

Integrated Performance Report February - March 2019			
Meeting	Board of Directors		
Date	1 May 2019	Agenda item	10
Lead Director	Karen Howell, Chief Executive		
Author(s)	Claire Wedge, Deputy Director of Nursing and Quality Improvement Barbara Bridle-Jones, Deputy Director of HR Edd Berry, Deputy Director of Finance & Business Intelligence Natalie Park, Deputy Director of Operations		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input checked="" type="checkbox"/>
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Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	
Failure to engage staff to secure ownership of the Trust's vision and strategy	
Increasing fragility of the social care market	

The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	
Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	✓
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✓

Link to the Organisational Risk Register (Datix)
<p>Populations: Risk ID 2132 - Risk to optimising wound care patient outcomes due to inconsistent implementation of best practice standards.</p> <p>Risk ID 2221 - Risk to the learning culture of the Trust due to reporting levels being in the lower quartile of NRLS data and quality of feedback reported to staff.</p>

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Paper history		
Submitted to	Date	Brief Summary of Outcome
Bi-monthly reporting to Trust Board		

Integrated Performance Report February - March 2019

Purpose

1. The purpose of this report is to provide assurance to the Board of Directors on the delivery of safe, effective, quality services during the reporting period 1 February - 31 March 2019 and performance against the board approved strategic objectives.

Executive Summary

2. The Board of Directors recognises that balancing quality and financial performance is essential for the sustainability and success of the organisation. The organisation's Quality, People and Performance strategies reflect our vision and recognise the interdependencies across all three strategy documents.
3. This bi-monthly Integrated Performance Report demonstrates how the organisation is performing in relation to the board approved strategic objectives that relate to:
 - Our Populations
 - Our People
 - Our Performance
4. This report enables key indicators from each of these strategic documents to be triangulated and reviewed, ensuring that risks to quality and financial performance are identified early and are well managed.
5. In reviewing performance, the Board of Directors is asked to be assured by the detail of the work conducted at committee level, according to terms of reference, and to refer to the briefings from the relevant committees.
6. According to the organisation's risk management framework, a high-level organisational risk report is presented to each committee of the board on a monthly basis to escalate risks that require committee support and to provide assurance on the mitigating actions and controls in place to manage the risks appropriately. All high-level risks are linked to the Board Assurance Framework (BAF) presented to the Board of Directors to highlight any impact the organisational risks may have on the achievement of the trust's strategic objectives.
7. The Board of Directors is responsible for ensuring any actions identified in this report are progressed and monitored and where necessary further action taken by the sub-committees of the board.
8. This report is supported by electronic dashboards hosted in the Trust Information Gateway (TIG). These dashboards are attached below and include a commentary of performance.

Board Action

9. The Board of Directors is asked to note and approve the Integrated Performance Report for the reporting period 1 February - 31 March 2019 and be assured of the actions being taken to address any identified concerns.

Karen Howell
Chief Executive

Contributors:

Claire Wedge, Deputy Director of Nursing and Quality Improvement
Barbara Bridle-Jones, Deputy Director of HR
Edd Berry, Deputy Director of Finance
Natalie Park, Deputy Director of Operations

Integrated Performance Report

Executive Summary

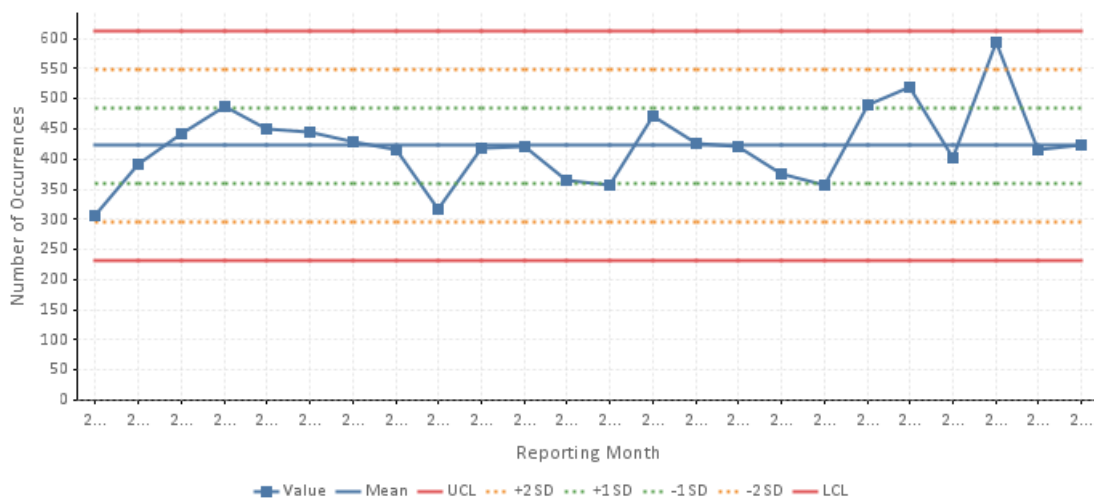
This report provides a summary of performance across each of the four domains which are reviewed in detail at the appropriate assurance committee.

