



Wirral University
Teaching Hospital
NHS Foundation Trust

Council of Governors (CoG) (Public)

Monday, 19 April 2021

COUNCIL OF GOVERNORS (CoG)

Monday, 19th April 2021
4.30pm-6.00pm, via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Verbal or Attached
OPENING BUSINESS			
CoG 21/22-001	Apologies for Absence	Chair	Verbal
CoG 21/22-002	Declaration of Interests	Chair	Verbal
CoG 21/22-003	Minutes of previous meeting: 11 th January 2021	Chair	Attached
CoG 21/22-004	Matters Arising	Chair	Verbal
CoG 21/22-005	Chair's Business	Chair	Verbal
CoG 21/22-006	Key Issues	Chair	Verbal
HOLDING NON-EXECUTIVE DIRECTORS TO ACCOUNT FOR PERFORMANCE OF THE BOARD OF DIRECTORS			
CoG 21/22-007	Quality & Performance Dashboard	Executive Directors	Attached
CoG 21/22-008	Feedback from Board Assurance Committees: Chairs Reports: <ul style="list-style-type: none"> • Workforce • Audit • Quality • Finance • Safety 	Non- Executive Directors	Attached
CoG 21/22-009	Governor Representatives of Board Assurance Committees	Interim Deputy Trust Secretary	Verbal
REPRESENTING THE INTERESTS OF THE MEMBERS OF THE TRUST AS A WHOLE AND THE INTERESTS OF THE PUBLIC			
CoG 21/22-010	COVID- 19 Update	Medical Director	Verbal
CoG 21/22-011	NHS Staff Survey 2020 Results	Director of Workforce	Attached
CoG 21/22-012	Governor Elections 2021 Update	Interim Deputy Trust Secretary	Verbal
OTHER ITEMS FOR INFORMATION / CLOSING BUSINESS DISCUSSION BY EXCEPTION			
CoG 21/22-013	Annual Review of Declarations of Interest	Interim Deputy Trust Secretary	Attached
CoG 21/22-014	Revised Governor Code of Conduct	Interim Deputy Trust Secretary	Verbal
CoG 21/22-015	Board of Directors' Minutes (January & March)	Chair	Attached

CoG 21/22-016	Board of Directors' Meeting Update (April)	Chair	Verbal
CoG 21/22-017	Review of Governor Attendance	Interim Deputy Trust Secretary	Attached
CLOSING BUSINESS			
CoG 21/22-018	Any Other Business	All	Verbal
CoG 21/22-019	Date, Time and Location of Next Meeting Monday 19 th July 2021, 4.30pm via Teams unless otherwise notified	Chair	Verbal

COUNCIL OF GOVERNORS

**Unapproved minutes of meeting held on Monday, 11th January 2021,
5.00pm-6.30pm via Microsoft Teams**

Present	Sir David Henshaw Angela Tindall Paul Dixon Steve Evans Eileen Hume Richard Latten Allen Peters Sheila Hillhouse Pauline West Philippa Boston Ann Taylor Alison Owens Robert Thompson Mandy Duncan Frieda Rimmer Mike Collins	The Chairman Public Governor (Lead Governor) Public Governor Public Governor Public Governor Staff Governor Staff Governor Public Governor Staff Governor Staff Governor Staff Governor Public Governor Public Governor Nominated Governor Public Governor Nominated Governor
In attendance	Janelle Holmes Dr Nikki Stevenson John Sullivan Hazel Richards Claire Wilson Anthony Middleton Matthew Swanborough Sue Lorimer Christopher Clarkson Jayne Coulson Steve Igoe Jacqui Grice Jill Hall Chris Mason Mary Moore Sally-Ann Sykes Andrea Leather	Chief Executive Officer Medical Director Non-Executive Director Chief Nurse Chief Finance Officer Chief Operating Officer Director of Strategy & Partnerships Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of Workforce Interim Director of Corporate Affairs Director for IT & Information Interim Director of Quality Governance Director of Communications & Engagement Board Secretary
Apologies	None	
*Denotes attendance for part of the meeting		

Ref	Minute	Action
20/21-032	Apologies for Absence Apologies for absence were noted as above.	

20/21-033	<p>Declarations of Interest</p> <p>There were no declarations of interests, other than those held on the register of interests.</p>	
20/21-034	<p>Minutes of the Previous Meeting</p> <p>The minutes of a previous meeting held on 5 October 2020 were agreed as a true and accurate record.</p>	
20/21-035	<p>Matters Arising</p> <p>There were no matters arising.</p>	
20/21-036	<p>Chair's Business</p> <p>The Chair and Chief Executive reflected on the challenges of the last year starting with the Wuhan and cruise ship visitors and more recently wave 3 of the pandemic. During that time new Executive's joined the Board of Directors; Chief Nurse, Chief Finance Officer and Director of Workforce. These along with and the wider Executive team were supported by the Non-Executive Directors throughout the operational challenges the organisation faced.</p> <p>The Trust had received very positive feedback from both Governors and members of the public throughout the pandemic and continues to work with stakeholder partners to address some of the challenges, including returning to business as usual activities.</p> <p>The Chair advised on the good working relationships that had been built up over the last months and the challenges coming up, particularly around the amalgamation of CCGs and the 'place based model'.</p> <p>Moving forward, the Chair stated that the one of the founding principles the Trust and partners are working to is to provide services closest to home and significant progress had been made during the last 12 months.</p> <p>The Lead Governor on behalf of the Council thanked staff for their work during these most challenging times and other Governors also expressed their thanks.</p>	
20/21-037	<p>Key Issues</p> <p>There were no key issues raised in addition to items already included on the agenda.</p>	
20/21-038	<p>Quality & Performance Dashboard</p> <p>Executive Directors briefed the Council on specific metrics for noting in the Quality & Performance Dashboard.</p> <p>The Chief Finance Officer provided a finance update, in particular the strong financial position of both the Trust and wider health economy. It was noted that COVID-19 related matters is funded separately. Funding guidance for 2021/22 is imminently due with expectation that organisations are to deliver efficiencies. Following concerns raised at the last meeting regarding progress of the Capital Programme, mainly due to the impact of COVID-19, the Chief Finance Officer provided assurance that the programme was progressing at pace with additional funding identified to complete priority works.</p> <p>The Chief Operating Officer referred the Council to the 'Responsive' metrics and provided a summary of the impact of the COVID-19 pandemic on operational performance metrics. He noted that, due to the 3rd wave of the pandemic the significant pressure particularly on A&E (4 hour wait), surgery and elective work.</p>	

	<p>Prior to the 3rd surge, 52 week waits were improving and no 12 hour breaches had been reported since April 2020.</p> <p>The Chief Nurse reported on the slight increase of gram negative bacteraemia cases, although C-difficile cases remain within trajectory, two MRSA cases both patients with complex needs and there had been no never events since February 2020. She further reported on the suspension of non essential training due to the pandemic.</p> <p>In response to a question from Sheila Hillhouse, regarding Safeguarding with particular emphasis on younger children, the Chief Nurse explained that paediatric outpatients services are continuing to be delivered.</p> <p>The Director of Workforce provided an update on staff sickness levels, monitored daily and the impact of COVID-19 and the measures in place to support staff. She added to address the significant nursing vacancy rates the Trust was seeking to recruit up to 100 international nurses with 28 appointed and due to start shortly.</p> <p>In response to a question from Robert Thompson, regarding the nursing vacancy levels and comparison with other Trusts, the Director of Workforce outlined a number of measures being considered to address retention rates, recognising the issues are multi-faceted and assured Governors that the Trust was not an outlier.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the briefings on the Quality & Performance Dashboard. 	
20/21-039	<p>Feedback from Board Assurance Committees – Chairs Reports</p> <p>Chairs reports were provided from the following Committees:</p> <p>Workforce Assurance Committee John Sullivan, Chair provided an overview of a range of matters considered by the Workforce Assurance Committee on 24th November 2020, this included:</p> <ul style="list-style-type: none"> • Workforce Performance Report • Sickness Absence Report • Flu Plan 2020/21 • COVID-19 Vaccine update • Asymptomatic testing of staff • Recruitment & Retention Strategy • Nursing Workforce – recruitment and retention update • Top Leader Programme Evaluation Plan. <p>Audit Committee Steve Igoe, Chair a brief summary of topics discussed at the Audit Committee on 24th November 2020:</p> <ul style="list-style-type: none"> • Internal Audit Progress Report • External Audit • Governance assurance matters • Risk Register. <p>Quality Committee Steve Igoe on behalf of the Committee Chair provided an overview of items considered at the Quality Committee on 25th November 2020, including:</p> <ul style="list-style-type: none"> • Draft Quality Accounts • Learning from Deaths • CQC Action Plan 	

	<ul style="list-style-type: none"> • Serious Incidents and Duty of Candour <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the Board Assurance Committee Chairs reports. 	
20/21-040	<p>COVID-19 Update</p> <p>The Medical Director provided a verbal update on the COVID-19 pandemic and the significant rise in cases in since Christmas, explaining the differences. She went on to explain that National reporting of the 3rd wave shows this surge being more difficult to manage than the 1st wave in early 2020, providing examples eg wave 1 created capacity due to the public not attending, whilst wave 3 was not proving to see the same pattern.</p> <p>As a consequence of the 3rd wave some of the elective programme had been suspended with a focus on urgent and cancer patients and staff being redeployed to support other areas. The Trust was also reporting an increase of hospital acquired COVID-19 cases primarily due to the disease being highly transmittable and the inability to generate a gap due to the number of patients. Mitigations are in place and audited with the regulators being fully informed.</p> <p>A summary of the vaccination programme including the vaccine roll-out for staff at the 2 hubs, Clatterbridge and Arrowe Park. The hubs will focus on those staff across Wirral NHS organisations including North West Ambulance, with GP's co-ordinating the wider community vaccination programme.</p> <p>The Medical Director reported that the Trust had offered to provide paediatric services for the Countess of Chester to enable them to change the functionality of the ward to adults.</p> <p>In response to a question from Robert Thompson, regarding access to local media to emphasise public messaging, the Director of Communications & Marketing stated that measures were being considered nationally in conjunction with local measures eg social media and roadside/highways signage.</p> <p>In response to a question from Alison Owens, regarding outbreaks on non-COVID wards, the Medical Director reiterated the challenges the Trust has primarily due to the high number of patients leading to the constraints to break the pattern.</p> <p>The Council of Governors restated their thanks to all staff for the exception job they have provided during such a challenging period.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the COVID-19 update. 	
20/21-041	<p>Outcome of the Governor Elections 2020</p> <p>The Interim Director of Corporate Affairs presented the outcome of the governor elections 2020. The Trust ran elections for 9 vacancies seven public and two staff. Following the election five governors were elected leaving four vacancies, three public and 1 staff.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Received and noted the outcome of the 2020 governor elections. 	

