Risk Appetite:	OPEN					
Risk Rating Tracker	Risk updated April 2020 and remains high (12)		Risk Scores:	Initial/Raw	Current	Target
				12 3x4 (L x C)	12 3x4 (L x C)	8 2x4 (L x C)
Controls	Remedial Actions					
Workforce and OD Strategy in place	<p>Action 9 – Workforce improvement activities monitored via Workforce Improvement Group reporting to Hospital Improvement Board</p> <p>April 2020 Update: Leadership and development activity to be relaunched once business as usual returns post Covid 19 as social distancing and immediate Covid related priorities have meant the work has stalled. Due for review – July 2020</p>					
Appraisals - policy, paperwork and systems for delivery and recording are in place for medical and non-medical staff	<p>Action 1 – TM Diagnostic Assessment Tool completed Dec 2019 –extensive report demonstrates scale of activity required – reporting to WFC.</p> <p>April 2020 Update: Capacity to deliver remains an issue. An effective process, taking this into account needs to be agreed post Covid 19 work. Due for Review- July 2020</p>					
Targeted OD interventions for leaders/areas in need of support	<p>Action 2 - OD Team support individual team developments on request (capacity allowing)</p> <p>April 2020 Update: – on hold until post Covid 19. Priorities will reset after this peak of work. Due for Review- July 2020</p>					
Corporate Induction – values based	<p>Action 3- Corporate Induction reviewed and ready</p> <p>April 2020 Update: – delayed due to Covid 19 (July 2020), Due for Review- July 2020</p>					
Mandatory training programme in place	<p>Due for Review- July 2020</p> <p>Action 4 - Establish a clinical competence working group to review Top 10 risks of role specific training –</p> <p>April 2020 Update: Staff working from home are being reminded to complete their on line mandatory training. Face to face to be recommenced post Covid 19 once any restrictions are accounted for. Due for Review- July 2020</p>					
Staff engagement strategy in place	<p>Detailed analysis and action plan by June 2020</p> <p>Action 19 – Valuing our people group in place to progress the staff engagement activities linked to the WIG highlight report. Poorly attended to date.</p> <p>April 2020 Update: The VPG will need to be reviewed and re-focused post Covid 19.</p>					

Staff engagement programme	Senior leader engagement	Action 5 - The Trust delivers a staff engagement programme called The Big Brew facilitated by the OD Team to engage the workforce each year. CEO agreed to support staff engagement activities April 2020 Update :(delayed until post Covid 19) Due for Review -July 2020
Annual Staff Survey	Staff engagement	Action 6 - Increase staff completion and overall staff engagement via the Big Brews approach / work with HR&CBU's to support staff engagement activities at local level April 2020 Update: This was put on hold due to social distancing during Covid 19
Trust wide & CBU staff survey action plan		Action 7 – Raise profile for completions via Big Brews approach
Trust's Vision 20/20 and promotion of Trust values & behaviours	No behaviours framework	April 2020 Update: as above
Medical Leadership Programme	No funding	Action 8- Trust Values & Behaviours Framework under development for April 2020
Triumvirate Development	Development on hold	April 2020 Update : – moved to July 2020 Action 9 - NHSI funding agreed (Jan 2020) for one cohort Spring 2020. Faculty of Medical Leadership Management won the bid – April 2020 Update: development work to commence post Covid 19
NHS Healthcare Leadership Model – access to online self-assessment tool, 360 degree feedback, Edward Jenner online & Mary Seakale programmes	Poor uptake of 360	Action 10- Work with COO to establish next steps following coaching intervention Nov 2019. April 2020 Update :No further actions agreed to date
Leadership & Management Apprenticeships available from Level 3 to 7	Funding not available through levy to support backfill	Action 11- Advertise NHS Leadership Academy opportunities as they arise via Trust Comms & Facebook. April 2020 Update: To continue post Covid 19. Review Date- July 2020
Leadership Development Training Programme	Requirement for further development of middle managers	Action 10 - Support leadership & management apprenticeship programmes where possible – April 2020 Update: new recruitment of apprenticeships on hold until post Covid 19 due to HEI & FE service withdrawals
Board Development Sessions planned throughout the year Leading Healthy Workplaces training	Releasing staff to attend	Action 11 – 2 x cohorts of the At our Best programme commenced Feb & March 2020 April 2020 Update: – will re-commence post Covid 19 when we can review programmes in line with social distancing requirements Review Date- July 2020
Coaching Strategy in place	Not currently available	Plans and dates in place
Coaching online modules	Not currently available	Action 17 - Launch April 2020 – however this has been postponed and will need to be rescheduled post Covid-19
Coaching in-house service in place	Releasing staff to attend coaching	April 2020 Update: deferred due to current crisis. Review June 2020 April 2020: Coaching online modules will be launched May 2020 if Covid 19 work allows.
Substantive OD posts in post	Limited capacity	Action 13 – April 2020 Update: as per action above. Delayed until May 2020, subject to Covid work
		Action 21 – increase promotional activities to encourage uptake April 2020 Update: further communications throughout April & May 2020 for staff seeking coaching support via Boo have been communicated. In-house work has not been able to continue due to Covid 19 activities and restrictions.
		Action 22 - Focus on key deliverables – induction, values & behaviours