Quality & Governance



Key quality performance indicators are listed above, overall quality performance remains good.

Incident Reporting Levels



Incident reporting levels remain within normal variation for the organisation. We continue to benchmark in the lowest quartile based on National Reporting and Learning System (NRLS) data. An improvement plan has been developed to address this issue and improve the quality of feedback to services.

In addition a Trust wide incident improvement trajectory of 10% has been set as part of the 2019/20 quality goals.

Missed Medication Incidents

During the reporting month, there have been zero missed medications reported by the Community Nursing Service. This compares to three incidents reported during February 2019 and two incidents in January 2019.

The situation is being closely monitored by the medicines management governance group to ensure that improvements are made and sustained.

FFT response rates

The overall FFT response rate for the Trust during March 2019 is 98%, based on 374 returns.

Notably Leasowe Dental Practice and the Integrated Children's Division achieved a 100% FFT response rate for the reporting month.

Following escalation to OMB during February 2019, the FFT response rate within Urgent and Primary Care Services have increased from 87% during February 2019 to 97% during March 2019. Reporting rates will continue to be monitored at Divisional QPER meetings.

CQUINs

Analysis of CQUINs remain in progress, and are scheduled to be reported to Wirral CCG on 30th April 2019.

The wound care CQUIN audit remains in progress. Initial findings indicate that the Trust will achieve partial compliance against the improvement trajectory; as a result, this CQUIN remains amber RAG rated however significant improvements have been made within 2018/19.

The Trust continue to negotiate 2019/20 local CQUINs with the CCG, as there is only one national CQUIN applicable to the Trust this year: Staff Flu Vaccination update.

Quality Goals

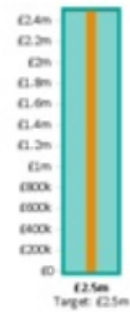
There is currently only one amber RAG rated quality goal, this relates to assessment response times in Adult Social Care. Due to the improvements required to fully achieve this goal this will be included in the 2019/20 quality goal schedule.

Avoidable Pressure Ulcers

The avoidable pressure ulcer quality goal remains green RAG rated at year end with an improvement of 59%.

OPs Performance

Reporting Period:
Mar 19



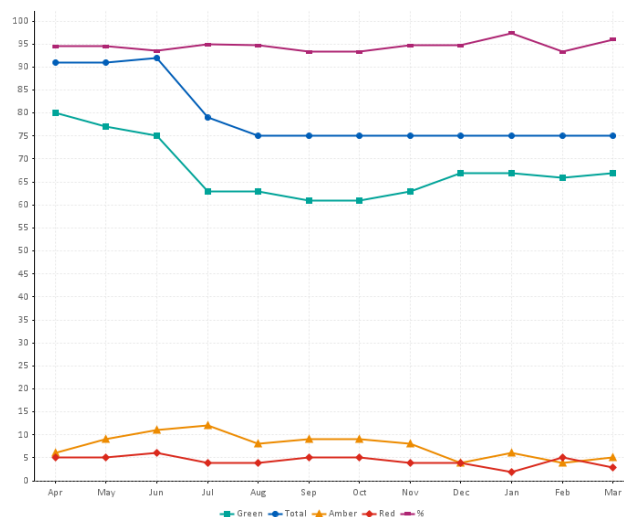
The summary of in month performance for the reporting period March 2019 is shown below and very good performance continues across all commissioner contracts.

96% of KPIs are reporting green or amber which is a great end of year position and reflects the ongoing commitment from Teams and staff within an operational quality, performance and risk framework (QPER) which is in place in each division.