20/21-040	<p>Quality Accounts – local indicator choice 2020/21</p> <p>The Interim Director of Quality Governance provided a verbal update concerning the decision making in relation to local Indicators. As yet the national guidance is to be published but is expected to be the same as that for 2019/20 and therefore it is unlikely that the Council of Governors will be required to identify a local indicator for audit. Should this change the Council will be notified.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Noted the update regarding the Quality Accounts local indicator choice for 2020/21. 	
20/21-041	<p>Re-establishment of sub-groups of the Council of Governors</p> <p>To support the Council of Governors in fulfilling their statutory duties, the Interim Director of Corporate Affairs proposed the re-establishment of the following sub-groups:</p> <ul style="list-style-type: none"> • Membership & Engagement Group • Quality Group • Future Plans and Priorities Group. <p>The Council of Governors supported this approach and agreed that each of the groups should meet a minimum of three times per year and that all Governors should attend at least one group.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • Approved the re-establishment of the sub-groups listed above. 	
20/21-042	<p>Board of Directors' Minutes</p> <p>No matters were raised in relation to the minutes from Board of Directors meetings held on 4 November and 2 December 2020.</p>	
20/21-043	<p>Schedule of Meetings 2021</p> <p>The proposed scheduled of meetings for 2021 were agreed.</p>	
20/21-044	<p>Any Other Business</p> <p>The were no additional items to report.</p>	
20/21-031	<p>Date and time of the next meeting</p> <p>The next Council of Governors meeting would be held on Monday, 19 April 2021, 5.00pm, via Microsoft Teams</p>	

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Chairman

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Date

COUNCIL OF GOVERNORS
19 April 2021

Title:	Quality & Performance Dashboard
Author:	J Halliday Assistant Director of Information
Responsible Director:	COO, MD, CN, DoW, DoF
Presented by:	COO, MD, CN, DoW, DoF

Executive Summary

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Council of Governors is asked to note performance to the end of February 2021.

Of the 45 indicators that are reported for March (excluding Use of Resources):

- 21 are currently off-target or failing to meet performance thresholds
- 24 of the indicators are on-target

Please note during the current Covid-19 pandemic some metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included.

The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

Recommendation:

(e.g. to note, approve, endorse)

For noting.

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
Quality and Safety of Care. Patient flow management during periods of high demand.		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
The dashboard Includes NHSI Oversight Framework metrics, considered as part of provider segmentation.		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
N/a		
Specific communications and stakeholder /staff engagement implications		
N/a		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/a		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
N/a		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/a	
Background papers / supporting information	N/a	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	2020/21	Trend	
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.32	0.31	0.25	0.14	0.29	0.13	0.18	0.21	0.00	0.11	0.21	0.15	0.11	0.16		
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	96.2%	95.8%	96.2%	96.4%	95.8%	95.1%	95.3%	95.4%	95.1%	95.3%	94.7%	94.2%	94.9%	95.31%		
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	97.7%	97.5%	97.8%	97.8%	97.6%	97.2%	97.2%	97.4%	96.8%	96.9%	96.9%	96.5%	96.6%	97.2%		
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	97.0%	96.9%	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	4	4	3	4	1	4	4	2	3	2	4	4	5	36		
	Never Events	Safe, high quality care	CN	0	SOF	2	0	0	0	0	0	0	0	0	0	0	0	1	1		
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	≤88 WUTH maximum from 2019-20 retained, with a varying trajectory of a max 6 to 8 cases per month	SOF	4	3	6	5	5	1	4	1	5	10	8	4	7	56		
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 77 for financial year 2020-21, with a varying trajectory of a max 6 or 7 cases per month	WUTH	9	1	7	4	6	8	5	3	7	3	1	3	6	53		
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	100.0%	100.0%	100.0%	99.1%	99.0%	99.5%	99.0%	99.6%	100.0%	100.0%	100.0%	100.0%	99.3%	98.9%	99.5%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	2	0	2	0	4	0	0	1	0	1	0	10		
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	96%	96%	96%	91%	95%	95%	98%	96%	94%	91%	93%	Not avail	Not avail	94%		
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	92.3%	90.2%	90.4%	88.7%	71.6%	79.3%	75.9%	72.9%	73.2%	75.1%	76.6%	77.9%	79.1%	78.2%		
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	85.0%	82.8%	80.6%	71.4%	71.8%	73.5%	72.1%	73.9%	74.5%	77.6%	81.3%	82.9%	84.1%	76.7%		
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	86.7%	79.9%	51.5%	19.7%	19.0%	42.0%	48.3%	53.2%	54.7%	60.9%	77.8%	79.0%	80.1%	80.1%		
	Attendance % (12-month rolling average)	Safe, high quality care	DHR	≥95%	SOF	94.15%	94.05%	94.14%	94.20%	94.25%	94.35%	94.41%	94.40%	93.58%	93.61%	93.66%	93.48%	93.42%	93.42%		
	Attendance % (in-month rate)	Safe, high quality care	DHR	≥95%	SOF	94.85%	94.90%	94.78%	95.04%	95.01%	94.92%	94.63%	94.41%	93.81%	94.04%	94.14%	92.30%	93.91%	94.27%		
	Staff turnover % (in-month rate)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.54%	0.90%	0.42%	0.43%	1.17%	1.17%	1.79%	0.97%	0.64%	0.97%	0.82%	0.98%	0.67%	0.91%		
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DHR	≤10%	WUTH	11.3%	11.1%	10.9%	10.7%	11.1%	11.7%	11.1%	12.7%	12.6%	13.2%	13.3%	13.7%	13.9%	13.9%		
Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.7	National reporting suspended	9.9	8.0	8.5	10.1	9.5	8.1	8.9	8.9							

	Indicator	Objective	Director	Threshold	Set by	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	99.1%	98.7%	93.6%	96.5%	96.4%	99.1%	99.0%	96.8%	97.4%	97.5%	96.2%	94.1%	95.3%	96.5%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	94%	95%	93%	98%	97%	98%	98%	96%	96%	98%	97%	95%	97%	96.6%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	19.3%	19.8%	20.7%	19.6%	19.5%	18.8%	18.6%	17.6%	17.7%	18.5%	17.9%	18.4%	18.9%	18.8%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	448	383	174	209	210	202	239	309	305	279	319	371	354	354	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	198	108	35	54	48	53	59	92	95	86	112	98	106	106	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	5.9	4.9	6.8	5.5	6.2	3.6	3.8	4.8	3.9	4.1	3.4	2.8	3.2	4.4	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	7.8	9.9	6.9	4.7	4.7	4.2	4.5	5.4	5.8	5.4	4.3	4.7	4.4	5.0	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	1006	827	667	870	941	1016	1012	1014	1007	992	1020	1027	938	955	
	Delayed Transfers of Care	Safe, high quality care	COO	Maximum 3.5% of beds occupied by DTOCs	WUTH	2.1%	3.3%	2.3%	3.3%	2.3%	2.1%	National reporting suspended								
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	83.0%	82.0%	71.4%	69.7%	65.4%	70.9%	75.6%	79.3%	79.2%	81.3%	77.7%	71.4%	81.2%	76.5%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	2020/21	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	14	4	2	0	2	3	5	1	0	0	3	2	0	18	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	n/a	National reporting suspended	87.0%	84.0%	87.0%	86.0%	.								
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	n/a	National reporting suspended	TBC	92.0%	91.0%	91.5%	.								
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	n/a	National reporting suspended	95.0%	94.0%	95.0%	94.7%	.								
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	n/a	National reporting suspended	80.0%	100.0%	67.0%	82.3%	.								

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	2020/21	Trend	
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	67.6%	72.7%	85.5%	93.7%	90.0%	90.4%	85.0%	76.9%	71.6%	76.2%	71.8%	64.6%	76.8%	76.8%		
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	24	21	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH			7.8%	3.8%	3.5%	3.2%	4.2%	8.3%	13.8%	9.2%	13.2%	18.0%	8.7%	8.5%		
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	78.51%	75.01%	64.88%	54.05%	43.29%	41.67%	51.30%	59.76%	65.66%	69.16%	69.81%	68.40%	67.89%	67.89%		
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,750 for WUTH by March 2021	National	23,207	22,350	21,284	21,288	21,383	23,034	24,486	24,212	22,945	21,633	21,792	21,880	21,955	21,955		
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	0	15	56	200	413	616	733	806	777	704	666	899	1108	1108		
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	99.5%	96.8%	45.2%	46.5%	74.9%	78.8%	83.5%	88.8%	90.5%	93.7%	94.9%	94.0%	94.3%	80.5%		
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	92.7%	96.9%	70.6%	97.2%	98.3%	95.5%	89.3%	92.6%	94.9%	90.5%	97.2%	96.0%	97.6%	92.7%		
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	93.4%	-	-	90.2%	-	-	92.48	-	-	94.20	-	-	-		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.9%	98.5%	100.0%	98.3%	97.1%	90.7%	94.8%	92.1%	98.0%	97.4%	97.2%	98.0%	89.5%	95.7%		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	97.6%	-	-	98.6%	-	-	92.44	-	-	97.55	-	-	-		
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	85.9%	86.0%	87.4%	86.2%	82.1%	80.7%	78.6%	82.6%	82.9%	85.3%	85.4%	80.9%	79.3%	82.8%		
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	85.9%	-	-	85.3%	-	-	80.68	-	-	84.60	-	-	-		
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	160	125	74	99	119	143	124	183	178	161	150	196	165	145		
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	3.10	2.70	1.30	1.50	2.80	2.10	3.40	4.20	3.80	3.20	1.32	3.80	3.56	2.82		
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	86%	88%	100%	100%	100%	100%	100%	100%	94%	100%	97%	100%	97%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	0	1	0	1	5	1	0	2	1	4	2	2	4	2		