		coaching, appraisals and staff engagement. Induction reviewed, V&B Framework under development & branding –. April 2020 Update: to be launched post Covid 19. Staff engagement "Big Brew" approach in place, in-house coaching pool available to staff, new coaching modules to be launched May 2020 if appropriate due to Covid 19
Staff friends and family test + pulse check questions		Review Date: July 2020 Action 18 – Encourage quarterly staff feedback of FFT via Big Brews – improvement in both questions in Q4 – April 2020 Update: reporting to WFC April 2020
Executive visibility		Insufficient visibility of Executive Team and Non-Executive Directors Action 19 - During 2020/2021 the Executive Team and Non-Executive Directors will participate in quality visits/walkabouts/ Back to the Floor April 2020 Update: All Executives are deployed on Covid 19 work and will be unable to take part in the full range of envisaged activities.
Programme of health and wellbeing initiatives		Action 20 - Health & Wellbeing Strategy and action plan based on NHSI 'Health and Wellbeing Framework'. April 2020 Update: Paper to workforce committee in June with action plan for post COVID-19.
Reward and recognition processes to be reviewed		Reward and Recognition Strategy underdevelopment for summer 2020 Action 21 – Implement and embed values based recruitment based on behaviours framework April 2020 Update: Update in July 2020
Workforce planning processes to be reviewed in line with delivery of safe staffing		Workforce Planning is one of a number of proposed Strategic Work streams that will be rolled out through the Trust during 20/21
Staff support and occupational health and wellbeing arrangements at Trust, CBU and Service levels		Trust Supporting Attendance Policy reviewed and to be launched 2020, MIAA audit of existing policy due early 2020.
Monthly and quarterly monitoring of workforce performance		Lack of resource to provide business and artificial intelligence to provide insightful workforce information
Valuing our People meetings		Lack of engagement/release for VOP.
<ul style="list-style-type: none"> • Retirement Intentions annual exercise to be explored • Consultant revalidation process • Leadership Strategy in place • Pay progression for AFC to be developed by end of 2019 • Quality Strategy, 2017-2020 • Freedom to Speak Up Guardian and Champions • Whistleblowing Policy/Raising Concerns • Guardian of Safe Working in post • Workforce and OD Committee • Single Leadership Plan accepted by NHSI • Substantive Board appointments in 2018. • Deep dive reports to Committee investigating specific issues when required • Staff communication via meeting place on Facebook, Trust news and Trust magazine, Town Events, Breakfast with Execs etc. • Grievance & Disciplinary Policies • Data Protection Policy (General Data Protection Regulations) • Employment checks • FPPT & Code of Conduct • Non-Executive directors' (NED) Skills mix - academic & professional qualifications • Unitary Board: Non-Executive and Executive directors are jointly 		