KPI Overview

Congratulations to Urgent and Primary Care Division and 0-19 East Cheshire who continue to report a full set of green KPI's. Also congratulations to the integrated care therapies team (KPI W2) who have continued to sustain high performance following implementation of their improvement action plan in December.

Wirral 0-19 service now has only 1 amber exception which is for a KPI which is under review with commissioners.



Commissioner Contract Updates - Changes to Contract Monitoring

Confirmation of the move to a single oversight contract monitoring meeting for Trust services in Wirral has been received with draft terms of reference currently under review by ELT.

This replaces the following :- Main CCG contract meeting, Public Health and Council Social Care contract meetings. The first meeting is on morning of Friday 26th April followed by the separate Quality and Clinical Risk meeting in the afternoon which enables greater focus on this area.

There is on-going discussion regarding operational/ developmental commissioner/provider meetings which would report by exception into the main contract monitoring meeting described above.

Adult Social Care Contract

Commissioners have reported the results of a council internal audit of the governance and oversight of the social care contract delivered by the Trust. The outcome was very positive, with high levels of assurance and a very low risk score. This has been attributed to the clarity of roles and procedures, the clear documentation relating to the service and contract, and the robust contract monitoring and Partnership Governance Board arrangements.

Lead commissioner has said this is a very positive outcome and reflects well on our integrated service delivery arrangements.

Activity -v- Plan

The table below provides a year to date overview of activity versus plan:

Division	Service	Activity v Plan	Variance to Plan
Adults and Community	Adult Bladder and Bowel Service	(3.5)%	(242)
	Adult Nutrition and Dietetics	(0.2)%	(12)
	Adult Speech & Language Therapy	(5.0)%	(109)
	Community Cardiology	2.4%	493
	Community Nursing Service	(13.0)%	(46,319)
	Integrated Discharge Team	91.8%	1,563
	Integrated Specialist Palliative Care Service	(3.7)%	(298)
	MSK	26.4%	6,428
	Parkinsons Disease Team	1.7%	12
	Podiatry	13.0%	5,572
	Rehabilitation at Home	(20.2)%	(2,536)
	Tissue Viability Service	(26.3)%	(147)
	Wheelchair	5.6%	166
Adults and Community			(35,429)
Integrated Childrens'	0-19 Service (Cheshire East)	5.8%	5,051
	0-19 Service (Wirral)	1.8%	1,735
	Children's Continence Service	(1.3)%	(24)
	Children's Nutrition and Dietetics	0.5%	10
	Children's Speech & Language Therapy	(4.6)%	(599)
Integrated Childrens'			6,173
Urgent and Primary Care	Community Ophthalmology	54.1%	1,792
	GP Out of Hours Service	3.1%	1,394

Overall activity is lower than plan but the main driver behind this is the decrease in community nursing activity. This is as a result of the transformation programme which has focused on an in depth review of the caseload and ensuring patients are suitably discharged. The 2019/20 plan will be reviewed in line with the reduced activity levels.

Workforce Performance



Mandatory Training



Compliance on Mandatory Training continues and this month has improved again to 92.6%. (February was 90.3%)

Sickness



Sickness levels are 4.7% for March another significant decrease from February which was reported at 5.5%.

The sickness split was as follows:

Long Term 1252.13 WTE days lost (62 Episodes) = 64.22%

Short term 697.71 WTE days lost (129 Episodes) = 35.78%

Long Term Absence

Long-term absence in March was 3.1% showing an improvement from February when it was 3.6%.

Short Term Absence

Short-term absence in March was 1.4% showing a marginal improvement from February when it was 1.5%.

Turnover



Voluntary Turnover

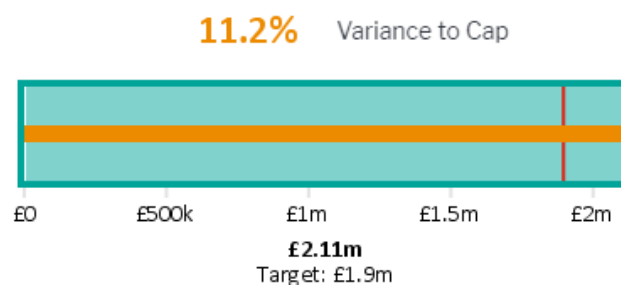
Actual = 10.80%
Plan = 8.94%

Marginal increase in turnover from 10.5% to 10.8%

Vacancy Rate

The Vacancy Rate is improving and is the best since April 2018. It has now reduced to 4.7%. This measures Established WTE posts against Contracted WTE employees.