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	2020/21	Trend	
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review															
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 20/21 (ave min 59 per month until year total achieved) - target retained from 19/20)	National	49	117	329	181	152	86	31	126	329	215	163	599	206	2417		
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	84.9%	83.0%	82.9%	85.1%	77.9%	81.3%	84.3%	76.3%	73.0%	74.1%	76.2%	72.9%	74.7%	74.7%		
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	-2.929	2.377	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.7	0.5	-0.2	-5.4	-3.5		
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-2.445	-0.589	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.5	0.3	-0.1	-5.3	-4.2		
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	4	4	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	-18.1%	-17.7%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	
	NHSI Agency Performance (monthly % variance)	Effective use of Resources	CFO	On Plan	NHSI	4.3%	53.3%	9.8%	25.9%	27.4%	25.0%	34.5%	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	14.9%		
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-32.3	-30.4	-97.4	-98.4	-98.2	-98.0	-97.9	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-17.8		
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	50.7%	74.8%	101.0%	100.4%	61.1%	53.0%	44.6%	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	-74.8%		

(*) Updated Metrics

Metric Change

(**) Updated Thresholds

Threshold Change

Agenda Item: CoG 21/22-008

COUNCIL OF GOVERNORS
19 April 2021

Title:	Report of Workforce Assurance Committee
Author:	John Sullivan, Non-Executive Director
Responsible Director:	Jacqui Grice, Executive Director of Workforce
Presented by:	John Sullivan, Non-Executive Director

Executive Summary

This report provides a summary of business conducted during a meeting of the Workforce Assurance Committee held on 24 March 2021.

Recommendation:

(e.g. to note, approve, endorse)

For noting

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

PR2 – ‘Critical shortage of workforce capacity & capability’

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

NA

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

NA

Specific communications and stakeholder /staff engagement implications

NA

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)

NA	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
NA	
Previous considerations by the Board / Board sub-committees	NA
Background papers / supporting information	

BOARD OF DIRECTORS

7 April 2021

Report of Workforce Assurance Committee

Purpose

To provide a summary of business conducted during a meeting of the Workforce Assurance Committee held on 24 March 2021.

Introduction / Background

1. Chair's business

The meeting took place on Wednesday 24 March 2021 via Microsoft Teams. The meeting duration was revised to 2 hours from the pandemic impacted 1 hour meetings of 2020. The Chair stressed that the Workforce Assurance Committee (WAC) should seek to add value to other Workforce meetings and not duplicate discussions on performance which are adequately covered in other regular meetings. Our focus should be longer term, more anticipatory and oversee a strategic view (2-5 years) for Workforce. For example, future meetings will include discussions on the Workforce impacts of Integrated Care System formation (recent Government White Paper) and associated Provider Collaboratives going forward.

As the updated WUTH Workforce Strategy is developed, this committee will be particularly interested in Triumvirate organisational development with a focus on greater divisional accountability for Workforce, improved compliance to Workforce processes and procedures while building organisational resilience.

2. Reports from Workforce Steering Boards held 17 Dec 2020 and 17 Feb 2021.

The reports were received. The following risks were discussed and noted. Pressure that staff are under due to the number of COVID related meetings that are held on a daily basis. This overload and excessive use of email is impeding getting 'the day job' done and reducing staff productivity significantly. Business Process Re-Engineering is one way forward but any meaningful changes will require a Board Secretary level review to take place so a thorough review of the Trust meeting cycles can take place.

Mandatory Training Records accuracy and robustness requires an ESR based solution and staff buy in which has not been forthcoming previously. A 2021 pilot is planned for Maternity Services. Work is also ongoing to progress compliance with individual areas.

Patient safety risks were identified in the Freedom to Speak Up (FTSU) Guardian 2020/21 Q3 Update Report, assurance was given that these have been addressed. Risk to the organisation with regards to Employee Relations cases.

3. Workforce Performance Report

Divisional accountability for workforce performance and in particular compliance with workforce procedures and policies (e.g. return to work discussions) was again discussed.

The progress on sickness absence management processes and staff Covid vaccination roll out was noted.

The comprehensive and detailed reporting now in place was commended.

4. Pandemic Health & Wellbeing Provision Update

The Committee requested a future report on how the impacts of staff well-being programmes are being measured. The interest of CQC in this area was noted.

Further employee feedback activities were agreed to support direction of travel and to ensure activities have the maximum positive impact on staff.

5. NHS North West Black Asian and Ethnic Minority (BAME) Strategic Advisory Committee (aka The Assembly)

The assembly are hoping to work with NHS organisations across the North West to develop action plans that leverage the collective power of the region acting together, to make a lasting change. The WUTH Board have committed the organisation to be anti-racist in words and actions. Wirral NHS is represented by the Community Trust on The Assembly.

6. International Nurse Recruitment update.

The recent interrogation of data used for the purposes of workforce modelling between ESR and the Financial Ledger gave assurance and confidence in the accuracy of the data used as the basis for the business case for international nurse recruitment. The rigor of the analysis was commended by the committee.

The recruitment campaigns currently underway are making good progress and it is anticipated that WUTH will deliver the full projected numbers of successful recruits as well as unlock the regional funding attached to a number of the campaigns.

7. Communications and Engagement report

The report covered the Trust's communications and engagement activities since the last Committee meeting, including media relations, campaigns, marketing, social media, employee communications and staff engagement.

The recent positive coverage of WUTH in local and national media was noted. The committee thanked all those involved in the projection of the positive external image of WUTH.

8. Workforce Priorities.

The following 3-12 month Workforce improvement priorities were discussed and agreed by the committee:

- Staff wellbeing (NHS People Plan)
- Local community links for future recruitment
- Workforce planning as a system (ICS and Wirral)
- Legacy controls and extraordinary Audit Committee action plans
- Diversity and inclusion, BAME patient access and employer behaviours
- Learning and development for first line and middle managers and triumvirate teams development
- Medical engagement e.g. job planning and Acute / ED staff.

- It was agreed that the updated Workforce Strategy road map is required before August 2021. Building organisational resilience will be included in the strategy work.

9. Flexible Workforce

Ideas to improve the employee offering to include more flexible working will form part of the Workforce strategy update in 2021. It will include proposals to make staying employed after retirement more attractive to our clinical staff.

10. Board Assurance Framework (BAF).

The Workforce risk section of the updated BAF was reviewed.

PR 2: Critical shortage of workforce capacity & capability risk scores were agreed and an assurance rating of Amber: Inconclusive Assurance was assigned to all three Strategic Threats that make up the Principal Risk PR2.

11. Items for the Risk Register

The following risks were discussed as appropriate to be included on the WUTH Workforce Risk Register (if they are not already included):

- Unplanned loss of staff due to early retirement at age 55+
- Staff overload due to excess numbers of meetings and emails.

12. Any Other Business

The Committee requested that the Workforce implications of the recent external review of Estates be presented at a future WAC.

Conclusions

N/A

Recommendations to the Board

The Board is asked to note the report

John Sullivan
Chair of Workforce Assurance Committee
April 2021

COUNCIL OF GOVERNORS	
Agenda Item	CoG 21/22-008
Title of Report	Report of the Audit Committee
Date of Meeting	15 January 2021
Author	Steve Igoe, Non-Executive Director
Accountable Executive	Claire Wilson, Chief Finance Officer
BAF References	
<ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	
Level of Assurance	
<ul style="list-style-type: none"> • Positive • Gap(s) 	
Purpose of the Paper	Discussion
<ul style="list-style-type: none"> • Discussion • Approval • To Note 	
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	Not applicable
<ul style="list-style-type: none"> • Yes • No 	

Report of the Audit Committee

This report provides a summary of business conducted during a meeting of the Audit Committee held on 15th January 2021.

1. Internal Audit

a) Progress report:

Since the previous report the following reviews had been finalized:

- IT infrastructure (Limited Assurance)
- Cyber security controls (moderate assurance)

Whilst a substantial number of issues had been raised in these reports, they had been commissioned by the new IT Director and CFO to establish a baseline position to inform further work in addressing key weaknesses.

The Committee took assurance that work was progressing well in resolving the matters raised and there was evidence of a more detailed project plan with critical milestones to be achieved over the coming months to further strengthen the environment.

Two reviews on the plan that had been suspended (safer standards for invasive procedures and tissue viability) as a result of the impact of COVID were agreed to be replaced by work to be done by MIAA in facilitating a workshop on the BAF and risk appetite and a further session to present and agree a refreshed BAF.

b) Anti-fraud:

Work continued on a business as usual approach in relation to these issues. Given the work being overseen by the Audit Committee in relation to a number of HR matters the Auditor confirmed further work in relation to payroll and recruitment issues.

The Auditor was asked to review their earlier positive assessment for the trust in such matters in the light of the further information on control weaknesses recently discovered by the Trust.

2.Tracking Audit Actions

The Interim Director of corporate Affairs reported on continued positive engagement and resolution of these issues. A positive assurance was also received in relation to further work on hospitality and gifts and conflicts of interest.

3.Annual Accounts and External Audit

The Committee was updated on the outcome of the recent procurement process to appoint external auditors.

Details were still unconfirmed in relation to the year-end timetable however indications were that draft accounts would be required by 27th April with audit completion due by 15th June. The annual report format was expected to be largely unchanged although there was still some confusion as to the requirements of and for the Quality Account.

The committee received and reviewed a first draft of the going concern statement to be included in the accounts. It was noted that this is broadly similar to that included in the previous year and will be subject to further detailed review on the basis of any central guidance and closer to the year-end deadline. A similar review was undertaken of key accounting policies. They were approved subject to any further necessary update once further guidance is received.

4.Code of Governance gap analysis and action plan

The Interim Director of Corporate Affairs introduced the report and plan to update the Committee on progress to date and on further gaps identified as part of the process. The report and plan were noted, and it was agreed to update the committee at future meetings as necessary.