	Gaps in Assurance	Remedial Actions
responsible for decisions taken by board <ul style="list-style-type: none"> • Governance Structure • Board Timeout Sessions planned throughout the year 		
Assurance		
Management assurance		
National Staff survey (annual)	Staff Survey Engagement score not significantly improved in year	Staff engagement approach adopted – The Big Brew
Quarterly Staff Friends and Family survey		Staff survey and staff FFT promoted via the Big Brews
Monthly KPIs for controls		
Performance Reports (monthly)	Lack of resource to provide business and artificial intelligence to provide insightful workforce information	Collaboration with external provider to utilise BI and AI to produce insightful workforce information draft dashboard to be available for review January 2020. Investment in Workforce Information team in order to ensure organisational capability to continue production of insightful workforce information.
Quarterly Speak up Guardian Reports		
Report from Guardian of Safe Working – Quarterly to Board		
PDR training on-going	PDR compliance currently below target	Action 16 - PDR process & policy in place. New At our Best leadership programme covers importance of PDR as form of staff engagement. OD advertised PDR training sessions – both training programmes on hold during Covid 19 period – both will be re-instated. July 2020
Revised Integrated Governance Structure to enhance reporting with Improvement Board and Performance Review Board		
Monthly reporting to Workforce Committee		
CBU Governance meetings		
Workforce Improvement Board (WIB)		20/21 Workforce Priorities under review
Reports and metrics monitored at Assurance Committees and/or Board		
<ul style="list-style-type: none"> • Exception reporting data • FTSUG reports • Absence Data • Turnover Data • Vacancy Rate • National Medical Revalidation process ensuring competent doctors • Quality Visits by NEDs and EDs • Time to Hire • Nursing temporary staffing fill rate/ NHSP contract performance 		
Mandatory training data		
Absence data	Sickness absence above target but reducing	The Trust will continually monitor sickness absence on a monthly basis during 2020/21
Turnover data	Deteriorating Trust position	Attrition, Attraction and Retention Strategic Workstream to commence 2020/21
FTSU Guardian data		
Staff Engagement Scores		Staff FFT and Pulse Check results reported quarterly
Guardian for Safe Working Exception Reports		
Independent / semi-independent		
<ul style="list-style-type: none"> • CQC regulatory inspection • National Workforce and Wellbeing Charter - 2018 • NHS Staff Survey 2018 • NAVAJO Chartermark • Health Watch Sefton • Workforce Race Equality Scheme Reporting • Workforce Disability Equality Scheme • Annual ED&I Report 		

Number of linked Risks	None	Number of linked Incidents	
Add:	None	Last Review Date	April 2020
		Next Review Date	June 2020

Board Assurance Framework (BAF) Report

Strategic Objective SO6 - Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire	Risk Description (What could prevent the objective from being achieved)	<p>There is a risk due to the system not having an agreed acute services strategy leading to non-alignment of partner organisations plans resulting in the inability to develop and deliver sustainable services</p> <p>6a) By October 2019 develop a robust partnering strategy to enable development of a range of clinical and non-clinical joint working opportunities.</p> <p>6b) By October 2019 develop a blueprint and roadmap for the acute sustainability programme</p> <p>A Board Strategy session was held in February and March which set the direction for this work during the year. The conclusion of the board strategy sessions were that the Trust was not sustainable in its current service delivery form and that discussions with potential partners would be a key component in developing potential solutions. A draft outline business case that describes the principles and application of core acute services has been developed and will be shared in April. The programme is currently paused during the Covid-19 Crisis.</p>		
DATIX CODE tbc	RISK ID: 6	Initial/Raw 15 3x5 (L x G)	Current 15 3x5 (L x G)	Target 9 3x3 (L x G)
Assurance Committee Deputy CEO/Director of Strategy	Strategy Task and Finish Group and Trust Board Deputy CEO/Director of Strategy	Risk Scores:		
Executive Director Deputy CEO/Director of Strategy	Risk Appetite: HUNGRY	Gaps in Controls		
Risk Rating Tracker Risk reviewed April 2020 and remains extreme	Controls Robust system governance in place, including: <ul style="list-style-type: none"> Southport, Formby & West Lancs Acute Sustainability Programme Board Cheshire & Mersey Health & Care Partnership: Strategic Oversight Group Provider Alliance SOIB - leading Vision 2020 Robust internal governance in place, including: <ul style="list-style-type: none"> Strategy Task and Finish Group HIB - leading Vision 2020 and Single Improvement Plan Documentation in place: <ul style="list-style-type: none"> S&O Operational Plan 2019/20 STP 5 year plan complete and part of C+M STP plan 	Remedial Actions Develop, implement and deliver the agreed organisational transformational CIP Schemes. On-going reporting of progress monthly internally to Trust Board via HIB, and externally to HOIB. April 2020 update: The programme is currently paused during the Covid-19 Crisis. Recruitment to substantive positions to reduce agency spend. April 2020 update: The programme is currently paused during the Covid-19 Crisis. Action 1 - Establish a Strategic Task and Finish group with executive and non-executive membership to provide assurance to the Trust Board on the robustness of the development and delivery of the Acute Sustainability Programme. To commence in June 2019 and meet monthly. April 2020 update: The programme is currently paused during the Covid-19 Crisis. Action 2 - Report progress on the delivery of the Operational Plan using the Single Improvement Plan. On-going reporting of progress monthly internally to Trust Board via HIB, and externally to SOIB. April 2020 update: The programme is currently paused during the Covid-19 Crisis. Action 3 - Develop, implement, embed and review Communication and Engagement Strategy and Plan. To be produced in July 2019 and monitored by the Acute Sustainability Programme Delivery Group. April 2020 update: The programme is currently paused during the Covid-19 Crisis.		
Assurance Management assurance	Gaps in Assurance	Remedial Actions		

