

Trust Board Meeting (Public)

To be held at 09.30 on Wednesday 24 April 2024
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
09:30	1.	Employee of the Month (April 2024) <i>Purpose: To note the Employee of the Month presentations for April 2024</i>	Film	Chair (15 mins)
09:45	2.	Chair's Welcome and Note of Apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate</i>	Verbal	Chair (10 mins)
	3.	Declaration of Interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda</i>	Verbal	
	4.	TB24/028 Minutes of the previous meeting <i>Purpose: To approve the minutes of the meetings held on 27 March 2024</i>	Report	
	5.	TB24/029 Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions</i>	Report	
Performance Reports				
09.55	6.	TB24/030 Integrated Performance Report 6.1. Quality Indicators 6.2. Operational Indicators 6.3. Workforce Indicators 6.4. Financial Indicators <i>Purpose: To note the Integrated Performance Report for assurance</i>	Report	L Barnes L Neary R Cooper obo AM Stretch G Lawrence (30 mins)
Committee Assurance Report				
10.25	7.	TB24/031 Committee Assurance Reports	Report	

		<p>7.1. Executive Committee 7.2. Audit Committee 7.3. Quality Committee 7.4. Strategic People Committee 7.5. Finance and Performance Committee</p> <p><i>Purpose: To note the Committee Assurance Reports for assurance</i></p>		<p>A Marr I Clayton G Brown L Knight S Connor (30 mins)</p>
Other Board Reports				
10.55	8.	<p>TB24/032 Corporate Risk Register</p> <p><i>Purpose: To note the Corporate Risk Register for assurance</i></p>	Report	N Bunce (10 mins)
11.05	9.	<p>TB24/033 Board Assurance Framework</p> <p><i>Purpose: To approve the Board Assurance Framework</i></p>	Report	N Bunce (10 mins)
11.15	10.	<p>TB24/034 Learning from Deaths Quarterly Report (Quarter 3)</p> <p><i>Purpose: To note the Learning from Deaths Quarterly Report for assurance</i></p>	Report	P Williams (10 mins)
11.25	11.	<p>TB24/035 Laboratory Information Management System (LIMS) Full Business Case</p> <p><i>Purpose: To approve the Laboratory Information Managements System (LIMS) Full Business Case</i></p>	Report	M Gandy (20 mins)
Concluding Business				
11.45	12.	<p>Effectiveness of Meeting</p>	Report	Chair (5 mins)
11.50	13.	<p>Any Other Business</p> <p><i>Purpose: To note any urgent business not included on the agenda</i></p>	Verbal	Chair (5 mins)
		<p>Date and time of next meeting: Wednesday 29 May 2024 at 10:00</p>		12.00 close
15 minutes lunch break				

Chair: Richard Fraser

Minutes of the Trust Board Meeting

Held at Boardroom, Level 5, Whiston Hospital / on Microsoft Teams

Wednesday 27 March 2024

(Approved at the Trust Board on Wednesday 24 April 2024)

Name	Initials	Title
Richard Fraser	RF	Chair
Ann Marr	AM	Chief Executive Officer
Anne-Marie Stretch	AMS	Deputy Chief Executive Officer & Director of Human Resources
Geoffrey Appleton	GA	Non-Executive Director & Deputy Chair
Gill Brown	GB	Non-Executive Director
Nicola Bunce	NB	Director of Corporate Services
Ian Clayton	IC	Non-Executive Director (via MS Teams)
Steve Connor	SC	Non-Executive Director
Rob Cooper	RC	Managing Director
Paul Growney	PG	Associate Non-Executive Director
Lisa Knight	LK	Non-Executive Director
Gareth Lawrence	GL	Director of Finance and Information
Lesley Neary	LN	Chief Operating Officer
Sue Redfern	SR	Director of Nursing, Midwifery and Governance
Hazel Scott	HS	University Non-Executive Director
Rani Thind	RT	Associate Non-Executive Director
Christine Walters	CW	Director of Informatics
Peter Williams	PW	Medical Director

In Attendance

Name	Initials	Title
Mohammed As-Sultany	MAS	Trauma and Orthopaedic Fellow, Wrightington, Wigan and Leigh NHS Foundation Trust (observer) (via MS Teams)
Angela Ball	AB	Halton Council Representative (Stakeholder Representative) (via MS Teams)
Lynne Barnes	LB	Deputy Director of Nursing and Quality (observer) (via MS Teams)
Darren Buckley	DB	Siemens Healthineers, (observer) (via MS Teams)
Sandra Ryan	SRy	Directorate Manager, Community Services Management Team (Agenda Item 2) (via MS Teams)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager
Yvonne Mahambrey	YM	Quality Matron, Patient Experience (Agenda Item 2) (via MS Teams)

Apologies

No apologies received.

Agenda Item	Description
Preliminary Business	
1.	Employee of the Month
	<p>1.1. The Employee of the Month for March 2024 was Helen Mullin, Urgent Community Response Navigator, Whiston Hospital, and the Board watched the film of SR reading the citation and presenting the award to Helen.</p> <p>RESOLVED: The Board noted Employee of the Month film for March 2024 and congratulated the winner.</p>
2.	Patient Story
	<p>2.1. RF welcomed SRy and YM to the meeting.</p> <p>2.2. SR introduced the Patient Story video which showcased the benefit of cross organisation collaboration to the patient experience in End-of-Life Care. The video also demonstrated the complex level of care that can be delivered by the hospital team, the community teams and the Hospice working closely together to support the patient.</p> <p>2.3. SRy noted that the video demonstrated the typical end of life care provision for patients supported by the Trust's community services and described all the different services and organisations that could be involved in providing care to an individual.</p> <p>This patient had received 350 district nursing visits, and in total there were 16 different services involved in delivering the care required by this patient, who were all co-ordinated by the District Nurse clinical team manager. 93% of patients in St. Helens were able to be supported to achieve their preferred place of death.</p> <p>2.4. RF thanked everyone who had contributed to the presentation and commended the service which was adapting to the unique needs and requirements of each patient.</p> <p>2.5. IC thanked the team for an interesting presentation and asked whether, given the underfunding of hospices, the relationships with the hospice were fair and whether the Trust was an equal partner. SRy advised that the Trust team felt fully supported by the Willowbrook Hospice and there was a strong working relationship.</p> <p>2.6. RT commented that she had attended a Quality Ward Round (QWR) with the End-of-Life Care team recently and advised that there had been a reduction in the vacancy rate in the team which was very welcome. RT also commented that the community nursing teams had a broad remit and were also essential in reducing delayed discharges. RC commented that many patients awaiting</p>

	<p>discharge still had complex care needs, and these were reviewed on a daily basis by the Trusts and twice a week with system partners. The main concern was that different boroughs had different service offers. RC felt that the St Helens model of vertical integration of community services with the acute trust was the right model and this was evidenced by the smaller proportion of delayed discharges in the borough, however there was still a deficit in capacity to keep up with the demands. RT reflected on the discussion and wondered whether investment in community services would be the most efficient way of improving patient care as a system. RC advised that SRy and the Community team regularly have innovative ideas for how they can better support the patients to be cared for out of hospital and referenced the expansion of the IV Therapy team. However, RC advised that the biggest concern was the deficit in specialist capacity for long term care in the community which was not within the remit of the community services team.</p> <p>2.7. GA reported that he had recently visited the newly refurbished Willowbrook Hospice and had discussed with the Clinical Director the levels of collaboration with the Trust.</p> <p>2.8. <i>(YM and SRy left the meeting)</i></p> <p>2.9. The Board members discussed the patient story and agreed that although the presentation had been very interesting in explaining the role of the community services teams in working with others, it had not showcased the experiences of a specific patient and asked the executive to reflect on this for future patient stories.</p> <p>2.10. AM commented that this had illustrated the benefits of the integrated service model for community services. RC reflected on the differences in the discharge pathways for each borough and noted that this had been discussed at the recent Winter Summit and agreed that the benefits of integration should be highlighted with the Integrated Care Board (ICB).</p> <p>RESOLVED: The Board noted the Patient Story</p>
<p>3.</p>	<p>Chair's Welcome and Note of Apologies</p>
	<p>3.1. RF welcomed all to the meeting and in particular LB, DB and MAS, who were attending the meeting as observers.</p> <p>3.2. RF acknowledged the following awards and recognition that the Trust had recently received:</p> <p>3.2.1. Communications Teams was awarded the Best NHS Charity Campaign for the Playground SOS campaign at the recent NHS Communicate Awards</p> <p>3.2.2. The Mersey Burns Unit was awarded the Best Research category for innovative research at the recent Journal of Wound Care Awards as well as</p>

	<p>Gold in the Most Progressive category at the recent Journal of Wound Care Awards.</p> <p>3.2.3. Barbara Ashall Lead Macmillan Upper Gastrointestinal Cancer Nurse Specialist was awarded the Gastrointestinal Nurse of the Year at the British Journal of Nursing Awards (BJN)</p> <p>3.2.4. Eleri Phillips, Urology Education Programme Lead, was awarded the Urology Nurse of the Year British Journal of Nursing Awards (BJN).</p> <p>3.2.5. Patchwork Health and MWL were awarded the HealthTech Partnership of the Year (Silver Award) at the HSJ Partnership Awards.</p> <p>3.2.6. One Eyed Jack Daniels was presented with the Harriet Award for outstanding service to the Therapy Dogs Nationwide Charity</p> <p>3.2.7. The Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative (CMAST) led by AM was awarded the provider collaborator of the year at the HSJ Partnership Awards.</p> <p>No apologies were received for the meeting.</p>
4.	Declaration of Interests
	4.1. There were no declarations of interests in relation to the agenda items.
5.	MWL TB24/018 Minutes of the previous meeting
	<p>5.1. The meeting reviewed the minutes of the meeting held on 28 February 2024 and approved them as a correct and accurate record of proceedings subject to the following amendments:</p> <p>5.1.1. 2.4.9 to be amended to “Radiography <i>Helper</i>, Southport Hospital.</p> <p>5.1.2. 6.1.10 to be amended to “GB noted the difference in the reporting of C.Diff cases as a result of lapses in care. PW clarified that C.Diff was <i>formerly</i> classified as hospital acquired or community acquired but essentially the review process was designed to identify if the correct pathways of care had been followed.”</p> <p>5.1.3. 6.1.12 to be amended to “The Trust reported ten cases of Escherichia coli (E.coli) in January 2024 (137 YTD against a target of 121) and it was noted that the majority of these infections were due to UTIs and were <i>unavoidable</i>.”</p> <p>5.1.4. 6.3.1.3 to be amended to “<i>In month sickness absence was 6.4% against a target of 5% with stress, anxiety and depression remaining the highest causes for absence. It was noted that there had been a 1% increase in Health Care Assistants (HCA) sickness. There had been a decrease in sickness absence for qualified nurses.</i>”</p> <p>5.1.5. 9.2.6 to be amended to “<i>Perinatal Mortality</i> - there had been four reportable deaths in Q3, and all cases had undergone a multidisciplinary review, and learning shared.”</p> <p>RESOLVED: The Board approved the minutes from the meeting held on 28 February 2024 subject to the amendments detailed above</p>

6.	MWL TB24/019 Action Log and Matters Arising
	<p>6.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.</p> <p>6.2. The following actions were closed:</p> <p>6.2.1. Agenda Ref 7 (MWL TB23/044 Committee Assurance Reports/ 7.1 Executive Committee) – an update was provided to Quality Committee</p> <p>6.2.2. Agenda Ref 2 (Patient Story) (29/11/2023) The action was a duplicate with the same action on the closed Board action log.</p> <p>6.2.3. Agenda Ref 2 (Patient Story) (31/01/2024) A review of the provisions in the Emergency Department to support patients with delirium and dementia had been presented to the Executive Committee.</p> <p>6.2.4. Agenda Ref 6 (MWL TB24/024 Integrated Performance Report / 6.1 Quality Indicators) – a report on the actions being taken to increase the number of clinical coders had been presented to the Strategic People Committee.</p> <p>6.2.5. Agenda Ref 8 (MWL TB24/015 Committee Assurance Reports, 8.3 Quality Committee) – RC advised that the Committee Performance Report (CPR) would be updated to include the number of escalation beds from April 2024.</p> <p>6.2.6. Agenda Ref 10 (MWL TB24/017 Corporate Governance Manual (including Standing Financial Instructions and Scheme of Delegation) – a meeting had taken place with IC on 22 March 2024 and the changes agreed.</p> <p>6.3. SR provided a verbal update on Item 4 (MWL TB24/012 Minutes of the previous meeting) and advised that the compliance for Nasogastric (NG) Tubes training compliance for Nursing Bands 6 and 7 was 68% and for Allied Health Professionals (AHP) was 92% at the end of February 2024. (action closed)</p> <p>RESOLVED: The Board approved the action log.</p>
Performance Reports	
7.	MWL TB24/020 Integrated Performance Reports
	GL introduced the Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for February 2024.
7.1.	Quality Indicators
	7.1.1. SR presented the Quality Indicators and reported that the Care Quality Commission (CQC) rating for Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) remained as Outstanding. SR advised that there had been four CQC inspections since December and a further unannounced inspection had taken place on Monday 25 March 2024 which was a focussed review of urgent care which included the Emergency Department (ED) and Same Day Emergency Care (SDEC) at Whiston Hospital with a particular focus on the ‘safe’ and ‘well led’ domains. SR advised that the Trust was

	<p>awaiting publication of reports following the inspection of the Maternity Units at Ormskirk and Whiston Hospitals as well as the unannounced inspection that focussed on Mental Health and Hydration at Southport Hospital. In relation to the unannounced inspection of the emergency department at Southport Hospital the Trust was in the process of responding to the information requests following the site visit.</p> <p>7.1.2. SR highlighted the following:</p> <p>7.1.2.1. There had been no never events recorded in February 2024. There had been one never event recorded year to date (YTD) and the Patient Safety Incident Investigation (PSII) was in progress.</p> <p>7.1.2.2. The learning reviews for the five category 2 or above pressure ulcers reported in November 2023 had been completed and improvement actions were in place.</p> <p>7.1.2.3. Four patient falls resulting in moderate or above harm had been recorded in January 2024 (two at S&O sites and two at STHK sites). It was noted that one had results in severe harm and three had resulted in moderate harm. The 72-hour reviews had been completed to ensure immediate learning and actions were in place. Additionally, a deep dive had been completed and presented at Quality Committee.</p> <p>7.1.2.4. The overall safe staffing nurse fill rate was at 97.1% for MWL.</p> <p>7.1.2.5. There had been no Strategic Executive Incident System (StEIS) reportable incidents in month and SR noted that that any StEIS incidents would continue to be reported under the Patient Safety Incident Investigations (PSII) framework until the end of October 2024.</p> <p>7.1.2.6. There had been no reported cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) reported in February 2024, however, six cases had been reported YTD. .</p> <p>7.1.2.7. There had been 102 cases of Clostridium difficile (C.Diff) YTD against an annual trajectory of 85 with five cases reported in February 2024. SR noted that all trusts in the Cheshire and Merseyside (C&M) region had recorded increased cases YTD, and a regional action plan is being developed. There was a continued focus on the timely testing and isolation of patients and the format of the Root Cause Analysis (RCA) panels were being revised.</p> <p>7.1.2.8. There had been five cases of Methicillin-sensitive Staphylococcus Aureus (MSSA) bacteraemia reported in February 2024 and the RCAs were ongoing. It was noted that the majority of the cases were linked to wound, and chest infections and no cases were linked to vascular access devices.</p> <p>7.1.2.9. There were 12 Escherichia coli (E.coli) cases reported in February 2024. The majority of the cases were from urinary tract infections (UTI) and were unavoidable. SR noted that the Trust continued to participate in the C&M collaborative.</p> <p>7.1.2.10. There had been seven mixed sex accommodation breaches reported in the month and 57 cases reported YTD. All breaches were as a result of stepdown from the Intensive Care Unit (ICU) at Southport Hospital.</p> <p>7.1.2.11. There had been an increase in the number of first stage complaints received (46 in February 2024 compared to 34 in January). There had</p>
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	<p>been a 22.9% improvement in the number of stage one complaints closed within 60 working days and this remained an area of focus.</p> <p>7.1.2.12. The Friends and Family Test (FFT) was slightly below target at 93.6% and this was largely related to the impact of additional beds in bays as well as the waiting time and communication in the ED. SR noted that during the CQC focused inspections there had been interaction with patients about their experience with regards waiting times and corridor care.</p> <p>7.1.2.13. The Hospital Standardised Mortality Ratio (HSMR) reporting was currently four months behind partly due to a shortage of clinical coders at the S&O sites. Trust-wide HSMR remained low at 94.9 (latest data available as at August 2023). An analysis had been undertaken due to the increase in HSMR at the S&O sites which had identified that there had been some changes in palliative care coding as well as a drop in patients recorded as having sepsis. PW continued to work with the teams to resolve these issues.</p> <p>7.1.2.14. There had been one neonatal death reported in February 2024 with six reported YTD.</p> <p>7.1.3. NB asked for clarity around the reporting period for HSMR as the numbers had changed since the last report but still indicated August as the last reported data. PW advised that this had been amended retrospectively as additional reviews were completed.</p> <p>7.1.4. RF asked about the approach of the CQC inspectors. PW advised that he had spoken with several staff members in the ED as well as two of the inspectors and felt the discussions had been open and supportive. SR also felt that inspectors had been open with the staff and asked clear questions. Additionally, SR noted that there had been a focus from the inspectors on 12-hour waits from decision to admit to admission and caring for patients on corridors, but that this was being raised with all trusts across the Northwest region who had also been inspected.</p> <p>7.1.5. RF asked why the Trust had a recommendation rate 93.6% for the FFT but still benchmarked in the bottom 50% and asked if this indicated that other trusts were performing better against this metric. SR confirmed this was correct and noted that for MWL escalation status and operation pressures had impacted patient experience.</p> <p>7.1.6. RF referred to the E.coli cases that were linked to UTIs which had been deemed unavoidable and asked for additional information on the action plan. SR reported that actions included the taking of samples at the right time, the importance of nutrition and hydration for patients, good dental care, the monitoring and auditing of catheterisation cleaning and management.</p> <p>7.1.7. GB reflected on the downward trend in the FFT metric and asked whether this was being monitored. SR advised that the Quality Matrons and Ward Managers were trying to address issues as they arose and the Matrons in ED were explaining the reasons for long waits which were a contributing to</p>
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	<p>the downward trend in ED. GB suggested additional commentary to reflect that there were other methods to obtain patient feedback besides FFT.</p> <p>7.1.8. GB reflected on the quality indicators for C.Diff and asked if there would be a comparison of the two sets of data available to see if there were any lessons to be learnt. SR advised that, as part of the RCA process, each case was reviewed in detail to determine whether any of the infections were avoidable with lapses in care which would be analysed to identify if there were reasons for the site differences.</p> <p>7.1.9. GB reflected on the improved metrics for complaints responses. SR commented that having a Patient Advise and Liaison Service (PALS) officer in the ED at Southport seemed to have reduced the number of formal complaints received as issues were dealt with in real time. This had been a winter escalation plan scheme and the funding had now ended.</p> <p>7.1.10. AM commented that successes like this needed to be replicated across MWL. RF and GB acknowledged that there was currently a unique opportunity to benchmark internally and take the best from both legacy organisations.</p>
7.2.	Operational Indicators
	<p>7.2.1. LN presented the operational indicators and noted that the metrics had been discussed in detail at the Finance and Performance (F&P) Committee. LN highlighted the following:</p> <p>7.2.1.1. Urgent Care performance remained pressured, but this was in line with the challenges being experienced across the country. ED 4-hour performance for February 2024 was 72.1% against the national target of 76%, compared to 70.9% nationally and 68.6% across C&M.</p> <p>7.2.1.2. Bed occupancy in February 2024 was 107.8% which equated to 149 additional patients waiting for beds. It was noted that the No Criteria to Reside (NCR) (patients who no longer met the Criteria to Reside in an acute setting) had increased from 26.7% in January 2024 to 31.1% in February 2024 and LN advised that a Super Multi Agency Discharge Event (MADE) was currently taking place which involved support from system partners across the C&M ICB. Members from the ICB as well as systems partners had been on site and there was a significant impact of this concerted effort to increase discharges.</p> <p>7.2.1.3. AM reflected on the NCR of 31.1% as well as the high bed occupancy and how these metrics were reported by the ICB. These pressures were reflected across C&M which was one of the most pressured ICBs for urgent and emergency care. This made the system inefficient for patient flow and led to a poor experience for both patients and the staff working in ED and the medical wards.</p>

	<p>7.2.2. LN noted that a detailed Urgent Care update had been presented at the F&P committee which had provided assurance on the work being undertaken both internally and with system partners to improve performance.</p> <p>7.2.3. The Trust continued to perform well against the 18-week Referral to Treatment (RTT) target despite continued demand pressures and the further junior doctors' industrial action in February 2024. LN reported that the Trust remained on track for zero 78-week waiters by the end of March 2024 and an internal target of eliminate 65-week waiters by 31 August 2024 had been set. All patients on the waiting list continued to be reviewed and assessed for clinical risk as well as length of time on the list.</p> <p>7.2.4. There had been an improvement in the overall diagnostics six-week performance from 66.4% in September 2023 to 87.1% in February 2024 and this compared favourably to C&M (88%) and nationally (73.8%). Two areas; endoscopy and DEXA scans, continued to have longer waits. LN advised that an external company was providing additional capacity for DEXA scans and the backlog should be cleared by May 2024. There had been a reduction in waiting lists for Endoscopy from 2,000 patients in December to 1,100 patients currently, with plans to continue this trend. There were now no patients waiting over 26 weeks, 81 patients waiting over 13 weeks, a reduction from 316 patients, and over six-week waits had reduced from 1,023 patients to 103 patients.</p> <p>7.2.5. LN noted that there had been a deterioration in the 62-day Cancer standard from 78.4% to 74.2% in January against a target of 85.0%. Nationally performance was 62.3%. The cancer access target performance improvement action plans were being reviewed at Executive Committee before being presented at F&P Committee.</p>
7.3.	Workforce Indicators
	<p>7.3.1. AMS presented the Workforce Indicators and noted that the indicators had also been affected by the continued operational pressures. AMS highlighted the following:</p> <p>7.3.1.1. The MWL appraisal compliance rate was 83.2% against a target of 85% (0.5% decrease on the previous month). Compliance on the legacy S&O sites declined in month (from 77.3% to 75.6%) and these sites were transitioning to the new MWL appraisal paperwork and appraisal window which would make the appraisal process easier.</p> <p>7.3.1.2. The core mandatory training compliance was 86.6% against a target of 85%. AMS noted that a review of the essential and compulsory training was being undertaken to harmonise and if possible, streamline these training requirements. It was noted that training compliance was an area of focus for the Executive and Quality Committees.</p> <p>7.3.1.3. In month sickness remained above target at 6.3% (a reduction of 0.1%) against the target of 5%, however, this was higher compared to the same time the previous year. There had been a reduction in Health Care Assistants (HCA) and qualified nurses sickness absence but an increase</p>

	for administrative and clerical staff and health care scientists. Sickness absence had reduced in the Medical Division but increased in Surgery in February.
7.4.	Financial Indicators
	<p>7.4.1. GL presented the Financial Indicators and highlighted the following:</p> <p>7.4.1.1. The MWL financial plan for 2023/24 was to achieve a surplus of £7.6m which included the delivery of a £31.8m Cost Improvement Plan including £7.0m of non-current Cost Improvement Programme (CIP), as well as the delivery of the 2023/24 activity plan.</p> <p>7.4.1.2. At month 11 the Trust had reported a surplus of £5.5m which was a £1.0m deterioration from plan. The variance was due to the costs of the most recent period of industrial action (£0.8m) and a reduction in income of £0.6m as a result of activity deferred during the industrial action.</p> <p>7.4.1.3. There were further ongoing pressures which were currently being mitigated internally and included £7.6m non pay inflation above plan and a £3.8m YTD pay award pressure. GL noted that no further funding would be provided by NHSE, and the system will need to close the gap to deliver against the plan, but the Trust was still forecasting to deliver a surplus for 2023/24.</p> <p>7.4.1.4. The cash balance at the end of month 11 was £2.7m, with a forecast of £2.5m at the end of the financial year. It was noted that the Trust has received cash in line with the transaction support agreed with NHS England and C&M ICB.</p> <p>Capital expenditure for the year to date totalled £25.2m and GL advised, that because of the audit changes in 2022/23 capital expenditure of circa £60m would be achieved for the 2023/24 financial year. GL noted that there would still be an element of assets under construction that would be identified in the accounts which would be of a non-material value and there were systems and controls in place to ensure Value for Money (VFM).</p> <p>RESOLVED: The Board noted the Integrated Performance Report.</p>
Committee Assurance Reports	
8.	MWL TB24/021 Committee Assurance Reports
8.1.	Executive Committee
	<p>8.1.1. AM presented the Executive Committee Assurance report covering the meetings held in February 2024. AM advised that the following investment decisions had been made during the month:</p> <p>8.1.1.1. Six-month extension of the funding to maintain six non-invasive ventilation (NIV) beds in the respiratory support unit.</p> <p>8.1.1.2. Funding for year two of the advanced practitioner development strategy</p> <p>8.1.1.3. Support costs for the additional Consultant Urology posts.</p>

	<p>8.1.2. GB asked if derogations were in place to protect services in respect of the industrial action by the Biomedical Scientists (Microbiology). AMS confirmed derogations had been agreed, and services continued to operate. AMS explained that discussions with the union had been unable to reach a mutually acceptable solution, and the industrial action could continue until the current mandate expired.</p> <p>8.1.3. IC asked for further information on the Tolerated Risk Register referred to as part of the Risk Management Framework (RMF). NB advised that there were currently only S&O risks on the register as this was part of the legacy S&O RMF and noted that risks would only be accepted onto the register following approval by the Executive Committee and would then be reported to Board. Tolerated risks were agreed when all possible actions had been taken to reach the target risk score that did not completely eliminate or mitigate the risk.</p> <p>8.1.4. IC asked about the E-Meet and Greet Pilot and how this would be self-funded. CW advised that the project should be self-funding as currently a lot of administrative resources were being used to respond to patients calls for information which would be reduced by the introduction of the E-Meet and Greet.</p> <p>The remainder of the report was noted.</p>
<p>8.2.</p>	<p>Charitable Funds Committee</p>
	<p>8.2.1. GA presented the Charitable Funds Committee Assurance Report for the meeting held on 12 March 2024 and noted the positive impact of the new Head of Charity since her appointment. GA noted that the new MWL Hospital Charity incorporating the legacy Southport and Ormskirk (S&O) Hospital NHS Trust (S&O) and St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) Charities would be launched in July 2024.</p> <p>8.2.2. GA noted that the Committee had approved the single fundholder panel to spend down the STHK and S&O legacy funds.</p> <p>8.2.3. PG commented on the development of the new strategic aims for the charity which could generate significant charitable income to improve staff and patient experience.</p> <p>The remainder of the report was noted.</p>
<p>8.3.</p>	<p>Quality Committee</p>
	<p>8.3.1. RT, on behalf of, GB presented the Quality Committee Assurance report and highlighted the following:</p> <p>8.3.1.1. The Committee received an overview of the incidents relating to medication errors on the neonatal units between 01 April 2023 to 29 February 2024. It had been noted that the incidents were all categorised as low harm, near misses or no harm, except one case which although low harm had met the</p>

	<p>criteria to be StEIS reportable. The committee had been assured by the actions being taken and had asked for audit evidence of their efficacy to be reported back at a future meeting. SR commented that several of the cases in the neonatal unit related to the administration of glucose either at the wrong rate or dosage and continuous monitoring allowed the early identification of any trends so that action could be taken. AM observed that the ratio of incidents on each site appeared to be proportionate to the number of cots but agreed that the Quality Committee should receive assurance that the planned actions were having the intended impact.</p> <p>8.3.1.2. The Committee had noted from the Patient Experience Council assurance report, that an additional Band 7 Admiral Nurse was being recruited to supplement the current dementia team capacity.</p> <p>8.3.1.3. The Committee had received the Quality Ward Rounds (QWR) 2023/24 annual report for legacy STHK sites, and welcomed the plans being developed by the Executive for an integrated MWL approach.</p> <p>8.3.2. The Committee had queried an item in the Clinical Effectiveness Council (CEC) report about the Aseptic Dispensing Unit licence, however PW had provided assurance that this would not impact on the Trust's ability to make or administer aseptic medication for internal use or to supply medication to Warrington and Halton Teaching Hospitals NHS Foundation Trust. PW advised that vacant posts in the service had now been recruited. RC also advised that the newly appointed Chief Pharmacist was reviewing the capacity at Ormskirk Hospital, including the ability to transport aseptic medication to the other hospital sites, to determine whether the service could be relocated there to make better use of the asset. NB noted that there were also options being developed for transport and logistics between the MWL sites.</p> <p>8.3.3. The Committee had received a detailed report following a deep dive into patient falls which highlighted the key themes from falls resulting in moderate or above harm. The lessons learnt and recommendations were noted. Although the rate of falls per 1000 bed days had reduced the committee was not fully assured that all opportunities to prevent and avoid falls were being taken and had asked for further work to be undertaken by the executive and reported back to a future meeting.</p> <p>The remainder of the report was noted.</p>
<p>8.4.</p>	<p>Strategic People Committee</p>
	<p>8.4.1. LK presented the Strategic People Committee Assurance report and highlighted the following:</p> <p>8.4.1.1. The Committee had received the report on Clinical Coding Staffing which detailed the issues and actions being taken to deal with the current challenges in recruitment and retention of clinical coders. It had been noted that this was a medium-term plan and regular updates on progress would be presented at future meetings.</p>

	<p>8.4.1.2. The Committee had received the annual update on the Health, Work and Well Being Operational Plan and noted the progress being made. The Committee had requested a further report about sickness absence and wellbeing services for the Lead Employer workforce.</p> <p>8.4.2. RT asked about access to Health and Wellbeing (HWB) and if the Trust was keeping up with the increased demand for this service. LK noted that there had been a deep dive into the issue of appointments where people ‘did not attend’ (DNAs) and the main category appeared to be non-attendance for vaccinations and immunisations. AMS commented that the HWB team had identified reducing DNA rates as an area for further work.</p> <p>The remainder of the report was noted.</p>
<p>8.5.</p>	<p>Finance and Performance Committee</p>
	<p>8.5.1. SC presented the Committee Assurance report and noted that many of the key finance and performance metrics had already been reported. Other points to highlight from the meeting were:</p> <p>8.5.1.1. The Committee had reviewed the finance report and noted the Trust’s current financial position and was assured by the work ongoing work to deliver the 2023/24 plan.</p> <p>8.5.1.2. The Trust had delivered the 2023/24 CIP targets which included £28m of recurrent CIP.</p> <p>8.5.1.3. The Committee noted the short timescales for the 2024/25 Planning and Budget setting process as well as the financial pressures faced by the Trust, the local system and wider NHS.</p> <p>8.5.1.4. The Committee had received assurance reports from the CIP Council, Capital Planning Council, Estates and Facilities Management Council and IM&T Council. There had been no issues escalated.</p> <p>8.5.2. SC noted that the Committee had reviewed the draft financial and activity plan and discussed the potential mitigations and risks within the position. Although a challenged financial position, the Committee had recognised the detail and recommended to Board that it is accepted as the draft position pending publication of the national planning guidance and further contract negotiations.</p> <p>8.5.3. SC alerted the meeting to the potential impact system financial pressures might have on the organisation.</p> <p>The remainder of the report was noted.</p> <p>RESOLVED: The Board noted the Committee Assurance Reports</p>

Other Board Reports

9.	MWL TB24/022 Nurse Staffing Establishment Review
	<p>9.1. SR presented the first MWL Nurse Staffing Establishment Review which had been omitted in error from the original board pack circulated to members and was tabled at the meeting. The purpose was to provide assurance that processes were in place to regularly review the nurse staffing establishment as recommended by the national safety board, and if necessary to adjust the establishment to maintain safe levels of staffing to meet the needs of patients. SR advised that the first MWL wide establishment review was undertaken in February 2024 and would be repeated bi-annually in line with regulatory requirements.</p> <p>9.2. SR noted the following:</p> <p>9.2.1. Both legacy trusts had undertaken separate nurse establishment reviews in 2022/23.</p> <p>9.2.2. There had been a major investment in Nursing in 2019 at S&O with a growth in establishment of 113 WTE posts (54.53 WTE registered nurses and 59.28 WTE Healthcare Assistants (HCA)).</p> <p>9.2.3. There had been some anomalies identified between the S&O sites funded establishment and on e-roster and the ledger and these were being addressed as part of 2024/25 budget setting.</p> <p>9.2.4. The Safer Nursing Care Tool (SNCT) for adult inpatient wards, emergency care and children's and young people was used based on staffing data from December 2023.</p> <p>9.2.5. A series of multidisciplinary review meetings were held during February 2024 with the Director of Nursing, Deputy Director of Nursing, Head of Nursing, Matrons, Ward Managers and representation from HR, Finance, and the e-roster team to review the data from the SNCT, to apply professional judgement and to review and scrutinise requests for additional established posts.</p> <p>9.3. The review had identified differences in the way the nurse establishments had been historically calculated at the two legacy organisations:</p> <p>9.3.1. Care Hours per patient per day (CHPPD) calculations, because of different working arrangements.</p> <p>9.3.2. Approach to supplementary care.</p> <p>9.3.3. Head room allowances and assumptions.</p> <p>9.3.4. Ward Manager supervisory time.</p> <p>9.3.5. 12-hour shift break allocations</p> <p>9.3.6. Arrangements for patient feeding and housekeeping.</p> <p>9.3.7. Ward layout /bed numbers</p> <p>9.4. SR highlighted the recommendations of the establishment review:</p> <p>9.4.1. An additional HCA on the night shift for wards 1a, 1d, 2b, 2c, 3c, 3d at Whiston Hospital as well as an additional Registered Nurse (RN) on the late shift for wards 5a and 5b. These wards had the highest acuity patients as well as some of the greatest challenges with falls.</p> <p>9.4.2. A further review of the need for permanent staffing for the increased number of patients requiring Non-invasive ventilation (NIV) on ward 14b at Southport</p>

	<p>Hospital was required and a business case would be submitted to align this ward to the Respiratory and NIV service at Whiston.</p> <p>9.4.3. A review of the skill mix across ward 11a at Southport Hospital was required, however, this was dependant on its future use and the number of core beds maintained. The ward was currently being used as an escalation ward but had been established as a low acuity ward with nurse led discharge.</p> <p>9.4.4. Ward 1 at Southport Hospital also needed a permanent establishment agreed if these beds were to remain open.</p> <p>RESOLVED: The Board approved the MWL Nurse Staffing Establishment Review</p>
<p>10.</p>	<p>MWL TB240/23 2024/25 Budget and Operational Plan</p>
	<p>10.1. GL presented the proposed opening budget and operational plan for the 2024/25 and noted that, as the formal planning guidance for the 2024/25 year had not been received, the draft plan contained the same assumptions included in the report to the Strategy Board the previous month.</p> <p>10.2. GL summarised the key performance and activity targets:</p> <p><u>Urgent and Emergency Care performance</u></p> <p>10.2.1. To improve on 2023/24 performance, with a minimum of 77% of patients seen within four hours in March 2025.</p> <p>10.2.2. Category 2 ambulance response times to average no more than 30 minutes across 2024/25.</p> <p>10.2.3. To maintain the peak bed capacity agreed through operating plans in 2023/24.</p> <p><u>Elective Care:</u></p> <p>10.2.4. That the Elective Recovery Fund (ERF) target would remain in place and MWL to deliver 108% of 2019/20 activity.</p> <p>10.2.5. To eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients chose to wait longer or in specific specialties).</p> <p><u>Cancer:</u></p> <p>10.2.6. To improve performance against the 62-day standard to 70% by March 2025.</p> <p>10.2.7. To improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025</p> <p>10.3. In respect of Workforce GL highlighted the following:</p> <p>10.3.1. There was a national expectation that there would be no growth in Whole Time Equivalent (WTE) included in plans.</p> <p>10.3.2. There would be a focus on the triangulation of workforce, finance and activity data and a diagnostic tool to support this analysis would be produced and would be mandatory for all organisations to complete in C&M for submission alongside the final plan submissions in March.</p>

	<p>10.3.3. The MWL draft plan did include growth assumptions as a result of the two additional theatres that would be commissioned during the financial year and commercial development opportunities e.g., for payroll and lead employer. AM asked how the ICB had responded to these assumptions and GL responded that the trust had been asked to provide explanations of the reasons for the planned growth.</p> <p>10.4. Additionally, GL noted that:</p> <p>10.4.1. All ICBs nationally were required to deliver a break-even financial position for 2024/25, which included the repayment of any 2022/23 overspends.</p> <p>10.4.2. The contracting process was running alongside the planning process.</p> <p>10.4.3. The national guidance of 2.2% for the CIP target had been assumed, however, the expectation within the system was that a significantly higher CIP target would be needed to reduce the gap.</p> <p>10.5. GL reminded the Board that the draft 2024/25 Plan presented in February 2024 had reflected an underlying deficit of £63.3m. The updated plan included an increased income target based on the additional working days in 2024/25. Additional funding had been received from the ICB to support the Clinical Negligence Scheme for Trusts (CNST) (£1.2m) and elective pressures (£3m). GL noted that a CIP of 3.8% had now been modelled.</p> <p>10.6. GL advised the Board there was an additional technical amendment due to a change in the accounting treatment for the Public Finance Initiative (PFI) and noted that even though the capital being paid to the suppliers remained unchanged, the way this was treated in the accounts had created a £7m pressure. This had been escalated nationally as the change had created a £100m pressure and a group has been created to determine how this would be dealt with going forward. Previously when the accounting rules had changed these issues would be normalised and would not count towards the trust financial position, however, guidance around this change was outstanding.</p> <p>10.7. GL therefore reported that the draft plan was for a deficit of £48.5m including the £7m technical adjustment.</p> <p>10.8. The key risks to delivering this plan were:</p> <p>10.8.1. £12m Transaction support was included.</p> <p>10.8.2. Significant cash borrowing of circa £60m would be required to support the revenue deficit as well as year 2 of the backlog maintenance programme at the Southport and Ormskirk sites.</p> <p>10.8.3. An assumption that elective activity would be paid on a Payment by Results (PbR) basis. GL noted that the Trust could exceed its ERF target as a result of the two additional theatres and increased productivity across all sites, which if paid for could generate additional income.</p> <p>10.8.4. Income allocations for block contracts remained at 2019/20 levels and this was significantly understated the urgent and emergency care activity that had been delivered at the legacy STHK sites.</p>
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	<p>10.8.5. If the technical adjustment was not addressed nationally there would be a further £7m pressure.</p> <p>10.8.6. Capital plans can only represent 50% of internally generated depreciation.</p> <p>10.8.7. The draft plan would put the Trust into a cumulative deficit position which is a breach of the breakeven duty.</p> <p>10.8.8. The System was submitting a deficit of circa £280m.</p> <p>10.9. IC reflected on the three-year breakeven duty and that as a Board, there should be a plan in place to achieve this. IC noted that, as per the report, any significant and material mitigations that would improve the financial position required approval from the ICB, and there was a concern that the Trust would not receive this support. IC was also concerned about how the trust performance would be measured and judged. GL responded that one of the NHSE’s measurements was implied efficiency which looked at the increase in costs since 2019/20 against performance and noted that the Trust scored the joint highest for a district general hospital (DGH), however, the headline measures being reported were skewed as the Trust was a supplier of commercial services , for example CMAST, Lead Employer, and increased costs of these had not been taken into account.</p> <p>10.10.SC asked whether any guidance had been received on planning to return to breakeven and GL confirmed that the planning guidance had not yet been published.</p> <p>10.11.AM asked how the Trust compared to other trusts in the region. GL responded that all the acute trusts were reporting a deficit plan, and he was lobbying for UEC activity to be re-based to reflect the changes in demand since 2019/20 but as things stood the plan presented reflected the realistic position.</p> <p>RESOLVED: The Board approved the 2024/25 opening budget and operational plan, subject to changes resulting from the national planning guidance</p>
<p>11.</p>	<p>MWL TB24/024 CQC Registration</p>
	<p>11.1. SR presented the CQC Registration report which provided a summary of the policies, processes, and practices across the Trust to demonstrate on-going compliance with the fundamental standards required by the CQC.</p> <p>11.2. The Trust is required to maintain its registration with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).</p> <p>11.3. SR updated the Board on the recent unannounced CQC inspections and noted that the final reports had not yet been received:</p>

	<p>11.3.1. Medicine and the Spinal Unit on the Southport Hospital site were inspected on 24 January 2024 with a focus on the decision making for the use of naso-gastric tubes and patients detained under the Mental Health Act.</p> <p>11.3.2. Urgent and emergency care were inspected on the Southport Hospital site on 04 March 2024.</p> <p>11.3.3. Urgent and emergency care were inspected on the Whiston Hospital site on 25 March 2024</p> <p>11.3.4. The maternity units at Ormskirk Hospital and Whiston Hospital were inspected on 07 and 08 December 2023 as part of the national review of all maternity services.</p> <p>11.4. No enforcement actions had been taken during 2023/24.</p> <p>11.5. The CQC charged all providers an annual registration fee to cover its regulatory activities based on a percentage of the patient care income from the most recent annual accounts. The MWL fee for 2024/25 had not yet been notified to the Trust.</p> <p>RESOLVED: The Board approved the CQC Registration compliance.</p>
<p>12.</p>	<p>MWL TB24/025 Elimination of Mixed Sex Accommodation Annual Declaration</p>
	<p>12.1. SR presented the report and noted that the Trust was required to make an annual declaration confirming compliance with the guidance in relation to elimination of mixed sex accommodation and the provision of appropriate single-sex facilities. The annual declaration would be published on the Trust website.</p> <p>12.2. SR advised that there had been no breaches declared in 2023/24 for the legacy STHK sites. There had been 57 breaches declared at Southport Hospital and these were as a result of the delays in the step down of patients from the intensive care unit who met the clinical criteria to be transferred to a ward .</p> <p>12.3. It was noted that the Trust continued to implement the Provision of the Same Sex Accommodation Policy to prevent breaches. SR noted that the Trust had not received any complaints regarding mixed sex accommodation during 2023/24.</p> <p>RESOLVED: The Board approved the Elimination of Mixed Sex Accommodation Annual Declaration</p>
<p>13.</p>	<p>MWL TB24/026 2023 Staff Survey Report and Action Plan</p>

<p>13.1. AMS presented the 2023 Staff Survey Report and Action Plan which provided an overview of the results of the first MWL Staff Survey as well as the key outcomes and supporting actions that the Trust would be focusing on during 2024. AMS advised that the survey took place during October and November 2023 which was only four months after the transaction was completed. There had been a response rate of 38% with 3,924 completed questionnaires received from staff. The Trust was categorised in the Acute and Acute and Community trust group which consists of 122 organisations. The median response rate for the group was 45%.</p> <p>13.2. AMS highlighted the following key points from the report:</p> <p>13.2.1. There had been several changes to the survey for 2023.</p> <p>13.2.2. The data was reported against the People Promise elements that were introduced in 2021, with additional themes for staff engagement and morale.</p> <p>13.2.3. There had been a national issue with the 'We are safe and healthy' theme, and the results for these themes were going to be reported at a later date.</p> <p>13.3. The Trust's results were compared to other trusts at regional and ICB level and this information was used to draft a MWL action plan. Scores had also been broken down by the two legacy trusts to provide an additional layer of granularity. The results positioned MWL in the top half of the table for C&M which was a good outcome for the first survey post transaction.</p> <p>13.4. AMS highlighted the sub theme scores where MWL scored better compared to the North West and C&M:</p> <p>13.4.1. We are compassionate and inclusive</p> <p>13.4.2. We each have a voice that counts</p> <p>13.4.3. Staff engagement</p> <p>13.4.4. Morale</p> <p>13.5. AMS outlined how the data had been analysed and broken down to highlight areas that required additional focus as well as to identify themes across the Trust.</p> <p>13.6. AMS noted that the Trust had scored above the national average for all themes apart from '<i>we work flexibly</i>'. Additionally, 15 of the 20 elements for the sub themes were also above the national average and there had been an improvement across 19 of the elements with only '<i>we work flexibly</i>' showing a decrease compared to 2022.</p> <p>13.7. Legacy S&O had shown an improvement across all 20 elements, whilst legacy STHK had improved in 12 of the sub themes, decreased in six elements and two remained unchanged, but from a significantly higher baseline position.</p> <p>13.8. The following areas of concern were highlighted:</p>

- 13.8.1. Flexible working - although there was an increase in those suggesting that there were opportunities for flexible working compared to 2022 this remained below the sector average and would continue to be an area of focus.
- 13.8.2. Support for work-life balance – the MWL aggregated performance saw an increase in staff reporting that they felt that the organisation was committed to helping them achieve a positive balance between work and home life. It was noted that the MWL scores were lower than the national average and responses to staff feeling that they could approach their manager to discuss flexible working was low compared to regional peers.
- 13.9. The results had also been analysed to identify services that consistently had low scores across a range of themes and questions where specific attention was required.
- The Organisational Development team would be working with service leads to develop a targeted intervention plan for each area triangulating with other workforce and performance data.
- 13.10. AMS provided an overview of how the results and action plans would be shared with staff, so it was clear the results were taken seriously and action was taken in response to staff feedback.
- 13.11.. The Valuing People Council will monitor delivery of the staff survey action plan with regular updates to the Strategic People and Executive Committees. AMS noted that AM had requested a deep dive into the questions about whether staff were confident to speak up and raise concerns and this would be reviewed at the Executive Committee.
- 13.12. AM reflected that the legacy STHK scores had dipped following the COVID-19 pandemic but bounced back once the usual staff engagement activity could be restored which illustrated the importance of visible leadership.
- 13.13. AM commented that the results for Maternity services remained an area of concern and previous interventions did not appear to have made a difference. RT commented that the feedback during the QWR was positive and suggested a 'you said, and we did' exercise. AMS responded that this was something that would be included in the pack that would be circulated to all departments. NB asked whether it was possible to know if there were any national trends about certain staff groups to provide a benchmark. AMS advised that there was a national user group for the staff survey, and she would ask the Trust's delegate to raise this at the next meeting.
- 13.14. RF thanked AMS for an excellent report and noted the detailed analysis and plans to use the information to make improvements.