5.Financial assurance report and tender waivers

The Committee received these regular reports. It was noted that the volume of tender waivers is down 25 % year on year although that is to be expected given the impact of COVID 19. There was some discussion in relation to retrospective requisition approval and it was agreed that in some instances the system may be flagging approvals that are inevitable given the nature of the supply.

6.Committee Evaluation

A draft pro forma for completion was discussed and approved for use in undertaking a self-evaluation of the operation of the Audit Committee. It was noted that a similar process would be undertaken for all other assurance committees.

7.Risk Management committee report

The report was reviewed by the Committee who noted that the contents were as expected. There was some comment on the inconsistent use of the WHO checklist which is mandatory and has been for some time. It was agreed that the completion of this should be enforced and the Chair agreed to bring this forward to the notice of the Board.

7.Audit Committee work plan

This was agreed subject to some potential variation in relation to timings as a result of central guidance relating to year and a recognition of the ongoing work of the Committee in overseeing the remedial work on the HR control environment.

S J Igoe
Chair of Audit Committee
19th January 2021

Agenda Item: CoG 21/22-008

COUNCIL OF GOVERNORS
19 April 2021

Title:	Report of the Quality Assurance Committee
Author:	Steve Ryan, Non-Executive Director
Responsible Director:	Dr Nikki Stevenson, Executive Medical Director/Deputy CEO
Presented by:	Steve Ryan, Non-Executive Director

Executive Summary
This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 22 nd March 2021.

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Principle BAF Risk 4: Catastrophic Failure in Standards of Care
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
CQC standards on safety and effectiveness
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/A
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A
Council of Governors implications / impact (e.g. links to Governors statutory role,

significant transactions)	
N/A	
Previous considerations by the Board / Board sub-committees	Quality Assurance Committee on 22 March 21
Background papers / supporting information	Learning from Deaths report will be presented separately

BOARD OF DIRECTORS
7th April 2021

Report of the Quality Assurance Committee
Held on 22nd March 2021

Purpose

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 22nd March 2021.

Introduction / Background

1. Learning from Deaths

The Committee received the quarterly Learning from Deaths report, which is also presented to this Board of Directors meeting. The Committee noted the significant improvement in the scope and quality of the report over the last year. The report will incorporate the latest update on the Summary Healthcare Mortality Indicator (SHMI). The committee were assured on the effective embedding of the medical examiners, with 100% of patient deaths being scrutinised by the examiners.

2. CQC Compliance and Action Plan

The Committee received a detailed update and noted the progress with actions. It was noted that a small number of outstanding “must do” items related to areas of high focus and complexity such as emergency patient flow. The Trust is taking significant strategic action on these areas as part of its Change Programme. The Committee noted that improvements in the mechanism of assurance on the action plan are being developed through planned enhancements to confirm and challenge process.

3. CLIPPE Report

The Committee received the “Complaints, Claims, Incidents, Patient-concerns, and Experience (CLIPPE) Report”, for Quarter 3. It was agreed that the report would be further developed to emphasise the quality and timeliness of the Trust’s responsiveness to patients when things went wrong, and the quality and embedding of learning for staff. It was noted a small number of claims related to vaginal mesh implants had been received.

4. Emergency Department safety

The Patient Safety and Quality Board (PQSB) had reported that further improvement had been seen in metrics of coverage of components of the digital patient safety checklist in the Emergency Department. The Committee will receive a detailed report on progress at the next quarter.

5. Potential harm from extended waiting times

The Committee discussed the risks to patients from elective care backlogs due to

restrictions of scheduled care related to the pandemic. It noted the increasing numbers of patients recorded as having waited >52 weeks or treatment (typically surgery) on the Performance Dashboard. Noting the scale of this challenge the Committee agreed that PQSB planning to review the process of harm reviews was an important and timely action. The significant call on clinician time required for the harm review process was noted.

6. Review of Board Assurance Framework

The Committee reviewed items of the Board Assurance Framework (BAF), referring to PR4 –‘Catastrophic failure in standards of safety and care’. It noted updates to controls, gaps in controls, and plans to improve gaps and improve assurance. The Committee agreed the principle risk rating should remain unaltered. The committee felt that in addition to reviewing the BAF it should have sight of high-level risks from the Divisional risk registers. The process to achieve this will be developed.

Conclusions

The Committee received appropriate and detailed documentation in relation to the items it considered on 22nd March and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care

Recommendations to the Board

The Board is requested to note this report.

COUNCIL OF GOVERNORS
19 April 2021

Title:	Report of the Finance Business Performance and Assurance Committee
Responsible Director:	Claire Wilson, Chief Finance Officer Sue Lorimer, Non-Executive Director
Presented by:	Sue Lorimer, Non-Executive Director

Executive Summary
<p>This report provides a summary of the work of the FBPAAC which met on the 31st March 2021.</p> <p>The Committee recommends that Board of Directors:</p> <ul style="list-style-type: none"> • Approve the international recruitment non-recurrent investment which is subject to a separate paper on the Board agenda. • Support the 2021/22 capital programme

Recommendation:
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
The committee considered that the following risks should be reflected in the Trust risk register:

<ul style="list-style-type: none"> - Risk to recovery of elective programme plan if the Trust experienced another surge of COVID-19. - The level of annual leave untaken by staff at the year-end has been accounted for financially but could present a staff wellbeing and/or operational pressure during 2021/22. 	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)	
NA	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
Supports assurance processes in relation to financial performance.	
Specific communications and stakeholder /staff engagement implications	
NA	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
NA	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
NA	
Previous considerations by the Board / Board sub-committees	Paper reports on the activities of Board sub-committee.
Background papers / supporting information	NA

Report of the Finance, Business, Performance and Assurance Committee (FBPAC)

This report provides a summary of the work of the FBPAC which met on the 31st March 2021.

1. Finance Report for the period ending 28th February 2021

The Committee received the month 11 finance report and noted the overall position of a £3.5m deficit with a forecast deficit of £5m. This position includes £4.98m relating to an annual leave accrual which is not considered in assessing financial performance of the Trust, and without this, the Trusts position is forecast to be breakeven. The committee noted this as a very positive position which reflected the hard work across the Trust during a challenging year.

2. Financial planning for 2021/22

The Chief Finance Officer shared a series of slides which updated the Committee on the approach to financial planning for 2021/22. The financial planning guidance and system funding envelopes were issued on 29th March 2021. Envelopes for the first half of 2021/22 (H1) are consistent with the levels of resource available to the NHS in the second half of 2020/21 (H2). Work is now being done by the Executive Team to pull together a draft operational plan for the deadlines required which will align operational plans with finance and workforce.

The NHS will be required to deliver on efficiency requirements again in the second half of 2021/22. The Committee asked that an update on our approach and progress towards our plans to be presented at its next meeting.

3. Capital allocation report 2021/22

The committee received a presentation from the Director of Strategy on the proposed capital plan for 2021/22. The committee received assurance on the process undertaken to prioritise requirements and the work undertaken with the divisions to generate the programme. It was noted the final capital envelope for the Trust still needed to be approved by The Cheshire and Merseyside ICS and a decision was imminent. The committee were supportive of the proposed programme which will be presented to the Board of Directors for final approval in its April 2021 meeting.

4. International Nurse Recruitment

The Committee reviewed a paper which set out the financial implications of the International Recruitment campaign for nurses. The non-recurrent costs were reviewed together with the financial risks and mitigations associated with the programme. The committee supported the investment set out in the paper and supported the approval of the recommendations by the Board of Directors.

5. Quality Performance Dashboard report

The Quality Performance Dashboard report for month 11 was reviewed. A&E performance continues to be a key pressure for the Trust and a discussion took place on the work ongoing as a system to address these challenges. It was recognised that the Elective programme recovery performance is going well and performance in February and March against expected trajectories is strong.

6. Wirral Elective Recovery Plan

The committee received an update on the Elective recovery plan which is also being presented to the Board. The committee discussed the arrangements in place to support cancer and RTT performance trajectories in line with planning requirements and reviewed quarterly performance forecasts for 2021/22.

7. Risk Register

The committee considered that the following risks should be reflected in the Trust risk register:

- Risk to recovery of elective programme plan if the Trust experienced another surge of COVID-19.
- The level of annual leave untaken by staff at the year end has been accounted for financially but could present a staff wellbeing and/or operational pressure during 2021/22.

8. Recommendations to the Board

The Committee recommends that Board of Directors:

- Approve the international recruitment non-recurrent investment which is subject to a separate paper on the Board agenda.
- Support the 2021/22 capital programme

COUNCIL OF GOVERNORS
19 April 2021

Title:	Report of the Safety Management Assurance Committee
Author:	Steve Igoe, Non-Executive Director
Responsible Director:	Hazel Richards, Chief Nurse
Presented by:	Steve Igoe, Non-Executive Director

Executive Summary
This report provides a summary of business conducted during a meeting of the Safety Management Assurance Committee on 22 nd March 2021

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
NA
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA
Specific communications and stakeholder /staff engagement implications
NA
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
NA
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)
NA

Previous considerations by the Board / Board sub-committees	NA
Background papers / supporting information	

**BOARD OF DIRECTORS
7 APRIL 2021**

Report of the Safety Management Assurance Committee

Purpose

This report provides a summary of business conducted during a meeting of the Safety Management Assurance Committee on 22nd March 2021

Introduction / Background

1. Meeting schedule

This was the first of the re-convened meetings with the schedule now being to meet on a Bi monthly basis.

2. Health and Safety Management Committee chairs report

The Committee were updated on the discussions in the Trust's Health and Safety Management Committee in December 2020, January 2021 and February 2021. That report confirmed that:

- There had been an increase in RIDDOR events as a result of the impact of COVID19
- Divisional exception reports were presented to ensure risks were being acted upon and monitored appropriately
- Work was continuing in terms of ensuring appropriate PPE and fit testing as necessary
- Reports were received and discussed in relation to Water Safety and Ventilation.

Discussion took place in relation to the number of assaults on staff and the work being done to try to manage these issues. The Trust does have a Violence and aggression prevention group and work is ongoing to seek to reduce risks in this area.

The Committee noted that as at the time of writing the report, the Trust was recording 494 staff still requiring individual COVID19 Health Assessments. It was felt that this was not an accurate figure and that further work was required to both resolve any outstanding assessments and ensure a more accurate figure.