<p>Internal Assurance</p> <ul style="list-style-type: none"> ▪ Vision 2020 updated and agreed at Board ▪ Single Improvement Plan signed off by Board and monitored through HIB and SOIB ▪ Minutes of Monthly Contract Review Meetings <p>Reports and metrics monitored at Assurance Committees and/or Board</p> <ul style="list-style-type: none"> • Performance monitoring of patient experience and clinical outcomes • Incident Data (including SIs / Never Events) • CEO's reports to Board • Deputy CEO reports to Board • Single Improvement Plan reports to Improvement Board • Single Improvement Plan reports within IPR • Finance Reports include contractual and commissioning issues, where relevant reported to Board • Progress of agreeing contracts reported via Finance to Board • Business Cases involving commissioners reported, where these occur, reported to Board 		
<p>Independent / semi-independent</p> <p>Southport & Ormskirk Improvement Board meets monthly</p> <p>CCG Pre Consultation Business Case, approved by CCG Committees in Common</p> <p>Northern Clinical Senate Report recommendations</p> <p>Monthly reports to NHSI with feedback</p> <p>Internal Audit</p> <ul style="list-style-type: none"> • Annual Plan • reviews of budgetary controls <p>External audit opinion</p>		
<p>BAF Summary Report April 2020</p> <p>This risk is discussed routinely at Strategy Task and Finish Group (Chair Neil Mason) and has routinely been to HMB as part of the new BAF. An outline Pre-Consultation Business Case was produced in October 19 and points the direction for some more focussed work. The work is now being more closely supported by NHSE/I and a range of further scenarios are to be considered to deliver service sustainability. A Board Strategy session was held in February and March which set the direction for this work during the year. The conclusion of the board strategy sessions were that the Trust was not sustainable in its current service delivery form and that discussions with potential partners would be a key component in developing potential solutions. A draft outline business case that describes the principles and application of core acute services has been developed and will be shared in April. The programme is currently paused during the Covid-19 Crisis.</p>		
<p>Number of linked Risks</p>	<p>Add:</p> <p>None</p>	<p>Last Review Date</p> <p>April 2020</p>
<p>1942: Eradicating Trust deficit by 2023/24</p> <p>2072: Failure to achieve 2019/20 financial control total</p> <p>1688: Anaesthetic staffing</p>		<p>Next Review Date</p> <p>June 2020</p>

Title Of Meeting	BOARD OF DIRECTORS	Date	6 MAY 2020
Agenda Item	TB073/20	FOI Exempt	No
Report Title	Fit and Proper Person's Test (FPPT) Annual Report		
Executive Lead	Trish Armstrong-Child, Chief Executive		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	<input type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input checked="" type="checkbox"/> To Receive	
Purpose			
To provide annual assurance that the Board of Directors are compliant with the regulatory requirements of the Fit and Proper Person Tests.			
Executive Summary			
<p>The CQC assess fitness of directors through the well-led question at trust level (KLOE W1) which may involve checking personnel files; checking appraisal rates for directors; checking providers are aware of recruiting guidance and best practice for directors. If a provider is unable to demonstrate appropriate checks this may indicate a breach of the regulation.</p> <p>Following due diligence checks and an audit of the director's files, the Board is recommended to take assurance that its Directors are compliant with the FPPT. Furthermore, all directors will be asked to confirm that they remain fit and proper to undertake their role.</p>			
Recommendation			
The Board is asked to re-confirm and complete their annual self-declaration of compliance against the regulations for the Fit and Proper Persons Test to enable formal minuting and an update to the register.			
Previously Considered By:			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input checked="" type="checkbox"/> Audit Committee	
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO3 Efficiently and productively provide care within agreed financial limits			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Sharon Katema, Associate Director of Corporate Governance		Trish Armstrong-Child, Chief Executive Officer	

1. Introduction

1.1 The Care Quality Commission (CQC) introduced new requirements regarding the 'Fit and Proper Person Tests' for Directors in November 2014, which became law from 1 April 2015.

1.2 This approach ensures that providers meet Government regulations about the quality and safety of care, to ensure there's an open, honest and transparent culture within the NHS.

1.3 The Associate Director of Corporate Governance maintains the Trust's register to support compliance of the 'Fit and Proper Person Test'.

2. Background

2.1 The Fit and Proper Person Test is a regulation to ensure that providers meet their obligations to only employ individuals who are fit for their role.