RESOLVED:

The Board noted the 2023 Staff Survey Report and approved the Action Plan

14.	MWL TB24/027 Trust Objectives 2024/25
	<p>14.1. AM presented the proposed Trust Objectives for 2024/25 and noted that this was the first year that the Board would be setting objectives for MWL.</p> <p>14.2. AM noted that some of the objectives were aligned to the Quality Account improvement priorities which had been subject to consultation with staff, partners, and stakeholders. The objectives had been arranged around the 5 Star Patient Care criteria.</p> <p>14.3. AM highlighted several of the new areas of focus:</p> <p>14.3.1. <u>Objective 1 Care</u></p> <p>14.3.2. 1.3 Launch and deliver the Trust wide <i>Nursing Pride</i> quality programme to support delivery of consistently high-quality compassionate care</p> <p>14.3.3. <u>Objective 2 Safety</u></p> <p>14.3.4. 2.1 Continue to ensure the timely and effective assessment and care of patients in the Emergency Department</p> <p>14.3.5. <u>Objective 3 Pathways</u></p> <p>14.3.6. 3.1 Continue to improve the effectiveness of the discharge process for patients and carers</p> <p>14.3.7. 3.2 Cancer waiting time reductions</p> <p>14.3.8. 3.3 Implement unified clinical pathways across MWL, aligned to best practice guidance for Same Day Emergency Care (SDEC), Fractured neck of femur and Day Case Surgery</p> <p>14.3.9. <u>Objective 4 Communication</u></p> <p>14.3.10. 4.1 Implement a new speech recognition system to improve the turnaround times for clinic letters.</p> <p>14.3.11. <u>Objective 4 Systems</u></p> <p>14.3.12. To progress the convergence and unification of clinical digital systems to ensure collaborative working across MWL.</p> <p>14.3.13. To complete the implementation of technology to support and improve patient engagement and experience.</p> <p>14.4. AM reflected that given the earlier discussions a specific objective to continue to reduce falls should be added.</p> <p>14.5. HS supported the objectives but queried there should be a reference to the trusts involvement in research and innovation. PW agreed with this, and it was agreed that objective 6.6 would be expanded.</p> <p>14.6. IC felt that the Trust should continue to fully achieve the cancer access standards irrespective of the national guidance. RC agreed and proposed a revision to 85%.</p> <p>14.7. IC reflected the increased number of objectives where the governance was aligned to the Finance and Performance Committee. NB commented that this reflected the new MWL councils that had been created for IT and estates that now reported to this committee. AM noted that each objective had a lead Executive who would be accountable for delivery.</p>

	<p>14.8. RF felt that there was a good range of suitably challenging objectives being proposed that would support the journey to deliver Five Star Patient Care.</p> <p>RESOLVED: The Board approved the Trust Objectives 2024/25</p>
Concluding Business	
15.	Effectiveness of Meeting
	15.1. The members reflected on the effectiveness of the meeting.
16.	Any Other Business
	<p>16.1. GB advised that she had attended a Chairs and CEO meeting in London recently and had been approached by the Deputy Chair of the Buckinghamshire Healthcare NHS Trust who advised that he would be writing to AM regarding the outstanding care that a family member had received whilst in Southport Hospital.</p> <p>16.2. RF advised that it was CW's last Board meeting before retirement and thanked her for all her hard work and added that the track record of the IT Department spoke for itself and that this was down to CW's leadership.</p> <p>16.3. The being no other business, the Chair thanked all for attending and brought the meeting to a close at 13:43</p> <p>The next Board meeting would be held on Wednesday 24 April 2024 at 09.30</p>

Meeting Attendance 2023/24												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Richard Fraser (Chair)				✓		✓	✓	✓		✓	✓	✓
Ann Marr				✓		✓	✓	✓		✓	✓	✓
Anne-Marie Stretch				✓		✓	✓	✓		✓	✓	✓
Geoffrey Appleton				✓		✓	✓	✓		✓	✓	✓
Gill Brown				✓		✓	✓	✓		✓	✓	✓
Nicola Bunce				✓		✓	✓	✓		✓	✓	✓
Ian Clayton				✓		✓	✓	✓		✓	✓	✓
Steve Connor											✓	✓
Rob Cooper				✓		✓	A	✓		✓	✓	✓
Paul Growney				A		✓	✓	✓		A	✓	✓
Lisa Knight				✓		✓	✓	✓		A	✓	✓
Jeff Kozar				✓		✓	✓	✓				
Gareth Lawrence				✓		✓	✓	✓		✓	A	✓
Lesley Neary				✓		✓	✓	✓		A	✓	✓
Sue Redfern				✓		A	✓	✓		✓	A	✓
Rani Thind				✓		✓	✓	✓		✓	✓	✓
Christine Walters				✓		✓	✓	✓		✓	✓	✓
Peter Williams				✓		✓	✓	✓		✓	✓	✓
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Angela Ball				✓		A	✓	✓		✓	-	✓
Richard Weeks				✓		✓	✓	A		✓	✓	✓

✓ = In attendance A = Apologies

Trust Board (Public)
Matters Arising Action Log
Action Log updated 19 April 2024

Status	
Yellow	On Agenda for this Meeting
Red	Overdue
Green	Not yet due
Blue	Completed

Agenda Ref	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion <i>(for overdue actions)</i>	Status
6	25/10/2023	MWL TB23/043 Integrated Performance Report 6.2 Operational Indicators	Executive Committee would to review the cancer two-week referral target performance and potential improvements. <u>Update (April 2024)</u> The action plans were reviewed at Executive Committee on 11 April and will be presented at the Finance & Performance Committee on 18 April.	LN	Mar-24	Apr-24	Closed
9	31/01/2024	MWL TB24/008 Corporate Risk Register	CW to review if there should be a separate CRR cyber security risk <u>Update (April 2024)</u> MG to provide verbal feedback at meeting.	CW MG	Apr-24		
12	31/01/2024	MWL TB24/010 Learning from Deaths Quarterly Report 12.1 STHK sites	The Board requested a summary of the themes, learning and actions plans from the Quarterly Learning from Deaths Report be brought together in to an annual report each year. PW agreed to do this for July and NB to update the Board workplan to include this. <u>Update (April 2024)</u> Board workplan updated	PW	Jul-24		

6	28/02/2024	MWL TB24/024 Integrated Performance Report 6.1 Quality Indicators	A thematic review of all falls with moderate or higher levels of harm should be completed with a focus on risk factors and presented at the Quality Committee <u>Update (April 2024)</u> Report was presented to the Executive Committee and Quality Committee in March 2024 and Quality Committee requested further analysis.	SR LN	Apr-24		Closed
6	28/02/2024	MWL TB24/024 Integrated Performance Report 6.1 Quality Indicators	Review of the reasons for the reduction in FFT scores and actions being taken to address this.	SR LN	May-24		

Completed Actions

Agenda Ref	Meeting Date	Agenda Item	Agreed Action	Lead	Deadline	Outcome	Status
4	28/02/2024	MWL TB24/012 Minutes of the previous meeting	GB noted that a response to her question regarding the importance of compliance with training for Nasogastric Tubes (NG) insertion was not included in the minutes (item 12.3) and requested that this be added. Following a review of the notes SR was asked to provide a written response.	SR	Mar-24	27/03/2024 - SR provided a verbal update and advised that the training for NG Tube Compliance for Nursing Bands 6 and 7 was 68% and for Allied Health Professionals (AHP) was 92% at the end of February 2024.	Closed

Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/030		
Report Title	Integrated Performance Report		
Executive Lead	Gareth Lawrence, Director of Finance and Information		
Presenting Officer	Gareth Lawrence, Director of Finance and Information		
Action Required		To Approve	X To Note
Purpose			
<p>The Integrated Performance Report provides an overview of performance for MWL across four key areas:</p> <ol style="list-style-type: none"> 1) Quality 2) Operations 3) Workforce 4) Finance 			
Executive Summary			
Performance for MWL is summarised across 30 key metrics. Quality has 10 metrics, Operations 13 metrics, Workforce 4 metrics and Finance 3 metrics.			
Financial Implications			
The forecast for 2023/24 financial outturn will have implications for the finances of the Trust.			
Quality and/or Equality Impact			
The 10 metrics for Quality provide an overview for summary across MWL.			
Recommendations			
The Trust Board is asked to note performance for assurance.			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care – Safety		
X	SO3 5 Star Patient Care – Pathways		
X	SO4 5 Star Patient Care – Communication		
X	SO5 5 Star Patient Care – Systems		
X	SO6 Developing Organisation Culture and Supporting our Workforce		
X	SO7 Operational Performance		
X	SO8 Financial Performance, Efficiency and Productivity		
X	SO9 Strategic Plans		

Board Summary

Overview

Mersey and West Lancashire Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.

The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.

The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	84.1	100	93.0	Best 30%
FFT - Inpatients % Recommended	Mar-24	93.8%	90.0%	94.5%	Worst 50%
Nurse Fill Rates	Feb-24	95.5%	90.0%	97.1%	
C.difficile	Mar-24	12	85	114	
E.coli	Mar-24	22	121	171	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-23	0.13	0.00	0.10	
Falls ≥ moderate harm per 1000 bed days	Feb-24	0.08	0.00	0.19	
Stillbirths (intrapartum)	Mar-24	0	0	0	
Neonatal Deaths	Mar-24	1	0	7	
Never Events	Mar-24	0	0	1	
Complaints Responded In 60 Days	Mar-24	47.1%	80.0%	48.8%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-24	73.5%	75.0%	69.5%	Worst 40%
Cancer 62 Days	Feb-24	74.7%	85.0%	78.1%	Best 10%
% Ambulance Handovers within 30 minutes	Mar-24	49.1%	95.0%	58.8%	
A&E Standard (Mapped)	Mar-24	77.6%	76.0%	75.0%	Best 20%
Average NEL LoS (excl Well Babies)	Mar-24	4.5	4.0	4.2	Best 30%
% of Patients With No Criteria to Reside	Mar-24	19.1%	10.0%	18.5%	
Discharges Before Noon	Mar-24	18.9%	20.0%	18.1%	
G&A Bed Occupancy	Mar-24	98.0%	92.0%	91.0%	Worst 40%
Patients Whose Operation Was Cancelled	Mar-24	1.0%	0.8%	1.0%	
RTT % less than 18 weeks	Mar-24	60.8%	92.0%	60.8%	Best 30%
RTT 65+	Mar-24	435	0	435	Worst 50%
% of E-discharge Summaries Sent Within 24 Hours	Mar-24	85.6%	90.0%	82.1%	
OP Letters to GP Within 7 Days	Feb-24	49.0%	90.0%	45.2%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-24	82.0%	85.0%	82.0%	
Mandatory Training	Mar-24	86.7%	85.0%	86.7%	
Sickness: All Staff Sickness Rate	Mar-24	5.7%	5.0%	6.0%	
Staffing: Turnover rate	Mar-24	1.1%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-24		33,732	25,200	
Cash Balances - Days to Cover Operating Expenses	Mar-24	12.8	10		
Reported Surplus/Deficit (000's)	Mar-24		7,589	7,598	

Board Summary - Quality

Quality

Never Events - There were no never events in March and 1 YTD (reported in Dec).

Pressure Ulcers - The latest validated month is December 2023. There were 5 category 2 or above pressure ulcers with lapse in care in December (all category 2's). Learning reviews have been completed and improvement actions in place.

Patient Falls - There were 3 falls resulting in moderate or above harm in February. 2 moderate (1 S&O, 1 StHK), 1 severe (StHK). This is a reduction on previous months. All falls with harm have been reviewed and Trust-wide falls actions are in place.

MRSA - A zero-tolerance approach is in place to support no avoidable MRSA bacteraemia. An MRSA MWL improvement plan has been developed following lessons learnt. Improvements going forward will see the development of a single Trust system of effective audits processes and continued collaborative working across sites.

C.Diff - All cases have been reviewed by the IPC Team and IPLR's are requested of the clinical team. Initial IPCT review indicates lapses in SIGHT, in the timely testing and isolation of patients with diarrhoea. The antimicrobial pharmacist is now in post at S&O.

E coli - Improving hydration is a Trust priority and dehydration predisposes patients to UTI and E coli bacteraemia. An E-coli MWL improvement plan has been developed which encompasses urinary catheter care, maintenance and CAUTI point prevalence audits, which are complete, link with MWL hydration project, back to basics and attendance at North Mersey IPC and AMR Meeting (previously GNBSI Meeting). Throughout the investigations the majority of cases identified urinary and hepatobiliary as sources of infection.

Neonatal Deaths - 1 neonatal death reported in March (YTD 7).

HSMR - Latest data available is up to and including Dec-23. YTD the Trust HSMR remains low at 93.0, with both sites below 100 (STHK site 91.0 and S&O 98.0). The S&O HSMR has increased from 22-23. Analysis shows that the increase in HSMR at S&O site is predominantly driven by a fall in palliative care coding and a drop in patients recorded as having septicaemia. Crude mortality remains unchanged. A deep dive is currently being undertaken by the medical and information teams to ensure that patients are coded accurately and that this is reflected in the HSMR. The Trust continues to monitor and investigate any alerting diagnosis groups. The SHMI remains within expected levels.

Complaints - There was a decrease in the number of complaints resolved within 60 days in March, with a number of actions being taken to improve performance, including recruitment of dedicated Head of Complaints, training to support staff in the investigation of complaints and ongoing focus within each division to ensure timely responses.

Friends & Family Test – FFT response rates remain fairly consistent, with ongoing work to improve rates within maternity services. The recommendation rates for 2023-24 were above target for inpatients, ED, outpatients, antenatal and birth. The recommendation rate for ED dipped slightly in March, with a number of comments received relating to waiting times, with work ongoing to update patients on the expected length of waits within the department and actions to Trust-wide to improve patient flow.

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Dec-23	84.1	100	93.0	Best 30%	
FFT - Inpatients % Recommended	Mar-24	93.8%	90.0%	94.5%	Worst 50%	
Nurse Fill Rates	Feb-24	95.5%	90.0%	97.1%		
C.difficile	Mar-24	12	85	114		
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Falls ≥ moderate harm per 1000 bed days	Feb-24	0.08	0.00	0.19		
Stillbirths (intrapartum)	Mar-24	0	0	0		
Neonatal Deaths	Mar-24	1	0	7		
Never Events	Mar-24	0	0	1		
Complaints Responded In 60 Days	Mar-24	47.1%	80.0%	48.8%		

Board Summary - Operations

Operations

Urgent Care/Bed Pressures

4-Hour performance increased in March, achieving 72.6% (all types), national performance 74.2% and providers across Cheshire & Merseyside averaging 71.9%. The Trusts mapped 4-Hour performance achieved 77.6%. The Trust continue to utilise all escalation capacity across both sites.

The Super MADE event ran across the Cheshire & Merseyside system in March 2024 supported the reduction in the number of patients who did not meet the criteria to reside, increased the number of expected discharges and reduced bed occupancy levels which resulted in improved flow and A&E performance over the bank holiday weekend.

Elective

The Trust had 2,536 52-week waiters at the end of March (177 S&O and 2,359 StHK) and no 78 week waiters. The 52-week position is an increase of 18 from February. 18 Week performance in March for MWL was 60.8%, S&O 66.4% and StHK 58.7%. National Performance (latest month February) was 57.6% and C&M regional performance was 56.2%.

The trust continues to risk stratify patients to ensure that our focus remains on those who are most clinically urgent (P2) and who have waited the longest.

Diagnostics

The Trust has seen an improvement in the overall diagnostics 6 week performance. From 66.4% in September 2024 to 87.8% in March 2024. The 3 key modalities that were under performing were endoscopy, non-obstetric ultrasound and DEXA scans. Significant improvement has been seen in endoscopy and non-obstetric ultrasound with improvements expected in DEXA scans in April and May 2024 with additional capacity coming on line.

Cancer

MWL treated more patients on a 62-day cancer pathway across Cheshire and Mersey and more patients within 62 days. The cancer teams across both legacy Trusts have been brought together with 1 PTL being run for each tumour site. Tumour site specific improvement plans have been developed to set out the key actions being taken to achieve the 28 day and 62 day standards for 2024/25. These are presented to the committee in April 2024.

Letters

Challenges continue with the production of letters following an outpatient appointment. However, urgent letters are being produced within 48 hours of appointment and routine within 14 days, which is line with internal targets. An interim solution has been approved for letter production, ahead of the roll out of the strategic voice recognition solution. There is phased rollout of the new solution through Quarter 1 24-25 starting with ED week commencing 29th April.

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Feb-24	73.5%	75.0%	69.5%	Worst 40%	
Cancer 62 Days	Feb-24	74.7%	85.0%	78.1%	Best 10%	
% Ambulance Handovers within 30 minutes	Mar-24	49.1%	95.0%	58.8%		
A&E Standard (Mapped)	Mar-24	77.6%	76.0%	75.0%	Best 20%	
Average NEL LoS (excl Well Babies)	Mar-24	4.5	4.0	4.2	Best 30%	
% of Patients With No Criteria to Reside	Mar-24	19.1%	10.0%	18.5%		
Discharges Before Noon	Mar-24	18.9%	20.0%	18.1%		
G&A Bed Occupancy	Mar-24	98.0%	92.0%	91.0%	Worst 40%	
Patients Whose Operation Was Cancelled	Mar-24	1.0%	0.8%	1.0%		
RTT % less than 18 weeks	Mar-24	60.8%	92.0%	60.8%	Best 30%	
RTT 65+	Mar-24	435	0	435	Worst 50%	
% of E-discharge Summaries Sent Within 24 Hours	Mar-24	85.6%	90.0%	82.1%		
OP Letters to GP Within 7 Days	Feb-24	49.0%	90.0%	45.2%		

Board Summary - Workforce

Workforce

Appraisals - The Trust has not achieved the appraisal target, achieving 82% against a target of 85%, a 1.2% decrease on the previous month. The lower compliance on the legacy S&O sites has declined in month (from 75.6% to 69.8%) and continues to be impacted by lengthy appraisal paperwork. S&O are in the process of transitioning to the STHK paperwork which will make the appraisal process easier.

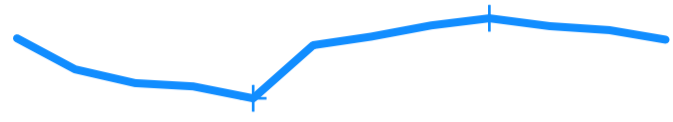
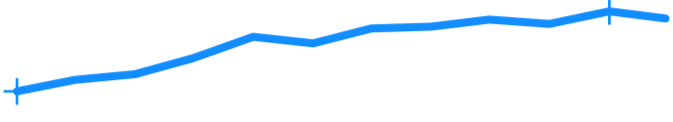
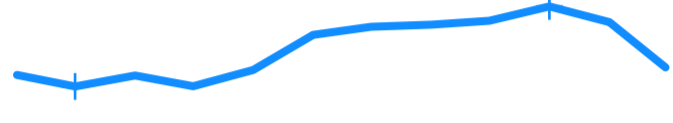
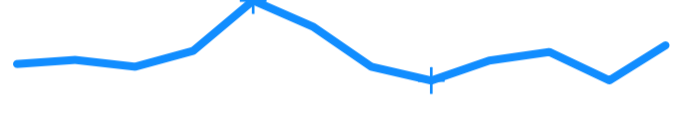
Mandatory Training - The Trust is exceeding its mandatory target at 86.7% against a target of 85%.

Sickness - - In-month sickness remains above target, at 5.7% against the 5% target. This is an 0.6% in month reduction.

The top reason for absence is Anxiety, Stress and Depression. This is consistent with the top reason for absence across the NHS. The Trust continues to focus on supporting all employees who are absent due to Anxiety/Stress/Depression by ensuring that all supportive actions have been undertaken. Further targeted work has also been undertaken as part of our overall absence management approach:

- Ensuring that welcome-back conversations (renamed from return to work), welfare meetings and trigger meetings are being undertaken
- Carrying out internal audits of areas to ensure the processes are being followed and providing support and training to line managers
- Delivering Attendance Management training sessions to new and existing managers.
- Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
- Facilitating early engagement of all employees who are absent due to musculoskeletal problems.
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- Facilitating early engagement of all employees who are absent due to musculoskeletal problems.

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Mar-24	82.0%	85.0%	82.0%		
Mandatory Training	Mar-24	86.7%	85.0%	86.7%		
Sickness: All Staff Sickness Rate	Mar-24	5.7%	5.0%	6.0%		
Staffing: Turnover rate	Mar-24	1.1%	1.1%	1.0%		

Board Summary - Finance

Finance

The final approved MWL financial plan for 23/24 (combining agreed STHK and S&O plans) gives a surplus of £7.6m, which assumes:

- Full achievement of CQUINs
- Delivery of £31.8m recurrent CIP
- Delivery of £7.0m non-recurrent CIP
- Delivery of the 23/24 activity plan, in order to achieve planned levels of income including ERF/API variable funding

The figures below are in draft only, the final accounts for the year ended 31st March 2024 are currently being compiled and a report will be shared once the accounts have been prepared and audited.




Surplus/Deficit – At Month 12, the Trust is reporting a year to date surplus of £7.6m in line with plan. This position includes pressures currently being mitigated internally, including inflation pressures.

CIP - The Trust's combined 2023/24 CIP target is £41.6m of which £7.0m is non-recurrent. This includes the S&O delivery of £2.8m recurrent CIP prior to the acquisition. The Trust has achieved this target for 2023/24.

Cash - At the end of M12, the cash balance was £24.7m. The Trust has received cash in line with the transaction support agreed with NHS England and C&M ICS and agreed PDC funded capital schemes.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £61.8m which includes the use of PDC funding (provided by Department of Health & Social Care).

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Feb-24		33,732	25,200		
Cash Balances - Days to Cover Operating Expenses	Mar-24	12.8	10			
Reported Surplus/Deficit (000's)	Mar-24		7,589	7,598		

Board Summary

Southport & Ormskirk

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	81.4	100	98.0	
FFT - Inpatients % Recommended	Mar-24	94.5%	90.0%	94.1%	
Nurse Fill Rates	Feb-24	95.4%	90.0%	96.1%	
C.difficile	Mar-24	4	39	40	
E.coli	Mar-24	8	48	59	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-23	0.07	0.00	0.06	
Falls ≥ moderate harm per 1000 bed days	Feb-24	0.07	0.00	0.11	
Stillbirths (intrapartum)	Mar-24	0	0	0	
Neonatal Deaths	Mar-24	0	0	2	
Never Events	Mar-24	0	0	0	
Complaints Responded In 60 Days	Mar-24	85.7%	80.0%	70.5%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-24	70.3%	75.0%	69.6%	
Cancer 62 Days	Feb-24	57.4%	85.0%	62.5%	
% Ambulance Handovers within 30 minutes	Mar-24	59.1%	95.0%	64.5%	
A&E Standard (Mapped)	Mar-24				
Average NEL LoS (excl Well Babies)	Mar-24	6.3	4.0	5.4	
% of Patients With No Criteria to Reside	Mar-24	20.8%	10.0%	18.1%	
Discharges Before Noon	Mar-24	19.6%	20.0%	19.5%	
G&A Bed Occupancy	Mar-24	98.1%	92.0%	82.3%	
Patients Whose Operation Was Cancelled	Mar-24	0.8%	0.8%	0.7%	
RTT % less than 18 weeks	Mar-24	66.4%	92.0%	66.4%	
RTT 65+	Mar-24	5	0	5	
% of E-discharge Summaries Sent Within 24 Hours	Mar-24	84.9%	90.0%	78.5%	
OP Letters to GP Within 7 Days	Feb-24	72.6%	90.0%	70.4%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-24	69.8%	85.0%	69.8%	
Mandatory Training	Mar-24	89.5%	85.0%	89.5%	
Sickness: All Staff Sickness Rate	Mar-24	5.9%	6.0%	5.8%	
Staffing: Turnover rate	Mar-24	0.9%	1.1%	0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Mar-24				
Reported Surplus/Deficit (000's)	Mar-24				

Board Summary

St Helens & Knowsley

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	84.9	100	91.0	
FFT - Inpatients % Recommended	Mar-24	93.6%	94.0%	94.7%	
Nurse Fill Rates	Feb-24	95.6%	90.0%	98.2%	
C.difficile	Mar-24	8	46	74	
E.coli	Mar-24	14	73	112	
Hospital Acq Pressure Ulcers per 1000 bed days	Dec-23	0.17	0.00	0.13	
Falls ≥ moderate harm per 1000 bed days	Feb-24	0.09	0.00	0.24	
Stillbirths (intrapartum)	Mar-24	0	0	0	
Neonatal Deaths	Mar-24	1	0	5	
Never Events	Mar-24	0	0	1	
Complaints Responded In 60 Days	Mar-24	37.0%	80.0%	35.4%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Feb-24	75.4%	75.0%	69.5%	
Cancer 62 Days	Feb-24	81.4%	85.0%	83.5%	
% Ambulance Handovers within 30 minutes	Mar-24	44.0%	95.0%	54.6%	
A&E Standard (Mapped)	Mar-24				
Average NEL LoS (excl Well Babies)	Mar-24	3.9	4.0	3.7	
% of Patients With No Criteria to Reside	Mar-24	18.2%	10.0%	18.8%	
Discharges Before Noon	Mar-24	18.2%	20.0%	16.8%	
G&A Bed Occupancy	Mar-24	97.9%	92.0%	97.2%	
Patients Whose Operation Was Cancelled	Mar-24	1.0%	0.8%	1.1%	
RTT % less than 18 weeks	Mar-24	58.7%	92.0%	58.7%	
RTT 65+	Mar-24	430	0	430	
% of E-discharge Summaries Sent Within 24 Hours	Mar-24	85.8%	90.0%	83.2%	
OP Letters to GP Within 7 Days	Feb-24	36.3%	90.0%	30.5%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Mar-24	87.9%	85.0%	87.9%	
Mandatory Training	Mar-24	85.6%	85.0%	85.6%	
Sickness: All Staff Sickness Rate	Mar-24	5.7%	5.0%	6.0%	
Staffing: Turnover rate	Mar-24	1.2%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-24				
Cash Balances - Days to Cover Operating Expenses	Mar-24				
Reported Surplus/Deficit (000's)	Mar-24				

Committee Assurance Report		
Title of Meeting	Trust Board	Date 24 April 2024
Agenda Item	TB24/031 (7.1)	
Committee being reported	Executive Committee	
Date of Meeting	This report covers the four Executive Committee meetings held in March 2024	
Committee Chair	Ann Marr, Chief Executive Officer	
Was the meeting quorate?	Yes	
Agenda items		
Title	Description	Purpose
There were four Executive Committee meetings held during February 2024. At every meeting bank or agency staff requests that breach the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded.		
07 March 2024		
Quality Sport Checks Assurance Report	<ul style="list-style-type: none"> The Director of Nursing, Midwifery and Governance presented the results of the latest ward quality spot check audits undertaken by Mersey Internal Audit Agency (MIAA) as part of the annual internal audit programme. MIAA had undertaken spot checks on four wards in November 2023 (Ward 4C (Whiston Hospital), Newton Inpatient Unit (Newton Community Hospital), G Ward (Ormskirk Hospital) and Ward 11B (Southport Hospital)) and the audit received a limited assurance rating. It was agreed that the Director of Nursing, Midwifery and Governance would meet with the ward managers and matrons for each ward audited to discuss the results and any additional support they required to improve standards. Additionally, proposals for a quality improvement transformation plan for nursing would be developed. The Committee also discussed the assurances provided from the regular tendable audits, the ward accreditation process and Quality Ward Rounds (QWR) and it was agreed that these should all be reviewed as part of the overarching quality improvement programme, to refresh and clarify the purpose of each. 	Assurance
Patient Portal, potential to capture positive feedback	<ul style="list-style-type: none"> The Director of Nursing, Midwifery and Governance provided an update on the proposal to develop the patient portal to capture patient 	Assurance

	<p>feedback and reported that the portal was currently being rolled out across MWL and this would need to be completed before it could be upgraded to include patient feedback surveys.</p> <ul style="list-style-type: none"> • In the meantime, other means of seeking and recording patient feedback were being discussed with the communications team. 	
Review of Paediatric Sepsis delayed first dose of antibiotics	<ul style="list-style-type: none"> • The Director of Nursing, Midwifery and Governance gave a verbal update on the two incidents that had been reported as part of the quarterly review of the Trust's quality objectives. • It was noted that in the first incident the delay had been less than 10 minutes and no harm had been reported. In the second incident the initial risk assessment had not been correctly recorded in the patient record which had led to the delay in administering the first dose, but no harm had been reported. • Committee discussed the recently announced Martha's rule and how it potentially could have impacted in these cases. 	Assurance
Trust Board Agendas (including Employee of the Month)	<ul style="list-style-type: none"> • The Director of Corporate Services presented the draft Trust Board agenda for March 2024 for review. • The Employee of the Month for March 2024 was selected from the nominations received 	Approval
MWL Ward Assessment and Accreditation Scheme	<ul style="list-style-type: none"> • The Director of Nursing, Midwifery and Governance presented the findings and recommendations from the Task and Finish Group that had been set up to assess the legacy trusts' ward assessment and accreditation schemes and to agree a single approach for MWL. • Following review and alignment of processes, a new MWL Assessment & Accreditation Scheme (MAAS) tool had been developed and trialled across the Southport and Whiston Hospital sites. • Committee agreed that considering the discussion about the results of the ward quality spot check audits the assessment and accreditation scheme should be part of the planned quality improvement programme for MWL and needed to incorporate other triangulated evidence about ward performance. 	Assurance
HR Commercial Services Customer management and ticketing system.	<ul style="list-style-type: none"> • The Director of Human Resources/Deputy CEO presented the report which sought approval for the purchase of the TOPdesk help desk solution for Lead Employer (LE) and Employment Services 	Approval

	<p>(Payroll), the cost of which would be covered by income generated.</p> <ul style="list-style-type: none"> The Committee approved the signing of a three-year contract for use of the system by the HR Commercial Services, with a view to aligning helpdesk software for all functions across MWL, by the end of this period. 	
14 March 2024		
E-Vitals Demonstration	<ul style="list-style-type: none"> The Committee received a demonstration of the E-Vitals system which is used on the wards to record patient observations. 	Assurance
Electronic Patient Records (EPR) Outline Business Case (OBC) Update	<ul style="list-style-type: none"> The Director of Informatics confirmed that the EPR OBC had been approved by NHSE and the procurement process launched on 11 March. The procurement timetable was challenging, and it had been recognised this created certain risks. The mitigations for each of these risks was presented and noted. It was noted that part of these mitigations was to hold an extraordinary board during week commencing 15 July to approve the preferred bidder, and potentially a further extraordinary board to approve the full business case in October 2024. 	Assurance
Patient Story	<ul style="list-style-type: none"> The Director of Nursing, Midwifery and Governance provided an overview of the proposed patient story to be presented at Trust Board. 	Assurance
Cancer Tumour Site Improvement Plans and Trajectories	<ul style="list-style-type: none"> The Chief Operating Officer introduced the cancer tumour site improvement plans. The Committee reviewed the action plans, focusing on the worst performing tumour pathways. The Committee discussed the concerns regarding lower GI performance and noted that mutual aid had been requested from the cancer network. Committee agreed that the impact of each proposed action on performance needed to be quantified to provide assurance that they would cumulatively restore performance to the national targets. 	Assurance
Nursing Establishment Review	<ul style="list-style-type: none"> The Director of Nursing, Midwifery and Governance presented the draft nurse staffing establishment report for MWL. The report explained the methodology for calculating the desired establishment for each 	Assurance

	<p>ward, based on nurse to bed ratios, the complexity of the speciality and the acuity of the patients.</p> <ul style="list-style-type: none"> • The report also highlighted some of the historic differences between the legacy trusts in how the establishments had been calculated. • The Committee requested more information to support some of the recommendations, recognising the substantial task that had been undertaken to review the establishment across MWL. • An updated report with this additional information was requested for the following week, that would allow the Executive Directors to review and support the recommendations being made to Board. 	
February Integrated Performance Report (IPR)	<ul style="list-style-type: none"> • The Director of Finance and Information presented the February IPR, and the Committee reviewed the metrics and draft commentary, prior to release of the committee performance reports for the meetings the following week. • Committee discussed the reported HSMR rates, and the Medical Director reported on progress in reviewing the backlog of notes at the legacy S&O sites. The Committee noted that a presentation on the actions being taken to improve the recruitment and retention of clinical coders was scheduled for the next Strategic People Committee. 	Approval
21 March 2024		
Risk Management Council (RMC) Assurance Report	<ul style="list-style-type: none"> • The Director of Corporate Services presented the report from the RMC meeting on 12 March. • The risk report showed there had been 1,087 risks on the Trust risk register of which 50 were escalated to the Corporate Risk Register (CRR). There was one new risk escalated to the CRR reflecting the supply issues with radiopharmaceuticals from the radiopharmacy at LUFT. • The RMC had received assurance reports on the completion of quality impact assessments on cost improvement schemes, and from the Claims Governance Group. 	Assurance
NHS England Leadership Competency Framework	<ul style="list-style-type: none"> • The Director of HR/Deputy CEO presented the newly published NHS Directors Leadership Competency Framework which supported the revised Fit and Proper Persons guidance published in August 2023. 	Assurance

	<ul style="list-style-type: none"> • The Committee reviewed the framework and agreed it should be used to support Director appraisals immediately, even though national appraisal documentation was not scheduled to be published until Q3. • The Director of HR/Deputy CEO agreed to present a similar paper to the Trust Board as the competency framework applied to all Board Directors. 	
Cyber Report	<ul style="list-style-type: none"> • The Committee reviewed the quarterly cyber performance assurance report that was due to be presented at the Trust Board meeting and raised some points for further clarification. 	Assurance
Appraisal and Mandatory Training Compliance	<ul style="list-style-type: none"> • The Director of HR/Deputy CEO presented the compliance figures for month 11. • The appraisal compliance remained under target, as a result of the different approaches taken by the two legacy trusts. • Core mandatory training compliance was achieving the 85% target, and work continued to target staff groups which were below target. 	
Managed Equipment Service	<ul style="list-style-type: none"> • The Director of Corporate Services provided an update on the options facing the organisation when the current contracts for the Managed Equipment Services (MES) for diagnostic equipment came to an end in 2026. The legacy STHK service was part of the PFI contract, whereas the legacy S&O contract was direct with a supplier. • A working group had been established to explore the options now available to MWL and the implications of the current contracts ending. • The capital implications of these contracts terminating had already been highlighted to the ICB and NHSE North West. 	Assurance
Draft Trust Objectives 2024/25	<ul style="list-style-type: none"> • The Committee reviewed and agreed the draft Trust objectives for 2024/25 to be presented at the March Trust Board. 	Approval
Nurse Establishment Review	<ul style="list-style-type: none"> • The Director of Nursing, Midwifery and Governance presented the revised Nurse Staffing Establishment Report which included the additional information that the committee had requested. • Following discussion, the committee members confirmed their support for the recommendations to be made to the Trust Board. 	Approval

	<ul style="list-style-type: none"> It was agreed that the lengthy report should be summarised for the Board pack. 	
Trust Board Actions	<ul style="list-style-type: none"> The Director of Nursing, Midwifery and Governance provided an update on the actions taken following the Patient Story to the Board in November which was due to be presented to the March Trust Board. The Director of Nursing, Midwifery and Governance also gave an update on the actions that had been taken to strengthen the dementia and delirium team at Whiston and St Helens Hospitals, which was also a follow up action from a patient story that had been presented at Board. 	Assurance
28 March 2024		
Temporary Staffing	<ul style="list-style-type: none"> The Managing Director reported that each of the new divisions had been asked to undertake review of temporary and locum Consultant and SAS medical staff, to justify the immediate continuation and provide assurance of mitigation plans and when they would reduce the need for locum staff. Committee acknowledged that some fragile services at the Southport and Ormskirk sites would have to close to referrals without the support of locum staff. 	Assurance
Allocate E-Roster System Contract	<ul style="list-style-type: none"> The Director of HR/Deputy CEO introduced the paper seeking approval to enter into a new contract with Allocate for the E-Roster system. It was noted that currently there were four instances of the system for medical and other staff in use across the legacy Trusts. The Trust was working with the ICS on proposals for a C&M collaboration for an E-Roster system, however contracts needed to align, and this extension would guarantee the Trust had continued access while all the other providers coordinated their renewal timeframes. Once rotas were coordinated across MWL the number of instances would be reduced to 2, but pricing was based on the number of licenses so this would not impact cost. Committee approved the new contract for 2 +1 years. 	Approval
London and South East England Trainee Doctors Lead	<ul style="list-style-type: none"> The Director of HR/Deputy CEO presented the paper which detailed the request from London and South East England NHSE to extend the current lead employer contract for a period of 24 months. 	Approval

Employer contract extension	<ul style="list-style-type: none"> • It was confirmed that this contract made a contribution to overheads. • The contract extension was approved 	
Trust Board Agenda - April	<ul style="list-style-type: none"> • The Director of Corporate Services presented the draft trust board agendas for April, noting that the Board meeting fell early in the month. • The committee agreed the agenda based on the annual workplan. • The committee selected an employee of the month for April from the nominations received. 	Approval
Patient Bed Moves	<ul style="list-style-type: none"> • The Managing Director presented the review of patient bed moves. • The review had found that patients with the highest bed moves were linked to their care needs, e.g. renal dialysis, wound care or endoscopy and were planned as part of the patient pathway. • Going forward these would be excluded from the analysis to ensure a focus on unplanned bed moves. • The analysis indicated patients who waited for a bed in ED subsequently had the highest number of bed moves, if they could not be admitted to a bed in the required speciality. • The review had identified some differences in bed move calculations between the legacy trusts and a standard MWL approach had been now agreed. • The analysis would be repeated each quarter to establish any trends. 	Assurance
Pharmacy Update	<ul style="list-style-type: none"> • The Managing Director reported on discussions with the newly appointed Chief Pharmacist to explore new models of working to help increase capacity for antimicrobial advice to the wards. • A review of all drug information sheets for patients had also been initiated to ensure the information was accessible and clear. 	Assurance
Urgent and Emergency Care Access	<ul style="list-style-type: none"> • The Director of Finance and Information presented an analysis of UEC access performance and options to increase this via improved verification and mapped performance from local Urgent Treatment Centres. • It was agreed to establish a working group to implement these options. 	Assurance

Alerts:

None

Decisions and Recommendations:

New investment decisions taken by the Committee during March 2024 were:

- The purchase of the TOPdesk help desk solution for Lead Employer (LE) and Employment Services (Payroll).

Committee/Council/Group Assurance Report			
Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/031 (7.2)		
Committee being reported	Audit Committee		
Date of Meeting	17 April 2024		
Committee Chair	Ian Clayton, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description		Purpose
AC24/001 Audit Strategy Memorandum 2023/24	<p>Mazars outlined their audit approach to the 2023/24 S&O closing accounts, highlighted significant audit risks and areas of key judgement.</p> <p>No concerns were raised, and the Committee noted the audit strategy.</p>		Assurance
AC24/002 Legacy Southport & Ormskirk NHS Hospital Trust Accounts Preparation and AC24/013 Trust Accounts Preparation	<p>Report provided the committee with changes to the relevant NHS accounting policies for 2023/24 and the external timetable for conclusion of the accounts.</p> <p>Key changes:</p> <ul style="list-style-type: none"> • Disclosure requirements for the transfer of absorption (transaction accounting treatment). The transfer of asset and liability balances takes place at book value. Any adjustments to values as a consequence of harmonising accounting policies are made after the transfer and are adjusted directly in taxpayer's equity (reserves). • Application of IFRS 16 to the PFI liability, this increases the liability in line with index link changes. This increase is then adjusted out in line with NHS guidance. <p>A number of critical judgements and sources of estimation uncertainty were discussed, however, no changes to prior accounting treatment.</p> <p>Committee approved the changes outlined and noted the timetable.</p>		Approval/ Assurance
AC24/005 External Audit Report	<p>Grant Thornton (GT) provided a verbal update following their appointment as MWL external auditors for 2023/24. GT informed the Committee that they would be unable to meet the nationally set deadline but would work with the Trust to ensure delays were kept to a minimum.</p> <p>GT were not in a position to share a detailed workplan but would circulate outside of the meeting to gain approval.</p>		

<p>AC24/006 Internal Audit Reports, AC24/007 Internal Audit Plan and AC24/008 Head of Internal Audit Opinion</p>	<p>Six reports finalised with three reports progressing, no issues with progression of reports. Committee discussed the reports finalised in particular the Quality Spot Checks which is Limited Assurance. Following this report, it was confirmed that the audit had been replicated on a weekly basis across all wards with a focus on accountability. There was one new moderate assurance report, Information Asset Register and it was confirmed that action was being taken to improve in this area.</p> <p>The Committee approved the draft audit plan.</p> <p>The Internal audit opinion for the period 01 April 2023 to 31 March 2024 was Substantial Assurance. The committee welcomed this and acknowledged the feedback from the Internal Auditors that this signalled a good level of coverage within the audit plan.</p>	<p>Assurance/ Approval</p>
<p>AC24/009 MWL Audit Log</p>	<p>There were five finalised internal audit reports added to the log with a further finalised report added post meeting pack. This leaves six internal audit reports in progress and the eight external audit reports which are reviewed annually.</p>	<p>Assurance</p>
<p>AC24/010 Anti-Fraud Annual Report and AC24/011 Anti-Fraud Annual Workplan</p>	<p>The Committee noted the annual report and information regarding anti-fraud activities at the Trust during the year 2023/24. The Committee approved the draft Anti-Fraud workplan.</p>	<p>Assurance/ Approval</p>
<p>AC24/012 Audit Committee Annual Effectiveness Review</p>	<p>The Committee noted the annual effectiveness review.</p>	<p>Assurance</p>
<p>AC24/014 Financial Reports: 15.1. Losses and Special Payments 15.2. Aged Debt Analysis 15.3. Tenders and Quotation Waivers</p>	<ul style="list-style-type: none"> • 15.1 - for 2023/24 £409k losses and special payments have been registered compared to £222k for St Helens & Knowsley for 22/23 and £390k for Southport & Ormskirk for 22/23. • 15.2 - for 2023/24, total invoiced debt is £25.4m of which £5.9m has been due for more than 90 days. Of this £5.9m, £2.1m is NHS debt and £3.8m is Non-NHS debt. • 15.3 - 15 MWL waivers have been registered for the period since the last Audit Committee with a value £772k 	<p>Assurance</p>
<p>AC24/016 External Audit Contract 2024/25 Update</p>	<p>In line with the plan, following the closure of the 2022/23 accounts the Committee approved the appointment of GT as external auditors for 2023/24 and 2024/25.</p>	<p>Approved</p>
<p>Alerts:</p>		
<p>AC24/005 External Audit Report</p>		

- External auditors unable to meet the national accounts deadlines for completion of audits.

AC24/006 Internal Audit Reports

- Quality Spot Checks audit gave is Limited Assurance
- Information Asset Register gave Moderate Assurance

AC24/008 Head of Internal Audit Opinion

- The overall opinion for the period 01 April 2023 to 31 March 2024 provides Substantial Assurance.

Decisions and Recommendation(s):

Committee Assurance Report

Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/031 (7.3)		
Committee being reported	Quality Committee		
Date of Meeting	16 April 2024		
Committee Chair	Gill Brown, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
Minutes of the previous meeting	<ul style="list-style-type: none"> Minutes of the meeting held on 19 March 2024: Following a few minor clarifications the minutes were approved as a correct and accurate record of the proceedings. Addition of post meeting note regarding neonatal medication errors was noted. PW gave update regarding Pharmacy Aseptic Unit. 	Approved
Matters arising/Action Log	<ul style="list-style-type: none"> Neonatal Medication Errors report to be presented to Committee in May 2024, with additional benchmarking information. 	Assurance
Quality Committee Corporate Performance Report	<p>CQC: 5 recent Care Quality Commission (CQC) inspections since December 2023.</p> <ul style="list-style-type: none"> Maternity Services - final report published 05 April 24 with services rated: Whiston Hospital - Good overall and Good for Safe and Well Led. Ormskirk District General Hospital – Good overall, Good for Well Led, Requires Improvement for safe. 2 Outstanding aspects of care noted. Committee asked MVP Chair to be thanked for her work with Ormskirk Hospital. 2 Further CQC final reports awaited for MEC/SIU at Southport site and Urgent and Emergency Care (UEC) across MWL. <p>Pressure Ulcers: 5 Category 2 or above (with lapses in care).</p> <p>Patient Falls (with moderate harm or above): 3 in February had reduction on previous month and continued downward trend for 2 months.</p>	Assurance

	<p>Infection Prevention and Control:</p> <ul style="list-style-type: none"> • C Diff - 12 in March (114 YTD). Above trajectory with ongoing interventions to support clinical teams and estates / facilities teams moving forward. • E-Coli - 22 in March (171 YTD). Above trajectory. Improvement plan presented to Committee. • No MRSA cases in March (6 YTD). <p>SUIs :1 reported in March. Actions:</p> <ul style="list-style-type: none"> • Patient Safety Incident Response Framework (PSIRF) – number of investigations to be added to future CRP. • Annual PSIRF report requested for Sept 2024. <p>Nutrition: MUST Screening: slightly reduced (89%) and remains a Trust priority. Improvements and Task & Finish Group - ongoing. Vacancies in Dietetics staffing at Southport noted.</p> <p>Complaints: Improved position for resolved complaints overall; reduction in first stage complaints received overall. However, reduction in number of complaints resolved in 60 days with supportive actions ongoing to focus on improving response times.</p> <p>Maternity:</p> <ul style="list-style-type: none"> • Referral to Stop Smoking services: Significant improvement in March 24: 80% women who smoke at initial anti-natal appointment referred. Concern was noted regarding future commissioning of the newly appointed Smoking Cessation Assistants. • CO levels: Further work required to improve monitoring at 36 weeks (particularly at Ormskirk site). • Induction Rates: 10% difference between the two sites was noted. Further work needed to understand the reasons for the difference. This, plus further information regarding clarification on forceps deliveries, will be included in the next quarterly Maternity update to Quality Committee due in May 2024. <p>Stroke SNAPP data – latest data: Whiston continues in the top 5 units in the country.</p> <p>Mortality: Action: Committee requested clarity on mortality figures and narrative to be added prior to April's Board meeting.</p>	
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Clinical Effective Council Report	<ul style="list-style-type: none"> • New Chief pharmacist commenced and attended CEC. • Maternity KPI's presented - Quality Committee suggested site-based reporting for future presentations. • NICE guidance: Quarter 3 compliance reporting positively at 85%. • Increase in emergency mortality in-month in January 2024 - Deep dive to report back to CEC. • Non-Medical Prescribing (NMP) – Now have a single trust-wide register with relevant documentation. 	Assurance
Mandatory Compliance Report Training	<ul style="list-style-type: none"> • Update provided on Trust's 24-month long project to deliver a whole scale review of mandatory and compulsory skills training to align the two legacy organisations as MWL. • Some areas remain at <70% (Not Acceptable) compliance. • Monthly Executive Committee scrutiny and reporting in place from May to monitor compliance and progress. • Obstacles and accessibility of training - objective review requested by the Quality Committee. • Next report to QC: July 2024. 	Assurance
Patient Safety Assurance Report Council	<ul style="list-style-type: none"> • MWL currently have seven Patient Safety Incident Investigations (PSII) open - 5 remain under investigation. • Decrease in falls data per thousand bed days for both legacy organisations compared to last year. • First meeting of the MWL Teaching Medical Devices Group took place in February 2024. This group are responsible for finalising capital bids for medical devices. <p>Alert raised: Paediatric pharmacist cover to be reviewed across Whiston and Ormskirk. Current mitigations in place.</p>	Assurance
Safeguarding Report - Legacy S&O Sites Quarterly STHK and	<p>Assurance reports presented.</p> <p>Legacy STHK:</p> <ul style="list-style-type: none"> • Working with commissioners on process improvements for looked after children (LAC) assessments. • Referrals to team decreased in month - no concerns. 	Assurance

	<ul style="list-style-type: none"> • Mental Health Detentions: Revised SLA with Merseycare awaited. • CAMHS – Increase in attendances in Q4 – No concerns. • 1 SUDIC child death reported in Q4 - no gaps in care identified. <p>Legacy S&O:</p> <ul style="list-style-type: none"> • MIAA safeguarding report: Overall rating substantial assurance. • Activity remains consistent. • No LADO referrals. • Learning Disability Specialist Practitioner - vacancy to post, interim plan in place. 	
Infection Prevention and Control Report	<ul style="list-style-type: none"> • MRSA Bacteraemia - Improvement Plan to be presented to Quality Committee in May 2024. • Q4 C Diff learning reviews ongoing. Committee requested a plan to be developed to decrease C Diff infection levels and be presented to the Committee in Q1. Committee noted, acknowledged and discussed increases in C Diff across C&M and impact of clinical pressures / flow / cleaning and reduced decant facilities and the need to ensure compliance with correct clinical practice. • Improvements to Infection, Prevention and Control (IPC) and Aseptic Non Touch Technique (ANTT) training compliance required. • The Committee were assured that since introduction of the E Coli improvement plan the Trust has seen reduction in infections. • Covid - Q4 ongoing outbreaks, although reduced in number. • Q4 focus on measles preparedness - 5 cases across MWL. • The Committee queried whether the Trust had sufficient staff – DoN informed the IPC Team staffing is under review and a business case will be produced. 	Assurance
E-Coli Improvement Plan	<ul style="list-style-type: none"> • E-Coli improvement plan presented. Improvements / Assurance noted. • Reviewed RCA process • Alignment with Trust Hydration priorities will support improvements and sustainability. 	Assurance

	<ul style="list-style-type: none"> • Update on action plan in next IPC quarterly report. 	
Improving Fluid Balance Recording	<ul style="list-style-type: none"> • Minor improvement noted from 2023/24 Q3 to Q4. • Further work ongoing. • Good performance for Acute Kidney Injury (AKI). 	Assurance
CQC Inspection Reports	<ul style="list-style-type: none"> • 5 inspections since Dec 2023 • Maternity reports published - Good maintained. • Trust remains rated as Outstanding. • January focused inspection on MEC/SIU Legacy S&O - Draft report awaiting publication. • March UEC across MWL - Reports awaited 	Assurance
Patient Experience Council Assurance Report	<ul style="list-style-type: none"> • Patient story - Project on Treatable but Not Curable cancers • Annual patient survey action plan for Legacy S&O ED Department - improvement plan progressing well. • Acknowledgement and congratulations to MWL 371 volunteers - Butterfly Project commencing • Acknowledgement and congratulations to MWL Chaplaincy services 	Assurance
Complaints, PALS, Claims and Friends and Family Quarterly Report	<ul style="list-style-type: none"> • Q4 report: • Complaints: Work ongoing to improve response times. Committee requested contextual narrative in future reporting. • New Head of Complaints commenced. • Claims: Numbers remain static but receiving more enquiries. • PALS: Slight reduction in contacts. Themes remain unchanged. • FFT: Overall good levels of feedback and positive. Response rates in some Maternity areas need improvement. 	Assurance
Effectiveness of the Meeting	Received via SR DoN	

Alerts:

- IPC: Ongoing work to reduce infections, including E coli, C Diff, MRSA and improve fluid balance recording.
- Impact of current pressures on IPC.

Decisions and Recommendation(s):

The Board is recommended to note the report, alerts and the assurances sought by the Committee.