3. Health and Safety Performance activity and Dashboard update

A report was provided to the Committee to update on relevant data and progress against actions previously identified. The Committee noted:

- The Trust recorded a total of 24 RIDDOR events of which 16 were COVID related.
- There had been a significant decrease in non-clinical incidents from 1723 py to 1034 (20/21). The reasons for this will be reviewed. The most significant set of issues here relating to violence and aggression comprising over 38% of such issues reported.

- 14 duty of care notices had been issued relating to improper disposal of sharps. This compares with 16 reported across the same period last year.
- There are 44 risks relating to Health and Safety on the risk register. There is one significant risk relating to Legionella water safety risk which continues to be monitored and proactively addressed as much as possible given the Environmental constraints.

4. Health and Safety Improvement plan

The appointment of a new Deputy Director of Patient Safety and Governance has enabled a detailed review of the Trust progress in the H&S area to be undertaken along with a further review of the original Arcadis external H&S audit. A more detailed and updated plan on all work streams will be brought back to the Committee for review and to enable the Committee to better monitor ongoing activity in this area.

5. Divisional Exception Tracker

The Committee received a high-level summary of the matters being managed at a Divisional level. The detailed Divisional plans will be presented to the Committee at the next meeting in May

Conclusions

N/A

Recommendations to the Board

The Board is requested to note this report.

S J Igoe
Chair of Safety Management Assurance Committee
24th March 2021

Council of Governors
[19 April 2021]

Title:	NHS Staff Survey 2020 Results for WUTH
Responsible Director:	Jacqui Grice, Executive Director, Workforce
Presented by:	Jacqui Grice and Sally Sykes, Director of Communications and Engagement

Executive Summary

This report provides the Council of Governors with a high level summary of the results of the Trust's performance in the NHS Staff Survey for 2020.

The results were released on **Thursday 11th March 2021**.

Recommendation:

The Council of Governors is asked to note the survey summary.

The results were shared on 11th March publicly with staff and their representatives. We arranged a presentation for all staff with Daniel Ratchford, a senior survey expert from our survey provider, Quality Health, on 18th March to share learning from our results, comparison with historical data, with other NHS acute sector trusts and to develop our trajectory for further improvements.

The internal cascade to managers included the Divisional and Corporate Departments' breakdown of results. Action planning will follow at Divisional and Corporate levels for these workgroups as well as a corporate action plan for a small number of Trust-wide themes.

Which strategic objectives this report provides information about:

Compassionate Workforce – be a great place to work	Yes
Outstanding Care	Yes
Continuous Improvement	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (cross-reference to the Board Assurance Framework and significant risk register)

PR 2 – Critical shortage of workforce – staff survey provides metrics on intentions to leave the Trust; and staff engagement.

PR 4 Catastrophic failure of standards of care -Staff Survey provides data on whether staff would recommend WUTH as a place of treatment to friends and family. The data also

provide aggregate measures in the Staff Survey theme scores for Quality of Care and Safety Culture, providing assurance data and acute sector comparability.	
PR 6 Fundamental loss of stakeholder confidence – Staff Survey provides Level 1 assurance on staff freedom to speak up, safety culture and positive advocacy for the Trust.	
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)	
CQC use the Staff Survey data as part of their inspection regime under 'Responsive', Caring, 'Well led', staff engagement and safety culture. NHSE/I use the data in their provider oversight on safety culture.	
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)	
None directly	
Specific communications and stakeholder /staff engagement implications	
Programme of employee communications and involvement in action planning will be developed to enable staff voice to be part of action planning and follow up.	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
The Staff Survey provides important monitoring of self-reported staff equality and diversity data plus an annual insight into staff perceptions of safety culture with regards to incidents of violence against staff by patients and other staff members.	
Council of Governors' implications / impact (e.g. links to Governors statutory role, significant transactions)	
None directly but Governors are invited to consider the WUTH staff survey at their meeting and note the key findings.	
Previous considerations by the Board / Board sub-committees	The raw data were reviewed by The Workforce Advisory Committee (WAC) on 17 th February 2021 ahead of the embargoed final results coming to Trust Private Board March 3. Once the embargo was lifted, the results were shared internally and externally.
Background papers / supporting information	Presentation to be given at the Council of Governors' Meeting with summary findings.

Council of Governors' Meeting 19th April 2021
Results of the 2020 NHS Staff Survey for Wirral University Teaching Hospital

Purpose

This report provides the Council of Governors with a high level summary of the results of the NHS Staff Survey for 2020 for WUTH.

Introduction / Background

The NHS Staff Survey, undertaken by independent external organisation, Quality Health, took place between September and November 2020. Surveys were issued to 6217 staff via email and paper version. 131 returned surveys were excluded as ineligible. The usable sample was 6086 of which 2,492 were completed and returned. The response rate was 40.9% (rounded to 41%) which is an improvement on the 2019 survey, which saw a response rate of 38% (2,265).

The results were published on the NHS National Co-ordination Centre website and the Trust's website on March 11th. [WUTH 2020 NHS Staff Survey Results](#)

Findings of the 2020 NHS Staff Survey

The results from the Quality Health report are highlighted below based on comparisons to 61 Acute or Acute & Community organisations in the NHS. There are 10 themes within the survey, based on groups of questions that feed into the themes, including overall staff engagement. The following table provides more detail regarding each theme in ranked order for the 2020 survey.

Positive headlines include increases in areas where we have taken proactive steps to deliver meaningful actions and also to raise awareness amongst staff. These areas, shown in green highlight below, indicate positive changes to staff perceptions of our performance in Equality, Diversity and Inclusion (EDI) and Safe Environment, Bullying and Harassment, which is very encouraging to see.

Theme	WUTH 2019 score	WUTH 2020 score	2020 Sector Average	Statistically Significant Change
Safe Environment - Violence	9.4	9.55	9.49	↑
Equality, Diversity & Inclusion	9.2	9.31	8.96	↑
Safe Environment Bullying & Harassment	7.8	8.15	8.0	↑
Quality of Care	7.4	7.5	7.5	↑
Staff Engagement	6.8	6.88	7.0	→ ←

Immediate Managers	6.7	6.66	6.8		
Safety Culture	6.5	6.61	6.76		
Team working	6.3	6.31	6.5		
Morale	6.1	6.16	6.23		
Health and Wellbeing	5.7	5.97	6.07		

Changes in the 10 themes since 2019 survey compared to the sector:

- 2 have scored significantly better than the sector - Equality, Diversity and Inclusion and Safe Environment (Bullying and Harassment)
- 7 show no significant difference to the sector average
- 1 scored significantly worse than the sector - Team working.

Changes in the 10 themes compared to the previous survey in 2019

- 2 themes have scored significantly better in the 2020 survey (Safe Environment Bullying and Harassment and Safe Environment – Violence).
- There are no significantly worse themes

The majority of the theme scores for the 2020 NHS Staff Survey for Wirral University Teaching Hospital show no significant difference compared to the sector scores for similar organisations surveyed by Quality Health.

Additional questions are included in the survey around values, background information, carer responsibilities and COVID-19. The questions around awareness and demonstrating values have all significantly improved, but remain below sector scores. The progress and trend though is significant and reflects our increased focus and visibility of the Trust vision and values.

The questions similar to the Staff Friends and Family Test have shown improvement since 2019 with 63% of staff recommending the Trust as a place to work and 72% who would be happy with care at the Trust if a friend or relative needed treatment. However, these are both still below the comparative sector.

Quality Health have noted that it is important to bear in mind that 2020 has not been business as usual for the NHS workforce and the COVID-19 Pandemic has had a profound impact. However, in measuring staff experience in a consistent way to previous years, the 2020 survey provides a unique opportunity to understand the impact of COVID-19 on staff experience and should be considered when reviewing the results.

Conclusions

The data from Quality Health has indicated there has been little significant change since the last survey with the exception of improvements in the scores related to Equality, Diversity and Inclusion and Safe Environment (Bullying and Harassment) which are both above the sector.

The Trust theme scores have improved or remained stable compared to 2019 data, which is an achievement in a very challenging year. The Trust still has some improvements to make compared to acute sector comparators and the survey findings will enable us to focus improvement actions in line with our strategy to aspire to sector leading

performance.

The areas the Trust needs to focus on now are improving team working, support and training for immediate line managers and tackling any residual bullying behavior. We need to continue our focus on health and wellbeing to support staff further through what has been the most challenging time in the history of the NHS.

[The NHS People Plan](#) published in summer 2020, also provides a framework to develop a suite of measures to support and engage our workforce.

Next Steps

The following steps will now take place:

- Analyse the detailed results and identify areas for improvement. This will include:
 - New Management Development Framework to develop our managers
 - Focus Organisational Development on teamwork and developing teams
 - Deliver the wellbeing actions identified in the NHS People Plan to improve staff wellbeing, particularly with a focus on stress.
 - Review the questions that have fallen over time or score low, and develop improvements around these areas
 - Improve awareness of our Freedom to Speak Up policy and process so that staff feel safe to do so.
- Divisional Triumvirates and Corporate Heads of Service have received more detailed information relating to their areas in order for plans to be developed to address the issues identified locally.
- These will be discussed at the internal Workforce Steering Board and where appropriate, monitored via the Divisional Performance Reviews.
- The final results and action plans will be reported via workforce governance meetings, Divisions and to Trust Board.

Recommendations to the Council of Governors

The Governors are asked to:

Note the contents of this report and next steps, including the development of action plans for the Trust corporately and for local action planning in Divisions and teams.



COUNCIL OF GOVERNORS
19th April 2021

Title:	Declaration of Interests Annual Review
Responsible Director:	Andrea Leather, Deputy Trust Secretary
Author:	Janelle Holmes, Chief Executive
Presented by:	Oyetona Raheem, Interim Deputy Trust Secretary

Executive Summary
This report presents the Declaration of Interests by all serving in line with Section 28 of the Trust's constitution and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Details of individual declarations are attached as Appendix A.