2.2 The regulations also extend to individuals who are prevented from holding the office (for example, under a Director's disqualification order)

2.3 This ensures that appropriate steps have been taken to ensure they are:

- of good character
- are physically and mentally fit
- have the necessary qualifications, skills and experience for this role
- can supply certain information, including a Disclosure and Barring Service (DBS) check and full employment history, if required.

2.4 As part of the recruitment process and compliance for the Fit and Proper Person Test, a number of checks have taken which provide assurance on the:

- Identity of the individuals
- Qualifications, competence, skills required, relevant experience and ability
- Consideration to the physical and mental health in line with the role and good occupational health practice
- Good character and conduct that the individual has been responsible for, or privy to which may have contributed to or facilitated any serious misconduct or mismanagement.

2.5 A quarterly update is conducted by the ADCG to ensure that all directors continue to meet the requirements to hold office of their appointment, where they do not, a recommendation would be made to the Remuneration and Nomination by either the Chief Executive and / or Trust Chair.

3 Recommendation

3.1 Southport and Ormskirk Hospitals NHS Trust has undertaken appropriate checks and is satisfied that, on appointment and subsequently, all new and existing Directors are of good character and are not unfit.

Appendix A

No:	Standard	Assurance	2020 Update
1	Providers should make every effort to ensure that all available information is sought to confirm that the individual is of good character as defined in Schedule 4, Part 2 of the regulations.	<p>Employment checks are undertaken in accordance with NHS Employers pre-employment check standards, including:</p> <ul style="list-style-type: none"> • References from previous employer • Qualification and professional registration checks • right to work checks • identity checks • occupational health clearance • DBS checks (where appropriate) • Code of Conduct Declarations • Search of insolvency and bankruptcy register • Search of disqualified directors register 	All pre-employment checks were undertaken for all new directors.
2	Where a provider deems the individual suitable despite not meeting the characteristics outlined in Schedule 4, Part 2 of these regulations, the reasons should be recorded and information about the decision should be made available to those that need to be aware.	<p>The Chair would take advice from internal and external advisors as appropriate.</p> <p>Any further discussions can be discussed at Remuneration Committee in future</p>	No exceptions to report.
3	Where specific qualifications are deemed by the provider as necessary for a role, the provider must make this clear and should only employ those individuals that meet the required specification, including any requirements to be registered with a professional regulator.	<p>This requirement is included within the job description for relevant posts and is checked as part of the pre-employment checks.</p> <p>The Recruitment and Selection policy remains current and is under review</p>	No exceptions to report.
4	The provider should have appropriate processes for assessing and checking that the individual holds the required qualifications and has the competence, skills and experience required.	<p>Employment checks include a candidate's qualifications and employment references.</p> <p>The recruitment process also includes and values based questions.</p>	No exceptions to report.

No:	Standard	Assurance	2020 Update
5	The provider may consider that an individual can be appointed to a role based on their qualifications, skills and experience with the expectation that they will develop specific competence to undertake the role within a specified timeframe.	<p>Any such discussions will be held at Remuneration and Nomination Committee.</p> <p>Actions would be subject to follow-up as part of ongoing review and appraisal.</p>	No exceptions to report.
6	When appointing relevant individuals the provider has processes for considering a person's physical and mental health in line with the requirements of the role, all subject to equalities and employment legislation and to due process.	All post-holders are subject to clearance by occupational health as part of the pre-employment process.	No exceptions to report
7	Wherever possible, reasonable adjustments are made in order that an individual can carry out the role.	<ul style="list-style-type: none"> • Trust's Managing Attendance policy. • Occupational Health Assessments • Risk Assessment s 	No exceptions to report
8	The provider has processes in place to assure itself that the individual has not been at any time responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified, it may include fitness to practise proceedings and professional disciplinary cases.	This is incorporated as part of the pre-employment process.	No exceptions to report.
9	The provider must not appoint any individual who has been responsible for, privy to, contributed to, or facilitated, any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity; this includes investigating any allegation of such potential behaviour. Where the individual is professionally qualified, it may include fitness to practise proceedings and professional disciplinary cases.	<p>This has been incorporated as a specific declaration as part of the pre-employment process.</p> <p>It is also incorporated into a revised reference request template for all director and director-equivalent posts.</p>	No exceptions to report.