Committee/Council/Group Assurance Report			
Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/031 (7.4)		
being reported	Strategic People Committee		
Date of Meeting	15 April 2024		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
SPC 0424/003 – Minutes of the previous meeting	The committee reviewed the minutes of the meeting held on the 18 March 2024 and approved them as a correct and accurate record of proceedings.	Decision	
SPC 0424/004 Action Log and Matters Arising	The committee reviewed the outstanding and approved the completed actions. SPC 0324/007- Health, Work & Well Being (HWWB) Operational Plan annual assurance Update. The committee received a comprehensive update report on HWWB Did Not Attend (DNA) rates.	Assurance	
SPC 0424/005 – Workforce Dashboard	The CPR dashboard was presented focusing on the key indicators for the SPC. The following points were noted: <ul style="list-style-type: none"> • Mandatory training exceeded target at 86.7% for March, against the target of 85%. For clarity the dashboard relates to core mandatory training only. • Appraisal compliance decreased in March (down from 83.2% to 82%). This was due to a 3 month decline in performance at the legacy S&O sites showing a 5.8% drop from 75.6% to 69.8% in month. Steps have been taken to improve this performance including the introduction of streamlined paperwork. There are plans to automate the recording process to assist line managers to update Electronic Staff Records (ESR) records improving data accuracy and the roll-out of the appraisal window across MWL will improve future compliance. • The HR department continues to work with Divisions to plan their appraisal requirements and the Learn and Organisational Development (L&OD) department are providing training sessions to managers regarding the revised 	Assurance	

	<p>processes.</p> <ul style="list-style-type: none"> • All staff sickness remains above target (5.74%) with legacy STHK sites tracking around 0.2% higher than legacy S&O sites. All sites remain above the Trust target of 5%. Sickness rates for all staff groups on the last rolling 12 months shows an overall static position. • The HR Operations teams across the Trust will continue to work proactively with managers to reduce the numbers of absences with a particular focus on Health Care Assistants (HCA) absences and absences relating to stress, anxiety or depression. • Vacancy rates remain static and Turnover in month and over a rolling 12-month period is below target (1.1% and 12.6% respectively). Analysis indicated the main reason for leaving is retirement or additional training. • Turnover metrics for medical workforce are influenced by fixed term contracts and rotations so can vary across 12-month period. Further analysis to be completed to understand any trends or turnover not related to fixed term contracts. • Time to hire has slightly reduced. 	
<p>SPC 0424/006 – Update report on HWWB DNA rates</p>	<p>As a result of a request at the March 2024 Strategic People Committee meeting for further information about the current challenges on DNA rates, a presentation was received at the Strategic People Committee detailing the issues and actions being taken. The committee noted the key points from the report as follows:</p> <ul style="list-style-type: none"> • The areas negatively impacting HWWB performance relate to appointment scheduling are: <ul style="list-style-type: none"> ○ Pre-employment screening ○ Appointment Activity (all) ○ Management Referrals • DNA tolerance across the Cheshire and Merseyside (C&M) region and nationally appears range from 15-20% with an average performance of 17-19%. • The HWWB team propose to increase their DNA performance metric from <10% to fall in line with the regional and national performance. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • The appointment demand has reduced vs the previous period, this is due to a few changes in the process and scheduled timing, with longer appointments for the clinician to do more activity and the fitness for work clearance criteria, resulting in less appointments being generated. • Non-attendance performance has improved year on year, but still over the Key Performance Indicator (KPI) threshold. The specific roles that attribute the highest non-attendance includes Healthcare Assistants, Staff Nurses, and Domestic. An action has been taken away to address this through the operational manager. • The top 3 appointment reasons for non-attendance for these staff cohorts are: <ul style="list-style-type: none"> ○ Vaccinations and Blood tests ○ Pre-employment assessment for fitness for work clearance ○ Management referral consultations, supporting fitness for work and absence management. • The HWWB service anticipates that overall, the non-attendance performance should maintain and improve slightly based on the noted and implemented additional actions, honouring a more practical and achievable performance metric, whilst continuing to work with key stakeholders in the management of underperforming areas/teams and staff cohorts. 	
<p>SPC 0424/007 – Trust HR Objectives & People Plan Update</p>	<p>The Strategic People Committee received an update on the achievement of Trust HR Objectives & People Plan 2023/24. It was noted that all objectives were on track for full delivery by 31/3/2024 and the challenges in delivering these objectives while bringing together the two legacy organisations were acknowledged along with those areas where work will continue into 2024/25.</p> <p>A presentation was received on the proposed objectives for 2024/25.</p> <p>Looking after our people</p> <ul style="list-style-type: none"> • Continuation of alignment of HR policies. • A review of the HWWB department • Further development of inclusive and compassionate leadership offering to managers. <p>Belonging to the NHS</p>	<p>Assurance</p>

	<ul style="list-style-type: none"> • Trust-wide review of Mandatory Training; TNA/ delivery method is ongoing. • Overhauling recruitment practices, particularly focus on ED&I (WRES/WDES) with a bespoke action plan. • Further review of the Employee Relations Oversight Group (EROG) dashboard and monitoring of themes. <p>New Ways of Working</p> <ul style="list-style-type: none"> • Flexible working action plan to remain ongoing. • Harmonisation of the Clinical education offer. • Expansion of the HCSW academy across MWL (pending ROI assessment). <p>Growing for the Future</p> <ul style="list-style-type: none"> • Alignment of the job planning policy across MWL. • Monitoring the effectiveness of e-rostering systems with a revised KPI dashboard to focus on bank and agency utilisation. • A review of the Trust’s temporary workforce provisions 	
<p>SPC 0424/008 – SPC Annual Work Schedule</p>	<p>The Strategic People Committee noted the SPC Annual Work Schedule for 2024/25 and that acknowledged that topical and ad hoc items would be added throughout the year as required.</p>	<p>Assurance</p>
<p>SPC 0424/009 Workforce/ HR Corporate Risk Register</p>	<p>The Strategic People Committee received the quarterly risk management report which detailed a summary of the data that has been presented to the relevant Councils since January 2024. For HR Commercial Services risks are being monitored through the HR Commercial Services Council and all other Trust HR risks are monitored through the People Performance Council and the relevant Groups that report into these Councils.</p> <p>HR risks are reported through to the Risk Management Council monthly and are monitored and managed by the HR Governance & Performance departmental meetings.</p> <ul style="list-style-type: none"> • Total number of risks being managed on the divisional risk register 76. • New risks added in month 0. • Risks closed in month 8. • Risk scores changed (increased/decreased) in month 4 x decreased. 	

	<ul style="list-style-type: none"> Risks overdue for review - zero 	
SPC 0424/010 - Assurance Reports from Subgroup(s)	The Strategic People Committee noted the Assurance Reports from the People Performance Council, Valuing our People Council, Employee Relations Oversight Group.	Assurance
SPC 0424/011 - Items for Escalation to Trust Board	There were no items to be escalated to the Trust Board	Assurance
Alerts:		
N/A		
Decisions and Recommendation(s):		
<ul style="list-style-type: none"> None 		

Committee Assurance Report			
Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/031 (7.5)		
Committee being reported	Finance & Performance Committee		
Date of Meeting	18 April 2024		
Committee Chair	Steve Connor, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
MWL FC24/061 – DoF Update	<ul style="list-style-type: none"> Trust received external request for enhanced vacancy controls in light of current financial challenge. Committee discussed current controls and updates 		
MWL FC24/062 - F&P Annual Workplan & MWL FC24/063 - F&P Terms of Reference review	<ul style="list-style-type: none"> Draft workplan for 2024/25 discussed and amendments agreed. Revised workplan to be circulated for final approval incorporating amendments. Terms of reference reviewed and discussed. Revisions to be circulated for final recommendation to board as part of annual meeting effectiveness review. 	Approval	
MWL FC24/064 – Integrated Performance Report Month 12 2023/24	<ul style="list-style-type: none"> Bed occupancy across MWL averaged 106% in March equating to 73 patients – a slight decrease from 107.8% in February. Average length of stay for emergency admissions is similar across both main sites with an overall average of 8.55 days, the impact of non-Criteria to Reside (CTR) patients being 19% at Organisation level (18% STHK and 21% S&O). 4-Hour performance increased in March achieving 72.6% (all types), national performance 74.2% and providers across Cheshire & Merseyside averaging 71.9%. Mapped performance achieved 77.6%. 18 Week performance in March for MWL was 60.8%, S&O 66.4% and STHK 58.7%. National Performance (latest month December) was 57.6% and Cheshire & Merseyside (C&M) regional performance was 56.2% 	Assurance	

	<ul style="list-style-type: none"> • Diagnostic performance in March for MWL was 87.8%, S&O 79.8% and STHK 92.2%. National Performance (latest month February) was 79.2% and C&M regional performance was 89.3%. • The Trust had 2,536 52-week waiters at the end of January (177 S&O and 2,359 STHK) and no 78 week waiters. • Cancer performance for MWL in February increased to 76.5% for the 14-day standard (target 93%) • Place partners involved in longer term solutions however input variable across places. 	
MWL FC24/065 – Finance Report Month 12 2023/24	<ul style="list-style-type: none"> • The committee received draft figures for Month 12 as the Trust was in the process of preparing the draft Annual Accounts for submission on 24 April. • The Trust's reportable Income and Expense (I&E) position is expected to be a £7.6m surplus, in line with the forecast presented in March 2023 • The Trust's combined 2023/24 Cost Improvement Target (CIP) target is £41.6m of which £7.0m is non-recurrent. This includes the S&O delivery of £2.8m recurrent CIP prior to the acquisition. These 2023/24 targets have been met in full. • 2023/24 agency spend is expected to be c.£20.8m, Premium Payment Scrutiny Council review and address the drivers of agency costs where possible. • The Trust finished the year with a closing cash balance of £24.7m. • Capital expenditure for 2023/24 (including PFI lifecycle maintenance) totals £61.8m. This includes £24.4m of PDC funding provided by Department of Health & Social Care and £15.4m relating to the prior period adjustment. Trust will have some assets under construction balances, however the element previously under scrutiny will not be material in nature, the committee has previously assessed value for money around this. 	Assurance
MWL FC24/066 – 24/25 Planning & Budget Setting Process	<ul style="list-style-type: none"> • Report setting out final MWL plan received following national guidance release. 	Approval

	<ul style="list-style-type: none"> • Amendments to draft plan reviewed include non-recurrent benefits of £9.6m including £9m CIP. • Committee discussed challenges within plan and mitigations to address these. • Committee recommend the plan to Board for approval subject to further guidance around PFI. 	
<p>MWL FC24/067 – Month 12 2023/24 CIP Programme Update</p> <p>Alongside:</p> <p>MWL FC24/069 – CSS & Community Division CIP Presentation</p>	<ul style="list-style-type: none"> • Total targets for 23/24 (including £2.8m recurrent CIP delivered by S&O during M1-M3) are £41.6m in year and £34.6m recurrently. • These 2023/24 targets have been met in full. • Over £40m of CIP schemes worked up for 24/25, work ongoing to deliver these schemes and identify further opportunities. • Presentation included update to the committee on progress in identifying schemes for 2024/25 along with examples of CIPs identified and cost controls in place to ensure effective use of existing resources. • Committee noted the update and was assured by the report and presentations. 	Assurance
MWL FC24/068 – Cancer Update	<ul style="list-style-type: none"> • Committee received presentation on cancer performance by cancer site • Multidisciplinary approach to cancer site performance reviews • Focus on specialites performing poorly, utilising capacity on all MWL sites • Detailed site specific action plans shared. 	Assurance
Assurance Reports from Subgroups:	<ul style="list-style-type: none"> • 14.1 MWL FC24/070 – Procurement Council • 14.2 MWL FC24/071 - CIP Council • 14.2 MWL FC24/072 - Capital Planning Council • 14.3 MWL FC24/073 –Estates & Facilities Management Council • 14.4. MWL FC24/074 – IM&T Council Update 	Assurance/ Approval
Alerts		
None		
Decisions and Recommendation(s):		
<p>MWL FC24/066 – 24/25 Planning & Budget Setting Process Committee recommend the plan to Board for approval</p>		

Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/032		
Report Title	Corporate Risk Register (April 2024)		
Executive Lead	Nicola Bunce, Director of Corporate Services.		
Presenting Officer	Nicola Bunce, Director of Corporate Services.		
Action Required		To Approve	X To Note
Purpose			
To inform the Board of the risks that have currently been escalated to the MWL Corporate Risk Register (CRR) via the Trust's risk management systems.			
Executive Summary			
1. Risk Management Systems			
<p>The process of aligning the risk management framework for MWL has continued with the new Risk Management Framework approved and launched to coincide with the formation of the new Clinical Divisions. The risk management and reporting mechanisms continue to rely on the legacy Trusts separate DATIX systems, but work is progressing to review and align risks and reporting protocols.</p> <p>The corporate services now have integrated risk registers, and this process will be undertaken with the Divisions during the next few months, while maintaining the principle that any member of staff can easily report a new risk wherever they work in the organisation.</p> <p>This report provides an overview of all the risks currently reported across MWL, and those risks that have been escalated to the CRR.</p> <p>The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive and Board. The risk management process is overseen by the RMC, which reports to the Executive Committee providing assurance that risks;</p> <ul style="list-style-type: none"> • Have been identified and reported. • Have been scored in accordance with the standard risk grading matrix. • Risks initially rated as high or extreme have been reviewed by a director for legacy STHK sites or the relevant CBU Governance Group for legacy S&O sites and gong forward the Divisional governance systems are being developed to undertake this initial review. • Have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level. 			
2. Risk Registers and Corporate Risk Registers			
This report is based reflects a snapshot of the risk registers on 02 April 2024 and reflects all risks reported and reviewed during March 2024.			
Risk Register Summary (Appendix 1)			
The total number of risks on the MWL risk register was 1,055 (211 at the S&O sites and 844 at the STHK sites). In January this was 225 for the S&O sites and 840 for the STHK sites.			
44 of these risks had been escalated to the CRR (9 at the S&O sites and 35 at the STHK sites). In January this was 12 for the S&O sites and 41 the STHK sites.			

2 new risks have been added to the CRR since January and 11 risks have been closed or de-escalated.

Financial Implications

None as a direct result of this report.

Quality and/or Equality Impact

Not applicable

Recommendations

The Board is asked to note the Corporate Risk Register.

Strategic Objectives

X	SO1 5 Star Patient Care – Care
X	SO2 5 Star Patient Care - Safety
X	SO3 5 Star Patient Care – Pathways`
	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

April 2024 – Corporate Risk Register Quarterly Board Report

1. Risk Register Summary for the Reporting Period

These tables provide a high-level overview of the “turnover” in the risk profile compared to the previous reporting periods.

RISK REGISTER STHK SITES	Current Reporting Period (March 2024)	Previous Reporting Period (February 2024)	Previous Reporting Period (January 2024)
Number of new risks reported	26	22	25
Number of risks closed or removed	34	28	18
Number of increased risk scores	3	3	2
Number of decreased risk scores	13	14	10
Number of risks overdue for review	131	124	77
Total Number of Datix risks	844*	855*	863*

* 829 scored risks, with 15 risks awaiting scoring and approval.

RISK REGISTER S&O SITES	Current Reporting Period (March 2024)	Previous Reporting Period (February 2024)	Previous Reporting Period (January 2024)
Number of new risks reported	7	15	6
Number of risks closed or removed	20	8	12
Number of increased risk scores			
Number of decreased risk scores			
Number of risks overdue for review	50	39	41
Number of tolerated risks	17	17	16
Total Number of Datix risks	211*	232	225

* 166 scored risks, with 28 risks awaiting scoring and approval, and 17 tolerated risks.

2. Risk Profiles
MWL Risk Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
28	44	22	94	11	217	98	204	39	234	19	23	13	0
94 = 9.04%			322 = 30.8%			575 = 54.9%				55 = 5.2%			

1046 risks which includes the 835 STHK scored and approved risks and all 211 S&O risks including the 17 tolerated risks and 28 new risks awaiting scoring and approval.

Legacy STHK Risk profiles

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
28	44	13	82	10	179	71	164	30	179	16	11	8	0
85 = 10.2%			271 = 32.5%			444 = 53.2%				35 = 4.2%			

835 approved and scored risks.

The risk profiles for each of the former STHK Care Groups and for the collective Corporate Services are:

Surgical Care Group – 245 risks reported.

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
3	18	3	17	5	46	25	55	10	56	5	1	3	0
24 = 9.8%			68 = 27.8%			146 = 59.6%				8 = 3.3%			

Medical Care Group – 123 risks reported.

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
6	6	3	14	1	16	7	25	8	23	6	4	4	0
15 = 12.2%			31 = 25.2%			63 = 51.2%				14 = 11.4%			

Clinical Support Care Group – 132 risks reported.

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
5	9	0	14	0	24	8	26	7	32	4	3	0	0
14 = 10.6%			38 = 28.8%			73 = 55.3%				7 = 5.3%			

Primary Care and Community Services Care Group – 45 risks reported.

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
2	0	0	6	1	13	2	7	3	11	0	0	0	0
2 = 4.4%			20 = 44.4%			23 = 51.1%				0 = 0%			

Corporate (Finance, Health Informatics/Health Records, Facilities, Nursing/Governance/Quality & Risk, HR, and Medicines Management, Informatics) – 290 risks reported.

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
12	11	7	31	3	80	29	51	4	57	1	3	1	0
30 = 10.3%			114 = 39.3%			141 = 48.6%				5 = 1.7%			

Legacy S&O Sites Risk profiles

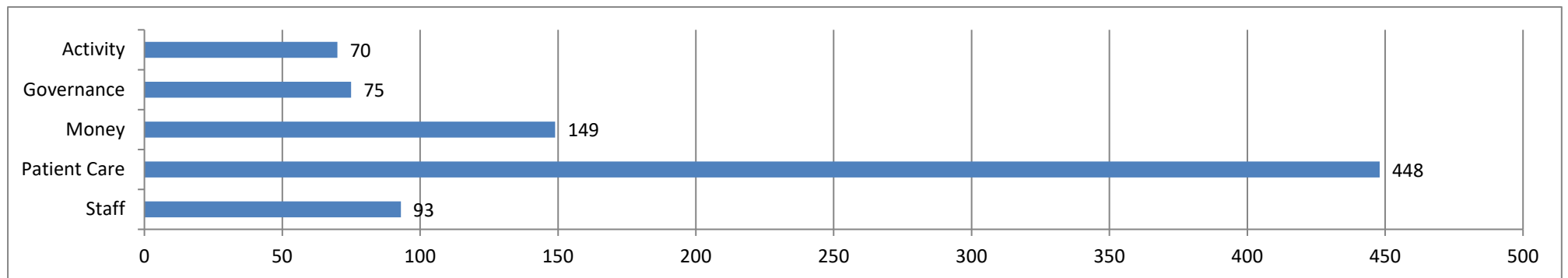
The risk profiles for each of the former S&O Clinical Business Units and Corporate Services are

Business Unit	Very Low Risk			Low Risk			Moderate Risk				High/Extreme Risk			
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
Clinical Support and Community	0	0	1	1	0	5	6	3	1	4	0	3	1	0
	1 = 4%			6 = 24%			14 = 56%				4 = 16%			
Corporate (Finance, Health Informatics/Health Records, Facilities, Nursing/Governance/Quality & Risk, HR, and Medicines Management)	0	0	1	6	0	10	7	3	2	8	0	3	1	0
	1 = 2.4%			16 = 39%			20 = 48.8%				4 = 9.8%			

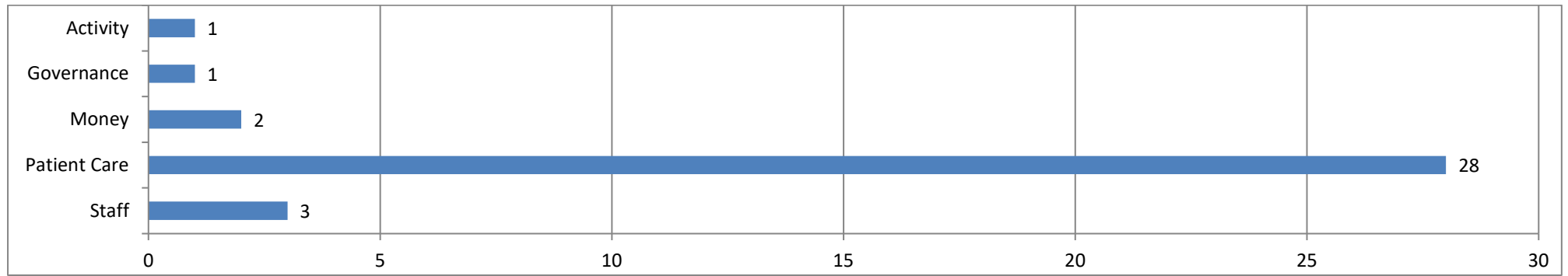
Surgical	0	0	3	3	0	5	4	9	3	12	3	3	2	0
	3 = 6.4%			8 = 17%			28 = 59.6%				8 = 17%			
Medicine & Emergency Care	0	0	3	1	0	9	5	17	3	11	0	2	0	0
	3 = 5.9%			10 = 19.6%			36 = 70.6%				2 = 3.9%			
Women & Children's	0	0	1	0	1	8	5	6	0	16	0	0	0	0
	1 = 2.7%			9 = 24.3%			27 = 76%				0 = 0%			
Multiple CBU's (RISK REGISTER USE ONLY)	0	0	0	1	0	1	0	2	0	4	0	1	1	0
	0 = 0%			2 = 20%			6 = 60%				2 = 20%			
S&O wide	0	0	9	12	1	38	27	40	9	55	3	12	5	0
	9 = 4.3%			51 = 24.2%			131 = 62.1%				20 = 9.5%			

Including unapproved risks and risks on the tolerated risk register.

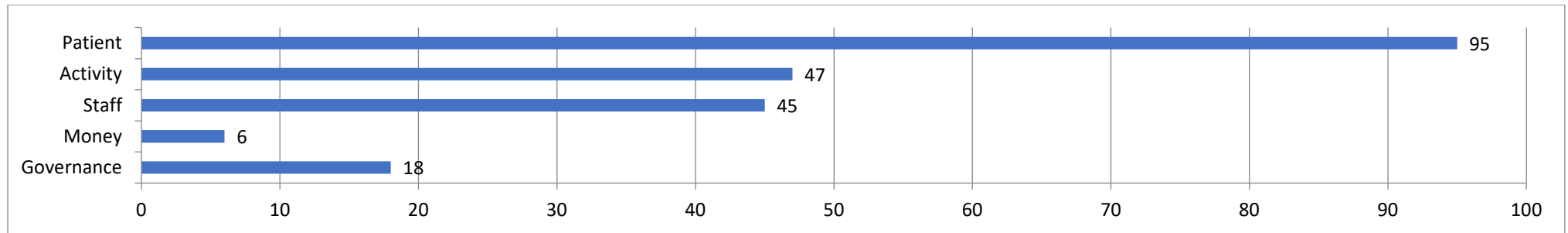
3. Categories of risk Risk Register – STHK sites



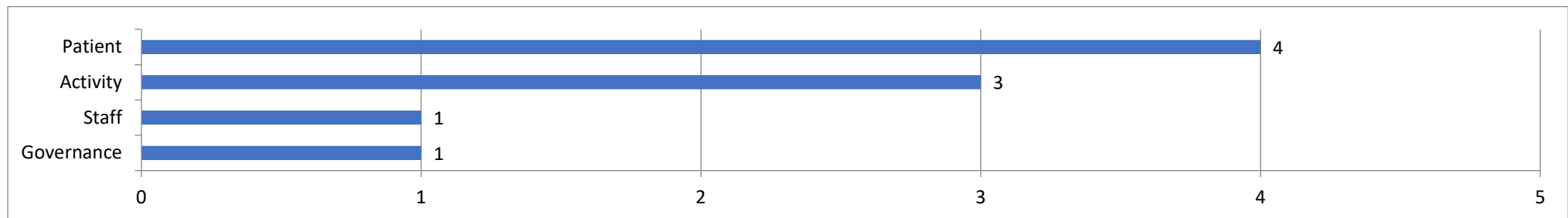
Corporate Risk Register – STHK sites



Risk Register - S&O sites



Corporate Risk Register S&O sites



4. Corporate Risk Register

No	ID	Exec Lead	Division/Service	LEGACY SITE	Title	Rating (current)	Last updated
1	762	Anne-Marie Stretch	Human Resources	STHK	Potential risk of the Trust not being able to provide safe levels of staffing	16	28/03/2024
2	1152	Anne-Marie Stretch	Human Resources	STHK	Potential impact for the Trust on quality of care, contract delivery and finance due to increased use of bank and agency	16	28/03/2024
3	1263	Rob Cooper	Medicine and Emergency Care	STHK	Discharge & transfer risk	15	17/01/2024
4	1772	Malcolm Gandy	Informatics	STHK	Risk of malicious cyber attack	16	19/03/2024
5	1874	Rob Cooper	Clinical Support Services & Community	STHK	Trust RTT incomplete position against the 92% national standard is at risk of failure	20	22/03/2024
6	1913	Rob Cooper	Clinical Support Services & Community	STHK	Delay in receipt of tertiary referrals in PBS department	15	15/03/2024
7	2082	Peter Williams	Medicine and Emergency Care	STHK	Medical staff capacity for post take consultant reviews for patient whose stay in ED is delayed	20	15/02/2024
8	2083	Lesley Neary	Medicine and Emergency Care	STHK	Inpatient medical bed occupancy levels	15	05/03/2024
9	2223	Rob Cooper	Medicine and Emergency Care	STHK	ED attendances and admissions	20	05/03/2024
10	2750	Malcolm Gandy	Informatics	STHK	Data quality and patient mismatch errors	15	25/03/2024
11	2985	Lesley Neary	Clinical Support Services & Community	STHK	Phlebotomy staffing challenges	15	25/03/2024

12	2996	Sue Redfern	Medicine and Emergency Care	STHK	Nurse staffing across medical care group	20	20/02/2024
13	3043	Peter Williams	Clinical Support Services & Community	STHK	Shortage of microbiology consultants	16	12/03/2024
14	3178	Lesley Neary	Clinical Support Services & Community	STHK	Staffing levels in blood science	16	12/03/2024
15	3199	Sue Redfern	Medicine and Emergency Care	STHK	Patients 'forward waiting' medical wards creates a risk to patient safety, dignity and experience	16	05/03/2024
16	3251	Malcolm Gandy	Informatics	STHK	Trust solution for outpatient letter printing – end of life/ unsupported software	20	25/03/2024
17	3349	Rob Cooper	Medicine and Emergency Care	STHK	Olympus managed service contract – Endoscopy	20	12/03/2024
18	3371	Sue Redfern	Medicine and Emergency Care	STHK	Additional patient's on wards during times of heightened capacity demands	16	12/03/2024
19	3475	Lesley Neary	Medicine and Emergency Care	STHK	Delays in NWS transport for patients requiring neuro radiology thrombectomy / surgical intervention at a tertiary centre	16	26/03/2024
20	3496	Sue Redfern	Medicine and Emergency Care	STHK	Staffing establishment in operational site management team to meet activity requirements overnight	15	04/03/2024
21	3527	Rob Cooper	Surgery	STHK	Delivery of care for plastic surgery patients in North Wales	20	26/03/2024
22	3532	Rob Cooper	Surgery	STHK	ENT equipment, Naso-endoscopy recording ability	15	19/01/2024
23	3535	Sue Redfern	Surgery	STHK	Escalation requirement to add a 5 th surgical patient into bays within surgical wards	20	15/02/2024
24	3574	Rob Cooper	Clinical Support Services & Community	STHK	Careflow allocation and scheduling of outpatient appointments.	15	09/01/2024
25	3598	Rob Cooper	Surgery	STHK	Orthopaedic Desouter drills	15	04/03/2024

26	3600	Rob Cooper	Surgery	STHK	Replacement of surgical diathermy machines in PDSU	15	28/03/2024
27	3624	Sue Redfern	Surgery	STHK	Potential delays in out of hours endoscopy if there are not sufficient trained staff to support	15	24/11/2023
28	3647	Rob Cooper	Medicine and Emergency Care	STHK	St Helens endoscopy service re-design	15	12/03/2024
29	3748	Lesley Neary	Medicine and Emergency Care	STHK	Increased risk of not meeting dermatology 2ww target due to increased demand	15	16/02/2024
30	3770	Rob Cooper	Surgery	STHK	Capacity to reduce the backlog of clinic letter typing	16	22/03/2024
31	3790	Sue Redfern	Clinical Support Services & Community	STHK	Risk of patient harm from ascitic drains due to specialist care knowledge across the Trust	15	04/01/2024
32	3795	Lesley Neary	Medicine and Emergency Care	STHK	Endoscopy waiting lists for urgent or 2WW appointments	16	12/03/2024
33	3847	Lesley Neary	Clinical Support Services & Community	STHK	Risk to NSRDS pathway and workforce sustainability	16	09/01/2024
34	3850	Lesley Neary	Clinical Support Services & Community	STHK	Paediatric Dietetics capacity	15	14/03/2024
35	3872	Lesley Neary	Medicine and Emergency Care	STHK	Quality of advice and guidance requests for lesions	15	12/03/2024
36	2432	Nicola Bunce	Estates and FM	S&O	Critical estates infrastructure risk	20	19/03/2024
37	2601	Peter Williams	Surgery	S&O	Inability to provide out of hours anaesthetic support for a 2nd time critical emergency at ODGH	20	27/03/2024
38	1603	Rob Cooper	Surgery	S&O	Replacement of aging autoclaves	20	27/03/2024
39	2545	Rob Cooper	Pharmacy	S&O	Temperature monitoring and control - Ward/Department drug storage areas	20	19/03/2024
40	2590	Lesley Neary	Surgery	S&O	ENT Provision Service	16	26/03/2024

41	2230	Rob Cooper	Corporate	S&O	Fragile Services	16	02/11/2023
42	2572	Rob Cooper	Clinical Support Services & Community	S&O	Malfunction and failure of the ADS (Automatic Dispensing System) Pharmacy Robot	16	05/02/2024
43	1528	Malcolm Gandy	Informatics	S&O	Medication error and patient harm due to absence of an Electronic Prescribing and Administration of Medicines (EPMA) system	16	04/03/2024
44	2031	Lesley Neary	Medicine and Emergency Care	S&O	Risk to Patient Flow and Capacity on Southport site	16	21/03/2024

Blue text = new CRR risks added since the last quarterly board report

5. Risks closed or de-escalated from the CRR since the last quarterly board report.

ID	Exec Lead	LEGACY SITE	Title
2168	Christine Walters	S&O	Critical IT infrastructure
2411	Christine Walters	S&O	Major and sustained failure of essential IT systems
2594	Lesley Neary	S&O	Impact of industrial action on S&O, Mental Health in-reach and Walk in Centres.
2963	Rob Cooper	STHK	Correct follow up of patients following surgery/histology due to COVID-19 disruption.
3407	Rob Cooper	STHK	Replacement of dermatology phototherapy machines
3513	Lesley Neary	STHK	Delays in adding referrals due to ERS appointment slot issues
3514	Lesley Neary	STHK	Delays in actioning Sostenuto requests for clinic changes
3622	Lesley Neary	STHK	Capacity for dermatology minor operations

3780	Rob Cooper	STHK	Lack of electronic listing facility
3873	Rob Cooper	STHK	Access to MRI suite at St Helens Hospital
3877	Christine Walters	STHK	ODS operational code closure following the transaction

END

Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/033		
Report Title	Board Assurance Framework (April 2024)		
Executive Lead	Nicola Bune, Director of Corporate Services		
Presenting Officer	Nicola Bune, Director of Corporate Services		
Action Required	X	To Approve	To Note
Purpose			
For the Board to review and agree updates to the Board Assurance Framework (BAF).			
Executive Summary			
<p>The MWL BAF was developed following the transaction in July 2023. This report covers the changes in quarter 4 2023/24.</p> <p>The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to the delivery of its statutory duties, strategic plans and long-term objectives.</p> <p>In line with governance best practice the BAF is reviewed by the Board four times a year. The last review of the BAFs was in January 2024.</p> <p>The Executive Committee review the BAF in advance of its presentation to the Trust Board and propose changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite.</p> <p>Key to proposed changes (appendix 1): Score through = proposed deletions/completed Blue Text = proposed additions Red = overdue actions</p> <p>Proposed changes to risk scores. Risk 3 – proposed to decrease the score to 16, reflecting the new financial year and plans to achieve the activity and access performance targets.</p>			
Financial Implications			
None directly because of this report.			
Quality and/or Equality Impact			
Not applicable			
Recommendations			
The Board is asked to approve the changes to the Board Assurance Framework.			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		

X	SO3 5 Star Patient Care – Pathways`
X	SO4 5 Star Patient Care – Communication
X	SO5 5 Star Patient Care - Systems
X	SO6 Developing Organisation Culture and Supporting our Workforce
X	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

Board Assurance Framework Quarterly Review – Q1 2024/25

BOARD ASSURANCE FRAMEWORK 2024-25								
BAF Dashboard 2024-25 – Quarter 1 Review								
BAF	Risk Description	Exec Lead	Risk Score					Target
			Inherent	STHK Jan 24	STHK April 24	MWL July 24	MWL Oct 24	
1	Systemic failures in the quality of care	Medical Director/ Director of Nursing	20	20 ↑	20 ↔			5
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Director of Finance and Information	20	20 ↑	20 ↔			10
3	Sustained failure to maintain operational performance/deliver contracts	Chief Operating Officer	16	20 ↔	16 ↓			12
4	Failure to protect the reputation of the Trust	Director of Human Resources	16	12 ↔	12 ↔			8
5	Failure to work in partnership with stakeholders	Director of Human Resources/ Managing Director	16	12 ↔	12 ↔			8
6	Failure to attract and retain staff with the skills required to deliver high quality services	Director of Human Resources	20	15 ↔	15 ↔			10
7	Major and sustained failure of essential assets and infrastructure	Director of Corporate Services	16	12 ↔	12 ↔			8
8	Major and sustained failure of essential IT systems	Director of Informatics	20	16 ↔	16 ↔			16

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

Mission: To provide high quality health services and an excellent patient experience

BAF Ref	Long term Strategic Risks	Strategic Aims					
		We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will provide the services of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
1	Systemic failures in the quality of care	✓		✓	✓	✓	✓
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	✓		✓		✓	✓
3	Sustained failure to maintain operational performance/deliver contracts	✓	✓		✓	✓	✓
4	Failure to protect the reputation of the Trust			✓			✓
5	Failure to work in partnership with stakeholders	✓	✓	✓	✓		✓
6	Failure to attract and retain staff with the skills required to deliver high quality services	✓				✓	✓
7	Major and sustained failure of essential assets, infrastructure	✓	✓	✓			✓
8	Major and sustained failure of essential IT systems	✓	✓	✓			✓

Risk Scoring Matrix

Impact Score	Likelihood /probability				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible (very low)	1	2	3	4	5

Likelihood – Descriptor and definition
Almost certain - More likely to occur than not, possibly daily (>50%)
Likely - Likely to occur (21-50%)
Possible - Reasonable chance of occurring, perhaps monthly (6-20%)
Unlikely - Unlikely to occur, may occur annually (1-5%)
Rare - Will only occur in exceptional circumstances, perhaps not for years (<1%)
Impact - Descriptor and definition
Catastrophic – Serious trust wide failure possibly resulting in patient deaths / Loss of registration status/ External enquiry/ Reputation of the organisation seriously damaged- National media / Actual disruption to service delivery/ Removal of Board
Major – Significant negative change in Trust performance / Significant deterioration in financial position/ Serious reputation concerns / Potential disruption to service delivery/Conditional changes to registration status/ may be trust wide or restricted to one service
Moderate – Moderate change in Trust performance/ financial standing affected/ reputational damage likely to cause on-going concern/potential change in registration status
Minor – Small or short term performance issue/ no effect of registration status/ no persistent media interest/ transient and or slight reputational concern/little financial impact.
Negligible (very low) – No impact on Trust performance/ No financial impact/ No patient harm/ little or no media interest/ No lasting reputational damage.

Key to proposed changes:

~~Score through~~ = proposed deletions/completed

Blue Text = proposed additions

Red = overdue actions

BAF 1 Systemic failures in the quality of care

Exec Lead: Medical Director/Director of Nursing

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	1	5	5
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver the Clinical and Quality standards and targets Failure to deliver CQUIN element of contracts Breach of CQC regulations Unintended CIP impact on service quality Availability of resources to deliver safe standards of care Failure in operational or clinical leadership Failure of systems or compliance with policies Failure in the accuracy, completeness or timeliness of reporting Failure in the supply of critical goods or services <p>Effect:</p> <ul style="list-style-type: none"> Poor patient experience Poor clinical outcomes Increase in complaints Negative media coverage <p>Impact:</p> <ul style="list-style-type: none"> Harm to patients Loss of reputation Loss of contracts/market share 	<ul style="list-style-type: none"> Clinical Strategy Nursing and Quality Strategy Quality metrics and clinical outcomes data Complaints and claims Incident reporting and investigation Risk Assurance and Escalation policy Contract monitoring CQPG meetings NHSE Single Oversight Framework Staff appraisal and revalidation processes Clinical policies and guidelines Mandatory Training Lessons Learnt reviews Clinical Audit Plan Quality Improvement Action Plan Clinical Outcomes/Mortality Surveillance Group Ward Quality Dashboards CIP Quality Impact Assessment Process IG monitoring and audit Medicines Optimisation Strategy Learning from deaths policy Emergency Planning Resilience and Recovery Ockenden Report action plan CNST premium Patient Safety Incident Response Framework (PSIRF) Safer staffing/ establishment and Birth Rate + staffing reviews 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Staff Survey Friends and Family scores Quality Ward Rounds <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> IPR Patient stories Quality Committee Audit Committee Finance and Performance Committee Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports Nursing Strategy Learning from Deaths Mortality Review Reports Quality Account Internal audit programme IPC Board Assurance Framework <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> National clinical audits Annual CQUIN Delivery External inspections and reviews GIRFT Reviews PLACE Inspections Reports CQC Insight and Inspection Reports Learning Lessons League & NSIB reports IG Toolkit results Model Hospital 	<p>Development of a revised Clinical Strategy</p> <p>Standardised approach to Quality Improvement for MWL (Revised to June 2024)</p> <p>Single approach to ward accreditation for MWL (Revised to May 2024)</p>	<p>Routinely achieve 30% of discharges by midday 7 days a week to improve patient flow.</p> <p>Single set of key clinical and quality policies for MWL</p> <p>Incident reporting framework to still include reports all incidents and learning points, in parallel to PSIRF.</p> <p>Escalation protocols responding to industrial action, patient acuity, winter pressures, bed occupancy and delayed discharges do not impact the quality of care for patients.</p> <p>Fully integrated MWL quality governance structure (June 2024)</p>	<p>Deteriorating patient improvement project (Project scope reviewed and refreshed interim report provided to the Executive Committee in August 2023. (Project completion and final report for STHK sites now expected June 2024)</p> <p>Alignment of key clinical and quality policies across the new organisation (April 2024)</p> <p>Achieve new complaints response time of 60 days (Revised to September 2024)</p> <p>Agree and implement new Risk Management Framework for MWL (March 2024)</p> <p>Deliver action plan in response to the CQC Maternity Inspections when formal reports received (February 2024) Reports Published in April 2024</p> <p>Complete the first MWL Nurse establishment review (March 2024)</p> <p>Achieve quality improvement objectives for 2024/25 (March 2025).</p> <p>Implement changes agreed in the Nurse Establishment Review (September 2024).</p> <p>Implement the new incident and risk reporting system for MWL (August 2024)</p>			

BAF 2 Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners **Exec Lead: Director of Finance**

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to achieve the Trusts statutory breakeven duty. Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders. Failure to deliver strategic financial plans. Failure to control costs or deliver CIP. Failure to implement transformational change at sufficient pace. Failure to continue to secure national PFI support. Failure to respond to commissioner requirements. Failure to respond to emerging market conditions. Failure to secure sufficient capital to support additional equipment/bed capacity. <p>Effect:</p> <ul style="list-style-type: none"> Failure to meet statutory duties. NHSE/I Single Oversight Framework rating. <p>Impact:</p> <ul style="list-style-type: none"> Unable to deliver viable services. Loss of market share External intervention 	<ul style="list-style-type: none"> Operational Plan and STP financial modelling Annual Business Planning Annual budget setting CIP plans and assurances processes Monthly financial reporting Service line reporting 3-year capital programme Productivity and efficiency benchmarking (ref costs, Carter Review, model hospital) Contract monitoring and reporting Activity planning and profiling IPR NHSI annual provider Licence Declarations PMO capacity to support delivery of CIP and service transformation Signed Contracts with all ICBs and Spec Comm Premium/agency payments approval and monitoring processes Internal audit programme Compliance with contract T&Cs Standards of business conduct SFIs/SOs Conflict of interest declarations Benchmarking and reference cost group 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Monthly CBU Finance and Performance Meetings CIP Council Meetings Agency and locum spend approvals and reporting process Operational planning Premium Payment Scrutiny Council <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee and reporting Councils Annual Financial Plan Audit Committee Integrated Performance Report Benchmarking and market share reports (inc. GIRFT) Internal Audit Programme CQUIN Monitoring <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> ICB & NHSE monthly reporting and review meetings Contract Review meetings Place Based Partnership Boards Financial sustainability self-assessment External Audit reports including VfM Assessment Head of Internal Audit Opinion 	<p>Continue collaboration across C&M to deliver transformational CIP contribution.</p> <p>Medium and long-term financial plan, taking into account current position and savings from any reconfiguration, that addresses drivers of the underlying financial position of services at legacy S&O sites.</p> <p>Complete the review of financial controls so they are standardised across MWL (September 2024)</p> <p>Implement a vacancy control process in line with ICB system requirements (May 2024)</p>	<p>Develop capacity and demand modelling and a consistent approach to service development business case approval.</p> <p>Foster positive working relationships with health economy partners to help create a joint vision of the future of health services.</p> <p>Continue to achieve cash flow and prompt payment of invoices from other NHS providers e.g. as lead employer to maintain cash balances</p>	<p>Seek all possible sources of capital funding including national bids to support capacity planning and delivering the MWL Estate development plans (March 2024)</p> <p>Delivery of final agreed 2023/24 financial plan (March 2024)</p> <p>Delivery of the 3.7% reduction in bank and agency spend compared to 2022/23 levels (March 2024)</p> <p>Continue to track the activity and financial impact of continued Industrial Action and national guidance/direction on how the impact will be funded or activity plans revised (on-going for Junior Doctors)</p> <p>Continued monitoring of the impact of above plan inflation in 2023/24 (February 2024)</p> <p>Tracking of the costs of services over the winter period if outside planning assumptions included in the financial plan (e.g., 92% bed occupancy) (February 2024)</p> <p>Develop 2024/25 financial plan in line with the national planning guidance (March 2024)</p> <p>Deliver the agreed 2024/25 financial and activity plans, including CIP targets, reduction in bank and agency spend and delivery of minimum national activity targets (March 2025)</p> <p>Deliver the agreed 2024/25 capital programme.</p>			

BAF 3 Sustained failure to maintain operational performance/deliver contracts

Exec Lead: Chief Operating Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	5-4	4	20-16	3	4	12
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. <p>Effect:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. <p>Impact:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. 	<ul style="list-style-type: none"> NHS Constitutional Standards Care group activity profiles and work plans System Winter Plan Care Group Performance Monitoring Meetings Team to Team Meetings ED RCA process for breaches Exec Team weekly performance monitoring Waiting list management and breach alert system ECIP Improvement Events A&E Recovery Plan Capacity and Utilisation plans CQUIN Delivery Plans Capacity and demand modelling System Urgent Care Delivery Board Membership Internal Urgent Care Action Group (EOT) Data Quality Policy MADE events re DTOC patients Bed occupancy rates Number of super stranded patients 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter resilience plans Care Group Divisional Finance and Performance meetings Community services contract review meetings ICB CEO meetings Extraordinary PTL for long wait patients IA EPRR response and recovery plans <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Integrated Performance Report Annual Operational Plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Contract review meetings NHSE/I & ICB monitoring and escalation returns/sit-reps System winter resilience plan CQC System Reviews Cancer Alliance monthly oversight meetings 	<p>Implementation of routine capacity and demand modelling</p> <p>A defined preferred option and capital secured for Shaping Care Together programme.</p> <p>Implementation of CDC at Southport and Ormskirk sites.</p>	<p>Assurance that there is sufficient system response to operational pressures and delayed discharges.</p> <p>Progress against 2023/24 waiting list reduction and recovery targets.</p> <p>Tumour pathway specific recovery plans to reduce cancer waiting times and consistently achieve the national access standards.</p>	<p>Deliver 2023/24 combined STHK & S&O waiting list reduction and elective recovery targets (April 2024)</p> <p>Work with Place partners to achieve 92% bed occupancy and reduce delayed discharges (April 2024)</p> <p>Improve effectiveness of discharge processes to support 20% of discharges by noon, working with Place partners (As part of the 2023/24 winter plan)</p> <p>Implementation of Theatre Improvement Programme at Ormskirk Hospital (April 2024)</p> <p>Implementation of Diagnostics Improvement Plans across MWL (April 2024)</p> <p>Deliver the 2023/24 winter plan and winter summit action plan to maintain access to urgent and emergency care across the Trust (March 2024)</p> <p>Deliver the agreed 2024/25 activity and access time performance improvements (April 2025)</p> <p>Develop new non-elective strategy to achieve 2024/25 targets (June 2024)</p> <p>Implement cancer performance improvement plans across MWL (April 2025)</p>			

BAF 4 Failure to protect the reputation of the Trust

Exec Lead: Director of HR

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements. Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information. Failure of FPPT procedure <p>Effect:</p> <ul style="list-style-type: none"> Loss of market share/contracts Loss of income Loss of patient/public confidence and community support Inability to recruit skilled staff. Increased external scrutiny/review. <p>Impact:</p> <ul style="list-style-type: none"> Reduced financial viability and sustainability. Reduced service safety and sustainability Reduced operational performance. Increased intervention 	<ul style="list-style-type: none"> Communication, Media and Public Engagement Strategy & action plan Workforce/ People Plan and action plan Publicity and marketing activity/proactive annual programme Patient Involvement Feedback Patient Power Groups Annual Board effectiveness assessment and action plan Board development programme Internal audit Data Quality Scheme of delegation for external reporting Social Media Policy Approval scheme for external communication/ reports and information submissions Well Led framework self-assessment and action plan NED internal and external engagement Trust internet and social media monitoring and usage reports Complaints response times monitoring and quarterly complaints reports Compliance with GDPR 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter resilience plans Care Group Finance and Performance meetings Community services contract review meetings ICB CEO meetings Extraordinary PTL for long wait patients <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Integrated Performance Report Annual Operational Plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Contract review meetings NHSE/I & ICB monitoring and escalation returns/sit-reps System winter resilience plan CQC System Reviews Cancer Alliance oversight of pathways Provider representative at Place quarterly ICB performance meetings 	<p>Implementation of the revised Fit and Proper Persons Test Framework including the new national leadership competency framework for board members (March 2024)</p>	<p>Media and Public Engagement Strategy for the new organisation</p> <p>Creation of good working relationships with new Healthwatch/PBP areas post transaction</p>	<p>Communications programme to launch new trust values and 2024/25 objectives to deliver 5 star patient care (April 2024)</p> <p>Communications review to be completed which will inform the new MWL communications strategy (February 2024)</p> <p>Develop the MWL Communications, Media and Public Engagement strategy for approval by the Trust Board (September 2024)</p> <p>MWL stakeholder newsletter (revised to June 2024)</p> <p>Monthly media activity reports to Executive Committee (revised to June 2024)</p> <p>With partners deliver the communications and engagement programme for the Shaping Care Together pre consultation business case (September 2024)</p>			

BAF 5 Failure to work effectively with stakeholders

**Exec Lead: Director of HR/
Managing Director**

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information <p>Effect:</p> <ul style="list-style-type: none"> Lack of whole system strategic planning Loss of market share Loss of public support and confidence Loss of reputation Inability to develop new ideas and respond to the needs of patients and staff <p>Impact:</p> <ul style="list-style-type: none"> Unable to reach agreement on collaborations to secure sustainable services Reduction in quality of care Loss of referrals Inability to attract and retain staff Failure to win new contracts Increase in complaints and claims 	<ul style="list-style-type: none"> Communications and Engagement Strategy Membership of Health and Wellbeing Boards Representation on Urgent Care Boards/System Resilience Groups JNCG/LNG Patient and Public Engagement and Involvement Strategy Place Director Meetings Staff engagement strategy and programme Patient power groups Involvement of Healthwatch St Helens Cares Peoples Board Involvement in Halton and Knowsley PBP development Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer Cheshire and Merseyside Integrated Care Board governance structure Exec to Exec working MWL Hospitals Charity annual objectives Regular meetings with local MPs, OSCs etc. Equality impact assessments 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> LUHFT Partnership Board North Mersey Ophthalmology Steering Group Shaping Care Together Programme Capital Assurance Group ED&I Steering Group Monitoring of NHS Choices comments and ratings Review of digital media trends Healthwatch feedback <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Quality Committee Charitable Funds Committee CEO Reports HR Performance Dashboard Board Member feedback and reports from external events Quality Account Annual staff engagement events programme <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> NHSE/I review meetings Participation in C&M ICB leadership and programme Boards Collaborative working with Place Directors to develop plans for PBPs Membership of St Helens People Board OSC attendance/presentations 	<p>Health inequalities improvement objectives to be agreed with each Place and the ICBs</p>	<p>C&M Integrated Care System performance and accountability framework ratings and reports</p> <p>Development of good working relationships with each Place and their Primary Care Networks</p> <p>Maintain or improve NHS Operating framework segment 2 (April 2024)</p>	<p>Work with each Place Based Partnership in the MWL catchment to improve the health of the population and reduce health inequalities (March 2024)</p> <p>Deliver 92% bed occupancy target for each PBP (March 2024)</p> <p>Re start the Shaping Care Together Programme to develop a new PCBC for the configuration of services between the Southport and Ormskirk Hospital sites (March 2024 revised to July 2024)</p> <p>Work with NHSE/ICB post transaction to continue to support fragile services for MWL as required (September 2024)</p> <p>Outputs from the “big conversation” used to develop values and behavioural standards for launch at the start of 2024/25 (March 2024)</p>			

BAF 6 Failure to attract and retain staff with the skills required to deliver high quality services