Agency Spend



At the end of March 2019 the Trust was £68k over its monthly target. The year end variance against the cap was £212k (11.2%).

Finance

Reporting Period:
Mar 19

Capital
YTD Plan £2,500,000
YTD Variance **£61,069**

Use of Resources Rating



Description	Weighting	Plan	Actual
Agency	20%	1	2
Capital Service Capacity	20%	1	1
I&E Margin	20%	1	1
I&E Margin Variance from Plan	20%	1	1
Liquidity	20%	1	1
Overall Risk Rating		1	1

At year-end the Trust delivered an initial control total surplus of £2,215k. This was £22k above the NHSI set target of £2,193k. As a result the Trust was awarded further Provider Sustainability Funds (PSF) resulting in a final surplus of £3,723k which will be reported as part of the draft accounts for 2018/19 to be submitted on 24th April 2019.

The overall Use of Resources rating remained at a level 1 for 2018/19. All sub-indicators within this rating, with the exception of the Agency Cap were also rated at a 1.

Agency Expenditure at year-end was £212k (11.18%) over the NHSI cap and rated as a 2.

The Trust fully achieved its CIP target for the year of £2,502k. This was achieved with 81% recurrent savings resulting in £463k of non-recurrent savings being required.

During March the Trust spent £360k of capital expenditure resulting in total expenditure for 2018/19 of £2,561k.

It should be noted that all values detailed above and within this report remain subject to external audit.

Board Assurance Framework (BAF) Principal Risks 2019-20			
Meeting	Board of Directors		
Date	1 May 2019	Agenda item	11
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to strategic objectives & goals - 2017-19

Please mark ✓ against the strategic goal(s) applicable to this paper

Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care

We will deliver outstanding, safe care every time	✓
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We will provide more person-centred care	✓
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We will improve services through integration and better coordination	✓
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Our People - To value and involve skilled and caring staff, liberated to innovate and improve services

We will improve staff engagement	✓
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We will advance staff wellbeing	✓
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We will enhance staff development	✓
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Our Performance - To maintain financial sustainability and support our local system

We will grow community services across Wirral, Cheshire & Merseyside	✓
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We will increase efficiency of corporate and clinical services	✓
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We will deliver against contracts and financial requirements	✓
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Link to Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?

Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✓
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Failure to engage staff to secure ownership of the Trust's vision and strategy	✓
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Increasing fragility of the social care market	✓
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The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	✓
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Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
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Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓
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Commissioning decisions do not promote integrated working across the health and care system	✓
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	✓
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✓
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	✓
Failure to deliver the efficiency programme	✓
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	✓
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✓

Link to the Organisational Risk Register (Datix)
None identified.

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
No previous reporting history		

Board Assurance Framework (BAF) Principal Risks 2019-20

Purpose

1. The purpose of this paper is to share with the Board of Directors and seek approval on the principal risks for the Board Assurance Framework for 2019-20.

Executive Summary

2. The principal risks included at **appendix 1** were developed through an informal board session on 3 April 2019 with all members discussing and identifying new principal risks according to the three strategic themes of Our Population, Our People and Our Performance which underpin the Trust's organisational strategy.

Developing the Board Assurance Framework

3. Through a workshop session the members of the board worked according to their area of focus through committee membership considering the BAF for 2018-19 and the progress of principal risks, the Healthy Wirral Assurance Framework providing an oversight of identified system-risks, the MiAA Assurance Framework review particularly the coverage against risk themes and the Trust's organisational risk register.
4. Following the workshop session in early April, the Executive Leadership Team (ELT) reviewed the detail of the risks on 15 April 2019 with some revisions suggested as indicated in the attached either with red text (additions) or strikethrough (deletions).
5. There are 13 proposed principal risks to be monitored through the Board Assurance Framework for 2019-20 and the Executive Lead(s) have been identified in **appendix 1**.
6. The Board of Directors is asked to note that the full BAF will be developed with risk ratings, target risk ratings, controls, assurances and actions during May/June 2019.
7. As the BAF is developed the recommendations from the recent MiAA Assurance Framework Review will be considered. These include:
 - Ensuring the format of the BAF provides an action to address any identified gaps in control or assurance
 - Confirming the owner and timescales for completion of the action to address any identified gaps