No:	Standard	Assurance	2020 Update
10	<p>Only individuals who will be acting in a role that falls within the definition of a “regulated activity” as defined by the Safeguarding Vulnerable Groups Act 2006 will be eligible for a check by the Disclosure and Barring Service (DBS).</p>	<p>DBS checks are undertaken only for those posts which fall within the definition of a “regulated activity” or which are otherwise eligible for such a check to be undertaken.</p>	<p>No exceptions to report.</p>
11	<p>As part of the recruitment/appointment process, providers should establish whether the individual is on a relevant barring list.</p>	<p>Eligibility for DBS checks will be assessed for each vacancy arising.</p>	<p>No exceptions to report.</p>
12	<p>The fitness of directors is regularly reviewed by the provider to ensure that they remain fit for the role they are in; the provider should determine how often fitness must be reviewed based on the assessed risk to business delivery and/or the service users posed by the individual and/or role.</p>	<p>Annual Self-declarations</p> <p>Checks of insolvency and bankruptcy register and register of disqualified directors to be undertaken each year as part of the appraisal process. (*)</p>	<p>All completed within timescales</p> <p>No exceptions to report.</p>
13	<p>If a provider discovers information that suggests an individual is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.</p> <p>The provider has arrangements in place to respond to concerns about a person’s fitness after they are appointed to a role, identified by itself or others, and these are adhered to.</p>	<p>The Disciplinary Procedure and Policy provides these arrangements.</p> <p>A provision is included in contracts to allow for termination in the event of non-compliance with regulations and other requirements.</p>	<p>No exceptions to report.</p>
14	<p>The provider investigates, in a timely manner, any concerns about a person’s fitness or ability to carry out their duties, and where concerns are substantiated, proportionate, timely action is taken; the provider must demonstrate due diligence in all actions.</p>	<p>This will be undertaken if concerns are identified and revised contracts provide for termination if individuals fail to meet necessary standards.</p>	<p>No exceptions to report.</p>

No:	Standard	Assurance	2020 Update
15	Where a person's fitness to carry out their role is being investigated, appropriate interim measures may be required to minimise any risk to service users.	This would be reviewed when concerns are identified.	No exceptions to report
16	The provider informs others as appropriate about concerns/findings relating to a person's fitness; for example, professional regulators, CQC and other relevant bodies, and supports any related enquiries/investigations carried out by others.	This would be completed if any concerns were identified.	No referrals made

Title of Meeting	BOARD OF DIRECTORS	Date	6 May 2020
Agenda Item	TB074/20	FOI Exempt	No
Report Title	Compliance with NHS Provider Licence – Annual self-certification		
Executive Lead	Trish Armstrong-Child, Chief Executive		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	<input checked="" type="checkbox"/> To Approve <input checked="" type="checkbox"/> To Assure	<input type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
To confirm compliance with the requirements of the NHS Self-Certification for the Provider Licence			
Executive Summary			
<p>All NHS Trusts are legally subject to the equivalent of certain provider licence conditions and must self-certify compliance against the NHS Provider Licence. The Trust is required to submit a return as part of its annual reporting process.</p> <p>This report asserts that there is substantial evidence to suggest that the Trust is compliant with the relevant requirements of the Provider Licence. Appendix A confirms our compliance with:</p> <ol style="list-style-type: none"> Condition G6-(2) which requires NHS Trusts to have processes and systems that: identify risks to compliance and take reasonable mitigating actions to prevent those risks and a failure to prevent them from occurring Condition FT 4: which requires that: <ul style="list-style-type: none"> Providers should review whether their governance systems achieve the objectives set out in the licence condition. Compliant approach to involve effective board and committee structures, reporting lines and performance and risk management systems. 			
Recommendations			
The Board is asked to review the evidence and confirm compliance with the NHS Self Certification for the NHS Provider Licence.			
Previously Considered By:			
N/A			
Strategic Objectives			
✓ SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
✓ SO2 Deliver services that meet NHS constitutional and regulatory standards			
✓ SO3 Efficiently and productively provide care within agreed financial limits			
✓ SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
✓ SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
✓ SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Sharon Katema, AD Corporate Governance		Sharon Katema, AD Corporate Governance	

1. Introduction

- 1.1. NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence. This includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012.
- 1.2. NHS trusts are required to have due regard to the NHS Constitution and that they have complied with governance requirements.
- 1.3. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require that NHSE/I ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.
- 1.4. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions including Condition G6-(2) and Condition FT (4) and must self-certify under these licence provisions.

2. The requirements

- 2.1 The Trust is required to carry out self-certification as assurance that it is in compliance with the conditions.
- 2.2 Where the Trust is not compliant, it is required to explain why and develop an action plan to achieve compliance.
- 2.3 Whilst there is no requirement for the Trust to submit the Self-Certification to NHSE/I, the Trust is required to make the Self-Certification public on its website.
- 2.4 NHSE/I will contact a select number of NHS trusts to ask for evidence of self-certification.