Exec Lead: Director of HR

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	5	15	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Loss of good reputation as an employer Doubt about future organisational form or service sustainability Failure of recruitment processes Inadequate training and support for staff to develop High staff turnover Unrecognised operational pressures leading to loss of morale and commitment Reduction in the supply of suitably skilled and experienced staff <p>Effect:</p> <ul style="list-style-type: none"> Increasing vacancy levels Increased difficulty to provide safe staffing levels Increase in absence rates caused by stress Increased incidents and never events Increased use of bank and agency staff <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality of care and patient experience Increase in safety and quality incidents Increased difficulty in maintaining operational performance Loss of reputation Loss of market share 	<ul style="list-style-type: none"> Team Brief Staff Newsletter Staff App Mandatory training Appraisals Staff benefits package H&WB Provision Staff Survey action plan JNCC/LNC Education and Workforce Development Plan People Policies Exit interviews Staff Engagement Programme – Listening events Involvement in Academic Research Networks Values based recruitment Daily nurse staffing levels monitoring and escalation process 6 monthly Nursing establishment reviews and workforce safeguards reports Recruitment and Retention Strategy action plan Career leadership & talent development programmes Agency caps and usage reporting Speak out safely policy ACE Behavioural standards Medical Workforce OD plan Talent Management action plan Equality, Diversity, and Inclusion action plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Premium Payments Scrutiny Council Monitoring of bank, agency and locum spend Workforce operational plans <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Strategic People Committee People Performance Council, Valuing Our People Council and HR Commercial Services Council Finance and Performance Committee Committee Performance Report Staff Survey Monthly monitoring of vacancy rates Labour stability and staff turnover WRES, WDES, EDS3 and Gender Pay Gap, EDI reports and action plans Quality Ward rounds Employee Relations Oversight Group <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> HR Benchmarking Nurse & Midwifery Benchmarking Freedom to Speak Up Guardian reports Guardian of Safe Working Hours report 	<p>Evaluation of the impact of introducing 12 hour long day nursing shifts (StHK) (Revised to February 2024)</p> <p>Improve ease with which staff can move roles internally (March 2025).</p> <p>Integration of education structure across MWL (July 2024)</p>	<p>Specific strategies and targeted campaigns to overcome recruitment hotspots e.g., international recruitment and working closely with NHSE.</p> <p>CDC recruitment campaign continues with recruitment events and new training opportunities for Physician Associates, Phlebotomy, international recruitment, and use of apprenticeships (On-going)</p> <p>C&M Endoscopy bank pilot now extended to June 2024 and piloting the hybrid employment model.</p> <p>Achieve 2023/24 targets for international recruitment and Nurse Associate expansion with new cohort commencing Q3 2023/24 (revised to April 2024)</p>	<p>Delivery of the 2022 staff survey action plan for legacy organisations in 2023/24 and combine surveys and action plans for future (March 2024)</p> <p>Achieve the Mandatory Training and Appraisal compliance targets of 85% (March 2024)</p> <p>Continue to provide the necessary support for organisational change to impellent the remaining management structure for the MWL integrated operating model (July 2024)</p> <p>Achieve the mandatory and compulsory training target of 85% (April 2025)</p> <p>Achieve 85% compliance with staff appraisals (April 2025)</p> <p>Implement the NHS Sexual Safety Charter (March 2025)</p> <p>Delivery the 2023 staff survey action plan (March 2025)</p>			

BAF 7 Major and sustained failure of essential assets or infrastructure **Exec Lead: Director of Corporate Services**

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Poor replacement or maintenance planning Poor maintenance contract management Major equipment or building failure Failure in skills or capacity of staff or service providers Major incident e.g. weather events/ fire Insufficient investment in estates capacity to meet the demand for services <p>Effect:</p> <ul style="list-style-type: none"> Loss of facilities that enable or support service delivery Potential for harm as a result of defective building fabric or equipment Increase in complaints <p>Impact:</p> <ul style="list-style-type: none"> Inability to deliver services Reduced quality or safety of services Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share/contracts 	<ul style="list-style-type: none"> New Hospitals / Vinci /Medirect Contract Monitoring Equipment replacement programme Equipment and Asset registers 5-year Capital programme PFI lifecycle programme PPM schedules and reports Procurement Policy PFI contract performance reports Regular accommodation and occupancy reviews Estates and Accommodation Strategy H&S Committee Membership of system wide estates and facilities strategic groups Membership of the C&M HCP Strategic Estates work programme Access to national capital PDC allocations to deliver increased capacity Compliance with national guidance in respect of waste management, ventilation, Oxygen supply, cleaning, food standards Compliance with NHS Estates HTMs Green Plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Major Incident Plan Business Continuity Plans Planned Preventative Maintenance Programme Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee to capture <ul style="list-style-type: none"> Strategic PFI Organisational changes Legal, Financial and Workforce issues Contract risk Design & construction FM performance MES performance S&O safety groups and E&F Governance Group <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Finance Report Capital Council Audit Committee Integrated Performance Report ERIC returns/data <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Authorising Engineer Appointments Authorising Engineer Audits Condition surveys Premises Assurance Model benchmarking Model Hospital PLACE Audit Results and benchmarking 	<p>Maintain up to date 10-year strategic estates development plans for MWLn to support the Trusts service development and integration strategies.</p> <p>Create strategic site development plans for the S&O hospital sites when transaction completed (February 2024)</p> <p>Development of an Estates Strategy in response to Shaping Care Together preferred service configuration option (aligned to SCT timetable)</p>	<p>Develop the final business case to implementation of new National Standards of Cleaning across MWL - (revised to June 2024)</p> <p>Implementation of the national Hospital Food Review recommendations and mandatory standards (Gap analysis being undertaken)</p> <p>Compliance with the new Protect legislation for premises security – Consultation closed in July 2022 and draft legislation not yet published.</p>	<p>3-year capital programme to deliver the Same Day Ambulatory care capacity and UEC schemes (on going to 2024/5)</p> <p>Delivery of the Whiston Additional Theatres Scheme (June 2024)</p> <p>Complete review of Estates and FM systems, processes, and policies across all MWL sites (revised to June 2024)</p> <p>Deliver the high risk backlog maintenance remediation programme for the S&O sites agreed for 2023/24 (March 2024)</p> <p>Deliver the MWL capital programme (capital works) for 2023/24 (March 2024)</p> <p>Deliver the S&O sites backlog maintenance programme 1for 2024/25.</p> <p>Deliver the MWL capital works plans for 2024/25.</p>			

BAF 8 Major and sustained failure of essential IT systems

Exec Lead: Director of Informatics

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	4	4	16	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Inadequate replacement or maintenance planning Inadequate contract management Failure in skills or capacity of staff or service providers Major incident e.g. power outage or cyber attack Lack of effective risk sharing with HIS shared service partners Inadequate investment in systems and infrastructure <p>Effect:</p> <ul style="list-style-type: none"> Lack of appropriate or safe systems Poor service provision with delays or low response rates System availability resulting in delays to patient care or transfer of patient data Lack of digital maturity Loss of data or patient related information <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality or safety of services Financial penalties Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share contracts 	<ul style="list-style-type: none"> MMDA Management Board and Accountability Framework Procurement Framework MMDA Strategy Performance framework and KPIs Customer satisfaction surveys Cyber Security Response Plan Benchmarking Workforce Development Risk Register Contract Management Framework Major Incident Plans Disaster Recovery Policy Disaster Recovery Plan and restoration procedures Engagement with C&M ICS Cyber group Business Continuity Plans Care Cert Response Process Project Management Framework Change Advisory Board IT Cyber Controls Dashboard Information asset owner/administrator register Service improvement plans MWL Digital Strategy 2024-2027 Microsoft Defender for Endpoints 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Information security dashboard Information asset owner register Information security dashboard IT On Call (including network specific cover provided by MMDA) Benefit realisation framework monitoring Monthly cyber security operational meeting <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Board Reports IM&T Strategy delivery and benefits realisation plan reports Audit Committee Executive committee Risk Management Council IM&T Council Information Security Assurance Group MMDA Service Operations Board MMDA Strategy Board Programme/Project Groups Information Governance Steering Group <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Internal/External Audit Programme CareCert, Cyber Essentials, External Penetration Test to identify cyber threats and vulnerabilities. Support contracts for core systems Quarterly NHS Digital simulated phishing attack reports Digital Maturity Assessments 	<p>Annual Corporate Governance Structure review</p> <p>Technical Development of staff</p>	<p>Compliance with ISO27001 – with gap analysis being in progress (March 2025)</p> <p>IT communications strategy</p> <p>Digital Maturity assessment</p> <p>Cyber Essential Certification/Accreditation – achieve by January 2026</p> <p>Migration from end-of-life operating system at S&O sites</p> <p>MWL Digital Strategy (March 2024)</p> <p>Multi-factor authentication to provide additional protection for confidential data</p>	<p>Review benefits of ISO27001 – if not superseded plan for implementation (March 2024)</p> <p>Achieve HIMMS Level 5 2018 standards and core digital capabilities and WGLL standards (March 2025)</p> <p>Decommission Windows 12 Servers (October 2024).</p> <p>Windows Server 2008 Servers are gradually being retired and will be fully replaced (March 2025).</p> <p>Delivery of the Frontline Digitisation Programme to optimise Careflow EPR and implement new functionality to meet the core digital capability standards (March 2025)</p> <p>Delivery of Community EPR (March 2024)</p> <p>Respond to cyber threat alerts and update systems as required (on going)</p> <p>Test major incident and data recovery plans for MWL (Revised to June 2024)</p> <p>Approve new MWL Digital Strategy (February 2024)</p> <p>Implement multi-factor authentication (MFA) to end users (June 2024)</p>			

Title of Meeting	Trust Board	Date	24 April 2024
Agenda Item	TB24/034		
Report Title	Learning from Deaths Quarterly Report (Quarter 3)		
Executive Lead	Peter Williams, Medical Director		
Presenting Officer	Peter Williams, Medical Director		
Action Required		To Approve	X To Note
Purpose			
<p>To Inform the board of themes from Learning from Deaths.</p> <p><i>“Learning from deaths of people in our care can help us improve the quality of the care we provide to patients and their families and identify where we could do more” NHSI 2017</i></p>			
Executive Summary			
<p>Whiston and St Helens Hospitals In Q3 2023/24 40 Structured Judgement Reviews (SJRs) have been requested to date</p> <ul style="list-style-type: none"> • 1 x amber • 3 x Green with Learning • 13 x Green • 5 x positive feedback <p>Southport and Ormskirk Hospitals In Q3 2023/24 13 SJRs have been completed</p> <ul style="list-style-type: none"> • 13 x death not avoidable (equivalent to StHK grading of Green) <p>The Learning from Deaths Teams are working to align the review processes across the Trust.</p>			
Financial Implications			
None			
Quality and/or Equality Impact			
Learning from deaths seeks to promote continuous learning in order to foster a culture that leads to ongoing improvement of care, pathways and services.			
Recommendations			
The Board is asked to note the Learning from Deaths Report (Quarter 3)			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		
	SO3 5 Star Patient Care – Pathways`		
	SO4 5 Star Patient Care – Communication		
	SO5 5 Star Patient Care - Systems		
	SO6 Developing Organisation Culture and Supporting our Workforce		

	S07 Operational Performance
	S08 Financial Performance, Efficiency and Productivity
	S09 Strategic Plans

TRUST BOARD

1.1 Whiston and St Helens Hospitals

	No. of reviews (outstanding)	Green	Green with Learning	Green with positive feedback	Amber	Red
Q3 2023/24	18	13	3	5	1	0

The two SMR alerting diagnostic groups:

- 1) Other diseases of kidney and ureters (6 Cases)
 - 5 have had SJR – all GREEN
 - No concerns identified

- 2) Neoplasms of unspecified nature or uncertain behaviour (6 cases)
 - Review of cases identifies that all patients were admitted with their first presentation of advanced malignancy
 - This will be monitored and consideration of more detailed review if further increased deaths occur in this diagnosis group

1.2 Southport and Ormskirk Hospitals

In Q3 2023/24 all inpatient deaths were reviewed by the Medical Examiner's Office and as a result 13 SJRs were completed (7 due to Cardiac Arrests and 6 due to Mental Health or Learning Disability) Of these 13 deaths, none were deemed to be avoidable (equivalent to StHK grading of Green) but three identified learning points for the clinical team (Green with learning) including recognition of patients reaching the End of their Life and nutrition.

In month HSMR for August 2023 is elevated at 122 which has been investigated extensively. This is due to by a drop in the number of patients coded as receiving specialist palliative care input or diagnosed with septicaemia and crude mortality rate remains unchanged. Extensive work is being done with the Clinical Coding and Palliative Care teams to ensure that all patients are coded accurately especially those receiving Specialist Palliative Care input.

There is a known association between long length of stay in ED and increased risk of poor patient outcomes and experience. This has been seen in some mortality reviews. Ongoing work is being done to reduce ED crowding and optimising the internal use of resource and meet the demand and ensure patients are transferred out of ED as quickly as possible.

There has been an in-month rise in SMR for some diagnostic groups including LRTI and Pneumonia. These groups have previously been reviewed by the Mortality Operational Group but a sample will be reviewed again to ensure no new areas of concern.

1.3 Shared Learning

1.3.1 Whiston and St Helens Hospitals

- Patients on home ventilation

There is a new protocol on EPMA for patients who receive home ventilation (CPAP or NIV/BiPAP). This should be prescribed on admission for patients who have their own machine at home. This will prompt nursing staff to assist the patient to use their own machine whilst they are a hospital inpatient.

This protocol is only to be used for patients who are stable from their respiratory condition. Patients who usually use home ventilation but have developed a respiratory acidosis should be discussed with the on-call respiratory consultant.

- Thoracic imaging in older patients with suspected chest trauma

All patients with a high-risk mechanism of injury or a penetrating chest injury require a CT chest. If the patient is >65 years, they also require CT chest if they have any of the following:

1. COPD/chronic lung disease
2. Anticoagulation
3. Hypoxia (sats <94% or <88% with chronic lung disease)

The Thoracic Injuries Pathway can be found on the Intranet/A-Z of services/A&E/Major Trauma / Chest

- PICC (Peripherally inserted central catheter) learning

PICC lines are rapidly becoming an acceptable alternative to traditional central venous catheters and tunnelled catheters, with advantages of patient comfort, reduced insertion complications, reduced infection rates and ease of placement. They have the potential to provide continuous venous access for patients throughout the duration of a treatment episode.

Once inserted, the PICC must not be used until the position of the catheter has been confirmed by x-ray. The x-ray should be reviewed by a competent staff member to determine correct positioning of device.

- Respect of patient's DNACPR

A patient with Learning Disabilities and complex underlying medical conditions had previously expressed that he would not wish to receive CPR in the event of a cardiac arrest. Although the patient did not bring his DNACPR form into hospital with him, a new form was completed in accordance with Trust policy. When he had an unexpected cardiac arrest, his wishes were respected, and he was allowed to die peacefully as per his request. Patient autonomy is one of the core principles of medical ethics, and we must respect this at all times.

1.3.2 Southport and Ormskirk

Quarter 3 saw the conclusion of a coroner's inquest into a maternal death due to complications of a major haemorrhage in Ormskirk Hospital

Significant learning has taken place following this patient's death and a number of improvements have been put in place to prevent other similar incidents including:

- A clinically led process for planning elective caesarean sections based upon identification of clinical urgency.
- Separation of the elective and emergency processes with a dedicated elective Caesarean Section theatre list to ensure that emergencies do not impact on the ability to do completed elective cases.

The Lancashire coroner agreed that death could have been avoided if surgery had proceeded electively but commended the trust for the changes that had been put in place commenting that 'These will save lives'.

Summary of other learning points:

1. There has been good evidence in the reviews of sensitive, early DNACPR and EOL planning
2. Feeding "At risk" and the challenges this poses to patients towards the end of life can be supported by the Specialist Palliative Team and discussions with patients and their carers should be clearly documented
3. The use of the Palliative Care Virtual Ward has enabled patients to die in their preferred place of death without the need to be admitted to the acute Trust

1.4 Conclusion and recommendations

The Board is asked to note the contents of this report and receive assurance that:

- Learning from Deaths is now embedded within the organisation
- Lessons learned are shared widely in all care groups following Trust Board and care groups are expected to create action plans and evidence their completion to address any concerns / learning raised. (Appendix 2)
- Where concerns have been identified these have received further peer review and escalated as appropriate.

Appendix 1 – Criteria for Structured Judgement Review

Total Deaths in Scope¹

Check against NWB downloaded LD List ² ‘Learning Disability Death’	LeDeR Death Review
Check against MHA and DOLS list ‘Severe Mental Illness Death’	SJR ³
Check if age < 18 yrs., but > 28 days ‘Child Death’	Regional Child Death Overview Panel (CDOP)
Check if < 28 days and > 24 weeks gestation ‘Neonatal death or Stillbirth’	Joint Perinatal Audit Meeting (SJR), & C&M ‘Each Baby Counts’ Panel
Check if spell includes obstetric code (501) ‘Maternal Death’	National EMBRACE system (also perinatal)
Check against current year ‘Alert List’ ‘Alert Death’ ⁴	SJR
Check against coding ‘Patients with a diagnosis of Autism’ ⁶	SJR
Check DATIX for complaints/PALS/staff concerns ‘Concern Death’	SJR
Check against Surgical Procedures List ‘Post-op Death’	SJR
Cardiac Arrests that result in death ⁵ ‘Cardiac Arrest Deaths’	SJR

1. All inpatient deaths. Transfers to other hospitals or settings not included
2. LeDeR – nationally prescribed process for reviewing LD deaths
3. Structured judgement review
4. Alert deaths; include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.
5. Cardiac Arrests calls that result in death
6. Patients who have a diagnosis of Autism

Appendix 2 – Forums where lessons learned are shared

Forum/Communication Channel	Chair	Support
Quality Committee	Gill Brown	Joanne Newton
Clinical Effectiveness Council	Peter Williams	Helen Burton
Patient Safety Council	Rajesh Karimbath	Jill Prescott
Patient Experience Council	Anne Rosbotham-Williams	Francine Daly
Team Brief	teambrief@sthk.nhs.uk	
Intranet Home Page	Lynsey Thomas	
Global Email	Elspeth Worthington	Jane Bennett
MCG Integrated Governance & Quality Meetings – W&StH	Ash Bassi/Debbie Stanway	Paul Wilson
MCG Directorate Meetings – W&StH	Debbie Stanway	Paul Wilson
MEC Division Safety and Governance Meeting – S&O	Mas Diwan/Carol Fowler	
SCG Governance Meetings – W&StH	Karen Barker	Gina Friar
SCG Directorate Meetings – W&StH	John McCabe /Phil Nee	Julie Rigby
Planned Care Division Safety and Governance Meeting – S&O		
CSS Directorate Meetings	Vinod/GowdaCaroline Dawn	Sam Barr
ED Teaching – W&St H	Sarah Langston/Clare O’Leary	Ann Thompson
ED Teaching – S&O	Michael Aisbitt	
FY Teaching – W&StH	Brenda Longworth	
FY Teaching – S&O	Ann Holden	

ENDS

Title of Meeting	Trust Board		Date	24 April 2024
Agenda Item	TB24/035			
Report Title	Cheshire & Mersey Pathology Network Laboratory Information Management System Full Business Case			
Executive Lead	Malcolm Gandy, Director of Informatics			
Presenting Officer	Malcolm Gandy, Director of Informatics			
Action Required	X	To Approve	X	To Note
Purpose				
To support and approve the Full Business Case and its implementation.				
Executive Summary				
<p>Cheshire and Merseyside (C&M) acute and specialist providers have come together to collaborate on matters that can be best progressed and responded to, at scale, and through shared focus or action. Working together has achieved real and tangible benefits for the system, the public and member trusts growing from foundations set during the pandemic.</p> <p>Cheshire & Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative has a number of established programmes, one of which is the Diagnostics Programme. This includes Pathology, and specifically a programme responsible for the procurement and implementation of a Laboratory Information Management System (LIMS) for the Cheshire & Merseyside Pathology Network (CMPN). The programme has robust governance in place and the scope and deliverables of this programme are regularly reported on to CMAST Leadership Board (including CEOs and Chairs), trusts and wider.</p> <p>The core aim for this programme is to procure and implement a LIMS system designed to work for a Pathology network to support the transformation of Pathology services in the CMPN, which in turn will support improvements in clinical services and outcomes for patients.</p> <p>A single network wide LIMS is a vital enabler for the network's efficient and effective operation and is part of a wider digital and IT workstream which includes inter-related system implementation plans for Primary Care Order Communications and Digital Pathology.</p> <p>The Full Business Case has been developed through robust engagement, following feedback from Trusts and Integrated Care Board (ICB) colleagues. The Full Business Case has been developed to present a system wide view:</p> <ul style="list-style-type: none"> • Following production of an Outline Business Case. • Following completion of procurement evaluation. • Recognising that further benefits are difficult to quantify at this time. • Subsequent to approval of national funding as already agreed by Directors of Finance in 22/23. • This business case is not intended to apply for additional capital, but to present a system view of the benefits, costs, risks. • The costs included in the business case are as noted prior to contract negotiation. <p>A Full Business Case (FBC) in whatever format is something which is routinely updated across the life of a programme. There has been a range of feedback provided on the LIMS FBC and some of this has been possible to address in this version of the FBC. However, not everything is possible to address at this stage.</p>				
Case for Change – Why is a single LIMS system required?				

The strategic case of the FBC sets out the rationale and case for change of the programme. A summary is included below:

- This a national requirement. LIMS is one of the three areas which the network should develop to prove it is a 'maturing network' as per the Network Maturity Matrix.
- Failure to adopt the new LIMS jeopardises the wider Pathology transformation requirements, hindering compliance with NHS England's requirement for a mature Pathology Network by March 2025.
- The current systems are laborious and produce multiple points where error/patient safety incidents could occur.
- Improving connectivity within the network allow requests, tests, and results to flow across the CMPN geographic area and effectively supports improvements in productivity and the quality of diagnostic workflows.
- The current LIMS system across the network do not offer the flexibility or the capabilities to support the transformation required or needed from the network.
- The current LIMS are outdated across most Trusts. Whilst some investment in Pathology IT provision has been made over the years, investment has been lacking in the LIMS in most Trusts, resulting in not only old hardware and software but technology that does not provide modern functionality. There are several LIMS that are already considered legacy, whereby support is limited, and the underlying hardware is beyond their age.
- The current LIMS lack the ability to adapt to changing technology (AI, Digital Pathology) where significant benefits can be realised.
- Overall, the implementation of a new LIMS system can improve the efficiency, accuracy, and accessibility of laboratory testing, leading to better patient care and outcomes.

Benefits / Costs / Risks

The FBC includes significant information on benefits, costs and risks in the strategic, economic and finances cases.

Option 4 is a Network wide LIMS for all disciplines, the table below summaries the return on investment. The programme has a BCR of 5.28:1 which exceeds the Greenbook test of 4:1, signifying a positive return on investment.

Table 1: System wide return on investment for Option 4 (Implement a network wide LIMS solution for all pathology solutions)

	Option 4 £'000
Capital costs	7,331
Recurrent revenue costs	11,509
Total costs	18,841
Impact of risk	2,241
Cash releasing benefits	26,471
Cost avoidance benefits	11,653
Non cash releasing benefits	73,169
Total benefits	111,294
NPV	90,212
BCR	5.28
ROI	428%

In relation to financial impact the analysis demonstrates an initial negative impact during the initial years of the programme due to the increased implementation costs, followed by a small cash saving during the maintenance phase of the programme once benefits of the programme are realised in later years. Cost avoidance benefits are not included in this analysis. The table below shows the system wide income and expenditure.

Table 2 – System wide impact on income and expenditure for implementing a network wide LIMS:

	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support	0	291	1,798	2,688	2,092	1,408	1,437	1,464	1,490	1,515	1,539	15,722
Non-recoverable VAT on revenue	0	53	357	533	414	277	282	288	294	301	307	3,106
Depreciation	0	0	0	1,155	1,155	1,155	1,155	1,155	1,155	1,155	1,155	9,240
PDC	32	193	323	303	263	222	182	141	101	61	20	1,842
Cash releasing benefits realised by CMPN	0	0	0	-1,958	-2,946	-3,974	-5,044	-6,158	-6,287	-6,419	-6,554	-39,339
Total impact on expenditure	32	537	2,478	2,721	978	-912	-1,988	-3,109	-3,246	-3,387	-3,533	-9,430
Operating surplus / (deficit)	-32	-537	-2,478	-2,721	-978	912	1,988	3,109	3,246	3,387	3,533	9,430

It has been agreed that the Cheshire and Merseyside ICB will support Trusts in four years of the programme where there is a negative impact due to increased implementation costs, after which the ICB will claw back the costs from cash releasing benefits.

There are some key assumptions to note:

- Cost allocations are based on the last full data collection from – 2021/2022.
- There is a de minimis £100k limit per Trust when costs are more than benefits.
- ICB risk contribution is clawed back on a straight-line basis from the point at which the Trust starts to make cash releasing benefits, over the remaining term.

- The claw back will be based on individual Trusts cash releasing benefits. Not an equal split of benefits.
- Trusts pay back on a straight-line basis, over the remaining term.

The FBC shows the breakdown of the income and expenditure position impact at individual trust level, including the profiling of the ICB risk support.

Table 3 – impact to MWL income and expenditure and profiling of ICB risk support:

Mersey and West Lancashire Teaching Hospitals NHS Tr	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	74	667	584	357	365	372	379	386	393	400	3,978
Depreciation and PDC	7	42	70	316	307	298	289	281	272	263	254	2,400
Cash releasing benefits realised by CMPN	0	0	0	-586	-820	-1,064	-1,318	-1,582	-1,615	-1,649	-1,683	-10,316
Total impact on expenditure	7	116	737	314	-156	-401	-656	-921	-956	-992	-1,029	-3,938
Operating surplus / (deficit)	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938
Financial Risk Profiling												
ICB Risk Support to Trust	0	-16	-637	-214	256							-611
ICB Risk Support from Trust (clawback)						102	102	102	102	102	102	611
ICB Total Position	0	-16	-637	-214	256	102	102	102	102	102	102	0
Trust Risk Support Contribution De Minimus (<£100k)	0	-100	-100	-100	-100							-400
Trust Risk Support to ICB (clawback)						-102	-102	-102	-102	-102	-102	-611
Trust Position	-7	-100	-100	-100	-100	401	656	921	956	992	1,029	4,949
Total Trust Position	-7	-100	-100	-100	-100	299	554	820	855	890	927	3,938
Total Position	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938

As noted earlier in the paper, the costs and benefits shown in the FBC for each trust have been apportioned based on the 21/22 activity levels for each provider. The cost allocations and recharges to individual trusts will need to be approved as part of the risk/gain share agreement which is currently being developed.

Risks and issues

The current programme risks and issues are summarised for ease, further information including mitigations and next steps can be found in the FBC.

1. IF preferred supplier due diligence is not carried out thoroughly, THEN the supplier may not be able to deliver a high-quality product to deliver the requirements of the new LIMS system. This will increase the likelihood of multiple and potentially expensive change processes which are required to rectify any issues during the contract lifetime.
2. IF there are no central or local operational resources team in place for Phase 2 - Implementation, particularly due to LIMS being a capital only programme, THEN the LIMS programme may not deliver against quality, time or cost benefits and requirements.
3. The capital allocation of the LIMS programme will not cover the full costs of the implementation. Local resourcing and support will be needed to deliver the solution at a local level.
4. Backfilling local resource and support to free up current staff to work on the implementation may be difficult due to the limited specialist resources that are available on the market, this may impact local services during the implementation phase or extend the implementation phase.

5. In addition to the above, recurrent resources and funding required for hosting of the solution and contract management have not yet been agreed.
6. The case includes an interface solution which enables LIMS to connect to other digital systems. This is currently being hosted by LUFT and there needs to be a clear understanding of how this aligns with the programme and who is responsible for contracting and delivery of this over the contract term.
7. The profile of benefits delivered across trusts may differ to what has been described in the business case. There is a requirement to ensure there is an agreed set of principles between all trusts in the risk/gain share agreement to avoid any disputes post the implementation period.

Local Risks with the existing solution

- The MWL local LIMS, Telepath, is 30+ years old and has many limitations which impact the services and may impact patient care (e.g. not able to link up with new machines/analysers, many workarounds for processes have to be put in place that rely on people being aware of the workarounds)
- Risk Ref (3959 and 2702) - Telepath cannot use NHS number as the patient identifier, post the merge with Southport and Ormskirk this may cause a risk to patient care and safety due to patients having two different hospital numbers if they move between the legacy STHK and Southport sites.
- Adoption of the order communication functionality (within EPR) is not fully adopted across the trust and requires significant transformation effort to ensure full adoption (and therefore realise the benefit of a modern LIMS).

Procurement and delivery

The comprehensive procurement process was led by Countess of Chester Hospital Commercial Services.

Following a comprehensive evaluation process the recommended supplier has been identified following evaluation as **Magentus**. Throughout the business case they have been referred to as the 'recommended supplier'.

Once the FBC has been approved via Trust Boards the next stage will be contract negotiations, which will be led by Mersey and West Lancashire Teaching Hospitals on behalf of the system and Trusts. The LIMS contract will be hosted by Mersey and West Lancashire Teaching Hospitals NHS Trust on behalf of the system and all Core Trusts.

As part of the procurement evaluation, the recommended supplier submitted a DRAFT implementation plan. This needs to be agreed and developed with the supplier and Core 5 Trusts.

Further information in relation to the implementation plan and governance for the next stage of the programme can be found in the management case.

Financial Implications

Overall system wide favourable impact on I&E position of £9.4m across the life of the programme. The impact to MWL based on activity split is a £3.9m favourable impact, however the allocations to individual trusts will need to be approved as part of the risk/gain share agreement which is currently being developed.

Quality and/or Equality Impact	
Not applicable	
Recommendations	
<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Support and approve the FBC and its implementation. 2. To note approval provides Board support for <ul style="list-style-type: none"> • Aligned delivery of C&M strategic proposals for LIMS. • Approving revenue funding, capital drawdown and contract award with the recommended supplier via a host Trust for and on behalf of all parties. • Contract award will be progressed by MWL who the system and the 5 Core Trusts have requested host the contract on their behalf. <p>Delegation of LIMS programme decision making and oversight to CMAST Leadership Board who, through the Diagnostics Programme, will oversee contract award, implementation, and delivery (the programme will in turn report to Trust Boards).</p>	
Strategic Objectives	
	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care - Pathways
	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

**Cheshire & Merseyside
Pathology Network (CMPN)**

**Laboratory Information
Management System (LIMS)**

Full Business Case (FBC)



Title	Cheshire & Merseyside Pathology Network Full Business Case for a Laboratory Information Management System
Author(s)	Cheshire and Merseyside Pathology Network
Contributors	Cheshire and Merseyside Pathology Network and Integrated Care Board (ICB) Stakeholders
Version	V7
Target Audience	Core 5 Trust Boards and ICB
Date of Issue	21/03/2024
Document Status (Draft/Final)	Final
Purpose	For decision to award to the chosen supplier

Document Version Control

Version	Date	Author	Change
0.1	01/12/23	CMPN	Initial draft.
0.2	20/12/23	CMPN	Following comments from Pathology Digital Executive Steering Group.
0.3	04/01/24	CMPN	Following advice from Procurement Leads at MWL & COCH.
0.4	22/01/24	CMPN	Following feedback from Trusts.
0.5	08/03/24	CMPN	Updated version.
0.6	15/03/24	CMPN	Slight Amendments. Final Version.
0.7	21/03/24	CMPN	All tables relating to benefits have been updated to reflect the WHH OCR benefits.

Please note the contents of this Full Business Case is commercially sensitive and should not be shared beyond internal teams.

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1. Executive Summary

1.1 Executive Summary: Cheshire and Merseyside Pathology Network Laboratory Management Information System (LIMS) Implementation

This Full Business Case (FBC) advocates for a strategic investment of £9.24m (capital) and £11.509m (revenue), to implement a unified state-of-the-art Laboratory Management Information System (LIMS) across five healthcare organisations in Cheshire and Merseyside, across all Pathology disciplines. The proposed single network LIMS aims to replace disjointed systems, fostering communication, interoperability, and technological advancements. Failure to adopt the new LIMS jeopardises the wider Pathology transformation requirements, hindering compliance with NHS England's requirement for a mature Pathology Network by March 2025.

The Cheshire and Merseyside Pathology Network (CMPN) comprises seven NHS Trusts, delivering c. 53 million tests per year and serving over 2.7 million patients. The initiative aligns with national directives for Pathology service consolidation and digitisation.

Various national reports underscore the need for investments in diagnostics and digital systems, emphasising the critical role of Pathology networks. An independent review in Cheshire and Merseyside in 2022 also highlighted limitations in existing systems, necessitating a unified LIMS for operational efficiency, safety, and adaptability.

The implementation of a single LIMS presents substantial benefits, including network-wide specimen analysis, standardised testing procedures, workforce flexibility, reduced duplicate testing and improved patient safety. The LIMS will streamline processes, leading to time efficiency savings and enhanced collaboration.

The economic appraisal, incorporating whole life system costs, risk impact, and benefits, underscores the superior value for money of the proposed unified LIMS solution (Option 4), with a Net Present Value (NPV) of £90.5m and a Benefit-to-Cost Ratio of 5.29:1 which meets the Greenbook standards. The economic analysis compares the proposed solution against the current 'Do-nothing' position of all Trusts. The proposed solution for the LIMS Programme was developed through engagement with all Trusts and considerable engagement across Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative.

The financial impact analysis reveals an initial negative impact during the initial years of the programme due to the increased implementation costs, followed by a small cash saving during the maintenance phase of the programme once benefits of the programme are realised in later years.

The implementation of a single LIMS aligns strategically with regional and national goals, offering extensive benefits over a 10-year life cycle. This transformative initiative positions CMPN for sustainable and innovative service delivery, unlocking additional opportunities for improvement.

The comprehensive procurement process, led by COCH Commercial Services, identified Magentus as the recommended supplier. Contract award is scheduled for May 2024, pending Trust Board approval at all Core 5 Trusts

The LIMS contract will be hosted by Mersey and West Lancashire Teaching Hospitals NHS Trust on behalf of the system and all Core Trusts.

The collaborative implementation plan, overseen by the LIMS Implementation Oversight Group, outlines a phased approach over three years, ensuring strategic alignment, transparency, and

effective governance. This plan assumes recruitment of a central technical implementation to support standardisation and alignment.

This business case is structured using the Green Book Business Case Five Case Model¹ to provide assurance that a robust process has been followed, summarised here:

Strategic Case: Aligns with regional and national strategies, addressing outdated systems to enhance efficiency.

Economic Case: A robust economic appraisal demonstrates a superior benefit-to-cost ratio of 5.29:1, surpassing the 4:1 benchmark.

Commercial Case: The procurement process, led by COCH Commercial Services, adheres to a structured approach, ensuring thorough evaluation and selection. This also ensures demonstrates that a viable procurement option and process has been followed.

Finance Case: Affordability is confirmed, with revenue investment required during the implementation phase.

Management Case: The programmes achievability is established, supported by a collaborative governance structure and implementation plan.

Recommendation:

The core aim of the programme is to procure and implement a single unified LIMS solution designed to catalyse the transformation of pathology services, fostering clinical service improvements, and enhancing patient outcomes across Cheshire and Merseyside. This case is made and summarised in the FBC.

Boards are asked to:

1. Support and APPROVE the FBC and its implementation.
2. To NOTE approval provides Board support for
 - Aligned delivery of C&M strategic proposals for LIMS.
 - Approving revenue funding, capital drawdown and contract award with the recommended supplier via a host Trust for and on behalf of all parties.
 - Contract award will be progressed by MWL who the system and the 5 Core Trusts have requested host the contract on their behalf.
 - Delegation of LIMS programme decision making and oversight to CMAST Leadership Board who, through the Diagnostics Programme, will oversee contract award, implementation, and delivery (the programme will in turn report to Trust Boards).

¹

2. Strategic Case

2.1 Introduction

The purpose of the Strategic Case is to set out the rationale and case for change of the programme.

This section of the business case achieves this by describing:

- Strategic Context: how the programme fits in with national and regional strategies.
- The case for change: Why change needs to happen and the importance of the change.
- The current existing arrangements and scope of the programme.
- Benefits: What benefits will be achieved if the programme is taken forward.

This case includes:

- Strategic context
- Business needs
- Other relevant strategies
- The case for change
- Achieving the Target Operating Model
- Existing Arrangements
- Current LIMS Resilience
- Performance and activity
- Potential scope and service requirements
- Spending objectives
- Main benefits
- Main risks
- Dependencies
- Constraints

2.2 Strategic context

Pathology is at the core of the NHS. Around 95% of clinical pathways rely on patients having access to a Pathology service². It is vital therefore that changes in Pathology are progressed as they have a direct impact on the quality, effectiveness, and the safety of patient care. The opportunity to do more of the right tests, in the right place, at the right time, has a far greater impact on the ability to sustain hospital services across Cheshire and Merseyside than what it seems on first value.

Easy access to test requests, timely results reporting and access to discipline specific expert advice from the Pathology service, all have an impact on the quality of clinical services delivered to patients, patient flow, admission avoidance and complications. As demand for health care continues to grow, alongside service recovery after the pandemic, Pathology services also need

² [Pathology Facts and Figures \(rcpath.org\)](http://rcpath.org)

to evolve to handle the pressure and become sustainable for the future. Part of that response is agreement by the seven partner Trusts and laboratory services to work together towards the formation of the CMPN, one of the 29 national Pathology networks identified by NHSE. The Trusts include:

- Alder Hey Children’s Hospital Trust (AH)
- Countess of Chester Hospital NHS Foundation Trust (COCH)
- Liverpool University Hospitals NHS Foundation Trust (LUHFT)
- Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)
- The Walton Centre NHS Foundation Trust (TWC)
- Warrington & Halton Teaching Hospitals NHS Trust (WHH)
- Wirral University Teaching Hospitals NHS Foundation Trust (WUTH)

A single network wide LIMS is a vital enabler for the network’s efficient and effective operation and is part of a wider digital and IT workstream which includes inter-related system implementation plans for Primary Care Order Communications and Digital Pathology.

The core aim for this programme is to procure a single network LIMS designed to work for a Pathology network to support the transformation of Pathology services in the CMPN, which in turn will support improvements in clinical services and outcomes for patients.

The intended benefits of this programme are as follows:

- Improving connectivity with the network to allow requests, tests, and results to flow across the CMPN geographic area.
- Supporting seamless care pathways for patients crossing traditional hospital boundaries.
- Increasing the system capacity and resilience of Pathology diagnostics.
- Supporting a continued pandemic response.
- Aid the recovery of clinical services from the pandemic’s effects.
- Enhancing the ability to respond to increased complexity and demand.
- Selecting a solution flexible enough to accommodate the future plans of the network i.e., the CMPN Target Operating Model (TOM). Without a single LIMS solution, the benefits and/ or changes proposed in the wider Target Operating Model will not be achieved.
- Enabling opportunities for improved system and local level efficiencies.
- Enabling the CMPN to reach maturity.
- Ensuring cash savings for example by reducing duplicate systems.
- Improving staff productivity and efficiencies by introducing digital solutions for heavily manual processes.

2.3 Business needs

2.3.1 National Pathology Strategies

In 2016, Lord Carter published a review, ‘*Operational productivity and performance in English NHS acute hospitals: Unwarranted variation*’, evaluating whether the NHS gets the best value from its annual budget. The review concluded that the NHS could save £5 billion per year if the

significant and unwarranted variations in costs and clinical practice were addressed. Of this, up to £2 billion could be accrued through better use of clinical, scientific and technical staff; reducing agency spend and absenteeism; and adopting good people management practices.³ Through this review, it was estimated that Pathology services alone cost the NHS between £2.5 to £3.0 billion annually.⁴ Lord Carter's 2016 report confirmed that the consolidation of Pathology services within the NHS would make them most efficient in both service quality and cost effectiveness.

Moreover, to combat unwarranted variation in NHS Pathology services, in 2019 NHS England wrote to Trusts calling for 29 Pathology networks. By combining Pathology services and bringing together clinical expertise, these services would provide a higher quality of patient care, making them more efficient. Additionally, reducing the service costs of the labs, could increase productivity and enhance career prospects of Pathology staff.⁵

In 2019, The NHS Long Term Plan also highlighted the need to re-organise Pathology services, the need for better connectivity between LIMS and the need to digitise Pathology workflows.⁶

The Getting It Right First Time (GIRFT) National Programme identified the need to improve the quality of health care by addressing unwarranted variation in care in all diagnostic services and followed this up with a report specifically for Pathology services (2021). Specifically for the digital agenda, it highlighted the need for:

- The ability to integrate results from any source, including point of care testing and community diagnostic hubs.
- Data to support patient focused Pathology and support for innovations such as wearables.
- Systems to flag minimum test intervals at the request stage and in clinical decision support.
- Facilitate remote reporting, better decision support and artificial intelligence assistance.

In 2020, Professor Sir Mike Richard published *The Independent Review of Diagnostic Services* that revealed that the Covid-19 pandemic had 'exacerbated the pre-existing problems in diagnostics. Investment and reform in equipment, facilities and workforce would be needed to combat the growing breaches in diagnostics.'⁷

The review offered a series of recommendations for Pathology including several specific recommendations regarding the use of technology:

- **Pathology and genomics equipment and facilities should be upgraded to facilitate the introduction of new technologies, to support Covid-19 testing and drive efficiency.**
- **Improving connectivity and digitisation across all aspects of diagnostics should be prioritised to drive efficiency, deliver seamless care across traditional boundaries,**

³ <https://www.england.nhs.uk/publication/lord-carters-review-into-unwarranted-variation-in-nhs-ambulance-trusts/>

⁴ Operational productivity and performance in English NHS acute hospitals: Unwarranted variations: An independent report for the Department of Health by Lord Carter, 36.

⁵ <https://www.england.nhs.uk/pathology-networks/>

⁶ <https://www.longtermplan.nhs.uk/>

⁷ <https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf>

and facilitate remote reporting. Across all diagnostic disciplines the coding of tests needs to be standardised to compare like with like. The current lack of standardisation is seen particularly across Pathology. Standardisation through the introduction of a universal test list will support patient safety, delivery of services across networks and more accurate collection of diagnostic data and reduce the need for repeat testing. Which leads to the next recommendation:

- **NHS Digital’s work on developing and implementing a standardised universal test list across all diagnostic disciplines (Pathology, imaging, endoscopy, and cardiorespiratory services) should be accelerated as has been done for the National Genomic Test Directory.**

Added to this are the positive contributions arising from the recent pandemic response, which offer the opportunity to reduce health inequalities by using point of care testing in more accessible locations and the wider use of techniques, such as direct viral detection and antibody testing. For example, GIRFT showed the scale at which Pathology labs were able to accelerate their responses: in just one month some labs were able to meet 100% of tests within 24 hours; 15 out of the 29 labs that responded to the GIRFT questionnaire received more than 90% of results from their Emergency Departments back to clinicians within 24 hours.⁸ The requirement to continue and develop these techniques in the future implies a greater laboratory throughput and ultimately system resilience. Also, the further use of genomics in health care will certainly have an impact on histopathology services, if, as expected, the number of samples taken increases because of such a development. It is therefore crucial that digital solutions adapt and modify to meet the ongoing need for Pathology services. Furthermore, in March 2024 the NHS agreed to “substantial productivity improvements, in exchange for £3.4bn to upgrade technology deemed “antiquated”, over the course of the next Parliament. The Chancellor noted this investment in digital transformation should help to “modernise NHS IT systems so they are as good as the best in the world”. This investment is part of a programme of technology improvements planned to span from 2025-26 to 2027-28. There is no published plan around how the investment should be used, with further details expected by the summer of 2024 from NHS England. However, this investment shows the strategic direction of the NHSE to invest in digital improvements which support productivity and improve outdated systems, which aligns entirely with the LIMS Programme.

2.4 *Other relevant strategies*

- National Pathology Programme Digital First: Clinical Transformation through Pathology Innovation (2014).
The strategy sets out the opportunities presented by greater use of digital services in the support of Pathology services.
- NHS Architecture Principles (October 2020).
Setting out modern web browser interfaces, internet first and public cloud first principles for NHS systems.
- NHSE What Good Looks Like (October 2021).
Advocates better connectivity between EPR and diagnostic services, better cyber security, and a data platform to support AI as well as data driven service improvement.
- A plan for digital health and social care (June 2022).
- Local Trust IT strategies.

⁸ Pathology GIRFT Programme National Specialty Report, September 2021, 147.

2.5 The case for change

In 2021, NHS England published the Network Maturity Matrix tools for both Imaging and Pathology networks. The tool identified seven domains that characterise a networks formation, as networks develop through implementation to maturing and eventually thriving. Digital and IT have a specific set of criteria for the network, showing the importance of digital innovation within a network. The criteria indicate maturity across three main domains:

- Laboratory Information Management System
- Order Communications
- Digital Pathology

LIMS is one of the three areas which the network should develop to prove it is a ‘maturing network.’ The four stages include: emerging, developing, maturity and eventually thriving. At one of the earlier stages ‘Developing’ the aim for LIMS is to achieve ‘Shared LIMS within networks which meet data, interoperability and technical standards, enabling sharing of data across Integrated Care System’s (not necessarily single LIMS)’ showing at even the developing stage of a network, LIMS connectivity is vital. However, as the network reaches ‘thriving’ the criteria states ‘LIMS provided connectivity to regional and national data layers and are driving improvement to the UTL.’ At this stage, not only are networks required to be connected locally, but also regionally, showing the importance of establishing a single connected LIMS system across the network. **Currently, the network is only achieving partial compliance of the ‘Developing’ stage, in order to achieve Digital ‘Thriving’ status by 2025, CMPN has a significant amount of work to do.**

In addition, a key area in the ‘Thriving’ stage of the Maturity Matrix is the addition of a ‘Systems integrated with interoperability layer across care settings within and between the ICS’. Through the purchasing of an integration engine as part of the wider LIMS programme, this business case is pushing the network into a ‘Thriving’ state, not just for LIMS but for overall interoperability.

In addition, as the network is currently also implementing a single GP Order Communications, the network, through the introduction of an integrated LIMS system will ensure a fully integrated end-to-end workflow for ordering and conducting tests, enabling clinicians to access the results from any hospital or GP practice. This will create a single database of accurate and standardised patient information. Without the single LIMS, a single GP Order Catalogue will need to integrate with 5 separate LIMS systems, which is 5 times the amount of integration and programme resource.

	Emerging	Developing	Maturing	Thriving
Laboratory Information Management Systems	Plans for integration of technology and systems across care & pathology settings within ICS <i>and</i> Start of adoption of data standardisation within ICS and some networks i.e., Universal Test List (UTL) <i>and</i> Limited to no visibility of laboratory testing capacity & demand beyond ad-hoc manual reporting at an ICS level.	Some visibility of lab testing capacity and demand based on regular reporting via an electronic platform within ICS and network <i>and</i> <i>Shared LIMS within networks</i> which meet data, interoperability and technical standards, enabling sharing of data across ICSs' (not necessarily single LIMS) <i>and</i> Digitally enabled POCT equipment is all connected to the LIMS and/or patient record.	LIMS provide connectivity to regional and national data layers and support public health analysis of all notifiable diseases <i>and</i> Sample flow tracking is in place <i>and</i> Connectivity across all pathology and care settings within network (including POCT, CDCs and genomics).	Network Business Intelligence (BI) is utilised to ensure service response matches population requirements and improved clinical outcomes <i>and</i> LIMS provided connectivity to regional and national data layers and are driving improvements to the UTL <i>and</i> Adopt national data standardisation across pathology, including Units of Measure (UoM) and agreed list of result test codes.
Ordercomms and Results interoperability	Digital orders are created in a structured format and held as part of the patients' and service users' digital care record. <i>and</i> Plans for visibility of ordering and results between Trusts / care settings within ICS, some settings allow interoperability outside of ICS <i>and</i> Limited ability to integrate, report & view results to other Trusts / care settings within network.	> 50% of order communications processes are electronic, in most care settings with minimal manual reliance <i>and</i> Clear visibility of results between member network trust care settings within ICS.	> 80% End to end order communications in structured, electronic format from request to result <i>and</i> Health and care professionals across the region have direct digital access to all relevant diagnostic test results for those under their care <i>and</i> Full integration of order comms and electronic patient records.	> 95% End to End order communications are electronic, from request to result, in all care settings and consistent for all diagnostics within an ICS <i>and</i> Clinical decision support at the point of request to ensure appropriate tests, reduce duplication and avoid patient harm as per minimum requesting intervals document or equivalent <i>and</i> Systems integrated with interoperability layer across care settings within & between ICS.
Digital pathology	Low use of Whole Slide Imaging (WSI) with a majority use of standard microscopy for primary diagnosis for specific services or subspecialty in each service provider location.	WSI used for primary diagnosis for specific services or subspecialty in each network service provider. <i>and</i> Enterprise-wide digital image acquisition and communication workflows implemented.	WSI used for primary diagnosis at least 50% of services or investigations in each network <i>and</i> A proportion of WSI are being analysed using computerised analysis.	WSI used for 70%+ of primary diagnosis of service or investigation in each network leading to evidenced improvement in health outcomes <i>and</i> Capability for WSI analysis with AI and machine learning.