Recommendation: (e.g. to note, approve, endorse)
For noting

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
N/A
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
N/A
Specific communications and stakeholder /staff engagement implications
N/A
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
N/A
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)
N/A

FOI status	Document may be disclosed in full	✓
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/A	
Background papers / supporting information	N/A	

Appendix A

Declaration of Interests 2021

The following Declarations of Interests have been made by Governors through the Civica online declaration system that is maintained by the Trust.

Name	Declaration
Angela Tindall	None
Sheila Hillhouse	<ul style="list-style-type: none"> Trustee – Irish Community Care, Nov '18 - ongoing
Eileen Hume	<ul style="list-style-type: none"> Member – Upton Group Practice Patient Participation Group, 2010 - ongoing
Paul Dixon	None
Alison Owens	<ul style="list-style-type: none"> Son works in Information Governance team
Allen Peters	None
Ann Taylor	None
Mike Collins	None
Irene Williams	None
Frieda Rimmer	None
Philippa Boston	None
Pauline West	None

Steve Evans	<ul style="list-style-type: none"> • Chair – Spital Surgery Patient Participation Group – Nov '16 – ongoing • Committee Member – LFC Disabled Supporters Assoc – Sept '10 – ongoing • Secretary – LFC Disabled Supporters Assoc – Sept '18 • Chair – Radio Clatterbridge Hospital, Jan '17 – ongoing • Level Playing Field <ul style="list-style-type: none"> ○ Director – Sept '18 – ongoing ○ Trustee – August '16 – ongoing ○ Secretary – July '17 - ongoing
Dr Richard Latten	<ul style="list-style-type: none"> • Consultant in Palliative Medicine, Wirral Hospice, April 2016 – ongoing • Deputy Director of Wellbeing, University of Liverpool, Dec '19 – Dec '22 • Regional Specialty Advisor for Palliative Medicine in Mersey Region – Royal College of Physicians, Jan '17 – Jan '21
Robert Thompson	<ul style="list-style-type: none"> • Undergraduate Clinical Tutor – Aintree University Hospital • Son-in-law Consultant in Acute Medicine
Mandy Duncan	None

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING HELD IN PUBLIC

27 JANUARY 2021

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 12.30 and Concluding at 14.45

Present

Sir David Henshaw	Chair
Chris Clarkson	Non-Executive Director
Mrs Jayne Coulson	Non-Executive Director
Steve Igoe	Non-Executive Director
Mrs Sue Lorimer	Non-Executive Director
Steve Ryan	Non-Executive Director
John Sullivan	Non-Executive Director

Janelle Holmes	Chief Executive
Nicola Stevenson	Medical Director / Deputy CEO
Claire Wilson	Chief Finance Officer
Hazel Richards	Chief Nurse / DIPC
Anthony Middleton	Chief Operating Officer
Matthew Swanborough	Director of Strategy and Partnerships
Jacqui Grice	Director of Workforce

In attendance

Mike Ellard	Deputy Medical Director
Jill Hall	Interim Director of Corporate Affairs
Jonathan Lund	Associate Medical Director
Chris Mason	Chief Information Officer
Oyetona Raheem	Interim Deputy Trust Secretary (Minutes)
Sally Sykes	Director of Communications & Engagement
Philippa Boston	Staff Governor
Alison Owens	Public Governor
Robert Thompson	Public Governor
Angela Tindall	Public Governor

Apologies

None

*Denotes attendance for part of the meeting

Reference	Minute	Action
20/21 214	Apologies for Absence	
	Apologies were noted as reported above. The Chair formally welcomed Steve Ryan to his first Trust Board and recognised the presence of the four governors that attended.	
20/21 215	Declarations of Interest	
	There were no Declarations of Interests.	
20/21 216	Patient Story	
	The Board viewed a video of a patient who had been treated at WUTH for COVID-19 complications. The patient described the treatment received as excellent and expressed appreciation to the staff members for their empathy and kindness throughout his stay. The Chair conveyed appreciation of the Board to the patient for the positive comments.	

Reference	Minute	Action
20/21 217	Minutes	
	The minutes of the meeting held on 2 December 2020 were approved as an accurate record.	
20/21 218	Board Action Log The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
20/21 219	Chair's Business	
	<p>The Chair had participated in the Regional Chairs briefing at which there had been a discussion on clearing the 52-week wait backlog as part of the recovery and reset. He requested a recovery plan to come to the next meeting. The Chair also reported that work with the Wirral economy had continued to progress. There had been a minor concern with the Urgent Treatment Centre (UTC) Outline Business Case (OBC) raised by the CCG but that had now been resolved.</p> <p>The Chair requested comments on the Trust's position on dealing with the COVID-19 cases plateauing. The Medical Director advised that regionally, it was the beginning of the plateauing which was likely to be for an elongated period.</p> <p>RESOLVED: To NOTE the Chair's Business</p>	AM
20-21 220	Key Strategic Issues	
	There were no additional strategic issues to report.	
20/21 221	Chief Executive's Report	
	<p>The Chief Executive highlighted the steps that had been taken to deal effectively with the surge in COVID-19. Surge and business continuity plans had been invoked and there had been release of capacity from non-urgent cases to support critical care. The Chief Executive advised that a report would be coming to the next Board on how the COVID-19 recovery would be managed and the Trust's position within the Cheshire & Mersey region.</p> <p>Other issues highlighted by the Chief Executive included the employee COVID-19 asymptomatic self-testing which was due to change from Lateral Flow Device (LFD) tests to LAMP from March, 2021; commencement of the 'reset and recovery' programme and the anticipated outcome; the COVID-19 vaccination programme which had got off to a strong start nationally; and the Clatterbridge master planning which was progressing well.</p> <p>Two serious incidents had been reported in November both of which were being investigated under the Serious Incident Framework.</p> <p>RESOLVED: That the Board RECEIVED and NOTED the report.</p>	JH
20/21 222	Quality and Performance Dashboard and Exception Reports	
	The Executive Directors briefed the Board on the content of the Quality & Performance Dashboard for their respective areas.	

Reference	Minute	Action
	<p>The Chief Operating Officer (COO) gave explanations on the negative impact of COVID-19 demands on the 4-hour A&E targets. The 71% achieved had been similar to the previous year but there had been no 12-hour breaches since April 2020. There had been some challenges with ambulance delays in December and additional capacity had been introduced which had led to noticeable improvements.</p> <p>On the elective side from September to December 2020, the 'reset and recovery' had been achieved despite the COVID-19 impact. The COO added that the P1 and P2 categories of patients (those requiring immediate treatment or treatment within 4 weeks) had been kept going whilst those in the P3 and P4 categories (treatment could wait for 3 months or more) had been taken down. This had been done on the basis that the staff members providing the services were able to redeploy to other critical areas. The COO highlighted details of anticipated reduction in outpatient, inpatients and day cases as a result of the internal redeployments as well as how the independent sector had been engaged to reduce the backlog.</p> <p>The Chair requested clarification on where the Trust was on the outstanding elective cases of about 1000 patients. The COO acknowledged that there were about 1000 patients on the 52-week waiting list. He explained that a small amount of the P3 patients were being treated at Clatterbridge by staff members that could not be redeployed due to risk assessments. Some of the P3 surgeries were being outsourced to the independent sector.</p> <p>The Chair sought further clarification on the recovery plan for the outstanding elective cases. The CEO advised that she currently chaired the Cheshire and Mersey recovery cell and that the Trust was not out of line with other Trusts in the region. She anticipated that concerted efforts would be made in the next 3-4 weeks by all players in the region to turn the situation around.</p> <p>Steve Ryan wanted to know if patients and their primary care teams were regularly communicated with on available support for their health conditions. The COO advised that the vast majority of outpatient services were being maintained and gave explanations on regular communication through the Primary Care, CCG and GP surgeries in that regard. Director of Communications advised that there had been a campaign with partners including signposting alternatives to the public around 'choosing' well in winter for pharmacies and GP surgeries and that specific updates on the elective programme and prioritisation had been sent by the Chair of the CCG. Jonathan Lund added that all the patients on the waiting list had been written to and provided with their prioritised codes. Patients had been given the opportunity to challenge the prioritisation decision if they felt they had been assessed incorrectly.</p> <p>The Chief Nurse commented on the three mixed sex breaches in December and advised that the breaches might go up slightly in the January data. It had been agreed at Gold Command that due to risk of COVID-19 transmission at times of full capacity in ED, a risk assessment could be undertaken and sexes mixed for a maximum of 24 hours.</p> <p>The Director of Workforce gave updates on the sickness level which currently stood at 6.8%. The Trust had been running at 50:50 in terms of sickness relating to COVID-19 whilst 57 members of staff that were clinically extremely vulnerable had been shielding at home. The Trust was now in a position to</p>	

Reference	Minute	Action
	<p>launch the new sickness management strategy. It was recognised that many staff members had been under immense pressure due to the volume of work. She highlighted some policy changes and staff support mechanisms that have been introduced.</p> <p>Christopher Clarkson asked if there had been increase in stress related absence and how that was being managed. The Director of Workforce advised that the figures were about the same but there was anecdotal evidence that more staff members had been accessing the psychological support service provided. Webinars had been held around how to recognise signs of PTSD for instance and how to seek support. Christopher Clarkson commented on the need to conduct training for managers to recognise the signs of when staff members might need a break and support.</p> <p>John Sullivan sought clarification on risk assessments being completed by staff members, which currently stood at about 90%. JG advised that the percentage was about 90% and that it was an ongoing policy that every new staff member completes the risk assessment forms. If there was a change in people's health condition, they would be asked to complete a new risk assessment. The Chief Nurse advised that risk assessments had been used and operationalised effectively. It had been useful in determining staff members that could not work on certain wards.</p> <p>RESOLVED: That the Board of Directors RECEIVED and NOTED the Quality and Performance Dashboard for the period to 30 December 2020.</p>	
20/21 223	Month 9 Finance Report 2020/21	
	<p>The Chief Finance Officer (CFO) presented the month 9 financial report and highlighted the year to date surplus of £2m and a forecast surplus of £550k by the end of the financial year. Detailed explanations were given on additional funding received and anticipated expenditure which had been taken into consideration before arriving at the year-end projections.</p> <p>The CFO advised that there had been a capital spends of £8.4m against a year to date budget of £12.7m. The full year capital forecast was currently £13.1m. Notification of funding for two capital programmes had recently been received. The first was £700K from a bid for Urgent Care and the second one was in respect of a bid of £860k for procurement of mammography equipment. The CFO requested approval to raise the order for the mammography equipment that needed to be procured before the end of March. There was no objection to the request.</p> <p>Steve Igoe pointed out that the projected surplus was on the basis of COVID-19 funding and wanted to know if the COVID-19 funding represented a structured deficit built into the operations of the Trust. He also requested to know what had been done differently from the previous year to achieve a surplus. The CFO gave details of additional funding that had been received as temporary income guarantee to fund a temporary situation. The new financial regime was unlikely to include such income guarantee going forward.</p> <p>The Chairman commented on the need to be able demonstrate the efficiency of spending on individual programmes for which additional funding had been received.</p>	