3. Condition G6-(2)

- 3.1 Condition G6-(2) requires NHS trusts to have processes and systems that:
 - a) identify risks to compliance
 - b) take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.
- 3.2 Providers must review annually whether these processes and systems are effective and must publish their G6-(2) self-certification, by the required deadlines.
- 3.3 The Board is required to sign off on self-certification no later than: **G6: 31 May 2020**

4. Condition FT4

- 4.1. NHS trusts must self-certify under Condition FT4.
- 4.2. The standards set out in FT4 are similar to the standards of governance set out in the NHSI general objective.
- 4.3. There is no set approach to these standards and objectives but there is an expectation that any compliant approach will involve effective board and committee structures, reporting lines, performance and risk management systems.
- 4.4. NHS Improvement will contact a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified. This can either be through providing the templates if they have used them, or by providing relevant Board minutes and papers recording sign-off.
- 4.5. The Board is required to sign off on self-certification no later than: **FT4: 30 June 2020**

5. Previous Self-Certifications

- 5.1. The Trust completed its self-certifications under Condition G6 and confirmed that:
 - There was substantial evidence to suggest that the Trust is compliant with Condition G6-(2) which required NHS Trusts to have processes and systems that:
 - a) Identify risks to compliance
 - b) Take reasonable mitigating actions to prevent those risks and a failure to prevent them from occurring
- 5.2. The Trust completed its self-certification under Condition FT4 and confirmed that:

The Trust was not compliant with Condition FT4 which requires **that:**

 - a) Providers should review whether their governance systems achieve the objectives set out in the licence condition.
 - b) Compliant approach to involve effective Board and Committee structures, reporting lines and performance and risk management systems.

4 Self-Certification Recommendation

- 4.1 Whilst the deadlines for self-certification are different, the Board is recommended to sign both Condition G6-(2) and Condition FT4 as the evidence for both has been provided.
- 4.2 All Self-Certifications will be made public on the Trust's website.
- 4.3 Following review of the evidence included at Appendix A, the Trust Board is asked to support the proposed declaration as follows:
 - a) It is recommended that for G6-(2): the Self-Certification is formally signed-off as "**Confirmed**".
 - b) It is recommend to the Board that the 'Condition FT4 is formally signed off as "**Confirmed**".

Appendix 1 KEY: C=Confirmed NC=Not Confirmed

SELF ASSESSMENT OF COMPLIANCE WITH NHSI PROVIDER LICENCE CONDITIONS G6 and FT4 2019-20					
Licence Condition	Executive Lead	Compliance	Statement of Compliance	Evidence of Assurance	Further Action
G6: Systems for Compliance with Licence Related Conditions and Related Obligations					
<i>Requires providers to take all reasonable precautions against the risk of failure to comply with the license and other important requirements</i>					
1 a) the Conditions of this Licence, these being: i) the Trust must be registered with the Care Quality Commission (CQC); and ii) the directors of the Trust must meet the regulator's fit and proper persons' test.	CEO	C	The Trust is compliant with all conditions of this licence and routinely provides necessary assurances to the Audit Committee. i) The Trust has remained registered with the Care Quality Commission throughout 2019-20. ii) There is a robust Fit and Proper Persons Regulation Policy (FPPR) in place	<ul style="list-style-type: none"> o CQC Registration Certificate o Directors' FPPT signed Declaration o DBS Certificates o Regulation 3 Pre-Employment checks- Personnel File 	
1 b) any requirements imposed on it under the NHS Acts	CEO	C	There were no additional requirements imposed on the Trust under the NHS Acts during 2019/20.		
1 c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of	CEO	C	The Trust continues to have regard to the provisions contained within the NHS Constitution through the formulation and adoption of Trust		

the NHS				policies and procedures. The NHS Constitution is in line with the Trust's overall values and vision of high quality care for all. The Trust's governance structure reflects the needs of the NHS Constitution and the rights and pledges of patients and staff.									
2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:													
2a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence	CEO	C		<p>The Trust has an approved Risk Management Strategy and approach to identifying, managing and escalating risk. The Risk Management Strategy was approved by the Board following a review in 2019.</p> <p>The Corporate Risk Registers and Board Assurance Framework are undergoing a review with a view to be refreshed and launched during Q.2 of 2021/2021. The Trust Board reviews the highest risks facing the organisation on a monthly basis and where required requests further action to be taken.</p>	<ul style="list-style-type: none"> ○ Patient Experience Group ○ Pledge Group ○ Trust's Statutory Instruments ○ Trust's Prime Policies <p><u>Risk Management process</u></p> <ul style="list-style-type: none"> ○ Risk Management Strategy ○ Risk Management Policy ○ Risk registers are maintained by each Corporate Directorate and CBU. Regular reviews of these enable the escalation of risk to the Risk and Compliance Group. ○ A monthly Risk and Compliance Group chaired by the CEO and attended by Exec Team monitors, reviews risk movements and approves any new risks. 								<ul style="list-style-type: none"> ○ The Board Assurance Framework