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Figure 1: Imaging and Pathology Network Maturity Matrix

In May/June 2022 PUBLIC were commissioned by CMPN to complete user research regarding the current LIMS system and the programmes approach. This research found:

- The current systems were laborious and produced multiple points where error/patient safety incidents could occur.
- Services at Liverpool University Hospital Foundation Trust (LUHFT) and Countess of Chester Hospital (COCH) had the least LIMS capability to mitigate against clinical safety issues.
- Telepath sites (LUHFT & Mersey and West Lancashire Teaching Hospitals) have the least technical capability and most user difficulty.
- The multi-specialty approach (separate LIMS suppliers for each different discipline) could potentially lead to an overly complex implementation strategy, though, acknowledges the need for “quick wins” to ensure safety.
- It was noted that there were hardware insufficiencies at LUHFT with the current Telepath solution; these issues were considered unacceptable for current operation.
- It was noted that there would be business, quality and contractual considerations that would need to be thoroughly explored at each Hub – this includes current contract lengths, current functionality, current dependent systems, and appraisal of supplier performance.
- The limited visibility of workflows and Work List Management introduces stress, drag, and risks losing samples and reporting errors for clinical teams.
- Site and services consolidation requires a common data and digital infrastructure to work well.

- Until there is a better basic “backbone” to the service that supports digitisation of slides and samples, the opportunities to progress digital pathology or AI cannot be delivered.

There are currently five different LIMS systems across Cheshire and Merseyside, all of which do not speak to one another and have differing workflows etc. There is currently a significant number of manual processes when reviewing within the network.

It is clear that the current LIMS system across the network do not offer the flexibility or the capabilities to support the transformation required or needed from the network. The network needs a LIMS system that can:

- Effectively support improvements in productivity and the quality of diagnostic workflows:
 - The flow of samples, tests and results are not seamless and there is no unified test list that might assist with such transfers. Whilst National Pathology Exchange (NPEX) is used across the system, the new cost per test model includes significant charges should the network want to reallocate work.
- Provide one unified test list which will mean a single source of data which is accurate and is standardised.
- Be used for research and development. Currently each system is on a system different order catalogue, there is an inability to compare ‘like for like.’
- Offer sufficient opportunity to reduce manual data entry processes. There is currently limited opportunity to support flexible and remote working.
- Improve the resilience of Pathology services:
 - Due to the longevity of current systems, there is an increased risk of service disruption as time passes. Some of the current LIMS systems have been with the Trusts for a number of years and are reaching the end of their life cycle.
- Adapt rapidly to the changing of technology (AI, Digital Pathology) when the older systems are obsolete.
- Facilitate the needs of local Pathology Teams. A number of the current systems are Electronic Patient Record systems with embedded LIMS solution. These solutions are often not fit for purpose and are slow to the adoption of change or technological advances. Changes to this system are also difficult to make as they sit within Trust IT teams and not Pathology IT teams.
- Offer sufficient support to increase the capacity or resilience of Pathology services.
- Provide the capability required to enable new technologies:
- Modern and adaptable. The current LIMS are outdated across most Trusts. Whilst some investment in Pathology IT provision has been made over the years, investment has been lacking in the LIMS in most Trusts, resulting in not only old hardware and software but technology that does not provide modern functionality. There are several LIMS that are already considered legacy, whereby support is limited, and the underlying hardware is beyond their age.

2.6 Complexity of the FBC

In 2021/22, Cheshire & Merseyside Pathology Network (CMPN) was awarded £17,497m Capital by DDCP across three years, to procure a LIMS, provide an interoperability solution and deliver implementation across the network, to support our delivery of a digitally mature network and to enable the target operating model to be agreed by 2025.

At this stage, the funding was agreed by all Directors of Finance and a letter of agreement (LOA) was signed by all in October 2022, Appendix 10: Letter of Agreement 2022. There was no requirement from NHSE for a business case to justify the funding awarded. However, it was locally agreed that one should be completed in Summer 2023 following the options appraisal process which was completed in July 2023.

For robustness and transparency, the business case approach taken by CMPN in discussions with the ICB was to structure the business case as closely as possible to the Green Book standard, but there are gaps which remain in the latest version.

A full business case (FBC) in whatever format is something which is routinely updated across the life of a programme. There has been a range of feedback provided on the LIMS FBC and some of this has been possible to address in this version of the FBC. However, not everything is possible to address at this stage.

The log of feedback is appended at Appendix 20: LIMS FBC Feedback and sets out the comments yet to be addressed and why. As part of the next stage of the process, these items will be managed and the FBC updated accordingly and shared at agreed intervals through the LIMS programme governance.

2.7 Achieving the Target Operating Model of the Network

A network wide LIMS is the single biggest enabler to achieving the Target Operating Model of the network. Without a single LIMS solution, there will remain variation in test order catalogues, 5 separate systems that do not communicate with one another or allow for the transfer of specimens, which in turn does not support the movement and resilience of staff across the network. If the network is unable to implement a single LIMS, the system-wide savings proposed in the Sir Mike Richard report plus the efficiencies and other system wide benefits, will not be achieved.

Workforce challenges in Pathology continue to be one of the biggest difficulties across the service. Whilst a single LIMS will not solve recruitment of specialist and skilled staff, it will support the resilience and retention of staff, whilst making Cheshire and Merseyside a more attractive place to work. By implementing a single system, it will enable cross cover of sites along with, standardisation of processes and training opportunities.

2.8 Digital Diagnostic Capability Programme

The Digital Diagnostic Capability Programme (DDCP) is an NHS England programme which aims to transform diagnostic capabilities throughout England. In 2022/23, the DDCP released funding to the networks totalling > £0.5bn.

Imaging and Pathology networks were asked to rate their maturity against a range of measures laid out in maturity matrices – from ‘pre-emergent’ to ‘thriving’. The results of this exercise highlighted that a significant number of networks were only emerging and that significant funding of core systems would need to be unlocked to allow them to develop.

The majority of the funding released was for:

- Major systems’ upgrade, e.g. networks LIMS or PACS systems
- To support the emergence of Community Diagnostic Centres
- To support better order communications, especially out-of-hospital

- To enable a step-change in digital pathology, i.e. scanners, central storage, and associated infrastructure

There are a number of Digital and IT programmes across the Cheshire and Merseyside Pathology Network that were funded as part of the Digital Diagnostic Capability Programme.

In 2022, Cheshire and Mersey Pathology Network were unable to draw down the original funding it had been allocated in the LOA22 agreement across programmes including:

- 1) Laboratory Information Management System
- 2) Interoperability
- 3) Target Operating Model connectivity
- 4) Chester and Wirral Microbiology Service
- 5) Digital Pathology Resilience

To ensure delivery of 2023/23 capital, the programme sought to learn from the approach.

2.9 Existing arrangements

CMPN laboratories perform **53 million** Pathology tests every year, with Pathology diagnostic testing being necessary **in 95% of patient journeys. This covers the 2.7million patients in the region and as a service, Pathology employs c. 2000 staff.**

The number of tests that will be managed through the new LIMS each year are shown below:

Table 1: Test numbers managed through LIMS annually

	Region Total
Chemistry	40,440,774
Haematology	6,504,697
Immunology	2,753,928
Combined Blood Sciences	49,622,430
Microbiology	3,278,329
Cellular Pathology	253,986
Regional Total	53,154,745

In CMPN there are currently seven different Laboratory Information Management systems (LIMS) being used across the main Pathology providers in Cheshire and Merseyside. Whilst there is some consolidation (Chester and Wirral Microbiology Service) each of the seven Trusts currently operate different LIMS solutions with very little interoperability between systems causing a barrier to collaborative working and reconfiguration of pathology services Figure 2: LIMS type by Trust. The Trusts coloured in purple relate to the ‘Core 5 Trusts’ included in the scope of this programme, the Trusts coloured in Blue relate to the specialist Trusts, within the network, but not within the LIMS programme.

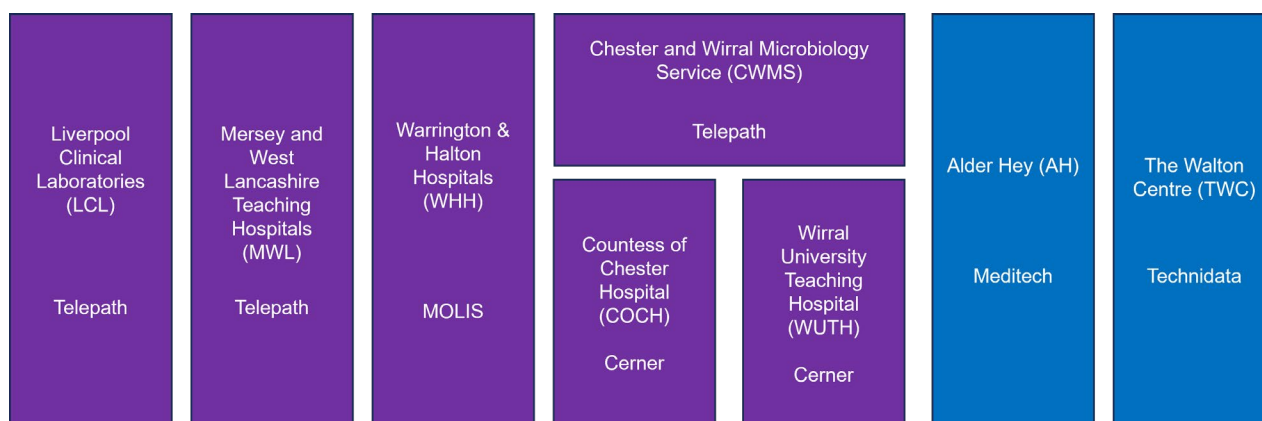


Figure 2: LIMS type by Trust

LIMS solutions communicate with a GP Order Communications Solution (how GPs request tests), laboratory analysers and Digital Pathology solutions.

Every Pathology provider has a current individual contract with their existing LIMS supplier. Some of the Trusts are in long term contracts, with annual renewal. Table 3 details the contract expiry by Trust.

Table 2: Contract expiry by Trust

Organisation	LIMS Supplier	Contract Expiry
Mersey and West Lancashire Teaching Hospitals	Dedalus/ Telepath	March 2024
Warrington & Halton Teaching Hospitals	CGM Molis	March 2024
Liverpool University Hospitals	Dedalus/ Telepath	March 2026
Countess of Chester Hospital	Cerner	May 2031
Wirral University Teaching Hospitals	Cerner Telepath	December 2031 The joint microbiology service currently has a LIMS which is hosted on the legacy Manchester University Hospitals Foundation Trust (MFT) telepath solution as part of an old arrangement.

Some providers, particularly MWL and LUHFT have systems which are completely depreciated because of the age of the systems. These systems have been in operation for around 30 years, representing a risk to their on-going resilience.

The joint microbiology service between WUTH and COCH has a separate LIMS system. This is currently hosted on a legacy Manchester University Hospitals Foundation Trust (MFT) telepath solution as part of an old arrangement. This needs to be replaced as a matter of urgency.

2.10 Current LIMS resilience

- Two of the providers are on existing long-term contracts which renew yearly (Mersey and West Lancashire, Warrington, and Halton). By continuing to renew yearly the providers may be paying above standard rates. In summary:
- Two of the Trusts are at a greatest risk of failure due to the age of their technology (Mersey and West Lancashire, Liverpool University Hospitals) prioritising these providers will be required during implementation.
 - In addition, irrespective of the requirement to establish the Pathology network, both of these trusts will independently need to invest in system upgrades or changes to their LIMS imminently. If this path is taken, it is assumed that suppliers may unfortunately raise prices as it will be made clear that the network would be unable to work together, and competitive prices would be less achievable.
- Two Trusts (COCH and WUTH) have LIMS contracts wrapped up in the contract of their Electronic Patient Record System (EPR). To remove the LIMS product, it is clear there would not be a cash saving, as both sites would need to ensure continuation of the software to maintain historical patient records. However, it is important to note that the volumes are low across both sites in comparison to the system wide benefits.
- WUTH and COCH have risk related to the Telepath system used for microbiology services. This system is currently hosted on a legacy system.

2.11 Performance and activity

Pathology service demands in C&M are increasing year on year because of growing demands on services both in terms of number and complexity. Developments such as the introduction of [faecal immunochemical test](#) (FIT) increase clinical biochemistry and histopathology workload.⁹ In addition, there are also pressures to maintain and reduce turnaround times to support patient flow and earlier cancer diagnosis (particularly because of the new Faster Diagnosis Standard which has already seen an increased demand on sites). Increasing productivity will enable Pathology services to meet rising demand without increasing costs. Managing demand by implementing consistent, clinically agreed protocols for requesting tests will also help and will be more robust if done by all Pathology services in Cheshire and Merseyside.

Having the same LIMS will reduce duplication if all results can be viewed at any site, thereby helping to manage the capacity and demand of the services across Cheshire and Merseyside and work can be redirected/ tracked more efficiently. Samples will also be repatriated from outside of the geography, which will lead to financial savings through reduction in carrier costs. It will also support the benefits of digital Pathology, genomics, and AI with the availability of patient reports across the whole region.

The service resilience across Cheshire and Merseyside will increase as, if one site is down due to analyser failure, the work can be processed at one site and validated at another site. The region would have a better business continuity plan and allow the seamless running of the Pathology service regardless of any technical, staff or major incidents.

⁹ <https://www.rcpath.org/discover-pathology/public-affairs/the-pathology-workforce.html#:~:text=There%20is%20a%20growing%20demand%20for%20pathology%20services%2C,therapies%20needing%20genetic%20or%20molecular%20tests%20on%20samples.>

2.12 Potential scope and service requirements

In line with the Digital Diagnostic Capability Programme (DDCP) scope a, organisations included in the scope of the programme are the main providers of Pathology services in Cheshire & Merseyside:

- Liverpool University Hospitals
- Merseyside & West Lancashire Trust
- Warrington & Halton Teaching Hospitals
- Countess of Chester Hospital
- Wirral University Teaching Hospital

Within this programme they will be called the 'Core 5 Providers'.

Whilst the following Trusts are included in the scope of the programme, they will be considered as an extension of the providers that host their Pathology services:

- Clatterbridge Cancer Centre (CCC)
- Liverpool Women's Hospital (LWH)
- Liverpool Heart and Chest (LHC)

The full extent of interoperability will be explored through the procurement process and competitive dialogue with market vendor/supplier in keeping with NHS security and information governance requirements.

In the specification that the supplier responded to, the option was given for other trusts in the region (Alder Hey and The Walton Centre) to join the programme at a later date.

Table 3: Laboratory sites in CMPN

Pathology Provider Organisation	Laboratory Sites
Liverpool Clinical Laboratories	Royal Liverpool Hospital, Mount Vernon Street, Liverpool L7 8YE
	Aintree University Hospital, Lower Lane, Fazakerley, Liverpool L9 7AL
	Broadgreen Hospital, Thomas Drive, Liverpool L14 3LB
	Liverpool Women's Hospital, Crown St, Liverpool L8 7SS
Mersey & West Lancashire Teaching Hospitals	Whiston Hospital, Warrington Road, Prescot L35 5DR
	St Helens Hospital, Marshalls Cross Road, St Helens WA9 3DA
	Southport Hospital, Town Lane, Southport PR8 6PN
	Ormskirk Hospital, Dicconson Way, Wigan Road, Ormskirk L39 2AZ
Warrington & Halton Teaching Hospitals	Warrington Hospital, Lovely Lane, Warrington WA5 1QG
	Halton Hospital, Hospital Way, Palacefields, Runcorn WA7 2DA
Countess of Chester Hospital	Countess of Chester Hospital, Liverpool Road, Chester CH2 1UL
Wirral University Teaching Hospital	Arrowe Park Hospital, Arrowe Park Road, Birkenhead CH49 5PE

Pathology Provider Organisation	Laboratory Sites
Chester & Wirral Microbiology Service (CWMS)	Chester & Wirral Microbiology Service, 11 Bassendale Road, Bromborough CH62 3QL

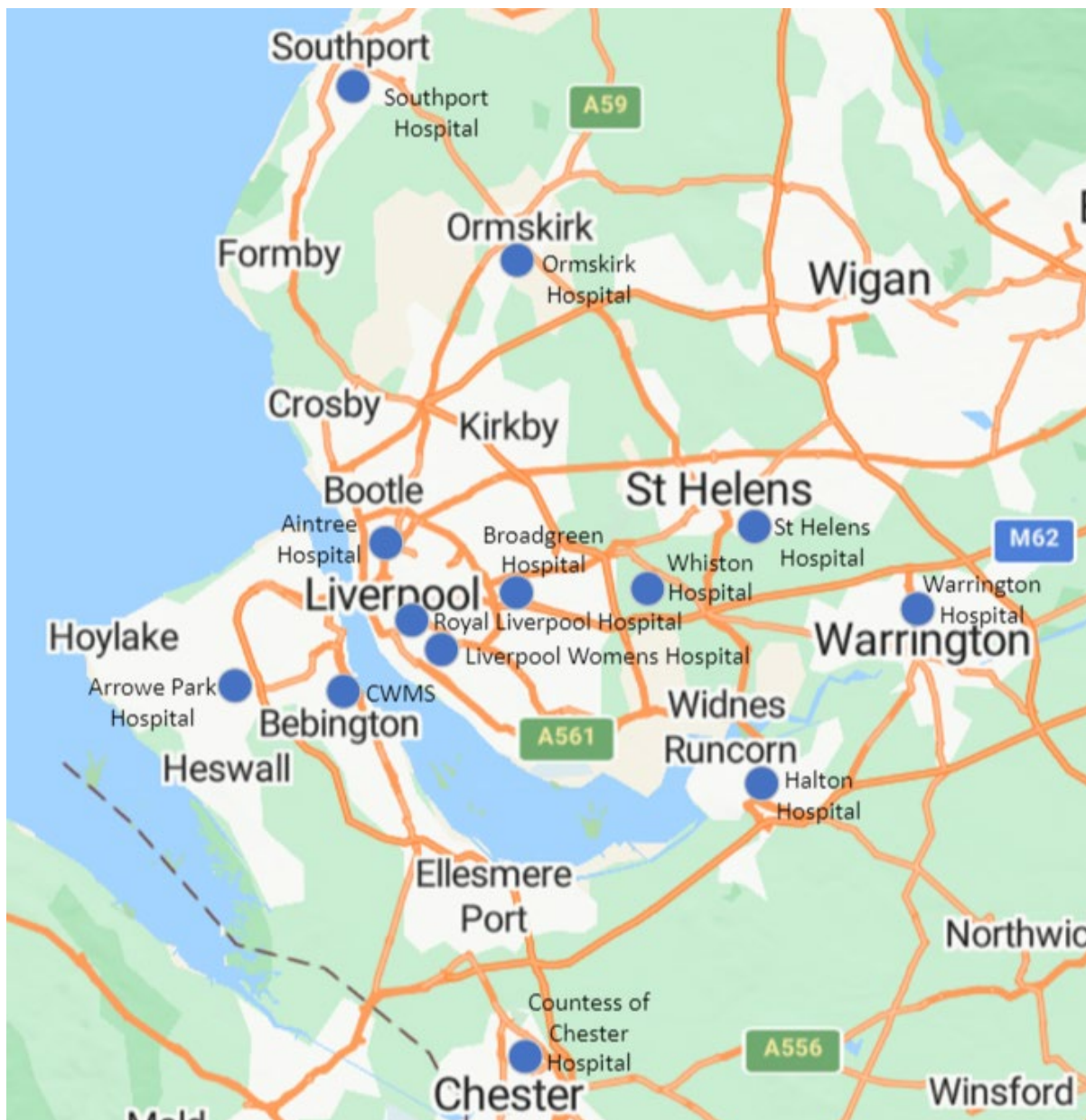


Figure 3 Map of Pathology services across Cheshire and Merseyside

Pathology comprises a wide variety of disciplines and those in scope are:

- Local Laboratory services, comprising:
 - **Blood Sciences**, including Clinical Biochemistry (including Toxicology), Haematology, Immunology, Metabolomics
 - **Blood Transfusion** with vein-to-vein blood tracking for blood and blood components

- **Cellular Pathology** including Diagnostic Non Gynae Cytology, Histopathology, Genomics and Mortuary services.
- **Microbiology**, including Bacteriology, Food, Water & Environmental Microbiology, Infection Genomics, Mycology, Parasitology and Virology
- **POCT** – Molecular, handheld readers, blood gas machines and any future POCT devices and associated middleware.
- **HODS** – Haemato-oncology diagnostics (integrated Haematology and Cellular Pathology cancer diagnostics service)

2.13 Spending objectives

The objectives for the proposed investment required for the LIMS programme were agreed through the approval of the evaluation criteria as explained in Economic Case. The spending objectives were agreed through circulation with each of the Core 5 Trusts and signed off by each organisation prior to the LIMS evaluation.

They are listed below along with those additional factors that will allow a judgement to be made as to whether they have been met. They are:

Table 4: Summary of spending objectives

#	Category	Objective
1	Patient Experience and Outcomes	<ul style="list-style-type: none"> • Maintains or improves outcomes for patients. • Maintains or improves experience for patients. • Maintains or improves equity of access/care. • Maintains or improves equity of access/care to patient records across Pathology teams
2	Stakeholder Experience and Outcomes	<ul style="list-style-type: none"> • Maintains or improves outcomes/experience for internal stakeholders (e.g., clinical departments, clinicians) • Maintains or improves outcomes/experience for external stakeholders (e.g., Primary Care practitioners, external organisations accessing services) • Promote the use of systems and tools to enable frictionless movement of staff across the ICS - allowing staff from different organisations to work flexibly and remotely where appropriate
3	Quality and Productivity	<ul style="list-style-type: none"> • Consider evidence of best practice within Digital and IT services • Maintains requirements of on-site services where required
4	Resources and Efficiency	<ul style="list-style-type: none"> • Maximizes use of existing resources • Affordable in terms of capital requirements • Affordable in terms of revenue requirements
5	Reduction in variation	<ul style="list-style-type: none"> • Harmonises ways of working, policies and procedures and SOPs • Harmonises equipment and kit. • Avoid duplicating effort and unnecessary costs by collaborating across system, sharing, and reusing technology, data, and services (AKI) • Supports demand management across the system. • Support business continuity/ Resilience

2.14 Main benefits

The majority of benefits for the implementation of a new LIMS system were considered in a workshop held on 26 July 2023 where 35 individual benefits were identified by 19 stakeholders. These have all been recorded in the benefits register that will be updated with new benefits as they are identified and with details regarding the measurements, baselines, and responsible staff as agreed.

The copy of the full benefits register can be found here: Appendix 1: Benefits Register.

NHS England have identified the main 3 categories of benefits as **non-cash releasing benefits**. Full information is included here: Appendix 2: Diagnostics Digital Capability (DDC) Programme.

2.14.1 Non-cash releasing benefits

The non-cash releasing benefits focus on the ‘time-saved’ and efficiencies which can be recognised at a provider level. It is important to recognise that this will be significant, however will be highlighted depending on the LIMS option which is chosen.

Table 5: Non-cash releasing benefits

Benefit Title
Referring samples to other laboratories within the same network (lab to lab referrals)
Access to Pathology results and reports generated by any laboratory in the network
Staff time efficiency saving for referring lab in tracking testing process with receiving lab

2.14.2 Cash releasing benefits

There are a variety of cash releasing benefits. These include, but are not limited to:

Table 6: Cash releasing benefits

Benefit Title
Potential to eliminate a number of interfaces and eliminate costly third-party middleware.
Reduction in annual outsourced cost for support and maintenance of legacy LIMS systems
Reduction in duplicate samples
Percentage of non-cash releasing efficiencies becoming cash releasing

2.14.3 Qualitative benefits

There are also qualitative and societal benefits that are also recorded in the Appendix 1: Benefits Register. There are significant qualitative benefits which have been discussed in this Strategic Case. The table below outlines a few which may not have been discussed:

Table 7: Qualitative Benefits (not comprehensive)

Benefit Title
Improved staff experience: Easy access to tests
Improved patient experience due to reduced re-tests
System capability and resilience

As part of system capability and resilience it's important to recognise the digital architecture proposed for the LIMS programme also provides greater resilience. Whilst the aim of the programme is to host LIMS on the public cloud, by hosting the physical assets at the AIMES Data Centre there will be greater cyber resilience as each Trust will have their own verified directory hosted there and there is stronger support plans available should Trusts requesting systems fail. In addition, the architecture provides greater resilience should there be a cyber security risk, as AIMES is hosted at two physical locations. More information on this is provided in both the Commercial and Management Case.

The proposed approach to achieving these benefits is explained in the Management Case. Both the benefits and the approach are subject to detailed discussion with the chosen supplier.

2.14.4 Cost Avoidance

There are additional cost avoidance benefits. They do not however affect cash-releasing benefits as the funding has not been allocated.

Table 8: Cost Avoidance Benefits

Benefit Title
Savings incurred from not purchasing individual LIMS systems
Savings incurred from not reinvesting into software/system upgrades

2.15 Main risks

A risk register for the programme has been created and all the identified risks have been recorded, together with an assessment of their impact and likelihood. The risks have been developed through engagement with a variety of governance meetings across the system. The risk rating used is the standard NHS risk matrix. Mitigating actions for each risk have been identified and the risks scores adjusted in the light of these actions. The register will be kept updated as new risks are identified and others recede, following the same review process. Those risks and issues with the highest residual score and mitigating actions are as follows:

Table 9: Summary of programme risks

Risk / Issue	Description	Mitigation	RAG
RISK	Operational – Local Trusts may not be able to commit sufficient IT/Lab resources to support implementation of solution	<p>Proactive communication with Trust IT and Pathology Teams to ensure resource requirements are clearly understood and any potential issues are identified and dealt with at the earliest opportunity.</p> <p>Discussions held with DOFs aim to gain written confirmation of buy in from each site around commitment of local resourcing, central team to provide heavy lifting and any additional capital to help with resourcing</p>	
RISK	Operational – Additional regional resources will be required to implement the solution. If such resources are not available, the implementation will not progress as planned.	Identify required resources as early as possible and recruit suitably skilled and experienced personnel.	
RISK	The Full Business Case includes ongoing revenue charges which may increase for some sites. There is a risk that those Trusts will not approve the business case as a result.	<p>Risk and Gain share principles are being developed by colleagues from the ICB and CMAST. LIMS is being used as a test case for this.</p> <p>The programme is currently working to understand the transparent costs of the new system. The team has also collected as much financial information as possible from Trusts to get a complete picture around the impact.</p>	
RISK	There is a risk that Trust boards will not approve the Full Business Case, which would delay the programme and risk capital.	Core 5 Trusts agreed to the strategic direction of the programme at a LIMS Critical Checkpoint meeting held on 18th January 2024 to gain approval to continue with the programme. CMAST have been engaged throughout with further meetings planned pre delivery of Trust Boards,	

Risk / Issue	Description	Mitigation	RAG
ISSUE	If the network is unable to procure Blood Tracking and the Phlebotomy app, Warrington Hospital will be losing core functionality of their LIMS.	Additional software will need to be procured for Warrington using the available capital from the 23/24 DDCP allocation, £507k of this has been ringfenced for WHH. Discussion to be held with Pathology manager around next steps. There will be a need to look at procuring items specifically for WHH. There is potential benefits around consolidating systems. Pilot programme around Phlebotomy at WHH could also be tested at network level once on the same Phlebotomy app.	
RISK	Risk regarding lack of due diligence around the suppliers.	Informal feedback to be documented formally. Discussion process to highlight any concerns and picked up as part of contract negotiations. Site visits are being arranged after contract award but prior to contract signature. If any issue identified, agreed through a change notice if necessary.	

2.16 Dependencies

- Local Trust & ICB level IT, finance, and laboratory capacity to engage and support implementation.
- Funding decisions at national level.
- The parallel development of the CMPN TOM. Any changes to the proposed TOM (3 hub model) may affect the number of provider organisations included in the proposal. However, it is clear that the procurement approach and implementation of the LIMS solution will enable a TOM to be fully implemented.
- The agreement between the Trust partners on risk/gain sharing and programme governance.
- The ability to support the revenue costs in future years.
- Approval of the business case and in turn the programme plan regarding the LIMS programme remain extremely time constrained.

Each of these dependencies, issues and risks could impact deliverability and timescales of the programme.

2.17 Constraints

- Timelines and external funding allocation conditions.
- Approval of the business case and in turn the programme plan regarding the LIMS programme remain extremely time constrained. This means that the Full Business Case is currently being developed as there are ongoing conversations regarding procurement, finances, and implementation. The business case will therefore be a reflection of the time when it is submitted.
- DDCP funding originally allocated to Liverpool University Hospitals, Mersey and West Lancashire Teaching Hospitals and Wirral University Teaching Hospitals on behalf of the system across 2022-25. This is based on a previous LOA agreement. Funding will need to be distributed to Mersey and West Lancashire Teaching Hospitals as the host Trust.
- In August 2022, NHS England informed the network that it had been successful in receiving additional capital funding for 23/24 and 24/25. This capital needs to be spent yearly. This constrains the programme to a very rigid timeframe. Due to last minute changes, the programme was successful in spending some of the 22/23 against planned expenditure for the programme. This will still be a constraint in 2024.
- Capital funding has only been provided by DDCP. This means that any additional revenue costs will not be covered by the programme and will need to be covered by individual Trusts. The aims of the DDCP programme are to enable digital transformation by 'pump priming' programmes. The funding is therefore not intended to cover the lifecycle of the programme, and this will need to be understood.
- It was confirmed late into the production of the Full Business Case that Public Dividend Charges and Depreciation of capital would not be covered by the Cheshire and Merseyside ICB as once agreed. Subsequent changes were therefore reflected late.
- Although the programme has funding until 2025, subsequent funding years have not been agreed and additional funding may be required.
- There are multiple complex digital programmes underway across the ICS, this affects not only the resourcing to support the LIMS programme, but the strategic alignment for implementation. It is important to schedule implementation dependent on other digital implementation programmes.

3 Economic Case

3.1 Introduction

The purpose of an Economic Case is to identify and appraise specified options and to recommend which option is most likely to offer best value for money. This section of the business case achieves this by:

- Describing the process that has been followed to identify the preferred option for the implementation of LIMS.
- Documenting the outputs of the updated economic analysis undertaken to evaluate the options.

This case includes:

- An outline of the Critical Success Factors for the implementation of LIMS.
- A summary of the process undertaken to identify the options for implementation.
- An analysis of the costs, benefits, and risks for the preferred option.
- An economic appraisal of the net present value of the programme and the benefit-cost ratio.
- Recommendation of the preferred option.

3.2 Critical Success Factors

A key part of appraising options is to develop a framework to evaluate those options. For this programme, the criteria were developed considering the 'What Good Looks Like Framework' and 'The Technology Code of Practice'. The evaluation framework combines the spending objectives (see section 0) and Critical Success Factors (CSFs) of the business case, this is detailed in Appendix 3: Options Appraisal criteria.

The CSFs are crucial attributes essential for the successful delivery of the LIMS implementation.

The table below sets out the CSFs that have been agreed by Trust LIMS Executive leads in July 2023.

Table 10: Summary of Critical Success Factors

CSF	Description
Strategic Fit – Local, Regional and National	<p>Aligns with Trust strategy around collaboration and partnership.</p> <p>Aligns with ICS-wide digital and data strategy.</p> <p>Aligns with national vision around pathology collaboration/networks</p>
Sustainability and Modernisation	<p>Alignment with modern and innovative digital pathology initiatives</p> <p>Harmonises IT systems across both organisations.</p> <p>Ensures progress towards net zero carbon, sustainability, and resilience ambitions.</p> <p>Aligns with regional/national visions around pathology digitalisation</p>
Achievability	<p>Feasible to deliver in timely and effective way</p>
Interoperability	<p>Makes use of open standards to ensure the technology works and communicates with other technology and can be easily upgraded and expanded.</p> <p>Improves the access to external systems including primary care, community, specialist providers</p>
Financial	<p>Drive organisations towards ‘simplification of the infrastructure’ by sharing and considering consolidation of spending, strategies, and contracts</p>

3.3 Options

3.3.1 Development of the options

The options for the implementation of LIMS were developed through stakeholder engagement as part of the Digital Diagnostic Capability Programme in 2021-22. This was refined in June 2023 through engagement with the following governance groups:

- Digital Diagnostic Steering Group
- Directors of Finance Group
- Heads of Procurement Group
- Chief Operating Officers Group
- Chief Information Officers Group
- CMPN Management Group
- CMAST Senior Responsible Officers Group
- CMAST Operational Group
- CMAST Leadership Board
- Pathology Digital Executive Steering Group

The options agreed through this process were:

1. Do nothing.
2. Integrate existing LIMS solutions.
3. Implement discipline-specific network-wide LIMS solutions.
4. Implement network-wide LIMS solution for all pathology disciplines (Convergent Plan over several years with sites coming online at appropriate point in line with current contract)
5. Implement network LIMS solution for all pathology disciplines, integrated with EPR-embedded LIMS solutions as required.

3.3.2 Appraising the options

The programme team held a workshop with key stakeholders from across the system on 24 July 2023 to appraise the options for the implementation of a new LIMS.

The workshop presented a SWOT analysis of each option (see Appendix 12: Options Appraisal SWOT) and asked participants to score each of the options based on the evaluation framework criteria based on both the spending objectives and the critical success factors.

The table below outlines the evaluation criteria, the weighting of the individual criterion and whether the criterion is from the spending objectives or the critical success factors.

Table 11 Programme Evaluation Criteria

Objective / CSF	#	Criteria
Spending objective	1	Patient Experience and Outcomes (10%) <ul style="list-style-type: none"> • Maintains or improves outcomes for patients • Maintains or improves experience for patients • Maintains or improves equity of access/care • Maintains or improves equity of access/care to patient records across Pathology teams
	2	Stakeholder Experience and Outcomes (10%) <ul style="list-style-type: none"> • Maintains or improves outcomes/experience for internal stakeholders (e.g., clinical departments, clinicians, laboratories) • Maintains or improves outcomes/experience for external stakeholders (e.g., Primary Care practitioners, external organisations accessing services) • Promote the use of systems and tools to enable frictionless movement of staff across the ICS - allowing staff from different organisations to work flexibly and remotely where appropriate
	3	Quality and Productivity (15%) <ul style="list-style-type: none"> • Consider evidence of best practice within Digital and IT services • Maintains requirements of on-site services where required
	4	Resources and Efficiency (10%) <ul style="list-style-type: none"> • Maximizes use of existing resources • Affordable in terms of capital requirements • Affordable in terms of revenue requirements

Objective / CSF	#	Criteria
	5	Reduction in variation (5%) <ul style="list-style-type: none"> • Harmonises ways of working, policies and procedures and SOPs • Harmonises equipment and kit • Avoid duplicating effort and unnecessary costs by collaborating across system, sharing, and reusing technology, data, and services (AKI) • Supports demand management across the system • Support business continuity/ Resilience • Supports disaster recovery
Critical Success Factor	6	Strategic Fit – Local, Regional and National (10%) <ul style="list-style-type: none"> • Aligns with Trust strategy around collaboration and partnership • Aligns with ICS-wide digital and data strategy • Aligns with national vision around pathology collaboration/networks
	7	Sustainability and Modernisation (10%) <ul style="list-style-type: none"> • Alignment with modern and innovative digital pathology initiatives • Harmonises IT systems across both organisations • Ensures progress towards net zero carbon, sustainability, and resilience ambitions • Aligns with regional/national visions around pathology digitalization
	8	Achievability (10%) <ul style="list-style-type: none"> • Feasible to deliver in timely and effective way
	9	Interoperability (10%) <ul style="list-style-type: none"> • Makes use of open standards to ensure the technology works and communicates with other technology and can be easily upgraded and expanded. • Improves the access to external systems including primary care, community, specialist providers
	10	Financial (10%) <ul style="list-style-type: none"> • Drive organisations towards ‘simplification of the infrastructure’ by sharing and considering consolidation of spending, strategies, and contracts

As described in the Strategic Case, Section 0, the 'Core 5 Providers' are:

- Countess of Chester Hospital NHS Foundation Trust (COCH)
- Liverpool University Hospitals NHS Foundation Trust (LUHFT)
- Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)
- Warrington and Halton Teaching Hospitals NHS Trust (WHH)
- Wirral University Teaching Hospital NHS Foundation Trust (WUTH)

Each of these providers contributed equally to the scoring. Each provider completed a scoring sheet, scoring each of the ten criteria between 0 and 5. The programme team designed the workshop to ensure each provider had to take account of wider stakeholders in their scoring. This

was achieved by a presentation of the overarching system view by an ICB representative and open table discussions including Trusts not in Core 5 Providers. The tables were a mixture of Core Providers, plus additional representatives from Alder Hey Children's Hospital and The Walton Centre, both of whom are in the Pathology Network.

The scores for each option were calculated by applying the weightings and average of the scores of the individual Trusts.

Table 12 :Scoring by option

	Option 1	Option 2	Option 3	Option 4	Option 5
	Do nothing	Integrate existing LIMS solutions	Integrate discipline specific network-wide LIMS solution	Integrate network-wide LIMS solution for all pathology solutions	Integrate network-wide LIMS solution for all pathology solutions with integrated EPR-embedded LIMS solutions as required
Overall outcome	1.67	1.66	2.27	3.89	2.72
Rank	4	5	3	1	2

Based on the options appraisal and scoring completed by the providers, the preferred option was **Option 4, Network Wide LIMS for all disciplines** with a score of 3.89. This was **ranked number 1** by all the providers.

As a result, the preferred option is for the Cheshire and Merseyside Pathology Network to procure a system wide LIMS across all pathology disciplines. This will be a convergent plan over several years with sites coming online at appropriate points in line with the current contractual arrangements of different trusts.

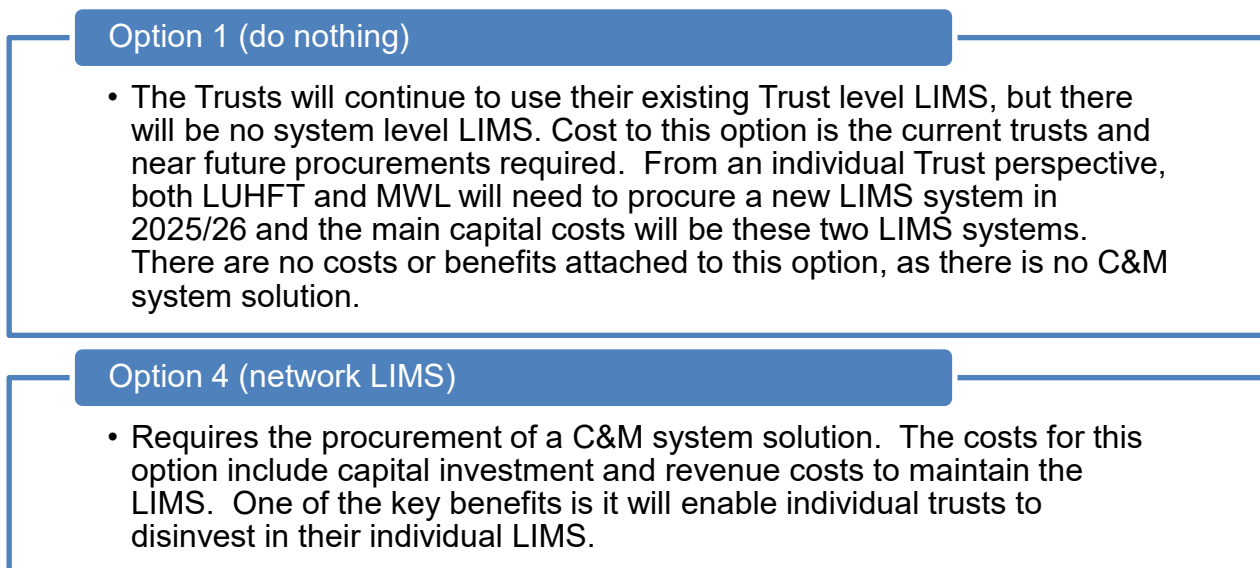
3.4 Approach to modelling the costs, benefits, and risks.

The programme team developed an Outline Business Case (OBC) in August 2023 which was approved by Trust Boards in September 2023. This outlined the development of options and recommended option 4 (network LIMS), as the option which ranked highest against the evaluation criteria, and which provided best value for money based on indicative costs and benefits. Following approval, the programme team commenced the procurement of option 4. Options 2, 3 and 5 are not considered viable change options. Therefore, the economic appraisal compares:

- Option 1: do nothing
- Option 4: network wide LIMS for all disciplines

Figure 4: Summary of options 1 and 4 below outlines the two options:

Figure 4: Summary of options 1 and 4



The economic appraisal focusses on the two phases of the LIMS lifecycle:

- A three-year implementation phase (2023/24 – 2025/26)
- A seven-year maintenance phase (2026/27 – 2033/34)

The maintenance phase reflects the useful economic life of the Cheshire and Merseyside LIMS system which is expected to be 8 years. The value for money of both options will be evaluated over a 10-year period. Following approval of the OBC the programme team ran a procurement process (detailed in the

Commercial Case) for option 4. The contract award is subject to approval of this FBC, however the costs from the winning tender are included in this case.

The evaluation in this business case is an economic appraisal which is compliant with the process set out in The Green Book. The Green Book outlines a process which weighs up the discounted costs, benefits, and risks of the options. Discounting is used due to the economic concept of the time value of money which states a sum of money is worth more now than the same sum will be at a future date due to its earnings potential in the interim.

3.5 Costs

The economic appraisal sets out the cost of procuring and implementing a system wide LIMS, as well as any other key items required by the programme. For option 4, the economic appraisal will include the full cost of implementation. Option 1 (the comparator) is no implementation of system LIMS. The Trusts will continue to use their existing Trust level LIMS, the cost of this option is the current Trusts cost and any near future procurements cost required. From an individual Trusts perspective, both LUHFT and MWL will need to procure a new LIMS system in 2025/26 and the main capital costs will be these two LIMS systems.

The OBC used indicative costs which the programme team has refined following the procurement. In the economic appraisal these reflect the system impact of this. This provides a basis on which to assess value for money at a system level. The finance case will further break the costs down by provider to assess both system affordability and individual provider affordability. The three categories of costs which have been quantified in this economic case are capital costs, revenue costs, and transitional costs.

3.5.1 Capital costs

Procuring a LIMS system requires an outlay of capital expenditure over a three-year period. The initial capital requirements for each option are summarised below. These costs are undiscounted and exclude inflation and VAT.

Table 13: Summary of initial capital requirements by option

	Option 1 – do nothing £'000	Option 4 – network LIMS £'000
Network LIMS costs	12,000	3,754
Other software related capital costs	1,535	1,602
Capitalised project costs	0	1,500
Legal costs	0	20
Contingency costs	0	660
Total	13,535	7,536

- From a network perspective, the cost of do nothing is zero, but for benchmarking purposes, the current cost and any future procurement cost of the individual Trusts is illustrated in the do-nothing option. From an individual Trusts perspective, the costs are a result of two Trusts (LUHFT and MWL) and one service (CWMS) needing to replace their current LIMS systems in in 2025/26 and the main capital costs will be these three LIMS systems.
- The network LIMS cost is based on the tender submission of the recommended supplier. The recommended supplier proposed three different payment mechanisms. The preferred model is a standard capital and revenue delivery payment model whereby the cost of capital related to implementation is paid in 2024/25. This phasing is reflected in both the economic and financial modelling but will need confirming with the supplier.
- The other capital costs are estimates submitted by the providers. These do not include optimism bias, but the providers have made prudent estimates to ensure the costs can be managed within the capital envelope.
- There are also costs to support delivery of the network including:
 - **Integration Engine** – Costs have been included regarding a system wide integration engine which will be used on behalf of the network. There is a potential to use this for other diagnostic programmes. The capital available for this programme has been used to purchase the integration engine, alongside a full managed service and a team to develop the system.
 - **Optical Character Recognition (OCR) scanning** – Costings have been included for a scanning tool to facilitate removing the manual process of paper referrals received across the network. This solution is currently being used at WHH and will support with cash releasing savings as well as efficiencies. Further discussions are needed around the procuring of the solution.
- Contingency costs have also been included. This is based on the remaining capital for the programme in 24/25.

The table below shows both the discounted and undiscounted capital costs for option 1 and 4 by year.

Table 14: The discounted and undiscounted capital costs for option 1 and 4 by year

	Option 1 – do nothing		Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000	Undiscounted £'000	Discounted £'000
2023/24	170	170	1,500	1,500
2024/25	235	227	6,036	5,831
2025/26	12,480	11,650	0	0
2026/27	200	180	0	0
2027/28	0	0	0	0
2028/29	45	38	0	0
2029/30	170	138	0	0

2030/31	235	185	0	0
2031/32	0	0	0	0
2032/33	0	0	0	0
2033/34	0	0	0	0
Total	13,535	12,589	7,536	7,331

- The undiscounted and discounted value are the same in 2023/24 as discounting reflects the time value of money, and therefore the current year is not discounted.
- In option 1, all capital expenditure will incur as they require.
 - In 2023/24 and 2024/25 expenditure relates to hardware upgrade
 - In 2025/26 expenditure largely relates to the cost of the network LIMS.
 - In 2026/27 and later years expenditure relates to various hardware and server upgrade from individual trusts due to existing asset coming to end of its life.
- In option 4, all capital expenditure is phased for the three-implementation period.
 - In 2023/24 expenditure relates to the cost of the integration engine, hardware at AIMES Data Centre and purchase of a third party to support to help develop and install? the Integration Engine. The Integration engine is required to integrate the new LIMS with Trust systems. The AIMES Data Centre will be hosting the physical assets of the LIMS solution, therefore the programme is investing in the digital infrastructure of the programme.
 - In 2024/25 expenditure largely relates to the cost of the network LIMS, as well as £1500k of capitalised programme team costs, legal costs, and Scanning OCR. Scanning OCR is required to remove manual entry of paper requests forms. Formal quotes for this are yet to be agreed.

The discounted costs will be used in the economic appraisal, whereas the undiscounted costs will be used in the financial case to assess affordability.

3.5.2 Revenue costs

There are no non-recurrent costs, as all the programme team expenditure has been capitalised as part of the implementation phase. Recurrent revenue costs for each option are summarised below. These costs are undiscounted and exclude inflation and VAT.

Table 15: Recurrent revenue costs by option

	Option 1 – do nothing £'000	Option 4 – network LIMS £'000
Network LIMS support and maintenance cost	6,429	7,976
Integration engine support and maintenance costs	117	315
Scanning OCR support and maintenance costs	0	126
EPR Systems integration costs	0	2,775
Interface setup/development	0	685
Data Migration	0	400
NPEX costs	2,601	527
MWL hosting cost	0	1,000
Outsourced cost for support and maintenance of legacy LIMS systems	1,895	0
In-house cost (e.g. infrastructure refresh) for support and maintenance of LIMS systems	406	0
Pathosys Costs	514	0
Total	11,961	13,804

- The recurrent revenue costs for option 1 are related to legacy systems and the maintenance costs as well the new ongoing maintenance costs for LUHFT's and MWL's new LIMS systems.
- The recurrent revenue costs for option 4 are broken down into licenses, support and maintenance costs for the LIMS, integration engine, NPEX costs (a national service for NHS laboratories which allows test requests and pathology results to be sent digitally from any lab to any other lab), hosting cost, an initial outlay for the EPR Systems integration costs, interface setup/development and data migration.

The table below shows both the discounted and undiscounted revenue costs for each option split by year.

Table 16: the discounted and undiscounted revenue costs for each option split by year.

	Option 1 – do nothing		Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000	Undiscounted £'000	Discounted £'000
2023/24	876	876	0	0
2024/25	1,234	1,193	258	250
2025/26	1,050	980	1,703	1,589
2026/27	1,051	948	2,497	2,252
2027/28	1,052	917	1,897	1,653
2028/29	1,126	948	1,242	1,045
2029/30	1,127	917	1,242	1,010
2030/31	1,128	886	1,242	976
2031/32	1,129	857	1,242	943
2032/33	1,130	829	1,242	911
2033/34	1,058	750	1,242	880
Total	11,961	10,102	13,804	11,509

- In option 1:
 - The recurrent revenue costs are the five providers costs to continue to operate their LIMS systems.
- In option 4:
 - The support and maintenance costs for the LIMS start in 2024/25 and run for the whole ten years.
 - The other recurrent revenue costs start in 2026/27 the first year of the maintenance phase.

3.5.3 Total costs

The total discounted costs are summarised in the table below.

Table 17: total discounted costs

	Option 1 – do nothing £'000	Option 4 – network LIMS £'000
Capital costs	12,589	7,331
Revenue costs	10,102	11,509
Total	22,690	18,841

3.6 Benefits

The programme team identified benefits of the LIMS implementation as part of the OBC. These were further refined during the development of the FBC and with discussions with technical and clinical colleagues. All the benefits outlined are above and beyond the 'as is' position, therefore there are no benefits included in the economic appraisal of option 1 – do nothing.

The benefits can be summarised as follows.