Reference	Minute	Action
	<p>RESOLVED: That the Board NOTED the report. That the Board APPROVED the request for purchase of mammography equipment in line with the Trust's procurement procedure.</p>	
20/21 224	<p>Infection Prevention Update and Assurance, including IPC BAF</p>	
	<p>The Chief Nurse presented the IPC report and highlighted the updated version of IPC BAF which had been included. She advised that owing to certain meetings being paused during the current COVID-19 surge, the report had not been taken through the governance process as was usually the case. Notice of CQC focused inspection of infection control in January had been received, but this was later postponed.</p> <p>The report detailed the significant progress made against the majority of mandatory surveillance infections and the detail of recent COVID-19 outbreaks.</p> <p>The Medical Director advised that the COVID-19 infection rate was being closely monitored and that there had been a constant review of the mitigating actions. She added that the increased rate was a combination of community prevalence and the new variant of COVID-19. PHE guidance was being followed and there was regular audit to make sure that staff members were compliant with the guidelines. Weekly report was being received to ensure adherence to the basic protective measures including hand hygiene and use of face masks. The matter had been added to operational risks register. Opening of doors had been re-introduced where infection was not present, as well as testing of new patients to establish their COVID-19 status before being admitted to the wards.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21 225	<p>Mortality Report</p>	
	<p>Mike Ellard made a presentation to the Board on standardised hospital mortality, during which data and graphs were used to highlight the key issues including.</p> <ul style="list-style-type: none"> • Crude mortality rate had been higher than regional average • No systemic issues had been identified with patient care from Medical Examiner or mortality review group. • Issues had been identified with documentation, coding (categorisation of income vs. mortality vs comorbidity) and length of stay (LoS). • Specialty respiratory and stroke national audits had shown mortality rates to be within / lower end of range • Getting it Right First Time (GIRFT) reports had highlighted coding issues with stroke and respiratory reports • Sepsis cases had been lower than expected • Urinary Tract Infection review had shown that 9 had sepsis on admission • Charlson comorbidity scores had been under reported <p>Some of the planned actions were highlighted including review of coding practices and an education package for clinical staff.</p> <p>John Sullivan queried if there had been changes to coding practices prior to the rising cases on the SHMI. Mike Ellard gave explanations on internal investigations that had indicated that there were issues with the coding</p>	

Reference	Minute	Action
	<p>system. He added that length of stay was another factor that had been identified as having a big impact on the increased SHMI. Steve Ryan (new Chair of Quality Assurance Committee) was requested to liaise with the Medical Director and Deputy Medical Director to share ideas.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21 226	Monthly Safe Staffing Report	
	<p>The Chief Nurse presented the safe staffing report and highlighted that staffing level had dropped to below the minimum level due to vacancies, sickness and self-isolation. A winter allocation of about £700k from the region was expected to fund 100 more international RN recruits. The recruitment process was under way and it was anticipated that there would be another 100 registered nurses in the Trust by the end of April 2021. That would significantly reduce the 26% vacancy rate in band 5 RNs.</p> <p>The Chief Nurse added that the winter nurse staffing escalation plan and had been implemented with twice daily staffing meetings and reviewing of the 7-day staffing plan ahead of time. The staffing incentive scheme had been further reviewed and there appeared to be a better uptake. There had been an ‘impact on care’ review during Month 9 particularly around late medication and delayed observation reporting. There had also been a review of all processes and systems aimed at releasing time to care. A list of ideas on how to ease the burden of nursing staff had been drawn up following meetings with ward managers and these were being implemented.</p> <p>The Chair commented on the fundamental shortage of nurses in the market place and expressed the need for a clear Board strategy for dealing with the issue. The Board was advised that a recruitment and retention strategy had been developed by the Workforce Department to address the matter.</p> <p>John Sullivan asked for an idea of how long it might take the international nurses being recruited to fully integrate into the service. The Chief Nurse advised that it would take between 10 and 12 weeks for the nurses to become fully independent.</p> <p>Steve Igoe suggested consideration to be given to Lifelong Learning Partnerships by working with further education colleges for training and progression to degree level outcomes and with the local Trusts for placement opportunities and work experience for trainee nurses. He also commented on the current proposal by the government to move back to a commissioned contract arrangement with universities for the supply of nurses and allied health professionals. This regime which had existed in the past had proved problematic in dealing with supply and demand requirements for trained and qualified health professionals.</p> <p>The Director of Workforce advised that 19 student nurses had started their induction that week with a further 12 expected. She added that conversation had begun with the Wirral Metropolitan College around Lifelong Learning Pathways. Further discussions took place on the wider ranging cross sector approach to recruitment.</p> <p>The Director of Finance advised that funding had been received for the international nurse recruitment exercise and that executive actions might be required to release funding for the process at short notice.</p>	

Reference	Minute	Action
	RESOLVED: That the Board NOTED the report.	
20/21-227	Change Programme Summary, Delivery & Assurance	
	<p>Director of Strategy used the previously circulated presentation slides to highlight the progress on the Change Programme and the current areas of focus.</p> <p>Governance ratings for January had seen some improvements with six of the seven 'live' programmes green rated. Delivery ratings for January had seen five programmes green rated, whilst two had been amber rated, noting that amber ratings remained an indication of substantive issues.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21-228	EU Exit Transition Period	
	<p>The COO talked the Board through the report and highlighted some of the steps that had been taken to comply with NHS directive on EU Exit plan and to mitigate possible impact on business as usual.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21-229	Progress Against Enforcement Undertakings	
	<p>The Chief Executive highlighted the key issues in the report including the progress on actions that needed to be completed before being released from the undertakings.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21-230	Charitable Funds Annual Report and Accounts / Receipt of Audit Opinion	
	<p>The CFO presented the report and accounts which had been reviewed by the Charitable Funds Committee and recommended to the Board for approval. It was noted that the Auditors report had been included in the pack.</p> <p>The Chair expressed appreciation to all those that had been instrumental to the development of the charity.</p> <p>RESOLVED: That the Board APPROVED the Report and Accounts as recommended.</p>	
20/21-231	Chair's Report – Audit Committee	
	<p>The Committee Chair highlighted the key issues discussed at the Committee held on 15 January 2021 including the WHO's Safer Surgery checklist that had not been completed consistently. Attention of the relevant officers had been drawn to the matter.</p> <p>Extraordinary meetings had been taking place as part of the Committee's oversight of identified HR issues.</p>	

Reference	Minute	Action
	RESOLVED: That the Board NOTED the report.	
20-21 232	Communications and Engagement Monthly Report	
	<p>The Board received the report of activity in the areas of staff engagement and communications, media and social media, charitable fundraising and stakeholder relations.</p> <p>The Director of Communications and Engagement gave explanations on the campaign around signposting healthcare options for local residents, how staff members' well-being was being supported and the redesign of the wellbeing sections of the website to make it easier to navigate. She added that the Medical Director had done a number of radio and TV interviews on COVID-19 related issues.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21 233	Introduction of new NED / Appointment to Board Committees	
	<p>The Board received the information about new appointment and schedule of Committee appointments for Non-Executive Directors.</p> <p>RESOLVED That the Board APPROVED the Committee appointments schedule.</p>	
20/21 234	Any other business	
	None.	
20/21 235	Date of Next Meeting Wednesday 3 March 2021, via MS Teams	
20/21 236	Exclusion of the Press and Public	
	<p>RESOLVED: That under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.</p>	

.....
Chair

.....
Date

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF MEETING HELD IN PUBLIC

03 MARCH 2021

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 12.30 and Concluding at 14.30

Present	
Sir David Henshaw	Chair
Chris Clarkson	Non-Executive Director
Steve Igoe	Non-Executive Director
Steve Ryan	Non-Executive Director
John Sullivan	Non-Executive Director
Janelle Holmes	Chief Executive
Nicola Stevenson	Medical Director / Deputy CEO
Claire Wilson	Chief Finance Officer
Hazel Richards	Chief Nurse / DIPC
Anthony Middleton	Chief Operating Officer
Matthew Swanborough	Director of Strategy and Partnerships
Jacqui Grice	Director of Workforce
In attendance	
Debbie Edwards	Director of Nursing & Midwifery, Women & Children's Division
Tracy Fennell	Deputy Chief Nurse
Helen Kerss*	Guardian of Safe Working
Andrea Leather*	Deputy Board Secretary
Jonathan Lund	Associate Medical Director
Chris Mason	Chief Information Officer
Oyetona Raheem	Interim Deputy Trust Secretary (Minutes)
Sally Sykes	Director of Communications & Engagement
Philippa Boston	Staff Governor
Eileen Hume	Public Governor
Alison Owens	Public Governor
Ann Taylor	Staff Governor
Angela Tindall	Public Governor
Apologies	
Mrs Jayne Coulson	Non-Executive Director
Mrs Sue Lorimer	Non-Executive Director
*Denotes attendance for part of the meeting	

Reference	Minute	Action
20/21 237	Apologies for Absence	
	Apologies were noted as reported above.	
20/21 238	Declarations of Interest	
	No new interests were declared. The Chair commented on the online system for declaring interests which had recently been rolled out to Directors and staff members on Band 7 and above. He reminded all concerned to complete their declarations within the stipulated timescale.	