	2b) regular review of whether those processes and systems have been implemented and of their effectiveness.	CEO	C	The Audit Committee receives assurance of the effectiveness of the system of internal control.	<ul style="list-style-type: none"> ○ contains details of Strategic Risks ○ External assurance provided by Internal and External Audit Committee Reports ○ The Trust has in place an incident management process which incorporates root cause analysis and lessons learned. ○ There are mechanisms in place to ensure that lessons from any incidents are cascaded throughout the organisation although these are being improved. ○ The Chief Accounting Officer's Annual Governance Statement considers the effectiveness and implementation of the Trust's processes and systems each year. ○ In addition to this the Audit Committee oversees the delivery of the Programme of Internal Audit which focuses on any areas of the control system where independent assurance is required. ○ The Board and its Committees undertake a review of their performance and effectiveness on an annual basis and identifies areas for improvement. Their revised Terms of Reference have suggested that the review should be undertaken twice annually
<p>NHSFT4: Foundation Trust Associate C The Trust is compliant with this NHSI Self-certification Reports</p>					

<p>Governance Enables NHSI to continue oversight of governance of NHS Foundation Trusts</p>	<p>Director of Corporate Governance</p>	<p>condition. There are sound governance processes in place and reviews of these arrangements are a core part of the internal audit annual work programme.</p> <p>NHSI plays a pivotal role in the governance of the Trust. It supported the Trust in its turnaround programmes and initiatives by seconding experts into the Trust in such areas as service improvement and redesign.</p> <p>Mandatory reports are submitted to NHSI as required and self-certifications completed as prescribed.</p>	<p>Documentary evidence of NHSI's certifications completed as prescribed.</p> <p>Personnel supporting the Trust's Executives</p> <p>NHSI's Involvement in recruitment of NEDs and Executives including the CEO</p>	
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Title Of Meeting	BOARD OF DIRECTORS	Date	6 MAY 2020
Agenda Item	TB075/20	FOI Exempt	No
Report Title	ANNUAL REPORT AND ACCOUNTS		
Executive Lead	Trish Armstrong-Child, Chief Executive Officer		
Lead Officer	Sharon Katema, Associate Director of Corporate Governance		
Action Required	<input type="checkbox"/> To Approve <input type="checkbox"/> To Assure	<input checked="" type="checkbox"/> To Note <input type="checkbox"/> To Receive	
Purpose			
To provide an update on the changes to the submission dates for the Annual Reports and Accounts.			
Executive Summary			
<p>As a result of the unprecedented challenges that NHS trusts are facing due to Covid 19, NHSE/ I announced changes to submission dates for the final Annual Reports and Accounts.</p> <p>Notable changes which affect the Trusts Annual Report and Account include:</p> <ul style="list-style-type: none"> • The IFRS has been deferred until 2021/22 • The Trust is no longer required to submit any hard copy documents of the Annual Report and Accounts to NHS Improvement • The initial deadline for submission of 29 May 2020 has now been changed to 25 June 2020. An Extra-ordinary meeting of the Board of Directors to consider and approve the Annual Reports and Accounts will be held prior to submission. 			
Recommendation			
The Board is asked to note the change to the submission date.			
Previously Considered By:			
<input type="checkbox"/> Finance, Performance & Investment Committee <input type="checkbox"/> Remuneration & Nominations Committee <input type="checkbox"/> Charitable Funds Committee		<input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> Workforce Committee <input type="checkbox"/> Audit Committee	
Strategic Objectives			
<input type="checkbox"/> SO1 Improve clinical outcomes and patient safety to ensure we deliver high quality services			
<input type="checkbox"/> SO2 Deliver services that meet NHS constitutional and regulatory standards			
<input type="checkbox"/> SO3 Efficiently and productively provide care within agreed financial limits			
<input type="checkbox"/> SO4 Develop a flexible, responsive workforce of the right size and with the right skills who feel valued and motivated			
<input type="checkbox"/> SO5 Enable all staff to be patient-centred leaders building on an open and honest culture and the delivery of the Trust values			
<input type="checkbox"/> SO6 Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire			
Prepared By:		Presented By:	
Sharon Katema, Associate Director of Corporate Governance		Sharon Katema, Associate Director of Corporate Governance	