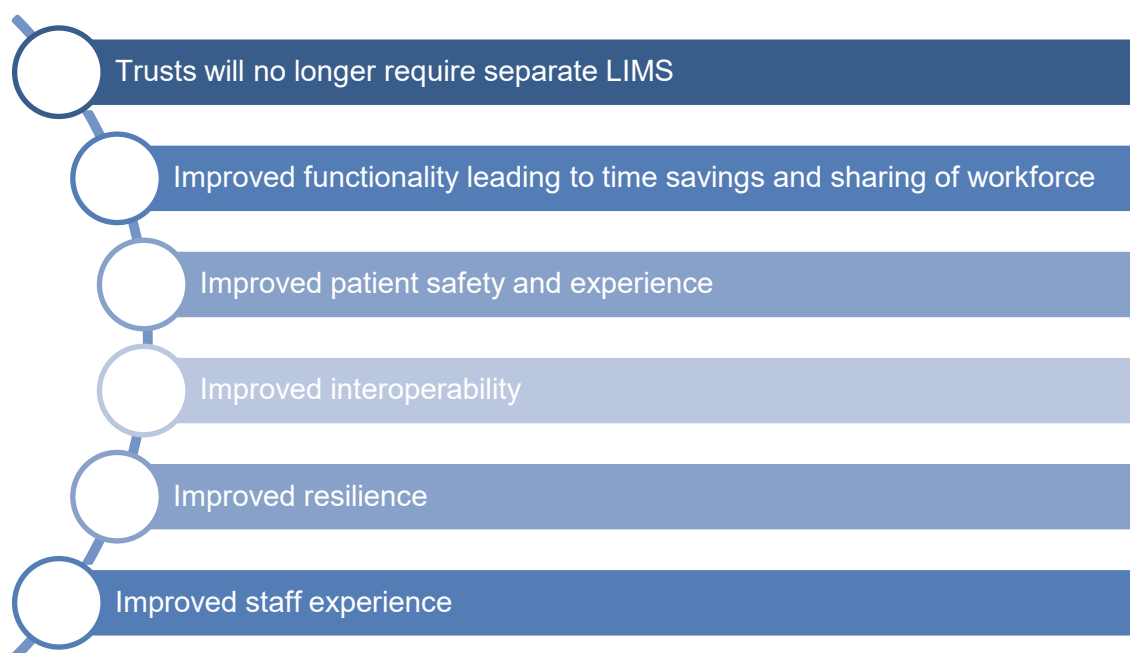


Figure 5: Summary of Benefits

As stated in the Strategic Case, the full quantification of all benefits is still difficult to fully estimate due to the time constraints of delivering the FBC. There is also a lack of baselining regarding some current activities across the network to understand implications if changing processes would benefit the network, both financially and economically. **It is also important to state that LIMS is the single biggest enabler to delivering the Pathology TOM, without which, the network will be unable to deliver other significant benefits.**

The table below outlines the detailed benefits of option 4, a benefit type has been assigned for each benefit and outlines whether the benefit is quantified within the Economic Case.

Please note not all cash releasing and cost avoidance benefits apply to all Trusts.

The majority of cash releasing benefits identified in option 4 relates to disinvestment in individual Trust LIMS as a result of access to the network LIMS.

Whereas the cost avoidance benefits identified in option 4 relates to investment by individual Trusts in their own LIMS solution, as a result of no network wide LIMS.

Table 18: Benefits of option 4

Overarching benefit category	Benefit	Benefit type	Monetised?
Trusts will no longer require separate LIMS Improved functionality leading to time savings	No cost of Trust software licenses for LIMS systems	Cash releasing	✓
	No cost of outsourced support and maintenance of legacy LIMS	Cash releasing	✓
	Reduced in-house cost for support and maintenance of LIMS systems	Cash releasing	✓
	Reduced ICNET costs	Cash releasing	✓
	Reduction in Pathosys costs	Cash releasing	✓
	Repatriation of Complex Immunology tests	Cash releasing	✓
	Introduction of OCR scanning	Cash releasing	✓
	5% of all non-cash releasing benefits becoming cash releasing	Cash releasing	✓
	Avoid the cost of procuring a new LIMS system (LUFT / MWL / WUTH)	Cost avoidance	✓
	Avoid the cost of implementing a new LIMS system (LUFT / MWL / WUTH)	Cost avoidance	✓
	Avoid the cost of purchasing a new LIMS system (LUFT / MWL / WUTH)	Cost avoidance	✓
	Reduced time spent manually completing a new referral form	Non-cash releasing	✓
	Reduced time spent manually entering the test results	Non-cash releasing	✓
	Reduced time managing testing and reporting process-referring	Non-cash releasing	✓
	Reduced time accessing historical pathology results from other Trusts	Non-cash releasing	✓
	Reduced time responding to sharing request for pathology results	Non-cash releasing	✓
	Reduced time for the referring laboratory in entering pathology results/reports into LIMS	Non-cash releasing	✓
	Reduced time for the referring laboratory checking and validating results	Non-cash releasing	✓
	Reduced time for referring laboratory in tracking testing process with receiving laboratory	Non-cash releasing	✓
	Reduced time for receiving laboratory in booking/registering test requests	Non-cash releasing	✓

Overarching benefit category	Benefit	Benefit type	Monetised?
	Reduced time for receiving laboratory checking and validating results	Non-cash releasing	✓
	Reduced time saved transferring samples using NPEX	Non-cash releasing	✓
	Reduced time saved receiving samples using NPEX	Non-cash releasing	✓
	Staff time efficiency saving for receiving laboratory checking and validating results (second version to data enter)	Non-cash releasing	✗
	Reduced LIMS downtime incidents, improved business continuity, improved resilience	Non-cash releasing	✗
	Reduced lost staff time to repeat tests, enabled by network-wide LIMS	Non-cash releasing	✗
	Reduced turnaround times	Non-cash releasing	✗
	On-call ICT resources to be shared across laboratory sites	Non-cash releasing	✗
	Reduced workload for the customer care team	Non-cash releasing	✗
	Use of patient flags to determine analyser will see a reduction in time spent per referral	Cash releasing	✗
Improved interoperability	Reduction in duplicate Testing	Cash releasing	✓
	Reduced costs of interfaces	Cash releasing	✗
	Reduced costs of histopathology outsourcing	Cash releasing	✗
	Reduced training time as workforce only needs to be trained on one system	Non-cash releasing	✗
Improved quality, patient safety and experience	Reductions in incidents due to incorrect transcription of results	Qualitative	✗
	Improved patient choice as blood tests can be completed anywhere	Qualitative	✗
	Improved patient experience due to reduced re-tests	Qualitative	✗
	Improved equity of access and service	Qualitative	✗
	Improved Quality of Work (e.g., less label rejections)	Qualitative	✗
	Harmonised library of tests improving quality and reducing risk,	Qualitative	✗
Improved resilience & capability	Clinicians and Laboratory staff will be able to access pathology reports and/or results for tests carried out by other laboratories in the network.	Qualitative	✗
	Infrastructure will be more resilient to technological advances	Qualitative	✗
	Standardised systems across organisations which can therefore be supported, shared and managed accordingly	Qualitative	✗

Overarching benefit category	Benefit	Benefit type	Monetised?
Improved staff experience	Improved staff experience due to standardised processes and reduced administrative burden	Qualitative	x

3.6.1 Monetisation of the benefits

Cash releasing, non-cash releasing and cost avoidance benefits can all be monetised.

Most of the cash releasing benefits are calculated based on the provider’s existing “as is” cost. This comprises the software licenses for their current LIMS. These costs will no longer be spent by the providers once the network LIMS is in place and operational. The remaining cash releasing benefits are calculated based on cost saved from reduction in test duplication, reduction in repatriation and the introduction of OCR scanning due to the new LIMS. The cost saved was calculated from system actual data, literature review and retesting it back with clinicians, operational managers, and other key stakeholders from across the system. There is also a small percentage of cash-releasing benefits as a result of non-cash releasing becoming cash releasing.

The cost avoidance benefits are estimated based on a supplier quotation for a single provider LIMS for one pathology discipline. The estimated system, procurement, and implementation costs were then tested with operational and technical leads from the providers. It is clear that this cost may also be high in reality due to individual legal fees, purchasing of additional equipment (OCR) and other areas.

All the non-cash releasing benefits are time efficiency saving benefits. The benefits are calculated to reflect the cost value of the time spent on individual tasks as part of an in-house referrals between Trusts within the network. These are tasks which will either be redundant or more efficient due to the functional capabilities of the new LIMS. The time saved was articulated during a benefits workshop with stakeholders from across the system.

The programme has worked hard to take a prudent view of all monetised benefits, applying an appropriate confidence of benefits and staging benefits to be realised gradually rather than 100% from the first year of implementation This is reflected in the benefits working sheet in Appendix 9: Benefits workings.

3.6.2 Cash releasing benefits

Cash-releasing benefits are those which will have an impact on the Income and Expenditure account, either by generating more income or by reducing expenditure. These are also included in the finance case (Section Financial Case5).

The total value of the cash-releasing benefits for option 4 over the appraisal period is as follows.

Table 19: total value of the cash-releasing benefits over the appraisal period

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
No cost of Trust software licenses for LIMS systems	4,412	3,539
No cost of outsourced support and maintenance of legacy LIMS	2,219	1,780
Reduced in-house cost for support and maintenance of LIMS systems	718	576
Reduced pathosys costs	374	300
Reduced duplication of samples	14,038	10,933
Reduced duplication of samples	1,272	991
5% of non-cash releasing benefits will be cash releasing	7,626	5,939
Introduction of OCR scanning	3,099	2,414
Total	33,757	26,471

In January 2024, it was confirmed that the ICB would not fund PDC and Depreciation charges. The programme was challenged to review the benefits and to take a more optimistic view of cash releasing benefits. Additional cash releasing benefits were included following a discussion with Clinical and Operational colleagues. These included:

- Reduction in Duplicate Testing
- Repatriation of Complex Immunology tests
- 5% of all non-cash releasing benefits becoming cash releasing
- Introduction of OCR scanning

These are explored in more detail below:

Reduction in Duplicate Testing – there may be increased efficiency as unnecessary testing is reduced. Eliminating the duplicate tests means labour time and costs are reduced and the available resource is optimised as there are fewer tests to process. Streamlining the testing process by avoiding duplicates can significantly improve turnaround times, allowing healthcare professionals to make quicker decisions. The programme has only applied a prudent saving to 1% of tests overall.

Repatriation of complex immunology tests – by bringing tests in-house there may be a reduction in outsourcing expenses associated with sending samples to external sites. Alongside this, in-house testing allows for better control over the testing process and faster turnaround times for test results, potentially leading to increased efficiency. In-house testing allows for better control over the quality of tests. Ensuring accuracy and reliability of results can reduce the need for re-testing and associated costs. There is also a reduction of travel and postage costs. As this work surrounding what this could look like is still ongoing, a confidence reduction has also been applied.

5% of all non-cash releasing benefits becoming cash releasing – the conversion of these benefits can be realised across various different areas, including:

- **Increased efficiency and productivity** – reduced labour costs and increased turnaround times can increase capacity.
- **Reduced errors and duplication** – decreased costs associated with correcting errors and improved data accuracy.
- **Compliance and reporting** – reduction in manual process will reduce errors which could avoid penalties and fines due to non-compliance.

It is also clear know that there are a number of other cash-releasing benefits which will be realised but not quantified. This figure covers some of this unknown quantity:

- **Use of Patient flags to determine specific analysers** – it is difficult to articulate the cost for this. However, this will be an automated application which will see patients flagged should there be any issues with medication and/ or concerns. This should see a reduction in medical spend.
- **Procurement opportunities** – by standardising the LIMS solution, a by-product will be the standardisation of laboratory equipment and resources. This will result in wider procurement opportunities through bulk purchases and discounts on areas such as supplies and reagents.
- **Training** – By standardising the LIMS, the training programme can be standardised. For staff who currently work across multiple sites with different LIMS, this will see a reduction in training costs.

It is important to note that the transition from non-cash releasing benefits to cash releasing benefits may not be immediate and can be dependent on a number of factors, such as efficiency of implementation and scale of the laboratory.

Introduction of OCR scanning – the LIMS programme will enable the introduction of OCR scanning. The scanning tool will facilitate removal of processing paper referrals across the network. This solution is currently being used at WHH and will support with cash releasing savings as well as efficiencies. Currently sites manage and deal manually with paper referrals including:

- MWL: Approx. 586,000 per year, around 15% of all referrals are paper.
- LUHFT: 700,000 to 800,000 a year around 45% of all referrals are paper.
- COCH: 10,400 around 2% of all referrals are paper.
- WUTH: 345,193 around 2% of all referrals are paper.

By removing the administrative process for this, there will be efficiencies and also cash releasing savings as labour costs are reduced due to decreased reliance on manual data entry, allowing staff to focus on more value-added tasks. The benefits are phased across the appraisal period as below in table 19.

Table 20: benefits phased across the appraisal period

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
2023/24	0	0
2024/25	0	0
2025/26	0	0
2026/27	1,833	1,653
2027/28	2,701	2,354
2028/29	3,569	3,005
2029/30	4,437	3,609
2030/31	5,304	4,169
2031/32	5,304	4,028
2032/33	5,304	3,892
2033/34	5,304	3,760
Total	33,757	26,471

- The undiscounted value of the benefits is gradually realised over time with 100% realised from 2030/31. The model assumes that changes will take some time embed, therefore 100% will not be realised until later in the programme. The reduction in the discounted value is equivalent to the time value of money.

3.6.3 Cost avoidance benefits

Cost avoidance benefits are those which negate the need for expenditure in the future. These are not included in the Finance Case. Cash releasing benefits are from not needing to procure, purchase and implement supplementary LIMS systems at individual Trusts. The benefit have been agreed by the Trusts included, as it is clear that due to age and resilience of their current systems, regardless of the networks strategy, they would need to procure a system regardless. This is explained in the Strategic Case in section Current LIMS resilience.

The total value of the cost avoidance benefits for option 4 over the appraisal period is as follows.

Table 21: total value of the cost avoidance benefits.

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
Avoid the cost of procuring a new LIMS system (LUFT / MWL / CWMS)	273	225
Avoid the cost of implementing a new LIMS system (LUFT / MWL / CWMS)	425	350
Avoid the cost of purchasing a new LIMS system (LUFT / MWL / CWMS)	13,460	11,079
Total	14,159	11,653

The table below phases the cost avoidance benefits over the appraisal period.

Table 22: Phased cost avoidance benefits over the appraisal period

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
2023/24	0	0
2024/25	0	0
2025/26	1,666	1,555
2026/27	1,666	1,502
2027/28	1,666	1,452
2028/29	1,666	1,402
2029/30	1,666	1,355
2030/31	1,666	1,309
2031/32	1,666	1,265
2032/33	1,666	1,222
2033/34	833	590
Total	14,159	11,653

- The benefits are phased from 2025/26 when Liverpool University Hospitals NHS Foundation Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust, and Chester & Wirral Microbiology Service are expected to need to start procuring their new LIMS system.

3.6.4 Non-cash releasing benefits

Non-cash releasing benefits are those which involve either the redeployment of existing resources or improved efficiency. These are not included in the Finance Case. All the non-cash releasing benefits relate to saving time by using an improved network wide LIMS.

The total value of non-cash releasing benefits for option 4 appraisal period is as follows.

Table 23: total value of non-cash releasing benefits appraisal period

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
Reduced time spent manually completing a new referral form	6,458	5,002
Reduced time spent manually entering the test results	3,029	2,346
Reduced time managing testing and reporting process- referring	12,142	9,405
Reduced time accessing historical pathology results from other Trusts	9,640	7,467
Reduced time responding to sharing request for pathology results	6,515	5,046
Reduced time for the referring laboratory in entering pathology results/reports into LIMS	9,395	7,277
Reduced time for the referring laboratory checking and validating results	10,831	8,390
Reduced time for referring laboratory in tracking testing process with receiving laboratory	21,361	16,546
Reduced time for receiving laboratory in booking/registering test requests	3,501	2,711
Reduced time for receiving laboratory checking and validating results	2,800	2,169
Reduced time saved transferring samples using NPEX	3,353	2,597
Reduced time saved receiving samples using NPEX	1,077	834
Staff time efficiency saving for receiving laboratory checking and validating results (second version to data enter)	4,361	3,378
Total	94,462	73,169

- These benefits relate to time efficiencies processing in-house referrals between Trusts in the network. It is currently a heavily manual system and therefore by automating and digitalising the system, the time reduction per referral is significant.
- To ensure accuracy of benefits, the programme has stated that not all benefits will be 100% confident and has also included an additional optimism bias on the time associated, to ensure the efficiencies saved are accurate and not too optimistic.
- It is clear that there are also other non-cash releasing benefits regarding future opportunities around ways of working. An example of this is clinical authorisation. This currently operates differently at sites, but moving towards a network model could see time saved across each of the clinical disciplines.

The yearly profile of these benefits is as follows:

Table 24: yearly profile of benefits

	Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000
2023/24	0	0
2024/25	0	0
2025/26	0	0
2026/27	0	0
2027/28	6,515	5,677
2028/29	9,772	8,228
2029/30	13,029	10,599
2030/31	16,287	12,801
2031/32	16,287	12,368
2032/33	16,287	11,950
2033/34	16,287	11,546
Total	94,462	73,169

- The benefits will begin to slowly realise? from the first year (2027/28) of the maintenance phase. This is due to the assumption that new processes will take time to become business as usual. Whilst the process is new or adapted, it will take staff time to become accustomed to optimising the system.

3.6.5 Wider benefits for the system

The original model for the Full Business Case had assumed that the 23/24 capital allocation for LIMS would be spent as an upfront payment with the preferred supplier.

On 26 January 2024, all Cheshire and Merseyside Trust Directors of Finance confirmed the preference for the system would be a capital/revenue split.

On 1 February 2024, the Diagnostic Programme met with national DDCP funding and outlined a proposal for the spending of the 23/24 capital. On 2 February 2024 emails were as sent to C&M DOFs, COOs and Service Leads to form a long list of potential schemes.

A long list of schemes was developed identifying the potential to move forward with the schedules after completing a realistic assessment of deliverability. DDCP were broadly supportive of the approach whereby capital would be drawn down and spent in 23/24 on Diagnostic schemes, prioritising anything that moves the programme forward towards digital maturity.

In total 177 schemes valued in excess of £50 million were identified with schemes suggested from all but 2 Cheshire and Merseyside Trusts (Walton Centre and Liverpool Heart and Chest). **177 schemes were reduced to 83 schemes as follows:**

Table 25: reasons for exclusion from the process

Number of Schemes Excluded	Reason
22	Could not be transacted by 31 March
12	Beneath the £5k capital limit
11	No costs attached
3	No longer required
4	Already been submitted to NHSEI for funding.
42	Schemes that were replacements or didn't have enough information

Following the initial exclusions, 83 schemes remained. 22 were initially prioritised using the following criteria:

- Is it deliverable in 23/24?
- Is it directly LIMS related?
- Is it LIMS associated / enabling?
- Is it digital pathology related that up scales progress and moves the pathology network towards digital maturity?

The remaining 61 schemes were added to a reserve list. Following a call with NHSE on 8th February to discuss the 22 schemes, 2 were merged together (AIMES Integration Engine & AIMES Data Centre) whilst 8 were rejected.

A further 4 schemes were presented from the reserve list during the week of 12th February, 3 of which were approved for funding by NHSE. **16 schemes were funded in total, these are summarised in Appendix 21: Wider system benefits.**

This process has enabled the system to utilise £9,187,275 of the wider capital allocation and ensures that this capital stays within the C&M system. There is a combination of system wide and Trust specific schemes and initiatives in the finalised list of funding schemes, which support the pathology network and enable greater digital resilience across the system.

As a result of this process, we have raised the profile of C&M Diagnostics Programme with NHS England who have supported the alternative use of capital.

These benefits cross-cut across different digital programmes including Digital Pathology. A huge benefit from one of the programmes is the increasing of archiving slides, which will improve resilience across all digital pathology providers and support the increase of Digital Pathology. For more information, please see the full list of benefits Appendix 21: Wider system benefits.

3.7 Risks

The full list of risks is included in the Risk Register in Appendix 6: CMPN risk register. However, for the purpose of the economic model, the specific risks which have been quantified for the Preferred Option in the economic appraisal are below.

Table 26: quantified risks

Risk	Risk impact	Mitigation	Explanation of value
Current LIMS systems across C&M do not integrate	This will mean that the Target Operating Model of the network will not be achievable.	Ongoing work through the network to support standardisation, reduction in variation etc.	Not relevant to this option as this option is to purchase 1 network LIMS solutions across C&M.
Providers are currently under contracts across the network. A number of Trusts in long term contracts i.e. WUTH/ COCH	Implementation will likely take longer	The programme will be staged, and each discipline implemented slowly to reduce the burden on clinical time. programme management will be crucial to support this process.	Cost of programme management team to put in place to support WUTH/COCH in later years to cover longer contracts.
There is a risk that clinical expertise will be needed across all the sites which is not funded.	Costs implication across each of the sites.	If additional capital available, used to fund clinical time and expertise.	Fund clinical time to provide clinical expertise across all sites - £100k per trusts (programme manager estimate)
One Trust will need to be the frontrunner	Significant risk/ time resource required for host Trust	Additional implementation costs to support the first provider	The mitigation cost is to add additional staff to support. Recruitment of an integration programme manager band 8a or 2 band 8a in worst case. (programme manager's estimate)
Technical complexity	Will require significant specialist integration resources to achieve integration across all providers	Integration support costs	The mitigation cost is to add additional staff to support. Recruitment of and band 8a in higher or band 8b in worst case should there be an issue with integration. (programme manager's estimate)

Risk	Risk impact	Mitigation	Explanation of value
Resource and financial implications for integrating across 5 providers	Significant financial and resource implications to support implementation	Integration support costs	Additional programme team cost to cover local resource if trust cannot fund to support integrating at local level. (programme manager's estimate)
Resource requirements around breaking EPR/ LIMS solutions	Significant patient safety risk, clinical risk	IT and programme resource requirements at a system and local level	The mitigation cost is to add additional staff to support 6 band 3. (programme manager's estimate)
The new network LIMS do not include Blood Tracking.	WHH losing functionality from their existing LIMS when they join the new network LIMS	Additional software will need to be procured for Warrington. Discussion to be held with Pathology manager around next steps.	The mitigation cost is system to support WHH to reprocur Blood Tracking.

The table below summarises the undiscounted risks for both options.

Table 27: undiscounted risks for both options

	Option 1 – do nothing	Option 4 – network LIMS
	£'000	£'000
Current LIMS system across C&M do not integrate	4,400	0
Providers are currently under contracts across the network. A number of Trusts in long term contracts i.e. WUTH/ COCH	0	65
There is a risk that clinical expertise will be needed across all the sites which is not funded.	0	525
One Trust will need to be the frontrunner	0	100
Technical complexity	0	84
Resource and financial implications for integrating across 5 providers	0	500
There is a risk that in the new LIMS BAU resourcing will increase	0	906
If the network is unable to procurement Blood Tracking Warrington Hospital will be losing functionality of their LIMS	0	414
Total	4,400	2,594

- The option 1 risk relates to mitigation needed to support standardisation.
- The option 4 risks mostly relate to the implementation and maintenance of the network LIMS, apart from the last risk which relates to Warrington Hospital. The provider currently has blood tracking in their existing LIMS system. There is a risk that the new network LIMS would not have such functionality, Warrington hospital would lose such functionality and its impact.

The table below shows the phasing by year of the risks.

Table 28: phasing by year of the risks

	Option 1 – do nothing		Option 4 – network LIMS	
	Undiscounted £'000	Discounted £'000	Undiscounted £'000	Discounted £'000
2023/24	400	400	38	38
2024/25	400	386	506	489
2025/26	400	373	506	472
2026/27	400	361	163	147
2027/28	400	349	131	114
2028/29	400	337	279	235
2029/30	400	325	279	227
2030/31	400	314	205	161
2031/32	400	304	163	123
2032/33	400	293	163	119
2033/34	400	284	163	115
Total	4,400	3,727	2,594	2,241

3.8 Economic appraisal

The appraisal brings together the whole life costs, the impact of risk, and the monetised benefits.

Table 29: Economic appraisal summary

	Option 1 £'000	Option 4 £'000
Capital costs	12,589	7,331
Recurrent revenue costs	10,102	11,509
Total costs	22,690	18,841
Impact of risk	3,727	2,241
Cash releasing benefits	0	26,471
Cost avoidance benefits	0	11,653
Non cash releasing benefits	0	73,169
Total benefits	0	111,294
NPV	-26,417	90,212
BCR	0.00	5.28
ROI	-100%	428%

- Option 1 has a negative NPV of £26.4m driven largely by cost and risk. It does not have any benefits but does include the risk of £3,277 and cost of £22.7m leading to a negative NPV and a negative ROI.
- Option 4 has a NPV of £90.2m driven largely by the non-cash releasing benefits. The benefit to cost ratio is 5.28:1 exceeding the 4:1 benchmark commonly used in Green Book business cases. The ROI is 428%.
- The appraisal demonstrates the superior value for money of option 4, which is to implement a single instance of LIMS for the whole network.

4 Commercial Case

4.1 Introduction

The purpose of the Commercial Case is to demonstrate that the recommended supplier has resulted in a viable procurement and a well-structured process. The case must also demonstrate how the prospective suppliers were evaluated and recommended supplier was identified.

This section of the business case achieves this by describing:

- Procurement strategy and process undertaken.
- Evaluation structure and outputs
- Commercial arrangements

This case includes:

- Procurement strategy
- Aims and objectives of the procurement.
- Specification development
- Procurement process
- Recommended supplier
- Scope of the procurement
- Contracting strategy
- Core requirements of the solution
- Contract period
- Contract arrangements
- Contract management
- Memorandum of Understanding
- Allocation of risk
- Implications and TUPE
- Implication timescales

4.2 Procurement strategy

The Digital Diagnostic Capability Fund (NHS England) has provided capital funding to Cheshire and Merseyside Pathology Network (CMPN) for a LIMS programme from 2022-2025.

All NHS England (NHSE) centrally funded programmes must comply with the NHSE endorsed routes to market. For clinical software, these are the London Procurement Partnership (LPP) Clinical Digital Solutions (CDS) framework, the Enterprise-wide Electronic Patient Records framework provided by NHS England Health Systems Support and NHS Supply Chain Medical IT Departmental Software and Hardware Solutions. Lot 1 - Medical IT Software Solutions – LIMS. There are only three NHS England endorsed routes to market. Not all our current suppliers are listed on all the frameworks. To determine the best framework to use, CMPN have decided to take a two phased approach on the advice of NHSE.

Countess of Chester (COCH) Commercial Procurement Services have been commissioned to lead the procurement of the LIMS solution. The process will be carried out via the Countess of Chester Hospital NHS Foundation Trust eTendering Portal (Bravo system).

4.3 Aim and objectives of the procurement

The aim of the procurement is to deliver a new Service comprising a Laboratory Information Management System (LIMS), associated software, infrastructure and services that meets the current and future requirements of the Pathology service across Cheshire and Merseyside.

The objectives of the procurement can be summarised as follows:

- Procure a future proofed Laboratory Information Management System to replace all existing systems currently operational across Cheshire and Mersey
- Procure a Service that provides 'value for money.'
- Meet the requirements as defined in the specification.
- Meet national information and business strategies.
- Enable the transformation of Pathology services.
- Meet the spending objectives.
- Deliver the identified benefits.
- Provide additional functional capabilities.
- Implement a fully supported service within the required timescales.

4.4 Specification development

A system wide specification for LIMS was developed between December 2022 to October 2023. This was refined through extensive stakeholder engagement and a specification workshop in July 2023. The meeting included: clinical, operational, and technical leads from across the Core 5 providers and specialist Trusts, who although not part of the procurement contributed to the decision. This specification details, the core requirements, core capabilities, clinical requirements and non- functional requirements which make up elements in the Invitation to Tender. The schedules as part of the specification were also shared with Heads of Procurement, Directors of Finance, and technical colleagues, depending on the detail in question.

4.5 Procurement process

A procurement plan was drafted by COCH. The approach outlined a two phased early market engagement approach followed by the Invitation to Tender (ITT).

4.5.1 Early market engagement – stage 1:

There were three NHS England endorsed routes to market. These include:

- LPP - Clinical Digital Solutions (CDS) framework;
- NHS England Health Systems Support Framework. Category - Enterprise-wide Electronic Patient Records systems.
- NHS Supply Chain Medical IT Departmental Software and Hardware Solutions framework.

Not all the current suppliers were listed on all the frameworks. To get further information, a first phase of early market engagement was proposed.

Early market engagement (EME), also known as soft market testing, is the process of engaging with potential suppliers before you begin buying goods or services for your organisation. It gives suppliers the opportunity to both inform the specification and to get ready to meet the demand.

The initial aim of the EME was to make suppliers aware of the upcoming procurement needs for the provision of a Laboratory Information Management System at CMPN. In addition to this, CMPN were keen to engage in EME to understand what LIMS supplier solutions were available, how such solutions compare, and the maturity of the supplier and product in delivering the requirements.

The first stage included sending out to all current suppliers and all suppliers on the three available frameworks information detailing the CMPN network, chosen requirement and timescales to use as a fact-finding exercise to inform the specification and to see which suppliers were interested in bidding. This identified a number of suppliers who only wanted to provide a LIMS system as part of an EPR system.

Taking the time to carry out EME and gather market intelligence is regarded as ‘best practice’ and recommended as part of the preparation process for any future contract, especially where procurements are complex or of significant value. The market can be engaged with at any time, providing there is compliance with the Public Contracts Regulations 2015, specifically Regulation 40 which states that ‘preliminary market consultation may be used in the planning and conduct of the procurement procedure, provided that it does not have the effect of distorting competition’. CMPN opted to follow the regulations to ensure a more effective and efficient procurement process engaging early and widely with the market to allow the latter an opportunity to shape the requirement.

4.5.2 Early market engagement – stage 2:

The second stage included selecting a framework, liaising with suppliers on the chosen framework, sending them the draft specification, pricing document and terms and conditions for comment prior to finalising the tender documentation.

CMPN reserved the right to abandon stage two of the EME due to time constraints.

Table 30: Market engagement timetable

Market Engagement Timetable	
Publication of Supplier Pre-Market Engagement Process	15th August 2023
Supplier Pre-Market Engagement Initial Response Deadline	25 th August 2023
Supplier Pre-Market Engagement Questionnaire Response Deadline	15 th September 2023

4.5.3 Selection of framework from early market engagement

All suppliers on the three aforementioned frameworks were contacted as part of the early market engagement and invited to contribute to this process. As part of this, suppliers were asked to register their interest and encouraged to complete a Supplier Questionnaire. The closing date was 15th September 2023.

The following were contacted:

- 13 suppliers on the LPP - Clinical Digital Solutions (CDS) framework.
- 8 suppliers on the NHS England Health Systems Support Framework. Category - Enterprise-wide Electronic Patient Records systems.
- 74 suppliers on the NHS Supply Chain Medical IT Departmental Software and Hardware Solutions framework. Lot 1 - Medical IT Software Solutions – LIMS.

13 Organisations registered an interest in tendering for the programme. Of the 13, 10 of the suppliers are on the NHS Supply Chain framework, whereas 3 are on the LPP framework. It was recommended the CMPN use the NHS Supply Chain framework for this programme as 10 of the suppliers who registered an interest are on this framework.

The recommendation included:

- To carry out the stage 2 EME with the 10 suppliers listed on the NHS Supply Chain framework.
- To include all organisations who did not reply to the EME in Stage 2 if they are on the NHS Supply Chain framework.

The second stage includes liaising with suppliers on our chosen framework, sending them the draft specification, pricing document and terms and conditions for comment prior to finalising our tender documentation.

As COCH were commissioned to lead the procurement of the LIMS solution, they led and coordinated the pre-market engagement as part of the full package of support. Input was required from the specification team as necessary.

4.5.4 Invitation to Tender (ITT)

The ITT was open to all suppliers on the chosen framework.

All tender documents were available for download on the portal and contained all or some of the following:

- Instructions to tenderers
- Specification
- Pricing schedule
- Contract conditions – defining the relationship between the public body and the supplier/contractor.
- Tender evaluation model.
- Supporting documentation – depending on the contract requirements

The ITT assesses the offers and the requirements as set out in the specification.

4.5.5 Tender Process

All suppliers on the framework were informed of the intention to procure via the framework. All suppliers on the framework who accepted the invitation were invited to tender.

The ITT was issued on 1 November 2023. The deadline for the bidder submissions return was 4 December 2023.

The following organisations submitted tenders: -

- Cirdan Imaging Ltd.
- Clinisys Solutions Limited.
- Insight Direct (UK) Ltd.
- Magentus Software Limited.

4.5.6 Evaluation

To complete the Evaluation, the network took a whole system approach. This section details the approach to evaluation and scoring at the ITT Award stage.

There are three (3) areas for evaluation. Each criterion has been allocated a % weight showing its relative importance. These weightings total 100%.

The weightings are as follows:

Table 31: Evaluation Weightings

Criteria	ITT Award Weighting
Functional / Technical	60%
Financial	30%
Social Value	10%

The evaluation model is structured to enable the evaluation of responses to the Authority's Statement of Requirement (Attachment 1 to the SYS CON) and all other aspects of the draft SYS CON, including the Financial Model, as issued as part of the ITT. Technical Scoring

Scoring was undertaken as part of the Evaluation Model. Scores were assigned on the following basis:

Table 32: Evaluation Scoring Methodology

Methodology	Score
An important requirement, with scope fully delivered to the timescale expected, with sufficient supporting detail/ evidence and with clear added value to the Authority.	12
An important requirement, with scope fully delivered to the timescale expected, with sufficient supporting detail/ evidence.	10
One or more omissions to scope, timing or supporting detail with a small to medium impact.to the Authority.	8
One or more omissions to scope, timing, supporting detail, cost, or risk transfer with a medium to major impact to the Authority.	5
One or more omissions to scope, timing, supporting detail, cost, or risk transfer with a major to material impact to the Authority.	2
No content included or included content considered wholly unacceptable to the Authority.	0

The gaps between scores vary to reflect the increasing advantage of a high score.

All scores shall be assigned by the apportionment of a single score reached as a consensus decision agreed by the evaluation panel. Reasons will be recorded contemporaneously by consensus and provided with the award decision notice to Bidders.

The Authority Requirements will be evaluated as follows:

- The applicant with the highest technical score will receive the full technical weighting for that criterion. Subsequent Tenders will gain a percentage of the technical weighting for that criterion on a pro-rata basis from the top technical score. This is calculated using the following formula:

$$\text{Authority Requirements Criterion Score} = \text{weighting} \times \left(\frac{\text{Applicant Score}}{\text{Highest Score}} \right)$$

Where:

Highest Score = the highest score offered for the section.

Applicant Score = the score achieved by the Applicant for the section.

Price Scoring

The Total Price will be extracted from each Bidder's Financial Model.

- The applicant with the lowest price will receive the full commercial weighting for that criterion. Subsequent Tenders will gain a percentage of the commercial weighting for that criterion on a pro-rata basis from the top scoring price. This is calculated using the following formula:

$$\text{Commercial Criterion Score} = \text{section weighting} \times \left(\frac{\text{Lowest Price}}{\text{Applicant Price}} \right)$$

Where:

Lowest Price = the lowest price offered for the section.

Applicant Price = the price offered by the Applicant for the section.

It is imperative that Prices submitted are comparable between bids. Where material omissions have been made by any Bidder set against the requirements that skew the Total Price, for example omission of some or all hardware or resource elements, or ambiguity in relation to such elements, CMPN agreed to score this as 0 points, as it represents an unreliable Price upon which to make a final recommendation. As part of the process the programme agreed that it may (at its sole discretion) seek to clarify such matters with the relevant Bidder where permitted by the Public Contracts Regulations 2015, but is not bound to do so.

Each participating trust undertook and submitted their own evaluation scores. The scores from each trust were moderated by COCH as procurement leads, with a CMPN score awarded to each bidder.

All evaluators completed a 'Declaration of Interest' form.

Supplier demonstrations

Following identification of a recommended supplier a demonstration day was organised to see the solution. This session was not scored. However, the sessions allowed stakeholders from across Cheshire and Merseyside the opportunity to watch specific demonstrations and ask questions.

4.5.7 Supplier award

Award of contract

- All suppliers that submitted a tender will be informed of the decision to award the contract via the portal. Decision letters should give details of the successful supplier/s and score achieved in the evaluation of tender submissions.
- A Contract Award Notice will be published.

4.5.8 Recommended supplier

The recommended supplier has been identified following evaluation as Magentus. Throughout the business case they will be referred to as the 'recommended supplier'.

4.6 *Scope of the product (as confirmed in the specification - Appendix 15: CMPN LIMS Authority Requirements)*

The scope of the procurement is set out here for context only and includes:

- A hosted, managed Service including the LIMS and associated software and services for use by NHS Pathology services across Cheshire and Mersey. The LIMS shall be a regional application integrated with the regional technical architecture to provide a seamless service from requesting to reporting results.
- Contractor supported development with full configuration, testing, validation, and deployment of the Service on all agreed sites to the required standards and agreed implementation timescale. On completion of the implementation Cheshire and Merseyside will take over the operational configuration.
- Provision, ongoing development, upgrade, and maintenance of the Service.
- Deployment of the Service in Cheshire and Mersey clinical and laboratory environments and any other agreed hosting locations.
- Contractor managed hosting arrangements in NHS Data Centres or an accredited Data Centre/Cloud Services. The Contractor shall be required to confirm their preferred option in their response.
- The Service shall utilise the Health and Social Care Network/or the Cheshire and Merseyside Diagnostic Network for wide area networking and be responsible for any connection.
- The Contractor shall deliver the required data and information for operational, management, strategic and research purposes.
- The Service shall interface to existing equipment, systems, and applications.
- The Contractor shall be required to meet a range of quality, information governance, information, validation, and technical standards.
- The Contractor shall meet the required service levels of availability and performance.
- The Contractor shall specify the Service requirements for peripheral hardware required including, but not limited to: PCs, tablets, phones, fridges, blood transfusion kiosks, barcode printers, barcode scanners and document scanners.
- The migration of agreed sets of data from the systems that are being replaced and provision of a legacy database.
- Training delivery and training materials.
- System documentation.
- Maintenance and support (including application developments) and appropriate structured validation of any such developments as required by EU GMP 1.

4.7 *Contracting strategy*

The contractual approach is to have a single LIMS contract, with an identified Trust acting on behalf of all partners, handling payments, change management and contract performance. To

facilitate the programme, one Trust has agreed to host the contract with the solution provider. To do this, the programme team issued an expression of interest to the Core 5 providers in scope of the programme. Through this process, Mersey and West Lancashire Teaching Hospitals Foundation Trust agreed to host the contract and/ or the solution on behalf of the system and Trusts.

The invitation to tender identified Mersey and West Lancashire Teaching Hospitals Foundation Trust as the lead organisation with the contract directly with the hospital on behalf of CMPN.

4.8 Contract period

As per the specification, the contract period will be two years implementation with 8 years contract.

After contract signature, material amendments to the milestones will be managed through a formal change control process.

4.9 Contract arrangements

The recommended supplier identified three financial delivery plans, which could vary depending on the agreement with the network. The FBC has now been updated using Option 1 proposed by the supplier. This model assumes a capital and revenue split. The FBC has been updated with these figures but will need final confirmation during contracting.

4.10 Contract management

Contractual management arrangements will be categorised as follows:

- Duration of the contract and any break clauses.
- The solution providers, host Trust and subcontractors' respective roles and responsibilities in relation to the proposed deal.
- The payment/charging mechanism, including prices, incentive payments etc.
- Change control.
- The suppliers' remedies in the event of failure to deliver the contracted service in terms of time, specification, and price.
- Compliance with appropriate regulations.
- The operation and contract administration elements.
- Arrangements for the resolution of disputes and disagreements.
- The agreed allocation of risk.

4.11 Memorandum of Understanding

To further reduce the risk associated with the programme, a Memorandum of Understanding has been developed to set out the relationship between the host Trust, Core 5 Trusts and the recommended supplier including in Appendix 24: LIMS Memorandum of Understanding. This Memorandum of Understanding will include:

- The role of the Hosting Service Provider/ Contractual management (as stated above).
- The role of the 'client's (i.e. Core 5 Trusts)
- The role of the service provider (i.e. BAU responsibilities)
- Governance of the programme
- Management of risk and gain (commercial and financial).
- Consequences of any individual trust withdrawing and leaving the remaining partners exposed financially.
- Financial fees: depreciation and legal fees.
- Change management arrangements.
- Risk management arrangements (secondary risks, employment risk).
- Contract variations.
- Dispute resolutions.
- Exit management arrangements.

This document has been drawn up collaboratively to the satisfaction of Core 5 teams across the network.

It is important to note, that at this stage whilst the MOU sets out a framework for the programme, there are a variety of areas within the MOU that will not be completed. For example:

- **The role of the service provider:** This section speaks specifically to the BAU arrangements following implementation of the service. This relates to managing Key Performance Indicators and performance monitoring. As the arrangements for this have not been agreed, included the resourcing, workforce model and financial arrangements, this is difficult to include at this stage. This will be needed to agree by the system.
- **Financial Fee's:** This section cannot be finalised until completion of the contract.

The areas that are yet to be developed and approved for the MOU (as outlined above) will be done so through agreement by existing CMAST governance and recommendations to the LIMS Implementation Oversight Group. This includes, but is not limited to:

- **Directors of Finance:** Approving all financial elements within the programme and MOU.
- **Chief Information Officers:** Approving any digital, technical, or resourcing requirements.

The MOU will be updated post completion of the contract and then reviewed regularly to ensure accuracy.

4.12 Allocation of risk

The agreed risk transfer will be confirmed as part of a final Memorandum of Understanding.

At this stage it is not possible to allocate a specific share, however the following **Error! Reference source not found.** sets out the desired position between the Host Trust, Trusts Shared, the service provider and all parties.

Table 33: Summary of risk allocation

Risk category	Potential allocation			
	Host Trust	Service Supplier	Trusts Shared	Supplier and all parties
Design Risk				✓
Development Risk				✓
Transition & Implementation Risk				✓
Availability & Performance Risk				✓
Operating Risk				✓
Variability of Revenue Risk			✓	
Termination Risks			✓	
Technology & Obsolescence Risk				✓
Control Risks				✓
Residual Value Risks	✓			
Financing Risks	✓		✓	

4.13 Payment mechanisms to the supplier

The pre-delivery phase:

- The recommended provider has provided a financial delivery plan to the network. Following the signing of the contract, the fees and associated milestone payments will be agreed. Based on terms and conditions agreed, there will be appropriate remedies in place for delays and cost for any over runs or delays.
- It is the aim of the programme, to structure payments based on the delivery of key service outputs.
- The programme supports a payment model of mixed capital and revenue, with revenue charges only becoming applicable once implementation is complete.

The operational phase:

- The operational phase payments will be confirmed through contracting and based on agreement with the recommended supplier.

Accountancy treatment:

- **Revenue recognition:** Based on this FBC, revenue implications have been detailed from Year 1 onwards. This will be subject to full implementation and products being implemented.
- **Cost recognition:** Capital costs are recognised as items which are under construction or support implementation.
- The accounting treatment used in the financial analysis of this business case is consistent with each Trust’s accepted accounting practice and policies. Each Trust has considered the Department of Health and Social Care Group Accounting Manual (GAM), relevant professional accounting standards and organisational policies. The application of the accounting treatment will be reviewed during the external audit cycle. The proposed investment outlined in this Case will incur both capital and revenue costs, and will be expensed accordingly, consistent with overall terms of the contract.

4.14 Payment mechanisms from ‘host’ to Core 5 providers

- The host organisation will recharge the LIMS supplier costs to the relevant pathology network organisations in line with the confirmed financial charges pursuant to the Cheshire & Merseyside Pathology LIMS contract. Capital charges will be invoiced to the network partners in accordance with the approved gain share agreement. Any further recharges to trusts for costs incurred in delivering the LIMS scheme across the network will be in accordance with the approved gain share agreement.

4.15 Implications and TUPE

At this stage of the programme no workforce modelling has been completed. Therefore, the implications regarding reduction of staff or eventual TUPE are unknown. This will need to be considered by the programme governance and specifically for BAU arrangements.

4.16 Implementation timescales for procurement/ contracting

Table 34 Overview of implementation timeline for procurement

Programme Activity	Completion dates
Financial model agreed in principle	26th January 2024
Procurement standstill period	5th February 2024
Ongoing procurement activities	February 2024
Confirm capital spend and transaction plan	14th February 2024
Finalise financial modelling and FBC	8th March
MOU review by partner Core Trusts	8th March
Supplier contract developed	1st February – 29th March
Contract negotiations	March – April
CMAST Leadership Board	5th April

Trust approvals (across 5 Trust Boards)	1st April – 31st April
CMAST Leadership Board (implementation of decision to award)	3rd May
Contract signature	1st May – 31st May
Contract award and transaction	1st May – 31st May
Implementation	1st May onwards

4.17 Other contracting arrangements

It is important to note, that whilst this section details the procurement process for the LIMS solution, there are also other items included in the business case that are currently going through procurement and/ or will be procured in future years of the programme. These are detailed below:

CoLo Data Centre

As per the LIMS specification, the aim is to host the physical assets of the LIMS solution within the NHS Regional “CoLo” Data Centres. This consists of a facility in Liverpool and a second in Warrington.

To support this hosting arrangement purchasing is required of space within existing server racks to accommodate the Service and supply network connections, power connections and cooling. As this service is already provided under an existing contract, this will be done via a Contract Change Notice.

Integration Engine

An integration engine refers to a software solution that facilitates the seamless exchange of information between different healthcare systems and applications. Its primary purpose is to integrate and coordinate data flow among various healthcare IT systems, ensuring that they can communicate and share information effectively. Whilst individual Trusts have their own integration engines, as part of the architecture of this programme an integration engine is required. The current strategy is to purchase a single instance of MIRTH as a regional integration engine, with a fully managed service hosted at the AIMES data centre. MIRTH is a product by NextGen who provide an integration engine using the most common system and healthcare standards. The programme expects to complete this action via direct award.

Figure 6 demonstrates the ultimate ambition of Cheshire and Merseyside to support the LIMS Programme.

Cheshire & Merseyside
Integration Topology DRAFT

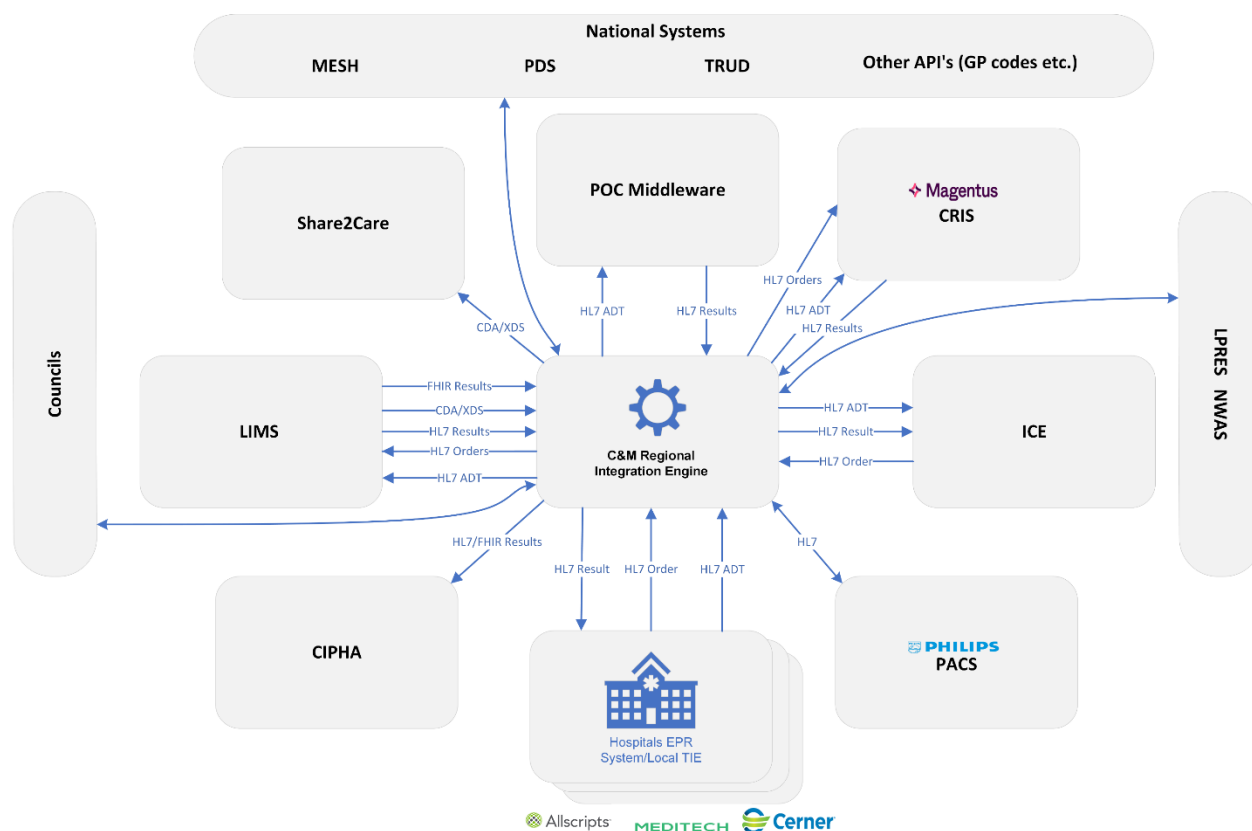


Figure 6 - Integration Engine Strategy

OCR Scanning

Optical character Recognition (OCR) paper referral scanning refers to the use of OCR technology to extract and digitise text-based information from pathology documents and reports. Pathology reports, which contain valuable information about diagnoses, test results, and other critical data, have traditionally been paper-based. OCR scanning in pathology helps convert these paper documents into digital formats for easier storage, retrieval, and analysis.

The current strategy for the procurement of this solution has not yet been agreed. However, costs for the solution have been included in the business case for completeness.

5 Financial Case

5.1 Introduction

The purpose of a Finance Case is to ascertain the affordability and funding requirements of the preferred option and to demonstrate the recommended programme is affordable. This section of the business case achieves this by describing:

- Describing the costs, funding and cash-releasing benefits which impact on affordability.
- Documenting the impact of the programme on the income and expenditure account and the fixed asset position.
- Assessing the affordability by applying C&M risk and gain share arrangements.