Board of Directors action

8. The Board of Directors is asked to review the principal risks and provide any comment or approval.

Alison Hughes
Director of Corporate Affairs

23 April 2019

BAF 2019-20 - principal risks

Our Populations	Our People	Our Performance
1. Non-compliance of our services with statutory , regulatory and professional standards. (DoN)	5. Failure to engage and support staff to deliver the Trust's vision and strategy for outstanding services. (HRD)	9. Failure to foster, establish and manage the right partnerships that enable a response to the NHS Long Term Plan resulting in a threat to our sustainability. (COO)
2. Citizens health & wellbeing negatively affected by the delivery of sub-optimal quality services. (DoN)	6. Failure to prepare the workforce for the new requirements of future integrated models of delivery. (HRD/COO)	10. Failure to deliver the efficiency programme resulting in a reduction in service delivery and options for people. (COO)
3. Services are designed without emphasis of patient/client related health and social care outcomes. (COO)	7. Failure to build the skills, workforce infrastructure and career pathways to enable our staff to play their full part in an integrated delivery system. (HRD/COO/DoN)	11. Failure to achieve all the relevant financial statutory duties resulting in less freedom to operate and increased regulation (CFO)
4. Health inequalities – inclusion agenda will not be mitigated to best effect within the deployment of existing resources.		12. The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care (COO)
4. The configuration of Primary Care networks (PCN's) may disrupt and or fetter the ability of the Trust to maintain quality of our services. (MD)	8. Failure to recruit and retain the appropriate mix of staff to ensure services are delivered safely. (HRD/DoN)	13. Failure to keep pace in digital advancements and innovation to improve health and social care outcomes (CFO)
6. The misalignment of our digital progression with the capability and capacity of our partners and populations limits our ability to improve health and social care outcomes. (MG)		

Approval of 2018-19 Annual Accounts Delegated Authority

Meeting	Board of Directors		
Date	1 May 2019	Agenda item	12
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to strategic objectives & goals - 2017-19	
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We will advance staff wellbeing	<input type="checkbox"/>
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Our Performance - To maintain financial sustainability and support our local system	
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We will increase efficiency of corporate and clinical services	<input type="checkbox"/>
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Link to Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	<input type="checkbox"/>
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The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	<input type="checkbox"/>
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	<input type="checkbox"/>
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	<input type="checkbox"/>

Commissioning decisions do not promote integrated working across the health and care system	
Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	
Failure to deliver the efficiency programme	
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
No previous reporting history.		

Approval of 2018-19 Annual Accounts Delegated Authority

Introduction

1. The purpose of this paper is to request that the Board of Directors to formally delegate authority to the trust's Audit Committee to adopt and approve the trust's Annual Accounts for 2018-19.
2. The report sets out the context for the accounts approval and the wider process being undertaken by the Trust to deliver a full set of audited accounts in line with the national guidance and timetable.

Rationale and Implications

3. The Foundation Trust is required to comply with the guidance in the Annual Reporting Manual for Foundation Trusts for 2018-19 and submit a set of audited annual accounts including an Annual Report by the national deadline of 29 May 2019.
4. The process for the completion of FT Annual Accounts is set out below:

Date	Action
24 April 2019 (noon)	NHS FTs submit unaudited FTCs and accounts to NHS Improvement Complete
1 May 2019	Board of Directors delegates authority to Audit Committee to approve accounts
22 May 2019	Audit Committee receives audited accounts, certificates and audit opinion and approves accounts
29 May 2019 (12 noon)	NHS FTs submit (electronically and post) audited FTCs and accounts, final annual report and quality report to NHS Improvement
21 June 2019	Parliament step 1: Preparation for laying before Parliament NHS FTs to check the format of the annual report with the DH Parliamentary Office.
25 June 2019	Parliament step 2: NHS FTs submit accounts to DH Parliamentary Office to be laid before Parliament
19 July 2019	NHS FTs submit laid full annual report including full statutory accounts to NHS Improvement
September - November 2019	Audited accounts presented at Trust AMM

Conclusion

5. The Trust requires the delegation of authority to approve its annual accounts to the Audit Committee in order to ensure the delivery of accounts in line with the national timetable.

Board Action

6. The Board of Directors is asked to approve the request to delegate authority to the Audit Committee to sign-off the Foundation Trust annual accounts for 2018-19.

Alison Hughes
Director of Corporate Affairs

16 April 2019