This case includes:

- A summary of the assumptions used in the Finance Case.
- An overview of the capital funding and costs.
- A synopsis of the revenue costs.
- An assessment of the impact of the cash releasing benefits.
- The impact of the programme on both the income and expenditure account and the fixed asset position.
- An assessment of affordability.
- A reconciliation between the Economic and Finance Cases.

5.2 Modelling the finance case

The financial modelling focusses on the two phases of the LIMS lifecycle:

- A three-year implementation phase (2023/24 – 2025/26)
- A seven-year maintenance phase (2026/27 – 2033/34)

The modelling uses the following assumptions:

Table 35: Modelling assumptions

Area	Assumptions
Inflation Rates	Inflation rates have been applied consistently by all providers and are in line with HM treasury forecast.
VAT	All VAT is assumed non-recoverable. The network will engage with the VAT Liaison to advise on the recoverability of the VAT.
Useful Economic life	The UEL of the LIMS solution including the supplementary systems is assumed to be eight years.

5.3 Capital funding

The programme has been allocated funding under the Digital Diagnostic Capability Programme by NHS England. The funding covers a variety of Digital and IT programmes across Pathology and Radiology programmes.

- In 2021, a Letter of Agreement was signed by Directors of Finance across Cheshire and Merseyside to draw down a total of £17.497m as detailed in Appendix 10: Letter of Agreement 2022 across all Digital and IT programmes (GP Order Comms, Digital Pathology AND LIMS)
- In March 2023, the Directors of Finance agreed they would be unable to draw down a total of £2.468m of the funding.
- In August 2023, NHSE agreed to reallocate the 22/23 funding of £2.468m back to the network, with the agreement of an additional £2.34m in 24/25 with a total now of £17.69m.
- In October 2023, the network agreed a change notice which was approved by NHS England in November 2023. The additional funding allocated on 24/25 will be agreed through a separate contract change notice in March 2024.
- In January 2024, Directors of Finance agreed a new financial model for the programme and agreed that 23/24 capital would not be drawn down to be spent on the LIMS solution. The capital would be used for other areas in the LIMS programme and if agreeable by NHSE, other digital programmes. This was agreed.

Associated revenue funding for the programme will need to be identified locally; this is explored more fully in the Statement of Comprehensive Income section below.

The capital funding is to be allocated across two years as follows.

Table 36: Capital funding allocation

Trust	2023/24 £'000	2024/25 £'000
Liverpool University Hospitals NHS Foundation Trust	1,800	1,700
Mersey and West Lancashire Teaching Hospitals NHS Trust	0	2,000
The Countess of Chester Hospital NHS Foundation Trust	0	0
Wirral University Teaching Hospital NHS Foundation Trust	0	1,400
Change note required for 2024/25	0	2,340
Total	1,800	7,440

The 24/25 capital allocated is based on a previous LOA agreement and will need to be updated before contract award to ensure the capital is allocated to the Host Trust.

5.4 Capital costs

The costs were identified as part of the Economic Case (see section 0). They were split between upfront capital expenditure as part of the implementation phase and ongoing recurrent revenue

costs as part of the maintenance phase. This was an initial assessment, which needs reviewing by individual providers.

The table below shows the capital costs.

Table 37: Capital costs

Item	Amount £'000
Network LIMS costs	4,627
Other software related capital costs	1,926
Capitalised project costs	1,849
Legal costs	25
Contingency costs	813
Total	9,240

- The network LIMS cost was based on the tender submission of the recommended supplier. The recommended supplier proposed three different payment mechanisms (the detail of the payment mechanism can be found in the Commercial Case). The preferred model is the standard capital and revenue model whereby only implementation costs are paid in 2023/24 and 2024/25. This phasing is reflected in both the economic and financial modelling but will need confirming with the supplier.
- The other capital costs are estimates submitted by the providers. The providers have made prudent estimates to ensure the costs can be managed within the capital envelope.
- Included within this table is the cost of both inflation and VAT. The programme team is seeking to engage with VAT experts to advise on the recoverability of the VAT. This advice may lead to a decrease in the capital cost.
- There is also a 11% contingency included in the capital cost to cover any increase in the network LIMS or the other capital costs. This contingency is the full capital envelope minus the full capital costs in 24/25.

The table below shows the difference between the funded capital and the expected capital cost.

Table 38: difference between the funded capital and the expected capital cost.

	2023/24 £'000	2024/25 £'000
Capital cost	1,800	7,440
Capital funding	1,800	7,440
Expected difference	0.00	0.00

The capital funded matched the expected capital cost and will deliver the programme within the capital envelope. However, any overspend of capital would have a knock-on impact on the revenue consequences of capital.

Although the capital funding is provided over two years, there may be an ability to spread the expenditure over three years. This is in line with the assumption that assets will be held under construction until operational. However, for the purpose of the business case, capital spend has only been allocated within the agreed financial years. The expected phasing of the costs is as follows:

Table 39: expected phasing of the costs

	Yr 0	Yr 1
	23/24	24/25
Capital additions	1,500	6,200
Non-recoverable VAT on capital additions	300	1,240
Balance carried forward	1,800	7,440

- 2023/24 expenditure relates to the cost of the integration engine and AIMES contract.
- 2024/25 expenditure largely relates to the cost of network LIMS. In addition, it comprises of capitalised programme team costs, legal costs, and Scanning OCR.

5.5 Recurrent revenue costs

5.5.1 Maintenance costs

Following the three-year implementation period, the LIMS and supporting software systems will require support and maintenance. These costs are revenue and will last for the seven years of the solution’s UEL.

The table below describes the cost of the recurrent revenue costs.

Table 40: recurrent revenue cost

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
Network LIMS support and maintenance costs	0	195	298	609	1,328	1,356	1,385	1,414	1,444	1,474	1,505	11,008
Integration engine support and maintenance costs	0	0	0	0	59	60	61	63	64	65	67	439
NPEX costs	0	0	0	84	86	88	90	92	94	96	98	728
EPR Systems integration costs	0	0	942	1,756	857	0	0	0	0	0	0	3,556
Interface setup/development	0	0	471	397	0	0	0	0	0	0	0	869
Data Migration	0	0	302	205	0	0	0	0	0	0	0	507
Scanning OCR support and maintenance costs	0	0	0	20	21	21	22	22	22	23	23	174
Legal cost	0	25	0	0	0	0	0	0	0	0	0	25
MWL hosting costs	0	123	126	128	131	134	136	139	142	145	148	1,353
Total recurrent running costs	0	343	2,139	3,200	2,482	1,659	1,694	1,730	1,766	1,803	1,841	18,658

- The network LIMS revenue cost was based on the tender submission of the recommended supplier. This relates to the cost of licenses and the support and maintenance of the software over its UEL.
- The OCR and integration engine revenue costs are for maintaining the supplementary software across its UEL.
- NPEX costs relate to a national service for NHS laboratories which allows test requests and pathology results to be sent digitally from any laboratory to any other laboratory.
- Included within this table is the cost of both inflation and VAT. There are management services in the revenue cost that cannot be split. The VAT related to the management services is recoverable. The programme team will engage VAT experts to advise on the recoverability of the VAT. This advice may lead to a decrease in the revenue cost, but is the current most prudent estimate.

5.5.2 Revenue consequences of capital

During the eight-year UEL, the providers will need to service the revenue consequences of capital (RCOC). This includes the PDC dividend and the depreciation.

The PDC impact is shown in the table below.

Table 41: PDC impact summary

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34
Opening balance	0	1,800	9,240	9,240	8,085	6,930	5,775	4,620	3,465	2,310	1,155
Capital costs	1,800	7,440	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155
Close balance	1,800	9,240	9,240	8,085	6,930	5,775	4,620	3,465	2,310	1,155	0
Average asset value	900	5,520	9,240	8,663	7,508	6,353	5,198	4,043	2,888	1,733	578
PDC %	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
PDC Charges	32	193	323	303	263	222	182	141	101	61	20

- PDC is calculated as 3.5% of the average asset value during the year (which is the average of the opening and closing balance).

The depreciation is calculated on a straight-line basis over the eight-year UEL and in total will match the total value of the capital additions, £9,240k.

The table below is a summary of all revenue costs. The support/ maintenance costs outlined above, the RCOC.

Table 42: summary of all revenue costs

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34
Support and maintenance costs	0	343	2,139	3,200	2,482	1,659	1,694	1,730	1,766	1,803	1,841
Depreciation	0	0	0	1,155	1,155	1,155	1,155	1,155	1,155	1,155	1,155
PDC	32	193	323	303	263	222	182	141	101	61	20
Total recurrent revenue costs	32	536	2,462	4,659	3,900	3,037	3,031	3,026	3,022	3,019	3,016

5.5.3 Revenue funding

There is no agreed revenue funding as part of this programme. Trusts will be responsible for funding the revenue aspects of the programme. The ICB has agreed to offset some of the upfront charges as discussed in section ICB support.

5.6 Cash releasing benefits

Most of the cash releasing benefits relate to disinvestment in individual trust LIMS as a result of access to the network LIMS. This will reduce expenditure for the Trusts with supported legacy systems. The remaining cash releasing benefits relate to other system wide savings which are realised because of the single LIMS solution. For example, a reduction in duplicate testing and repatriation of tests which are sent outside of the network.

Cost avoidance benefits are those which negate the need for expenditure in the future. These are not included in the Finance Case.

The total value of the cash-releasing benefits over the appraisal period is as follows.

Table 43: total value of the cash-releasing benefits over the appraisal period

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34
No cost of Trust software licenses for LIMS systems	-	-	-	589	601	614	627	640	654	667	681
No cost of outsourced support and maintenance of legacy LIMS	-	-	-	296	302	309	315	322	329	336	343
Reduced in-house cost for support and maintenance of LIMS systems	-	-	-	96	98	100	102	104	106	109	111
Reduced pathosys costs	-	-	-	50	51	52	53	54	55	57	58
Reduced duplication of samples	-	-	-	500	1,021	1,563	2,128	2,716	2,773	2,831	2,891
Repatriation of samples	-	-	-	45	92	142	193	246	251	257	262
5% of non-cash releasing benefits will be cash releasing	-	-	-	272	554	849	1,156	1,475	1,506	1,538	1,570
OCR Scanning: Paper referrals	-	-	-	110	225	345	470	600	612	625	638
Total cash releasing benefits	-	-	-	1,958	2,946	3,974	5,044	6,158	6,287	6,419	6,554

- The benefits are phased across the eight-year maintenance period. The programme has been prudent to reduce confidence where appropriate and only to include the realisation of 100% benefits from Yr7 onwards.

5.7 Impact on income and expenditure

The table below shows the combined impact on the overall provider income and expenditure of the revenue maintenance costs, the RCOC and the cash releasing benefits.

Table 44: the combined impact on the overall provider income and expenditure of the revenue maintenance costs, the RCOC and the cash releasing benefits

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support	0	291	1,798	2,688	2,092	1,408	1,437	1,464	1,490	1,515	1,539	15,722
Non-recoverable VAT on revenue	0	53	357	533	414	277	282	288	294	301	307	3,106
Depreciation	0	0	0	1,155	1,155	1,155	1,155	1,155	1,155	1,155	1,155	9,240
PDC	32	193	323	303	263	222	182	141	101	61	20	1,842
Cash releasing benefits realised by CMPN	0	0	0	-1,958	-2,946	-3,974	-5,044	-6,158	-6,287	-6,419	-6,554	-39,339
Total impact on expenditure	32	537	2,478	2,721	978	-912	-1,988	-3,109	-3,246	-3,387	-3,533	-9,430
Operating surplus / (deficit)	-32	-537	-2,478	-2,721	-978	912	1,988	3,109	3,246	3,387	3,533	9,430

- There is a small deficit during the implementation phase, this is due to the unfunded contingency being calculated on all expenditure, including the funded PDC and the start of the new LIMS maintenance, support costs plus central implementation costs.
- Once the cash releasing benefits start to be realised at the start of the maintenance phase (2026/27) there is a small surplus at an overall provider level ranging between £912k and £3,533k).

The programme has apportioned the income and expenditure across the providers. System income, maintenance and support, depreciation and PDC costs are apportioned based on activity levels. The activity is based on a collection by the Bench Marking Partnership the time period collected is for financial year 2021-22, (1st April 2021 to 30th March 2022). This is the latest

system wide activity collection with comparable approved data. The table below shows the apportionment percentages based on the number of tests undertaken by each provider.

Table 45: the apportionment percentages based on the number of tests undertaken by each provider

Trust	Activity 2021/22(currency)	Percentage %
Liverpool University Hospitals NHS Foundation Trust	36,669,790	39%
Mersey and West Lancashire Teaching Hospitals NHS Trust	20,255,032	22%
The Countess of Chester Hospital NHS Foundation Trust	8,853,362	9%
Wirral University Teaching Hospital NHS Foundation Trust	16,435,081	18%
Warrington and Halton Teaching Hospitals NHS Trust	11,352,336	12%
Total	93,565,601	100%

This is an illustration of how each provider's income and expenditure and fixed asset position would look like if apportioned based on activity levels. However, if this arrangement changes for any reason, this will impact on all provider's income and expenditure and fixed asset position. The model assumes that PDC and depreciation will be split by activity. If Mersey and West Lancashire Teaching Hospitals host the asset along with the depreciation and PDC (without recuperating the fees), this will impact on all provider's income and expenditure and fixed asset position.

Any revenue cost identified by the Trust and the cash-releasing benefits apportionment is based on actual or expected costs incurred by each Trust which will stop due to the network LIMS. As two Trusts have integrated LIMS and EPR system, they currently have little expenditure and therefore few cash releasing benefits. Where system wide cash releasing benefits are developed, they have been split based on activity.

Table 46: Impact of expenditure on Trusts

Trust	Impact of expenditure
Liverpool University Hospitals NHS Foundation Trust	- 4,159
Mersey and West Lancashire Teaching Hospitals NHS Trust	- 3,938
The Countess of Chester Hospital NHS Foundation Trust	- 148
Wirral University Teaching Hospital NHS Foundation Trust	- 410
Warrington and Halton Hospitals NHS Trust	- 774
Total	- 9,430

The impact on the income and expenditure accounts of individual Trusts is shown in the table below.

Table 47: impact on the income and expenditure accounts of individual Trusts

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
Liverpool University Hospitals NHS Foundation Trust	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	135	741	731	637	651	664	677	690	702	713	6,342
Depreciation and PDC	12	75	125	564	548	532	517	501	486	470	454	4,283
Cash releasing benefits realised by CMPN	0	0	0	-741	-1,111	-1,495	-1,895	-2,312	-2,360	-2,410	-2,461	-14,785
Total impact on expenditure	12	209	866	553	75	-312	-714	-1,133	-1,185	-1,238	-1,293	-4,159
Operating surplus / (deficit)	-12	-209	-866	-553	-75	312	714	1,133	1,185	1,238	1,293	4,159

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
Mersey and West Lancashire Teaching Hospitals NHS Trust	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	74	667	584	357	365	372	379	386	393	400	3,978
Depreciation and PDC	7	42	70	316	307	298	289	281	272	263	254	2,400
Cash releasing benefits realised by CMPN	0	0	0	-586	-820	-1,064	-1,318	-1,582	-1,615	-1,649	-1,683	-10,316
Total impact on expenditure	7	116	737	314	-156	-401	-656	-921	-956	-992	-1,029	-3,938
Operating surplus / (deficit)	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
The Countess of Chester Hospital NHS Foundation Trust	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	33	43	667	611	163	167	170	173	176	179	2,382
Depreciation and PDC	3	19	31	141	137	134	130	126	122	118	114	1,075
Cash releasing benefits realised by CMPN	0	0	0	-149	-250	-355	-464	-578	-590	-603	-615	-3,605
Total impact on expenditure	3	52	74	659	499	-58	-168	-282	-295	-309	-322	-148
Operating surplus / (deficit)	-3	-52	-74	-659	-499	58	168	282	295	309	322	148

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
Wirral University Teaching Hospital NHS Foundation Trust	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	61	79	738	702	302	308	314	320	326	331	3,482
Depreciation and PDC	6	35	58	262	254	247	240	233	225	218	211	1,988
Cash releasing benefits realised by CMPN	0	0	0	-201	-380	-567	-760	-962	-982	-1,003	-1,024	-5,880
Total impact on expenditure	6	96	137	798	576	-17	-212	-415	-437	-459	-482	-410
Operating surplus / (deficit)	-6	-96	-137	-798	-576	17	212	415	437	459	482	410

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
Warrington and Halton Hospitals NHS Trust	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	41	625	501	199	203	207	211	215	219	222	2,644
Depreciation and PDC	4	23	39	176	171	166	161	156	151	147	142	1,336
Cash releasing benefits realised by CMPN	0	0	0	-281	-385	-493	-606	-724	-739	-755	-770	-4,753
Total impact on expenditure	4	64	664	396	-15	-124	-238	-356	-372	-389	-406	-774
Operating surplus / (deficit)	-4	-64	-664	-396	15	124	238	356	372	389	406	774

- All providers have marginal deficits during the implementation phase and then small surpluses across the maintenance phase (2027/28 or 2028/29).

5.8 Impact on fixed asset position

The table below shows the impact of the procurement on the overall providers' fixed asset position.

Table 48: impact of the procurement on the overall providers' fixed asset position

	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34
Balance brought forward	0	1,800	9,240	9,240	8,085	6,930	5,775	4,620	3,465	2,310	1,155
Capital additions	1,500	6,200	0	0	0	0	0	0	0	0	0
Non-recoverable VAT on capital additions	300	1,240	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155	-1,155
Balance carried forward	1,800	9,240	9,240	8,085	6,930	5,775	4,620	3,465	2,310	1,155	0

- The impact on the fixed asset position shows the capital expenditure in the implementation phase which is then unwound through depreciation during the maintenance phase.

The programme team has allocated the fixed asset value and depreciation between the providers based on the activity split outlined within the impact on income and expenditure sections. The impact of this is outlined in the table below.

Table 49: Impact of fixed asset value and depreciation between the providers based on the activity split outlined within the impact on income and expenditure sections.

£'000	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34
Liverpool University Hospitals NHS Foundation Trust											
Balance brought forward	0	696	3,572	3,572	3,125	2,679	2,232	1,786	1,339	893	446
Capital additions (incl non-recoverable VAT)	696	2,876	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-446	-446	-446	-446	-446	-446	-446	-446
Balance carried forward	696	3,572	3,572	3,125	2,679	2,232	1,786	1,339	893	446	0
Mersey and West Lancashire Teaching Hospitals NHS Trust											
Balance brought forward	0	390	2,001	2,001	1,751	1,501	1,251	1,000	750	500	250
Capital additions (incl non-recoverable VAT)	390	1,611	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-250	-250	-250	-250	-250	-250	-250	-250
Balance carried forward	390	2,001	2,001	1,751	1,501	1,251	1,000	750	500	250	0
The Countess of Chester Hospital NHS Foundation Trust											
Balance brought forward	0	175	896	896	784	672	560	448	336	224	112
Capital additions (incl non-recoverable VAT)	175	721	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-112	-112	-112	-112	-112	-112	-112	-112
Balance carried forward	175	896	896	784	672	560	448	336	224	112	-0
Wirral University Teaching Hospital NHS Foundation Trust											
Balance brought forward	0	323	1,658	1,658	1,451	1,243	1,036	829	622	414	207
Capital additions (incl non-recoverable VAT)	323	1,335	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-207	-207	-207	-207	-207	-207	-207	-207
Balance carried forward	323	1,658	1,658	1,451	1,243	1,036	829	622	414	207	0
Warrington and Halton Hospitals NHS Trust											
Balance brought forward	0	217	1,114	1,114	975	835	696	557	418	278	139
Capital additions (incl non-recoverable VAT)	217	897	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	-139	-139	-139	-139	-139	-139	-139	-139
Balance carried forward	217	1,114	1,114	975	835	696	557	418	278	139	0

- All providers have capital additions (based on the activity apportionment) in the implementation phase.
- This is unwound to nil by the end of the UEL of LIMS.

The table below shows a comparison between the original capital funding and the split based on activity.

Table 50: comparison between the original capital funding and the split based on activity

Trust	DDCP allocation £'000	Activity apportionment capital value £'000
Liverpool University Hospitals NHS Foundation Trust	3,500	3,572
Mersey and West Lancashire Teaching Hospitals NHS Trust	2,000	2,001
The Countess of Chester Hospital NHS Foundation Trust	-	896
Wirral University Teaching Hospital NHS Foundation Trust	1,400	1,658
Warrington and Halton Hospitals NHS Trust	2,340	1,114
Total	9,240	9,240

- The DDCP funding was allocated based on an older model split by pathology ‘hubs,’ rather than the new model where all core 5 providers would share a network solution. Therefore, it is unlikely that the original allocation is an appropriate apportionment of the capital.
- Should Trusts choose to change the treatment of capital assets, Trusts will need to remodel the impact individual provider financial statements and affordability.

5.9 Affordability

To ensure affordability, in January 2024 the Cheshire and Merseyside Directors of Finance provisionally agreed four potential options for a risk and gain share arrangement which needs to be applied to the LIMS procurement.

Table 51: four potential options for a risk and gain share arrangement which needs to be applied to the LIMS procurement

Option	Description
De minimis	Risks/gain managed locally up to a specified limit (£250k pa). Above this limit other options required.
ICB risk support – double running costs	Top slice allocation if there are double running costs. Taper to be considered and if appropriate applied over 3 years.
ICB risk support – support to be repaid	ICB support non-recurrent costs using expectation that they will be repaid when benefits are realised.
ICB risk support – depreciation funding timing	ICB support non-recurrent costs through depreciation funding timing.

There are additional risk and gain share options being worked through by the ICB, however not applicable to this programme.

Each option is assessed against the summary of the impact on income and expenditure of the providers (table below).

Table 52: summary of the impact on income and expenditure of the providers by option

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
Liverpool University Hospitals NHS Foundation Trust												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on expenditure	12	209	866	553	75	-312	-714	-1,133	-1,185	-1,238	-1,293	-4,159
Operating surplus / (deficit)	-12	-209	-866	-553	-75	312	714	1,133	1,185	1,238	1,293	4,159
Mersey and West Lancashire Teaching Hospitals NHS Trust												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on expenditure	7	116	737	314	-156	-401	-656	-921	-956	-992	-1,029	-3,938
Operating surplus / (deficit)	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938
The Countess of Chester Hospital NHS Foundation Trust												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on expenditure	3	52	74	659	499	-58	-168	-282	-295	-309	-322	-148
Operating surplus / (deficit)	-3	-52	-74	-659	-499	58	168	282	295	309	322	148
Wirral University Teaching Hospital NHS Foundation Trust												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on expenditure	6	96	137	798	576	-17	-212	-415	-437	-459	-482	-410
Operating surplus / (deficit)	-6	-96	-137	-798	-576	17	212	415	437	459	482	410
Warrington and Halton Hospitals NHS Trust												
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on expenditure	4	64	664	396	-15	-124	-238	-356	-372	-389	-406	-774
Operating surplus / (deficit)	-4	-64	-664	-396	15	124	238	356	372	389	406	774

5.10 De minimis

If all providers have an income and expenditure impact of less than £250k per year, therefore under this option, it is for providers to manage locally.

5.11 ICB risk support – double running costs

In this option the ICB would fund any potential programmes double running costs. For the LIMS procurement there are no double running costs. Although there is an overlap in the final implementation year (2025/26) where both systems will be double running. The maintenance and support costs for the new LIMS are not due to start until 2026/27 based on the recommended supplier's financial model.

5.12 ICB risk support – support to be repaid / ICB risk support – depreciation funding timing

In both these options, non-recurrent expenditure would be funded by the ICB in any potential programmes. For the LIMS procurement there is no non-recurrent expenditure as all costs during the implementation phase have been capitalised.

5.13 Risk and gain share summary

At the time of finalising the FBC, it has been agreed that the ICB will support, as per option 'ICB risk support – double running costs'. However, Trusts will also support with a De Minimus total of £100p/a detailed in the ICB support below.

However, if the apportionment methodology changes or the cost profile is amended or there are significant overspends then the risk and gain share applicability will need to be revisited.

Cost avoidance benefits have not been considered in the application of the risk and gain share arrangements. There is more detail on these benefits in the

Economic Case.

5.14 ICB support

It has been agreed that the Cheshire and Merseyside ICB will support Trusts in four years of the programme where there is a negative impact due to increase implementation costs, after which the ICB will claw back the costs from cash releasing benefits. There are some key assumptions to note:

- Cost allocations are based on the last full data collection from – 2021/2022.
- There is a De minimus £100k limit per Trust when costs are more than benefits.
- ICB risk contribution is clawed back on a straight-line basis from the point at which the Trust starts to make cash releasing benefits, over the remaining term.
- The claw back will be based on individual Trusts cash releasing benefits. Not an equal split of benefits.
- Trusts pay back on a straight-line basis, over the remaining term.

Table 53: summary of the ICB support at a system level

	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Total
	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	
INCOME												
National/ICB funding for depreciation	0	0	0	0	0	0	0	0	0	0	0	0
National/ICB funding for PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support	0	291	1,798	2,688	2,092	1,408	1,437	1,464	1,490	1,515	1,539	15,722
Non-recoverable VAT on revenue	0	53	357	533	414	277	282	288	294	301	307	3,106
Depreciation	0	0	0	1,155	1,155	1,155	1,155	1,155	1,155	1,155	1,155	9,240
PDC	32	193	323	303	263	222	182	141	101	61	20	1,842
Cash releasing benefits realised by CMPN	0	0	0	-1,958	-2,946	-3,974	-5,044	-6,158	-6,287	-6,419	-6,554	-39,339
Total impact on expenditure	32	537	2,478	2,721	978	-912	-1,988	-3,109	-3,246	-3,387	-3,533	-9,430
Operating surplus / (deficit)	-32	-537	-2,478	-2,721	-978	912	1,988	3,109	3,246	3,387	3,533	9,430
ICB Impact	0	-126	-1,978	-2,221	-503	805	805	805	805	805	805	0
Aggregate Trust Impact	-32	-412	-500	-500	-475	108	1,184	2,304	2,441	2,583	2,728	9,430
Total	-32	-537	-2,478	-2,721	-978	912	1,988	3,109	3,246	3,387	3,533	9,430
<i>Check</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Table 54: Summary of the ICB support at an individual trusts level

Liverpool University Hospitals NHS Foundation Trust	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	135	741	731	637	651	664	677	690	702	713	6,342
Depreciation and PDC	12	75	125	564	548	532	517	501	486	470	454	4,283
Cash releasing benefits realised by CMPN	0	0	0	-741	-1,111	-1,495	-1,895	-2,312	-2,360	-2,410	-2,461	-14,785
Total impact on expenditure	12	209	866	553	75	-312	-714	-1,133	-1,185	-1,238	-1,293	-4,159
Operating surplus / (deficit)	-12	-209	-866	-553	-75	312	714	1,133	1,185	1,238	1,293	4,159
Financial Risk Profiling												
ICB Risk Support to Trust	0	-109	-766	-453	0							-1,329
ICB Risk Support from Trust (clawback)						222	222	222	222	222	222	1,329
ICB Total Position	0	-109	-766	-453	0	222	222	222	222	222	222	0
Trust Risk Support Contribution De Minimus (<£100k)	0	-100	-100	-100	-75							-375
Trust Risk Support to ICB (clawback)						-222	-222	-222	-222	-222	-222	-1,329
Trust Position	-12					312	714	1,133	1,185	1,238	1,293	5,863
Total Trust Position	-12	-100	-100	-100	-75	90	493	912	964	1,017	1,071	4,159
Total Position	-12	-209	-866	-553	-75	312	714	1,133	1,185	1,238	1,293	4,159
<i>Check</i>	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	0

Mersey and West Lancashire Teaching Hospitals NHS Tru	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	74	667	584	357	365	372	379	386	393	400	3,978
Depreciation and PDC	7	42	70	316	307	298	289	281	272	263	254	2,400
Cash releasing benefits realised by CMPN	0	0	0	-586	-820	-1,064	-1,318	-1,582	-1,615	-1,649	-1,683	-10,316
Total impact on expenditure	7	116	737	314	-156	-401	-656	-921	-956	-992	-1,029	-3,938
Operating surplus / (deficit)	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938
Financial Risk Profiling												
ICB Risk Support to Trust	0	-16	-637	-214	256							-611
ICB Risk Support from Trust (clawback)						102	102	102	102	102	102	611
ICB Total Position	0	-16	-637	-214	256	102	102	102	102	102	102	0
Trust Risk Support Contribution De Minimus (<£100k)	0	-100	-100	-100	-100							-400
Trust Risk Support to ICB (clawback)						-102	-102	-102	-102	-102	-102	-611
Trust Position	-7					401	656	921	956	992	1,029	4,949
Total Trust Position	-7	-100	-100	-100	-100	299	554	820	855	890	927	3,938
Total Position	-7	-116	-737	-314	156	401	656	921	956	992	1,029	3,938
<i>Check</i>	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	0

The Countess of Chester Hospital NHS Foundation Trust	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	33	43	667	611	163	167	170	173	176	179	2,382
Depreciation and PDC	3	19	31	141	137	134	130	126	122	118	114	1,075
Cash releasing benefits realised by CMPN	0	0	0	-149	-250	-355	-464	-578	-590	-603	-615	-3,605
Total impact on expenditure	3	52	74	659	499	-58	-168	-282	-295	-309	-322	-148
Operating surplus / (deficit)	-3	-52	-74	-659	-499	58	168	282	295	309	322	148

Financial Risk Profiling

ICB Risk Support to Trust	0	0	26	-559	-399								-932
ICB Risk Support from Trust (clawback)						155	155	155	155	155	155	155	932
ICB Total Position	0	0	26	-559	-399	155	155	155	155	155	155	155	0

Trust Risk Support Contribution De Minimus (<£100k)	0	-52	-100	-100	-100								-352
Trust Risk Support to ICB (clawback)						-155	-155	-155	-155	-155	-155	-155	-932
Trust Position	-3					58	168	282	295	309	322	1,432	
Total Trust Position	-3	-52	-100	-100	-100	-97	13	127	140	153	167	148	

Total Position	-3	-52	-74	-659	-499	58	168	282	295	309	322	148	
<i>Check</i>	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	0

Wirral University Teaching Hospital NHS Foundation Trust	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	61	79	738	702	302	308	314	320	326	331	3,482
Depreciation and PDC	6	35	58	262	254	247	240	233	225	218	211	1,988
Cash releasing benefits realised by CMPN	0	0	0	-201	-380	-567	-760	-962	-982	-1,003	-1,024	-5,880
Total impact on expenditure	6	96	137	798	576	-17	-212	-415	-437	-459	-482	-410
Operating surplus / (deficit)	-6	-96	-137	-798	-576	17	212	415	437	459	482	410

Financial Risk Profiling

ICB Risk Support to Trust	0	0	-37	-698	-476								-1,211
ICB Risk Support from Trust (clawback)						202	202	202	202	202	202	202	1,211
ICB Total Position	0	0	-37	-698	-476	202	202	202	202	202	202	202	0

Trust Risk Support Contribution De Minimus (<£100k)	0	-96	-100	-100	-100								-396
Trust Risk Support to ICB (clawback)						-202	-202	-202	-202	-202	-202	-202	-1,211
Trust Position	-6					17	212	415	437	459	482	2,017	
Total Trust Position	-6	-96	-100	-100	-100	-185	10	213	235	257	280	410	

Total Position	-6	-96	-137	-798	-576	17	212	415	437	459	482	410	
<i>Check</i>	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	0

Warrington and Halton Hospitals NHS Trust	Yr 0 23/24	Yr 1 24/25	Yr 2 25/26	Yr 3 26/27	Yr 4 27/28	Yr 5 28/29	Yr 6 29/30	Yr 7 30/31	Yr 8 31/32	Yr 9 32/33	Yr 10 33/34	Total
INCOME												
ICB funding for depreciation and PDC	0	0	0	0	0	0	0	0	0	0	0	0
Total impact on income	0	0	0	0	0	0	0	0	0	0	0	0
COSTS												
Maintenance and support (incl non-recoverable VAT)	0	41	625	501	199	203	207	211	215	219	222	2,644
Depreciation and PDC	4	23	39	176	171	166	161	156	151	147	142	1,336
Cash releasing benefits realised by CMPN	0	0	0	-281	-385	-493	-606	-724	-739	-755	-770	-4,753
Total impact on expenditure	4	64	664	396	-15	-124	-238	-356	-372	-389	-406	-774
Operating surplus / (deficit)	-4	-64	-664	-396	15	124	238	356	372	389	406	774
Financial Risk Profiling												
ICB Risk Support to Trust	0	0	-564	-296	115							-745
ICB Risk Support from Trust (clawback)						124	124	124	124	124	124	745
ICB Total Position	0	0	-564	-296	115	124	124	124	124	124	124	0
Trust Risk Support Contribution De Minimus (<£100k)	0	-64	-100	-100	-100							-364
Trust Risk Support to ICB (clawback)						-124	-124	-124	-124	-124	-124	-745
Trust Position	-4	-64	-100	-100	-100	124	238	356	372	389	406	1,883
Total Trust Position	-4	-64	-100	-100	-100	0	114	232	248	265	282	774
Total Position	-4	-64	-664	-396	15	124	238	356	372	389	406	774
<i>Check</i>	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	TRUE	0

6 Management Case

6.1 Introduction

The purpose of the Management Case is to set out the structures, resources and processes that are in place to successfully deliver the programme. This section of the business case achieves this by describing:

- The current and implementation phase governance arrangements
- The preferred supplier's delivery approach and proposal to working with the network
- The management of benefits and risks

This Case includes:

- Governance
- Review and reporting
- Recommended supplier programme delivery
- Recommended supplier programme governance
- Recommended supplier programme implementation approach
- CMPN Internal Programme Plan
- Data Migration
- Clinical Harmonisation
- Gateway Reviews
- Resource deployment
- Business as Usual
- Training
- Change Management
- Benefits
- Risks and issue management
- Contract management
- Post programme evaluation
- Core functional services

6.2 Overview

The LIMS programme is one of several that make up the programme of work to create the CMPN as an entity. One of the crucial enablers for the programme is a modern, flexible, and resilient LIMS to support the operation of the network and to ensure that the participating organisations have an open, transparent view of the results of their investment. This section sets out the proposed arrangements for the collaborative implementation approach across the Core 5 Providers.

6.3 Governance

As detailed in section 6.2, it is crucial that the governance for LIMS is flexible and adaptable to the needs of the programme. It is therefore important to acknowledge the different phases of the programme:

Phase 1– Programme mobilisation and procurement

Phase 1 of the programme focused on mobilising the programme, design of the options, the options appraisal, development of the Outline Business Case, procurement initiation and drafting of the FBC.

In Phase 1, each Trust had a nominated Executive Lead who was responsible to their respective Trust Board and represented the programme at Executive level. This ensured strategic alignment across the five Trusts, consistent messaging, and transparency. Weekly meetings, through the ‘Pathology Digital Executive Steering Group’ took place consisting of programme team and the five trusts to support this phase, up to and including critical checkpoint stage.

From the point of working towards finalising the FBC, a new governance approach was established in readiness for implementation (phase 2) to support and provide assurance around implementation, delivery of benefits and confirmation of key roles and responsibilities to drive successful delivery.

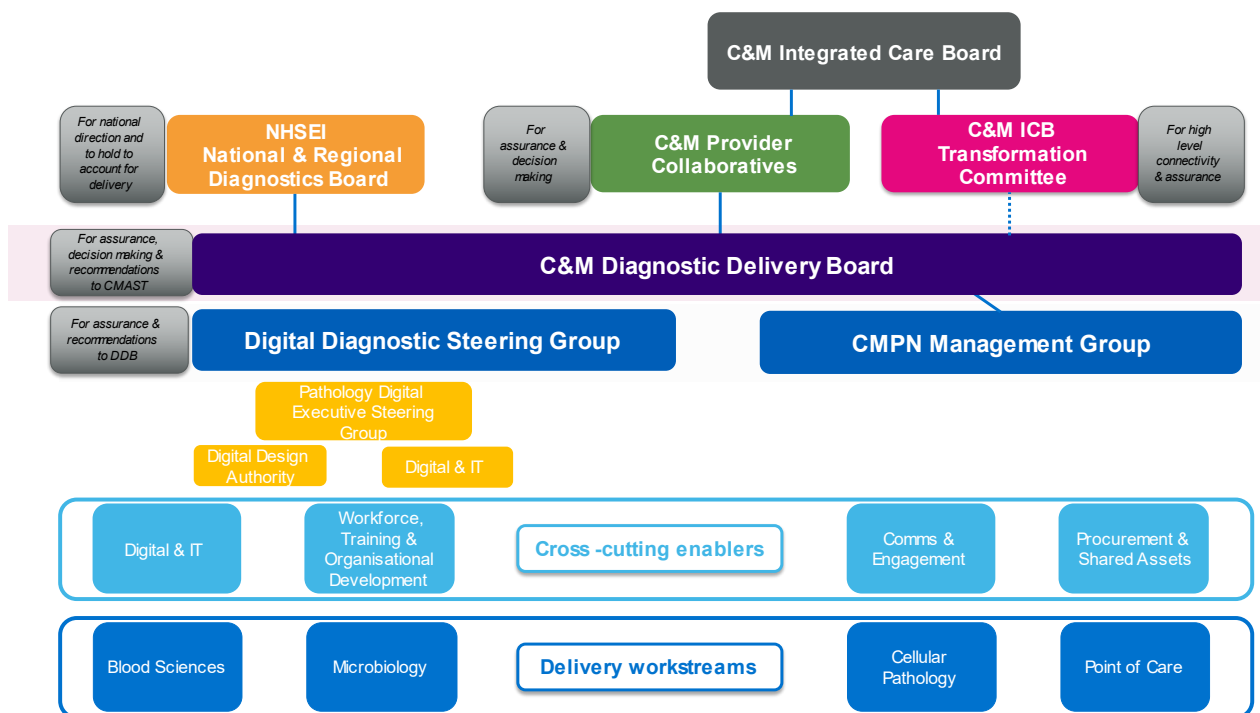
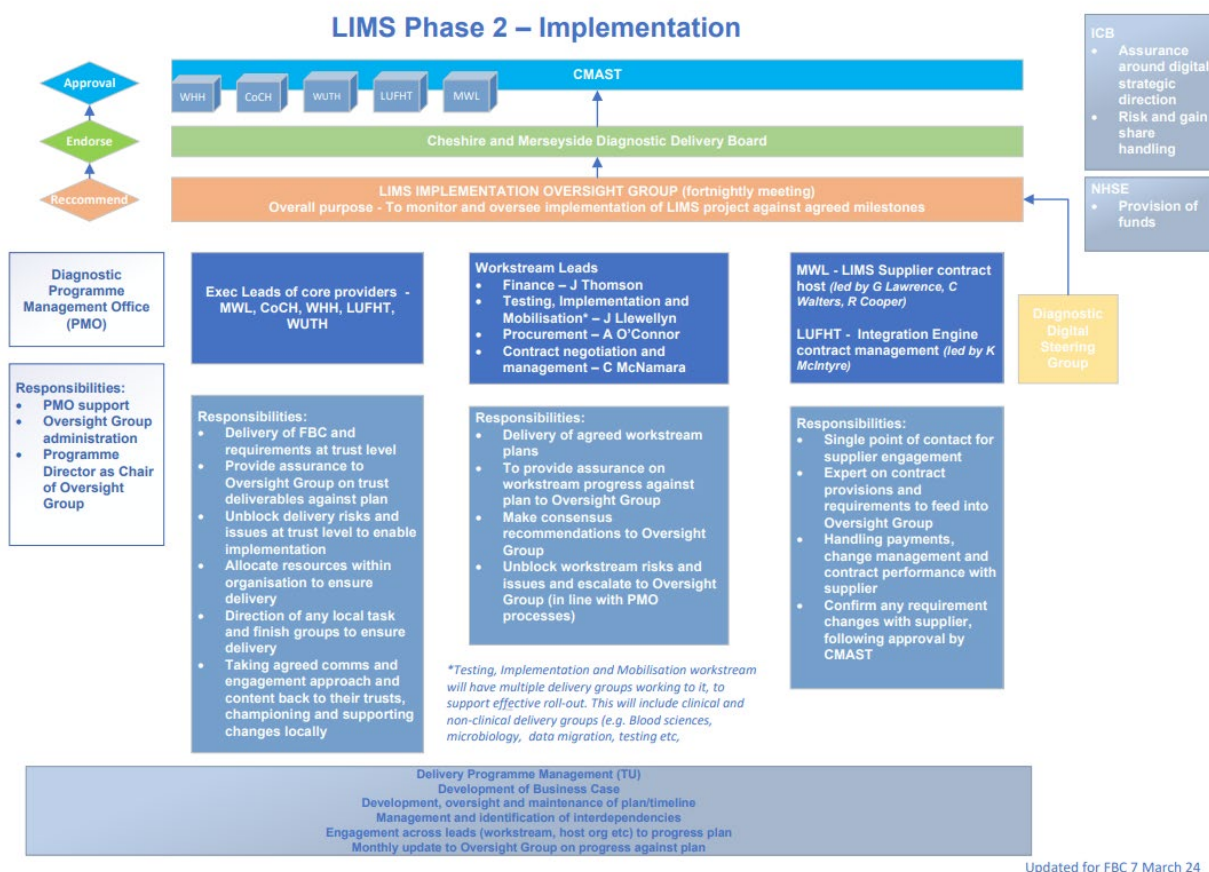


Figure 7: CMPN programme’s governance structure phase one

Phase 2 – Implementation

A summary of the governance for phase 2 is set out below.



Updated for FBC 7 March 24

Figure 8 Implementation Governance Phase two

LIMS Implementation Oversight Group - ‘to oversee and monitor the final procurement stages, MOU development and subsequent implementation and delivery of LIMS (Laboratory Information Management System)’.

The Group will provide assurance to the Diagnostic Programme, through consensus recommendations on implementation and escalating in accordance with PMO processes to the Cheshire and Merseyside Diagnostic Delivery Board (DDB).

A copy of the approved terms of reference is attached at Appendix 13: LIMS Implementation Oversight Group Terms of Reference

The programme is also supported by workstreams including:

- Testing, implementation, and mobilisation
- Contract negotiation and management
- Procurement (until contract award stage)
- Finance (initially).

Other workstreams may be added on approval of the Oversight Group as the programme progresses. A standard Terms of Reference will be applied for the various workstreams and included in Appendix 19: LIMS DRAFT Workstream Terms of Reference.

A detailed programme plan for phase 2 will be developed in conjunction with all workstreams and input from the supplier, for endorsement at the Oversight Group and formal approval by all Core 5 Trusts. Whilst high levels plans have been included in this business case, they will be subject to review and further detail following approval at Trust Boards.

Testing, implementation, and mobilisation

As the programme moves into implementation, it is likely that specific task and finish groups will be developed as per the implementation governance arrangements detailed in the following diagram. This diagram reflects specific areas of need during the implementation. Figure 9 Testing, Implementation and Mobilisation shows an example of the new governance. This will be updated following discussions with the recommended supplier.

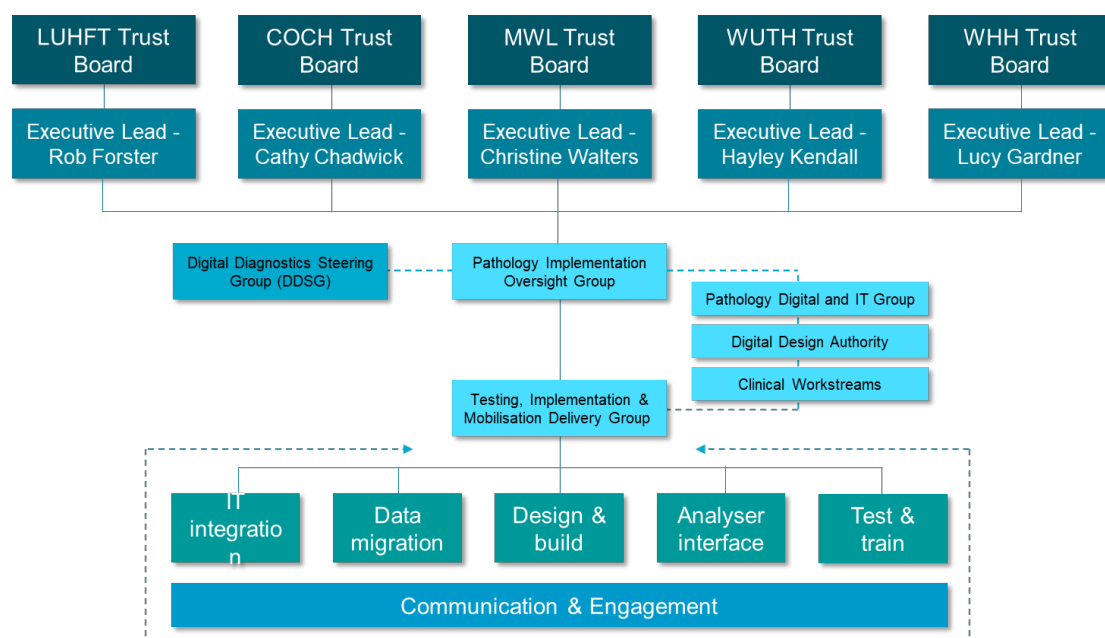


Figure 9 Testing, Implementation and Mobilisation

Phase 3 – Delivery and Business as Usual

Further consideration is needed when designing and confirming the Business as Usual arrangement for the management and delivery of the single unified LIMS solution. Whilst there are a number of areas which will be defined through contracting, such as:

- **Service Level Agreements (SLAs):** SLAs to outline the expected levels of service, support and specify response times for issue resolution and system maintenance. This was outlined in the ITT documentation provided to the recommended supplier and needs to be agreed through contracting.
- **Performance Monitoring and Reporting:** Implement monitoring tools to track system performance. Establish reporting mechanisms for key performance indicators (KPIs) and system usage. These KPIs will be confirmed during contracting with the recommended supplier.
- **Vendor Management:** Establish a relationship with the recommended supplier. Through the MOU and roles and responsibilities outlined of the ‘Host’, clarity is needed on the

vendor responsibilities, support mechanisms, and escalation procedures for all Trusts via the host. Further detail included in the MOU in Appendix 24: LIMS Memorandum of Understanding.

There are some areas which will be developed during the course of the first year of implementation. These include:

- **Governance Structure:** A clear governance structure which includes representatives from each Trust.
- **User support and training:** Develop a strategy for ongoing user support. Implement training programs for new users and continuous training for existing users.
- **Change Management:** Develop a strategy for ongoing user support. Implement training programs for new users and continuous training for existing users.
- **Data Governance:** Define data ownership and stewardship responsibilities. Establish data quality standards and procedures for data validation and correction. Define data ownership and stewardship responsibilities. Establish data quality standards and procedures for data validation and correction.
- **Security and Access Control:** Implement robust security measures to protect sensitive data. Define access control policies and roles to ensure that users have appropriate levels of access.
- **Integration and Interoperability:** Develop and maintain standards for system integration with other healthcare systems. Ensure interoperability with laboratory equipment and other relevant technologies.
- **Compliance and Regulatory Requirements:** Stay current with relevant industry standards, regulations, and compliance requirements. Implement processes to ensure ongoing compliance with data protection and privacy laws.
- **Financial Management:** Develop a budgeting and financial management framework for ongoing system maintenance and upgrades. Allocate costs among the participating Trusts based on a mutually agreed-upon model.
- **Continuous Improvement:** Implement a continuous improvement process to identify and address areas for enhancement. Encourage user feedback and participation in system improvement initiatives.
- **Documentation:** Maintain comprehensive documentation for system configurations, processes, and procedures. Keep documentation up-to-date to facilitate troubleshooting and future enhancements.
- **Communication Plan:** Develop a communication plan to keep stakeholders informed about system updates, changes, and issues. Establish channels for regular communication among Trusts and with the supplier.

6.4 *Review and reporting*

To ensure transparent and regular communication, it is likely that the preferred supplier will actively participate in the Implementation meetings. They will provide necessary progress reports, highlighting key success factors, milestones achieved, and any identified risks or issues.

6.5 The recommended supplier – programme delivery

CMPN and the recommended supplier will work closely as trusted partners to deliver a fully integrated, efficient, and user-friendly Pathology information management service over the life of the contract.

Through regular meetings with the supplier including monthly, bi-monthly, and half-yearly reports, as well as quarterly solution updates. The recommended supplier has outlined how through this process they will work with CMPN continually to assess and re-align services to the changing business needs of CMPN. The recommended supplier will continue to identify and implement improvements to the products and services that support the CMPN business processes. Additionally, the recommended supplier will also play an active role in improving workflow, resource efficiency and cost effectiveness.

6.6 The recommended supplier – governance

CMPN and the recommended supplier will engage through a variety of outlets including, but not limited to:

- Executive Governance meetings.
- programme management meetings.
- Contract/commercial meetings.
- Operational / service management meetings.
- Change Management meetings.

6.7 Recommended supplier implementation approach

In the detailed specification provided to the supplier as part of the tender, the recommended supplier identified a detailed implementation approach. The approach highlighted that the supplier is committed to delivering a solution that is a fully operational Laboratory Information Management System across Pathology services within CMPN. The implementation approach aligns with the principles and solution requirements previously specified in the specification and proposed Implementation Plan. This is the first action to be agreed with the recommended supplier.

6.8 Overall implementation plan

Milestone Alignment: The recommended supplier has prepared a high-level implementation plan which aligns to the contract ends dates detailed in the specification. It is clear however, that before implementation can commence the first task for the programme team and recommended supplier will be confirming implementation dates with the Regional Implementation Plan, Deployment Order Implementation Plan, and Service Implementation Plan. This will be dependent on engagement from all the Core 5 Trusts and will need approval and sign off.

Patient Safety and Consistent Service Delivery: To ensure that the programme prioritises patient safety, ensuring minimal impact on clinical services during the deployment, the solution, will be strategically deployed, ensuring a consistent delivery of service across CMPN. The

network/ programme team will collaborate closely with the supplier and Core 5 Trusts to agree the approach deployment order. This will be dependent on: Other digital programmes, contract end dates, strategic importance etc.

Robust Testing: Robust testing of the system is vital. The recommended supplier will comply with the CMPN Test Framework. They will also commit to dedicated test management, comprehensive release notes, and adherence to test entry and exit criteria. This will be especially crucial for the Transfusion service.

6.8.1 Deployment Order Implementation Plan

Milestone Achievement and Approval Process: To ensure a thorough approach the recommended supplier will produce a draft Deployment Order Implementation Plan for each Deployment Order. A deployment order will be categorised as a Trust go-live date. The draft plan will be submitted not less than 60 Working Days before the "Readiness to Proceed" Milestone. This deployment plan will need to be reviewed by the relevant Trust and agreed prior to sign off. This deployment plan and order will be agreed with all the Core 5 Trusts.

Review and Approval Process: Upon submission, the draft plan will undergo review by the relevant Trusts and the feedback will be incorporated. There will be weekly updates to CMPN programme team and continuous monitoring of performance against the plan.

6.8.2 Service implementation plan

Milestone Alignment and Approval Process: For each Service Deployment i.e. clinical discipline, the recommended supplier will prepare a draft Service Implementation Plan, addressing all required elements. The draft plan will be submitted no less than 60 Working Days before the "Readiness to Proceed" Milestone. The recommended supplier will work collaboratively with the relevant network and the Trust to finalise and gain approval for the plan.

Review and Approval Process: Similar to the Deployment Order Implementation Plan, the recommended supplier commits to a review and approval process for the Service Implementation Plan. Weekly updates will be provided, and any material amendments will follow the Change Control Procedure.

6.8.3 Updates to Recommended Supplier implementation plans

Following the approval of the Service Implementation Plan and Deployment Order Implementation plan, the recommended supplier will maintain and update the plans on a daily basis, ensuring accurate reflection of the current state of Service/ Deployment Order implementation. The plan will be continuously accessible to the relevant CMPN parties, and any material amendments will follow the Change Control Procedure.

6.8.4 CMPN review rights

To ensure consistency, strategic alignment and to ensure the programme is delivering at the relevant pace, the recommended supplier has acknowledged CMPN's right to review all documentation related to the development or management of any Service Implementation Plan. The recommended supplier will provide the necessary information and work collaboratively to address any concerns or inquiries promptly.

6.9 CMPN Internal Programme Plan

Throughout Implementation the network will continue to own and produce a LIMS implementation Programme Plan. This plan will incorporate the key tasks from the recommended supplier, as well as internal network tasks and clinical workstream tasks. This programme plan will oversee the key deliverables across the phases of the programme. This will ensure that the network is able to monitor roles and responsibilities between the network and recommended supplier. Whilst key deliverable dates require approval during contracting, the programme has included a high-level programme timeline for reference in Appendix 14: LIMS Programme Plan.

6.10 Data Migration Strategy

The recommended supplier will present a comprehensive Data Migration Strategy. This will cover the data migration process, procedures for each stage, interface management, and strategies to address associated risks and issues. The recommended supplier has also identified that a separate data archive solution is included in the overarching costs of the programmes as well as data migration resource to support withdrawal of the data. Data migration will be separated into two separate areas:

6.10.1 Migration to the new LIMS

A subset of data that must be migrated from multiple LIMS across Cheshire and Mersey to the new Service to ensure continued safe patient management. This is broken down below:

Minimum requirements for data take-on to the new LIMS are:

Table 55: Minimum requirements for data take-on to the new LIMS

Discipline	Legacy Data Repository	Live Database	Minimum Data Set Requirement
Cytology		None	
Histology		None	
Blood Transfusion		All Data	Shall include: <ul style="list-style-type: none"> • Confirmed blood group • Antibodies • Date of last transfusion • Special requirements • Suitability for Electronic Issue
Blood Sciences		Limited data	Shall include: <ul style="list-style-type: none"> • Creatinine (last 13 months)

- A detailed programme data migration strategy will be defined during the initial implementation phase.

Recommended Supplier approach:

- The recommended supplier is a specialist in health data migration, having provided these services to many customers over the years. To aid with historical result lookups, these services include the extraction and conversion of a legacy data corpus to a format suitable

for deployment into an external historical database. The most common approach the supplier has taken to date is to create a legacy data set of tables that are available to access, noting these sit to the side of the production tables. The format of the legacy report and information contained in the report will be dependent on the data structures of the legacy system/s. The "presentation" of the report format is typically the responsibility of the network to determine.

- The preferred supplier solution can enable any amount of legacy data to be migrated in an agreed format. This approach will store the “result as reported” information provided in the data migration process. This makes for a simpler and lower risk approach to data migration and avoids the costly and risky effort of attempting to map all historical test codes and results to the new common standard configuration.
- The migration service involves managing the legacy data corpus into a format suitable for deployment into a new system. This will include maintaining the existing legacy identifier. The approach taken will depend on the ability of the legacy systems to export data in an agreed data format.
- The recommended supplier also has experience with several different approaches taken by various customers for data migration from legacy systems, each with varying levels of benefit. These formats have included HL7, delineated text files and open-source databases. The recommended supplier has worked with Epic, Cerner, Dedalus, Allscripts, Clinisys, Intersystems, Medipath, Kestral, Path Lite, InfoMix/EDS, GP Software, Cirdan, Alcidion (Second Screen), ICNet (Micro - Infection Control), Cartagenia, Charm-Champ, SHINE, PLS, LRS Medibill and various proprietary systems.

6.10.2 Legacy Data

For all other data, the recommended supplier has identified a separate legacy system to hold historical data from all Core 5 Trusts where necessary. This includes:

Table 56: Legacy Data Requirements

Discipline	Legacy Data Repository	Minimum Data Set Requirement
Cytology	All Data	Shall include: Searchable final report
Histology	All Data	Shall include: Searchable final report
Blood Transfusion	All Data	
Blood Sciences	All Data	

Further work is required to develop a comprehensive strategy regarding the extraction of legacy data into the separate legacy system. Whilst the recommended supplier has provided an indicative solution, design, and development of a plan to support this will be required amongst all Trusts.

6.11 Clinical harmonisation

The harmonisation and standardisation of tests across the network is a key prerequisite for the LIMS implementation. This work will be conducted across three phases: the discovery, the opportunity assessment and the detailed development and implementation. The clinical workstreams are to baseline current activity, processes, costs, and contract arrangements to

enable a high-level assessment of the aggregate impact for both Trusts and the network following the clinical recommendations to harmonise. This phase will include operational planning for implementation, comparative data analysis and recommendations to be taken through governance. The final phase will be to implement all the clinical recommendations through an iterative Plan Do Study Act (PDSA) cycle and will include staff training to support the process. A high-level programme plan can be found in Appendix 18: CMPN Harmonisation programme Plan.

6.12 Gateway reviews

At the CMPN's discretion, the recommended supplier will participate in independent Gateway 4 (Readiness for Service Review) and Gateway 5 (Benefits Evaluation Review) to ensure the quality and readiness of the Services.

6.13 Resource deployment

The implementation of LIMS will take significant resource at both a regional and local level. Detailed below is an indicative central team to support implementation. This team will need to be recruited.

6.14 Central team requirements

A pot of capital has been set aside for the recruitment of a central team. This was based on a DRAFT central team development. This resourcing plan is currently being reviewed under the Mobilisation, Implementation and Testing workstream. The total costs do not include backfill for the operational leads identified, this will need to be agreed.

Table 57: proposed makeup of the central implementation team

Title	Individual	Responsibility	Costs
Technical Programme Lead	1 Technical Programme Lead	To provide leadership	Band 8B = £110,230.35
Integration Lead	1 Integration Lead	To provide practical integration advice around the solution	Band 7 = £81,229.25
Configuration Lead	1 Configuration Leads 1 Configuration Analysts	To provide configuration advice around the solution	Band 7 = £81,229.25 Band 6 = £69,553.39
Programme Manager	1 Programme Manager	To provide programme management	Band 8A = £92,681.88
Programme support	1 Programme Support	Support and administration	Band 4: £45,982.82
Total – £442,481.52			

6.15 Local team requirements

Whilst the central team will provide oversight and ensure coordination across the sites, there will be an expectation that local teams will be needed to support implementation. Roles include support from: Operational leads, Clinical Leads, Technical leads, Procurement representatives,

Finance representatives as well as teams to support with testing and training. This continues to be a risk for the programme as currently this resource is not funded.

6.16 Indicative financial implications

Based on current assumptions, a funded central team would cost **£495,715.07 (excluding the networking experts day rate)**. This assumes all of the paid roles are 1.0 WTE, and factors in costs such as on-costs and corporate overheads. The full resourcing paper can be found in Appendix 16: CMPN LIMS Order Comms Resourcing Paper.

The CMPN Outline Business Case included capital funding for 3 years for a central funded team from 2023 to 2025. The Full Business Case assumes £1.5m will be spent of capital funding to recruit the central team.

6.17 Business as Usual resourcing (BAU)

The purpose of this business case has been the procurement, contracting and implementation of a single unified instance of LIMS. As part of the next stage of the programme, there is a need to begin discussions regarding the Business-as-Usual resourcing, roles, and responsibilities. This will need to be developed at a system wide workshop, through design and agreement. However, as detailed in the Commercial Case when discussing the MOU, Initial thinking has begun but has not been included in the costing of this programme. This is initial thinking, has not been agreed:

Following a formal transition into Business As Usual (BAU) from the implementation team, the BAU service for the LIMS solution will consist of a centralised team of various roles which will oversee and manage incident, problem and change management relating directly to the LIMS solution. This will involve the provision of a 24/7 service desk which core trusts will be able to log calls with (following some initial triaging by the local trust IT/Lab team). The service will review and manage performance with the LIMS supplier and link in with MWL Procurement Team to take part in regular contract review meetings. Overarching system management including global configuration and RBAC settings, upgrades and the optimisation of the solution will sit with the BAU service, supported by the ICB Delivery Steering Group. The service will provide IG advice and guidance and perform any DPIA reviews if there is an expected change to data following a solution change. In conjunction with the supplier it is expected that eLearning modules will be made available and a train the trainer package created to deliver to Core Trusts, they will also deliver any face to face training. A full detailed model of the support service will be developed as part of the implementation via a working group.

Exclusions: the BAU service will not be accountable for service interruptions relating to interfacing or networking. All business continuity plans will be created and tailored within each core trust and other users of the service. Any face to face training requirements will be delivered by Core Trusts. Any reporting, including mandatory/BI reports, FOIs and audit reports will be completed by Core Trusts, sitting outside of the BAU service.

Following development and agreement with Core 5 Trusts, this will need to be approved in collaboration between the LIMS Mobilisation, Implementation and Testing workstream and with Chief Information Officers, before a recommendation is made to the LIMS Implementation Oversight Group. Any financial implications will need to be agreed in collaboration with the LIMS Finance workstream and Directors of Finance before a recommendation is made to the LIMS Implementation Oversight Group. Changes will be incorporated in the MOU.

6.18 Training

The recommended supplier has indicated that a cascade training approach is the most effective method of disseminating knowledge regarding implementation. In this method a number of key stakeholders will become champions and trained on the system.

Key stakeholders will attend supplier led training sessions, to ensure they are able to use, configure, test, deliver end user training and manage the solution.

Standard blended learning materials will be provided in mixed media formats including electronic product guides, PDF and MS Word/ Excel training materials and eLearning modules as determined by the provider.

Elements of training provided will include:

- Initial familiarisation seminars/ workshops – to be completed during the design of the programme
- Pre go-live system training – Stakeholders will attend supplier led training sessions undertaking programme deployment activities and training end users
- Post go-live system training – Stakeholders will attend supplier led training sessions undertaking programme deployment activities and training end users
- Training environment – Including a representative dataset for use in all supplier led and CMPN training sessions. The supplier will work with the programme to agree the training configuration. This is designed to ensure that all training objectives can be successfully delivered and the recommended workflows can be effectively demonstrated, without any restrictions of risks caused by incomplete or restrictive localised data.

The programme will need support from Pathology and Digital colleagues within Trust to assist with the training of stakeholders on the solution.

6.19 Recommended supplier resourcing

The recommended supplier has developed a detailed resource plan for the planning, configuration, build and delivery of the solution, designed to flex throughout the lifecycle of the programme to ensure the required resources are engaged at the right time. This includes:

6.19.1 Programme and Project Managers

A team of qualified Project and Programme Managers qualified in Complex Program Delivery including MSP and Prince2, with experience in deploying IT systems to Pathology services and other Healthcare IT environments. These roles have active management, accountability, and responsibility for the duration of the programme.

6.19.2 Implementation team comprising of Solution Lead / Implementation Specialists / Subject Matter Experts

Subject Matter Experts

A team of clinically trained staff who know the Pathology product intimately who can provide guidance on design and functionality. These resources will work with assigned CMPN staff to understand workflows and document the design of the solution that will support the CMPN service. Their understanding of configuration and the Rules Engine and how they apply to

laboratory workflows enables them to do much of the more complex workflow build required during the build phase of the programme.

Training team

All Application Specialists and trainers have a broad level of experience in Pathology workflows and in providing support to users during implementation. The recommended supplier provides a support team comprising of engineers with in-depth knowledge of the application and troubleshooting experience to investigate issues during testing and early life support. The recommended supplier has dedicated development and product management teams who drive the design and development of all products and solutions. Once live, the service is supported through a highly skilled applications team along with technical teams providing a managed service. Ongoing training and applications specialist support is available to ensure continued benefits realisation of our solutions. This team will be performing the configuration of the application for CMPN and will perform system testing prior to release for User Acceptance Training (UAT)AT. During UAT this team will work with CMPN testers as part of the team managing defect resolution.

Extensive training is provided during implementation to an agreed Training Plan and can be made available post implementation for new features and developments. The main training functions for CMPN will be:

- Product familiarisation to aid in determining design.
- UAT training to train the team performing UAT.
- Train the Trainer for the Authority team performing end user training.
- System Administrator training for the team who will support the service once live.

System administrators

A team of Integration Specialists with expert knowledge of HL7 and integration engines and highly experienced in integration with a wide variety of 3rd party systems.

All these resources are generally retained throughout the life of the programme and have varying responsibilities and demands as the programme progresses through various stages. Depending on the speed of implementation, multiple resources of each type are likely to be required. The exact numbers of staff required will be determined during discovery.

6.20 Change management

The programme team will be using a combination of Managing Successful Programmes (MSP), Prince 2 and other methodologies, as necessary.

Communication and engagement are recognised as an important part of the change management process and vital for the LIMS programme. The programme will ensure regular communication through the CMPN governance including, clinical and enabling workstreams but also through wider system governance including the bi-weekly Pathology LIMS Implementation Oversight Group, monthly Digital Diagnostic Steering Group, and attendance at other CMAST governance groups as and when needed.

To ensure accurate communication during procurement and initial production of the business case, a weekly bulletin was developed and communicated to all Core Trusts including: Chief Executives, Chief Operating Officers, Directors of Strategy, Directors of Finance etc. During Implementation, this will be communicated on a monthly basis.

As highlighted in the Pathology LIMS Implementation Oversight Group Terms of Reference, it is also the role of the members included in the workstream to disseminate the information to their own individual Trusts.

As the programme moves into implementation, the programme will work with the providers to develop training materials.

Working with the recommended supplier, the programme team will seek to understand the formal change management processes and agree an approach. However, as identified through procurement the recommended supplier has detailed change management in the following phases:

- Product enhancement request (CMPN)
- Business Requirements (CMPN)
- Design Specifications (Recommended supplier)
- Test Cases and Test Plans (CMPN)
- Development Phase (Recommended supplier)
- UAT Testing (Recommended supplier)
- Deployment – TEST Environment (Recommended supplier)
- Training (CMPN/ Recommended supplier)
- End User Testing - (CMPN)
- Issue Resolution (Recommended supplier)
- Release – LIVE Environment (Recommended supplier)
- Process Review (Recommended supplier / CMPN)

6.21 Benefits realisation

Benefits realisation management is a critical activity that helps ensure the programme maximises benefits and outcomes from change initiatives. It involves proactively identifying, mapping, tracking and optimising benefits that are expected to be delivered and ensures these are aligned to strategic objectives. Effective benefits realisation management is key to demonstrating the value and return on investment of any major organisational undertaking. Contemporary research demonstrates that organisations who have high levels of benefits realisation management maturity are much more likely to achieve their objectives.

The programme will follow the benefits realisation approach as outlined in the Digital Diagnostics Capability Programme (DDCP) Benefits Realisation Management Strategy included in Appendix 8: Benefits strategy. This strategy provides the framework for robust benefits realisation management and covers LIMS and all other digital programmes within diagnostics across the ICB which have received funding from DDCP.

The key principles of benefits realisation are provided below:

Table 58 Key principles of benefits realisation

Benefits Realisation Management Principles	Rationale	Tactics
Start with the end in mind	DDCP is driven by the benefits it will deliver, informing the scope of products and services.	<p>Problem mapping with stakeholders will outline key issues in the current state and will inform benefit mapping and ensure end benefits address these.</p> <p>The benefits required should determine the scope of the initiative rather than vice versa.</p>
Align benefits with strategy	<p>Develop a clear line of sight from strategic intent through to initiative benefits.</p> <p>DDCP clearly aligns to strategic and spending objectives of national and local commissioning bodies.</p>	<p>All expected benefits can be clearly traced from objectives, deliverables, and measures through to realisation. Strategic benefits workshops using consistent benefits dependency mapping tools.</p> <p>Regular review of strategic drivers, spending objectives and indicators. Risk management for benefits threats.</p>
Manage benefits from a portfolio perspective	Manage benefits at portfolio (the Cheshire and Merseyside Diagnostic Networks) and programme levels (DDCP) bringing increased coherence to Benefits Realisation Management activities and artefacts/products	<p>Manage and share Benefits plans and tools across all DDCP organisations to avoid duplication/double counting and ensure apportionment is agreed.</p> <p>Map interdependencies between programmes.</p> <p>Document and share lessons learned.</p> <p>Prioritise benefits to optimise-</p>
Utilise successful delivery methods	Embed Benefits Realisation Management across the DDCP Programme incorporating standardised benefits management activities.	<p>Utilise proven Benefits Realisation Management Processes.</p> <p>Benefits realisation management activities are consistent and repeatable.</p> <p>Establish mechanisms for benefits realisation reporting over the full product lifecycle.</p> <p>Develop a simple, efficient, supported Benefits Realisation Management model that is easy to use, using tools and templates developed locally and nationally.</p> <p>Ensure stakeholders are actively engaged at all stages of the benefits realisation management process.</p> <p>Follow standard benefits activities which best fit with local requirements.</p>
Integrate benefits with performance management	Integrate benefit measures into operational and HR performance management systems to minimise the cost and effort required for baselining, tracking, and reporting benefits.	<p>Use existing reporting of metrics wherever possible.</p> <p>Link benefit measures to organisations KPIs and make use of management information systems.</p>

Benefits Realisation Management Principles	Rationale	Tactics
Apply effective governance	Derive full benefits from DDCP, increasing the value gain from its delivery and use. Clear lines of accountability.	Establish clear roles and responsibilities. Arrange regular review and progress reporting of benefits to the DDCP Oversight Group and Diagnostics Delivery.
Develop a Value Culture	A benefit-led value culture will lead to sustainable progress with initiatives which are more likely to achieve their objectives.	Secure senior management commitment to benefit-led value culture. Ongoing benefits management training to build and enhance benefits management competencies within organisations, improve benefits management maturity levels within the network. Manage implementation of benefits management as a business change process. Develop robust communications package to support optimisation and maximisation of benefits.

6.21.1 Benefits monitoring and reporting

In order to realise and continuously monitor and report the benefits a number of key activities will be undertaken. These include:

- Stakeholder engagement, including engagement with clinical feedback groups.
- Engagement with NHS England Benefit Workstream.
- Problem statement mapping.
- Benefits discovery mapping.
- Development of benefits profiles.
- Develop measures and metrics plan.
- Collection of baseline data.
- Develop Benefits Register/Tracker.
- Actively manage the anticipated benefits through to realisation.
- Track benefits realisation.
- Develop user stories and case studies to support benefits.
- Identify and leverage emergent benefits.
- Identify and mitigate against dis-benefits.
- Report benefits baselines, forecast and realisation.

The scale of the programme dictates that it will be impractical to fully profile, measure and track every single benefit identified by stakeholders. Whilst all identified benefits will be listed within the benefits register tracker, a prioritisation process will be required to identify the highest-value benefits, these will be fully profiled, tracked and reported.

NHS England have produced a consolidated survey to collect metrics across all DDCP programmes. The survey has been authored by the National DDCP Benefits Management

function with the purpose of identifying measurable benefits realised through the implementation of DDCP-funded solutions and is to be completed once any DDCP-funded solution has been operational for at least six months. National benefits will be validated by the Cheshire and Merseyside Pathology Network Programme Team and stakeholders and feedback provided to NHS England.

Survey data for prioritised benefits will be collected at provider level and submitted to NHS England. NHS England will provide an overview of data submitted for Cheshire and Merseyside provider organisations. In addition, NHS England plan to provide a summarised anonymised consolidated benefits report for all ICBs which will enable Cheshire and Merseyside Pathology Network to benchmark against other organisations.

A local benefits data plan has been created to identify the dates on which Cheshire and Merseyside Pathology Network are required to submit data to NHS England.

6.21.2 Benefits management summary

With a solid governance framework, stakeholder engagement plan, and data-driven approach to tracking and optimising priority benefits in place, the Cheshire and Merseyside Pathology Network Programme is well positioned to realise maximum value from DDCP investments for a LIMS solution.

Our approach enables us to demonstrate returns at local and system level through smarter adoption of digital technology and optimise and maximise benefits to transform diagnostics delivery for patients through this programme of work.

6.22 Risk & issue management

A Risk & Issues Register has been created for the programme and is actively managed. This is included within the Programme Plan Appendix 6: CMPN risk register.

New risks are added to the register as they are identified and assigned to the relevant owner for review by the Programme Team. Once assessed, these new risks are presented to the LIMS Implementation Oversight Group and escalated as required. Red risks will be escalated to the Digital Diagnostic Steering Group.

Once the LIMS passes into business-as-usual operation, the responsibility for risk monitoring will pass to the business-as-usual governance structure.

6.23 Contract management

There are a number of key elements that need to be understood and agreed at system level between the host Trust and the supplier and the host Trust and other parties involved. The current Memorandum of Understanding is developed explaining roles and responsibilities between participating organisations. The MOU will detail the high-level principles. However, the MOU will not be finalised until contracting has concluded. In addition, it is important to note that the MOU will continue to be an evolving document which will be continually reviewed as the programme develops.

6.24 Post programme evaluation

Post programme evaluation is planned to take place 6 months after LIMS is live on all sites. This is to ensure that any residual issues arising from the implementation can be resolved and there is a period within which benefits can be properly assessed. The process is planned to last 3 months.

The exercise will be carried out by an independent team, who, ideally, were not involved in the implementation exercise.

The evaluation will produce a lesson's learned report so that any good practice can be adopted by future programmes. In addition, there will also be benefit from understanding those areas that can be improved.

The report is intended to be shared with all the LIMS programme stakeholders.

6.25 Core functional services

At the point of this Full Business Case, contract award has yet to be issued. However, detailed below are core elements of the LIMS specification and recommended supplier solution to provide further detail and assurance.

The recommended supplier solution is a true multi-site networked solution. The solution is delivered on a single hardware platform, with a single software instance, single database and extensive intelligent integration thus providing a shared "single source of truth" for a patient's laboratory record, which can be accessed from all sites and disciplines across the network.

The solution's flexible service model allows organisations to configure the system to suit their business needs both now and, in the future, including any number of health services, hospital sites, and laboratories both internal and external to the organisation. The process of setting up and amending laboratories is a relatively straightforward procedure that Authorised Users can easily perform.

LIMS solution – public cloud

The recommended supplier will host the solution on Amazon Web Services (AWS) public cloud platform.

The fully managed service covers all aspects of the service provision regardless of location, including:

- Cloud based hosting with Amazon Web Services including all security measures, reliability, high availability on a cloud formation with elastic components and secure tunnel connections.
- Deployment and Management of the dual AWS Direct Connect secure connections between the AWS public cloud and two CMPN Data Centres.
- System Administration – On-going system administration support
- System Monitoring – Remote system monitoring services for the surveillance, alert notification, and pre-emptive maintenance of the system,
- Support – Helpdesk support is available 24/7/365. Outside of normal business hours (as agreed),
- Ongoing software, hardware, and network maintenance.

Data Centres

As per the LIMS specification, the aim is to host the physical aspects of the LIMS solution within the NHS Regional “CoLo” Data Centres. This consists of a facility in Liverpool and a second in Warrington.

The recommended supplier will work with the regional “CoLo” supplier to obtain space within existing server racks to accommodate the Service and supply network connections, power connections and cooling.

NHS Regional “CoLo” Data Centres are connected to the rest of NHS Cheshire & Merseyside network over a high-speed connection, with each individual Data Centre having multiple resilient low-latency connections to 12 Trusts sites across the region to facilitate site level resilience within services. The “CoLo” Data centres currently provide resilient 10Gb connections to the NHS network and resilient low latency 10Gb connections between the Data Centres. To ensure appropriate bandwidth, the programme is seeking to improve this connection. By using this regional CoLo Data centre, the network is ensuring system resilience should there be a technical fault at individual sites.

The regional “CoLo” builds on the integration in place developed from the Cheshire and Merseyside Diagnostic Network. This network is placed in the data centre and cloud computing services of AIMS, who provide computing services for a range of industries. The company operates ISO27001 certified data centre facilities providing secure service hosting, data back up and disaster recovery services. The specification also stated that all contractor hardware to be installed within the Regional “CoLo” Data Centres shall have redundant power supplies to enable either of the power sources to be taken offline without affecting the availability of the hardware.

Wide Area Network connectivity is provided to Cheshire & Merseyside NHS Trust sites using the Digital Diagnostics Network, built on Openreach OSA technology. The OSA network is based on multiple (x16) 10Gb waves to each site with resilient paths.

Interoperability requirements

Cheshire and Merseyside pathology network plan to implement a centralised integration alongside the new Pan pathology LIMS solution. The target design is shown below, the underlying message formats will be standards driven using a mixture of XDS, HL7 and FHIR where appropriate.

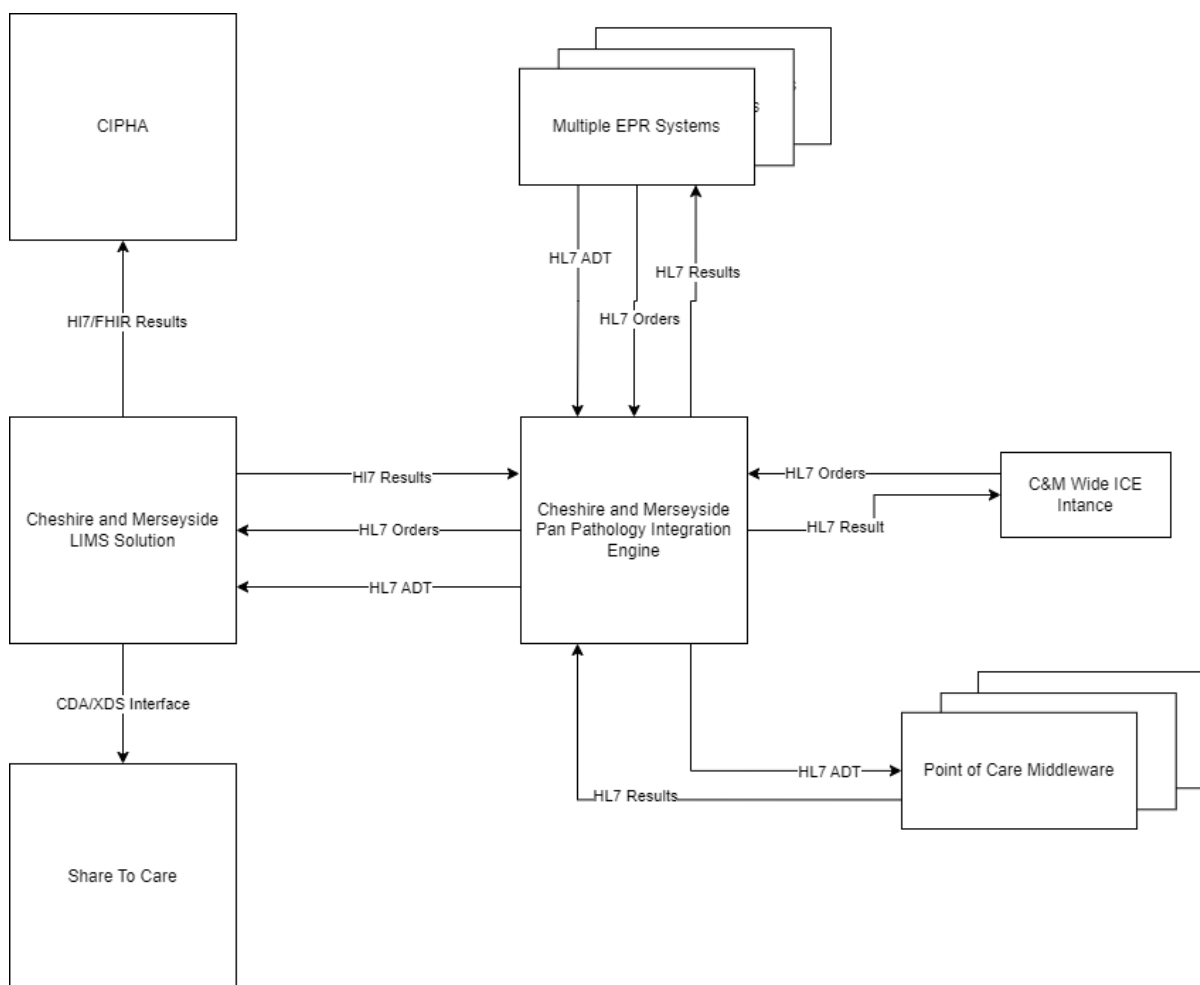


Figure 10: Interoperability Requirements

The current strategy regarding integration is to purchase a single instance of MIRTH as a regional integration engine, with a fully managed service hosted at the AIMES data centre. MIRTH is a product by NextGen who provide an integration engine using the most common system and healthcare standards. The programme is also seeking to recruit to engage with a third-party Synthetics who work with NHS Trusts and provide IT services. Synthetics will support the programme to design and develop the integration engine, to reduce the burden on integration resources at Trusts.

The recommended supplier provides extensive integration capability which shall be utilised to deliver this requirement. The solution has been designed as an enterprise application with the ability to seamlessly integrate to national applications and equipment, and easily scale to cater for high levels of concurrent user counts with superior performance.

The solution can synchronise demographics held in multiple PAS systems via a single PMI that links to multiple identifiers.

The recommended supplier can also work with the network to ensure integration with the CMPN integration engine to facilitate the receipt of orders from various sources and the routing of results to multiple end points. The approach ensures that result messages are equipped with the necessary organisational identifier for effective routing.

For more information please see Non Functional requirements in the CMPN Specification in



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Appendix 15: CMPN LIMS Authority Requirements (Specification).

Standards

The recommended supplier will achieve interoperability in accordance with NHS open architecture standards wherever possible. These will include REST and SOAP web services, plus TCP sockets-based integration with the Cheshire and Mersey Integration Engine. Message payloads will adhere to HL7 2.5 or above including HL7 FHIR and will be constrained by agreed profiles.

The recommended supplier has sophisticated messaging capability and can accept and transmit industry standard messaging protocols. The following are some examples that are in use:

- Managed SQL interface
- SQL queries
- Analysers
- Incoming PAS/PMI feeds
- Results feeds (inbound/outbound)
- Clinical Viewer/eOrder feeds (in/out) FTP
- Secure messaging
- Automated Data Extracts Custom and bespoke HL7
- Cerner
- EPIC
- Dedalus
- Allscripts
- Clinical viewer ASTM
- Analysers GSI
- Basic analysers SOAP
- Faxing providers
- National Blood Authority
- Department of Human Services

- Restful APIs
- NCSR interface

The recommended supplier supports the need by the network for a comprehensive Catalogue of tests, metadata, and other reference data, aligning where appropriate to the unified test list. The system is equipped to maintain a detailed and organised catalogue that includes information on tests, metadata, and relevant reference data. This ensures accurate and standardised documentation, aligning with the requirements of the unified test list as specified by the network. The unified test list will be achieved through network harmonisation. More detail provided on this in 6.11 in the Management Case.

Clinical Safety

As part of the tender process, the recommended supplier was asked to provide a clinical safety report. This was provided as part of the evaluation. On commencement of implementation, the recommended supplier will be asked to resubmit this for completion to all providers.

6.26 Next steps

On approval of this business case, the programme will complete a number of key fundamental tasks to be completed as part of the LIMS Mobilisation, Implementation and Testing Workstream:

- Finalise recruitment of the central team.
- Finalise local resourcing requirements.
- Production of a Programme Initiation Document to begin movement into the next phase of the programme.
- Agree Implementation timescales with the recommended supplier and Core 5 Trusts.

7 Recommendations

The core aim of the programme is to procure and implement a single unified LIMS solution designed to catalyse the transformation of pathology services, fostering clinical service improvements, and enhancing patient outcomes across Cheshire and Merseyside. This case is made and summarised in the FBC.

Boards are asked to:

1. Support and APPROVE the FBC and its implementation.
2. To NOTE approval provides Board support for
 - Aligned delivery of C&M strategic proposals for LIMS
 - Approving revenue funding, capital drawdown and contract award with the recommended supplier via a host Trust for and on behalf of all parties
 - Contract award will be progressed by MWL who the system and the 5 Core Trusts have requested host the contract on their behalf.
 - Delegation of LIMS programme decision making and oversight to CMAST Leadership Board who, through the Diagnostics Programme, will oversee contract award, implementation, and delivery (the programme will in turn report to Trust Boards).

8 Appendices

Appendix 1: Benefits Register



DDCP Benefits
Toolkit Economic Sum

Appendix 2: Diagnostics Digital Capability (DDC) Programme



Diagnostics Digital
Capability Programm

Appendix 3: Options Appraisal criteria



Evaluation Criteria
v3.docx

Appendix 4: Options Appraisal scoring



Options Appraisal
scoring workbook.xls

Appendix 5: Benefits workshop overview



LIMS Benefits
Workshop 260723 Su

Appendix 6: CMPN risk register



LIMS Risk Register as
of 07 03 2024.xlsx

Appendix 7: C&M Pathology Network OBC



C&M Pathology
OBC.pdf

Appendix 8: Benefits strategy



DDCP Benefits
Management Strategy

Appendix 9: Benefits workings



Benefits%20LIMS_FB
C_20240321.xlsx

Appendix 10: Letter of Agreement 2022



LOA22 Diagnostics
Digital Capability Lett

Appendix 11: Economic modelling

Due to the size of the document this will be sent separately as required.

Appendix 12: Options Appraisal SWOT

Table 59: Option 1 SWOT

Option One: Do Nothing	
<p>Strength</p> <ul style="list-style-type: none"> The programme is highly complex. Providers currently have different LIMS contracts, with different end dates. If the 'do nothing' option was explored, providers would be able to upgrade their current systems in time with contract end dates. This is business as usual, and no organisational change or process change. Each LIMS system is bespoke and custom to each provider. For example, 	<p>Weakness</p> <ul style="list-style-type: none"> The current LIMS system across Cheshire and Merseyside do not integrate and therefore transformation at a system level is not possible. PUBLIC identified a number of issues with the current LIMS systems including: a lack of functionality and inability to integrate with new systems, to name just a few. Providers will not be able to receive the efficiency benefits that are associated with a more integrated system wide LIMS if they keep the do nothing option

<p>some providers have bespoke interface per each connection (EPR, PAS etc).</p> <ul style="list-style-type: none"> Some providers have integration with current EPR systems, which means information streamlined and easily accessible across the provider. 	<ul style="list-style-type: none"> The financial savings which can be achieved by a more integrated system wide LIMS will not be realised. Bespoke interface solutions – may come with multiple costs Financial implications for multiple middleware, NPEX
<p>Opportunity</p> <ul style="list-style-type: none"> Some systems are not only UK driven, but European driven which gives you areas of innovation. 	<p>Threats</p> <ul style="list-style-type: none"> The network will be unable to meet Digital Maturity as implementing integrated LIMS system is a core requirement from NHS England The network will be unable to achieve a successful Target Operating Model Patient safety issues as clinicians and workforce are unable to see records across the system Huge inefficiencies around staffing and sample referrals Inability to flex the workforce as they only train on their current system- lack of movement

Table 60: Option 2 SWOT

<p style="text-align: center;">Option Two: Integrate Existing LIMS</p>	
<p>Strength</p> <ul style="list-style-type: none"> No provider needs to implement a new LIMS solution. Implementation of the solution will be agnostic to current LIMS solutions and contracts A standardised approach to data management accelerating and facilitating network strategic design and data driven operational, workforce and quality improvements Infinite scalability with extended interoperability capability between pathology networks and other regional or national services e.g., genomics 	<p>Weakness</p> <ul style="list-style-type: none"> Technical complexity – will require significant specialist integration resources to achieve integration across all providers. Change management resource would be huge Risk around sample management – sample accessioning Resource and financial implications for integrating across 9 providers Loss of single reception Decreased benefits Clinicians may need to log on to various systems Financial implications for multiple middleware, NPEX
<p>Opportunity</p> <ul style="list-style-type: none"> This will create an opportunity to maximise efficiency and improve standard practice Simplify referral workflows – removing the need for NPEX- costs savings associated 	<p>Threat</p> <ul style="list-style-type: none"> There may not be a suitable solution for this option- as solution providers have not yet been explored

	<ul style="list-style-type: none"> • This solution is currently being explored by other networks, but we do not know if successful. • Risks around patient records, including multiple patient references could lead to a patient safety risk
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Table 61: Option 3 SWOT

Option Three: Discipline specific LIMS	
<p>Strength</p> <ul style="list-style-type: none"> • The solution could be more bespoke to the disciplines meeting clinical requirements • Giving lab clinicians a lot more clinical information, at system level, to make informed decisions • Could implement gradually and have a staged approach- causing less clinical impact • Could allow providers to share workforce across sites- in disciplines • Business continuity between disciplines across providers 	<p>Weakness</p> <ul style="list-style-type: none"> • PUBLIC found the multi-specialty approach could potentially lead to an overly complex implementation strategy • You need to integrate the different LIMS solution • You need to integrate the Primary Care Order Comms Solution with a number of LIMS providers- extra resource and time associated • No central reception- would need to centralise which will come with additional resource and time needs • Additional cost for integration for multiple digital products • There would no access to a central clinical reporting workspace to enable collaboration and system wide working • Hosting complexity with multiple LIMS providers • Financial implications for multiple middleware, NPEX
<p>Opportunity</p> <ul style="list-style-type: none"> • Greater stakeholder engagement, as you engage discipline specific and create more bespoke solutions • Could get a better product for each of the disciplines – system leader for speciality • Opportunity to standardise working practices across network 	<p>Threat</p> <ul style="list-style-type: none"> • Different providers could be chosen for different disciplines, resulting in various integration requirements/ contracts. • Different LIMS provider may have different costs associated, difficulty in determining split and need across providers • Unable to manage shared samples (duplication of booking, information, and integration requirements) • Providers with EPR-embedded LIMS solutions may be unable to move to a network-wide LIMS

Table 62: Option 4 SWOT

Option Four: Network Wide LIMS for all disciplines	
<p>Strength</p> <ul style="list-style-type: none"> • Includes the strength from options 2 and 3 • Common foundation for all services; Remote-working cross-site supported • Supports ICS & Trust-level drivers around safe, responsive services • Resource requirements to manage the solution after implementation will be simplified • Improving patient safety with having one clinical record on one LIMS • Supporting patient choice • Supporting system wide working – movement of services • Linking one phlebotomy service across Cheshire and Merseyside • Financial savings with single middleware solutions, single NPEX etc, savings with smaller consumables 	<p>Weakness</p> <ul style="list-style-type: none"> • Change management burden for all providers as changes required across all the providers • Significant resourcing requirement to implement LIMS effectively • Some workflows & clinicians may claim “step backward” from current system • Providers currently under contracts across the network. A number of Trusts in long term contracts- implementation will be longer (option 3 too) • Implementation testing will be huge • One Trust will need frontrunner • A single externally hosted LIMS solution would always be inferior to the utopia of one Cheshire and Merseyside wide EPR system with LIMS across all providers • Removing integration requirements across Cheshire and Merseyside is a huge benefit in terms of resource and complexity
<p>Opportunity</p> <ul style="list-style-type: none"> • Financial benefits & Long-term benefits with AI/Digital Pathology • Opportunity to define and execute needed change across the network • Opportunity to standardise working practices across network • Minimum amount of IT resource to maintain and support as business as usual in the long term 	<p>Threats</p> <ul style="list-style-type: none"> • Providers with EPR-embedded LIMS solutions may be unable to move to a network-wide LIMS • Possibility of providers choosing new EPR systems • Once a solution provider is chosen, it will be difficult for Cheshire and Merseyside to move off that provider

Table 63: Option 5 SWOT

Option Five: Network Wide integrated with EPR-embedded LIMS	
<p>Strength</p> <ul style="list-style-type: none"> • Common foundation for all services; Remote-working cross-site supported • Supports Trust-level drivers around safe, responsive service for patients • Allows provider organisations to retain EPR-embedded LIMS solutions • Simplify digital maturity at a provider level 	<p>Weakness</p> <ul style="list-style-type: none"> • BAU burden for all services • Significant resourcing requirement to implement LIMS effectively. • Some workflows & clinicians may claim “step backward” inherent lack of functionality with embedded LIMS • Lack of integration capabilities • Inability to innovate in timely manner

	<ul style="list-style-type: none"> • Upgrading the EPRs is incredibly difficult • Providers currently under contracts across the network. A number of Trusts in long term contracts. • Complexity around patient management – different patient codes • Supplier engagement is known for being poor • Does not support system wide working • Resource requirements around breaking EPR/ LIM solutions • Duplication of patient records • Difficulty to maintain the system, needs to IT developed and supports not Lab IT supported
<p>Opportunity</p> <ul style="list-style-type: none"> • Some financial benefits & Long-term benefits with AI/Digital Pathology • Opportunity to define and execute needed change across the network • Opportunity to standardise working practices across network • Opportunity to have regional LIMS integration 	<p>Threat</p> <ul style="list-style-type: none"> • Encourages providers to think independently of the network solution • Providers may be encouraged to explore embedded EPR systems rather than network wide solutions. • Resources to maintain a network wide solution and independent solutions • Potentially would not have local integration

Appendix 13: LIMS Implementation Oversight Group Terms of Reference



Final draft LIMS Oversight Group ToRs

Appendix 14: LIMS Programme Plan



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Appendix 15: CMPN LIMS Authority Requirements (Specification)



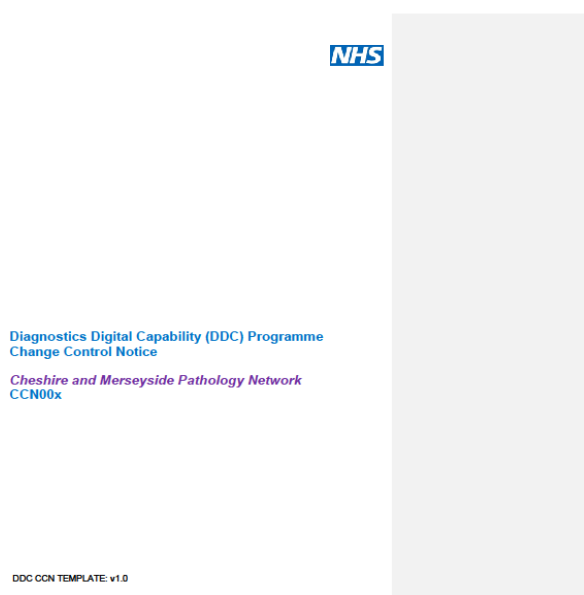
CMPN LIMS
Attachment 1 Authori

Appendix 16: CMPN LIMS Order Comms Resourcing Paper



CMPN LIMS Order
Comms Resourcing P.

Appendix 17: Approved Change Control Notice



Appendix 18: CMPN Harmonisation Programme Plan



Pathology
Harmonisation Projec

Appendix 19: LIMS DRAFT Workstream Terms of Reference



LIMS Draft
workstream ToRs.doc:

Appendix 20: LIMS FBC Feedback



Appendix%2020%20
-%20FBC%20Feedbac

Appendix 21: Wider system benefits

Details of the projects and costs

Scheme name	Value	Trust
AIMES data centre/ Integration engine - LUHFT hosting for system	£1,903,974	LUHFT
Blood Tracking - Haemonetics app - WHH	£507,239	WHH
VISUS - image security solution – WHH	£46,800	WHH
AxLab - Automated Microtomy _ LUHFT	£1,206,720	LUHFT
Digital Pathology Monitors and Stand Alone Graphics for home working – LUHFT	£405,998	LUHFT
Scopio digital morphology – LUHFT	£574,800	LUHFT
Digital Pathology: IT Infrastructure for resilience – LUHFT hosting for system	£3,606,000	LUHFT
Excelsior AS Tissue Processor – Alder Hey	£40,096	Alder Hey
HistoStarEmbeddingCtr,240v – Alder Hey	£10,346	Alder Hey
Cell Path – Immunostainer - COCH	£100,194	COCH
Roche IHC with interface to LIMS - WHH	£280,000	WHH
2 x microscopes (Nikon Ci-L Plus with a Y-THM teaching arm) - COCH	£40,000	COCH
Sakura Stainer/film coverslipper - WHH	£122,759	WHH
Philips Ingenia MRI Software upgrade to enable recent AAT methods – CCC CDC	£120,000	CCC
One OCT (Optical Coherence Tomography) machine and One Visual Fields Machine - COCH	£166,543	COCH
Halton - Fibroscan kit – WHH CDC	£120,000	WHH

Explanation of benefits

Scheme name	Brief Benefits Summary (further details at end of pack)	Trust / System
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AIMES data centre/ Integration engine - LUHFT hosting for system	Integration engine enables LIMS to connect to other digital systems, the data centre which is cloud based and provide greater resilience for pathology	System
Blood Tracking - Haemonetics app - WHH	The App supports blood transfusion which will not be available in the new LIMS	WHH
VISUS - image security solution - WHH	Increased data security for images reducing cyber security risks	WHH
AxLab - Automated Microtomy - LUHFT	Automated slide preparation (using AI), enabling staff to be redeployed elsewhere	LUHFT
Digital Pathology Monitors and Stand Alone Graphics for home working - LUHFT	Increasing home working in cellular pathology, potentially improving productivity, and supporting recruitment and retention	LUHFT
Scopio digital morphology - LUHFT	Supports home working in haematology analysers, potentially improving productivity and supporting recruitment and retention	LUHFT
Digital Pathology: IT Infrastructure for resilience – LUHFT hosting for system	Increases online archiving of slides, improving resilience across all histopathology providers, supporting increased use of digital pathology	System
Excelsior AS Tissue Processor – Alder Hey	Automated tissue processing, increasing capacity, reducing turnaround times	Alder Hey
HistoStarEmbeddingCtr,240v – Alder Hey	Related to above items with same benefits	Alder Hey
Cell Path – Immunostainer - COCH	Stainer which will reduce the need for additional testing and reduce delays in diagnoses	COCH
Roche IHC with interface to LIMS - WHH	Immunochemistry equipment to support increased endoscopy biopsies, interfacing with LIMS, reducing transcription risks, increasing staff efficiency, and improving patient safety	WHH
2 x microscopes (Nikon Ci-L Plus with a Y-THM teaching arm) - COCH	Increased capacity with additional microscopes and teaching arm will enable teaching capability to ensure future workforce are suitably trained	COCH
Sakura Stainer/film coverslipper - WHH	Stainer for haematoxylin and eosin, improves quality of digital images, will ensure increased capacity and productivity for endoscopy pathology testing	WHH
Philips Ingenia MRI Software upgrade to enable recent AAT methods – CCC CDC	AAT will be added to an MRI scanner in Paddington CDC enabling faster scanning, reduced appointment time slots and increased capacity	CCC

<p>One OCT (Optical Coherence Tomography) machine and One Visual Fields Machine - COCH</p>	<p>Will support a virtual glaucoma pathway, enabling increased capacity and quicker diagnosis and treatment for patient</p>	<p>COCH</p>
<p>Halton - Fibroscan kit – WHH CDC</p>	<p>Specialist ultrasound that augments intelligent liver function tests to reduce time to diagnosis</p>	<p>WHH</p>

Appendix 22: PUBLIC report



CM ICS vision
PUBLIC FINAL v2_.ppt

Appendix 24: LIMS Memorandum of Understanding



Services Agreement
Template (2023) v5B.c



RG share framing
070324 v3.pptx