Reference	Minute	Action
20/21 239	Patient Story	
	<p>The Board viewed a video of Mr Jones who had received treatment for stroke at WUTH. Mr Jones described his experience of treatment received as excellent. He was particularly impressed with the calm nature of the staff members including how well-organised everybody was. Mr Jones recalled being seen by multiple teams including the stroke team and the physiotherapy team whom he was full of praise for. He also expressed appreciation for the opportunity to ask question and getting a response. Mr Jones described his experience when he was invited for the COVID-19 vaccination as well organised. He expressed gratitude for the opportunity for his wife to be vaccinated at the same time as himself.</p> <p>The Chair expressed appreciation of the Board to Mr Jones for sharing his experience.</p>	
20/21 240	Minutes	
	<p>The minutes of the meeting held on 27 January 2021 were approved as an accurate record subject to the following amendment:</p> <p>Item 20/21 224 paragraph 3 Line 9: Change: “Closing of doors had been re-introduced where infection was not present” To: “Opening of doors had been re-introduced where infection was not present”</p>	
20/21 241	Board Action Log The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
20/21 242	Chair’s Business	
	<p>The Chair reported that there had been discussions at regional level about recovery of services post-COVID-19 pandemic. Some progress had been made in terms of working together as a system. More clarity had been provided on the proposed changes to the NHS. The Chairs/Chief Executives forum had proposed to retain the independent Chair for a further six months whilst moving forward with the design of the collaborative working arrangements.</p> <p>RESOLVED: To NOTE the Chair’s Business</p>	
20-21 243	Key Strategic Issues	
	There were no additional strategic issues to report.	
20/21 244	Chief Executive’s Report	
	The Chief Executive presented her report and highlighted that there had been a significant decline in the number of COVID-19 inpatients. The reduction had been attributed to a number of factors including reducing community prevalence, the impact of lockdown, and the successful Wirral vaccination programme which began in December. The number of red wards	

Reference	Minute	Action
	<p>had reduced from 10 to 2 but critical care occupancy and patient acuity had however remained high.</p> <p>The CEO also highlighted that Planned Care activities had been restarted in line with phase 3 recovery, and were being delivered with the focus on COVID-19 safety measures.</p> <p>Other issues highlighted by the CEO included the Trust's vaccination programme which had received a five-star rating by the Healthwatch; WUTH's research contributions to the 'it has a name' study; two major capital delivery programmes - the New Cardiac Catheter Lab and the Upgrade of Emergency Department (ED) Majors Area.</p> <p>There had been four serious incidents in each of the months of December 2020 and January 2021. All the incidents were being investigated under the Serious Incident Framework to identify opportunities for learning and actions to drive improvement and reduce future risk.</p> <p>Since the CEO's report was circulated, there had been a CQC Inspection of the Trust's Infection Prevention and Control (IPC). Initial feedback confirmed in a letter had indicated that there were no major concerns, good staff engagement and positive patient experience reported by all patients spoken to on the day. The formal report was anticipated in April.</p> <p>John Sullivan asked for clarification on management arrangements for the next phase of the vaccination programme. The CEO advised that support for the vaccination programme had been delivered mainly by locums, bank and agency staff. Capacity requirement was being reassessed in line with the Primary Care and Place Vaccination delivery model. It was currently difficult to predict for how long the vaccination hub would be opened for but it was anticipated that the hub would be opened for another six to nine months.</p> <p>Further clarification was sought on the capacity to administer the second dose of the vaccine. The CEO advised that there was a standard fixed capacity with some flexibility. The Trust was working on the assumption that the second dose vaccination would be administered for staff members. If it became necessary to continue with booster vaccinations, further assessments would be made on the level of capacity for the vaccination hub. The CEO added that administration of the vaccines was clinically led.</p> <p>RESOLVED: That the Board RECEIVED and NOTED the report.</p>	
20/21 245	<p>Quality and Performance Dashboard and Exception Reports</p>	
	<p>The Executive Directors briefed the Board on the content of the Quality & Performance Dashboard for their respective areas.</p> <p>There was an observation that the dashboard data which showed a dip in 'Eligible patients having VTE risk assessment within 12 hours of decision to admit' had been pulled from a sample audit. It was proposed and agreed that BI data which contained all patient data should be presented for this section in future reports in line with national standards.</p> <p>It was noted that exception reporting had been temporarily suspended. This would resume from the April Board as part of return to business as usual.</p>	<p>John H</p>

Reference	Minute	Action
	<p>The COO gave explanations on why there had been a fall in the 4-hour A&E target in January 2021. Wave 3 of COVID-19 surge had peaked in January which had culminated in designating a number of wards from green to red. The situation had improved in February which had enabled one of the red wards to be moved back to green. A testing regime had been introduced to ascertain those patients that were COVID-19 positive before being admitted. The tests had helped to reduce further risks of nosocomial infection. The COO gave explanations on the recent improvements to patients' flow and how focus had returned to the 4-hour A&E target.</p> <p>The COO also gave explanations on the slip in Ambulance Handover target across the system and Cheshire and Mersey in January 2021. The Trust had been on top of the average turn-around time of about 40 minutes at acute hospitals across the region. North West Ambulance Service had received some support from the Ministry of Defence. With more focus and increased management oversight, Ambulance Handover at WUTH had seen a significant improvement in February 2021. Whilst there had been 158 handovers lasting more than one-hour in January, the number was only 10 in February 2021. The progress was also attributed to additional investment to create capacity in A&E through capital build.</p> <p>On cancer waiting times, the COO advised that all patients that could be clinically deferred had been deferred and that the number of deferrals had become smaller. The period of suspension of some of the services had become shorter which indicated that the service was recovering. There had however been a backlog of the clinically deferred patients.</p> <p>John Sullivan queried why the deterioration in Ambulance Handover times had lasted several months and wanted to know how confident the COO was that the recovery plans put in place would turn the situation around in the next quarter or so. The COO replied that one of the errors of the past was about trying to do too many things at the same time and that when improvement plans had been introduced, they were not sustained. The executives had been holding regular operational meetings with the divisions to ensure that improvement plans were well embedded before moving on to another one.</p> <p>The Board congratulated the executive team for the Diagnostic wait which had improved significantly.</p> <p>The Chair echoed the concern on why some improvement plans had not been sustained particularly around Discharge and requested the executives to identify if there were system problems that needed to be resolved. The Chief Nurse advised that a new service lead for the patient flow team was having a positive impact. Improvement work was underway to improve triage times as part of the Trust wide Patient Flow Programme and progress was tracked through the Programme Board.</p> <p>The CEO gave explanations on the daily oversight meetings at which the leadership teams were taken to account for delivery of the improvement plans in line with regional and national expectations. There was greater visibility of the service and improvements had been made to information sharing which had provided confidence that issues would be known as soon as they happened.</p>	

Reference	Minute	Action
	<p>The Chief Nurse drew attention to the slight rise in formal complaints and gave explanations on how they were being resolved. There would be a quarterly performance report on complaints through the Patient Safety and Quality Board (PSQB). She added that the complaints were largely around communication, care, treatments and appointments.</p> <p>The Director of Workforce briefed the Board on the sickness level and the plan to return to business as usual post-COVID-19. Trigger meetings would now be held with those with difficult sickness record which could not be done whilst under COVID-19. She added that some improvements in staffing level were expected on the clinical support workers over the coming months due to the successful international recruitment exercise. Advice had been received nationally to expect some fatigue and increase in sickness level as a result of what people had been through. The Director of Workforce also highlighted some of the support facilities for staff members and the flexible working programmes designed to improve staff turnover.</p> <p>John Sullivan commented on the high turnover rate and the need to include underline staffing issues, appraisal rates and sickness level in the COVID-19 reset and recovery plans.</p> <p>RESOLVED: That the Board of Directors RECEIVED and NOTED the Quality and Performance Dashboard for the period to 31 January 2021.</p>	
20/21 246	Month 10 Finance Report 2020/21	
	<p>The Chief Finance Officer (CFO) presented the month 10 financial report and highlighted the year to date surplus of £1.9m and a forecast surplus of £2m by the end of the financial year.</p> <p>The CFO advised that an independent sector contract on MSK had been taken over as a national contract funded directly by NHSE/I. That had effectively reduced the Trust's expenditure by £1.5m and represented a positive cash-flow position.</p> <p>Delivery of the capital programme had continued to progress well with current plans expected to deliver in line with the £13.2m previously reported.</p> <p>The CFO advised that there had been a request by the national team for NHS Trusts to carry out an assessment of the liability in relation to unutilised annual leave by staff. An assessment by the Trust had revealed a significant increase in unspent leave over the third wave of the pandemic. The value of unspent leave was estimated at about £1.5m whilst the final number of unutilised days up till the end of the financial year was being calculated by HR. It was anticipated that the full liability would be significantly more than was provided for. This was reported as a significant issue which would need to be reviewed by the auditors and the Audit Committee.</p> <p>Steve Ryan requested clarification on the new NHS funding model. The CFO gave explanations on the proposed 'Blended Payments' model of funding. The model involved a combination of a fixed payment, alongside financial risk-sharing elements, for example, a variable element reflecting actual activity levels, and outcomes-based payments. The CFO had not received official notification that the proposed funding model would be implemented during the 2021/22 financial year.</p>	

Reference	Minute	Action
	<p>RESOLVED: That the Board NOTED the report.</p>	
20/21 247	<p>Strategic Planning Update</p>	
	<p>The Director of Strategy and Partnerships made a presentation on the development of the Trust's enabling strategies, which builds on the Trust's 2021-26 Strategy.</p> <p>The Chief Nurse commented on the need to develop the patients experience quality safety structure in conjunction with the NEDs, governors, public and Healthwatch to ensure adequate capture of what patients want. She noted that patient feedback was a strand of CQC inspection.</p> <p>Steve Igoe commented on the significant work that had gone into the development of the strategy. He requested that KPI's should be tied into the six key objectives. The Director of Strategy advised that work had begun at division levels to develop respective KPIs. An executive workshop had been planned for April 2021 to define each of the divisional priorities.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21 248	<p>Initial Capital Programme 2021/22</p>	
	<p>The Director of Strategy presented the report and highlighted the approach for the development, prioritisation and allocation of capital funding for the 2021/22 financial year, along with the management and delivery of the capital programme across the financial year. He advised that the capital programme had been reviewed at the Capital Committee in February where it was decided that the programme should be shared with the entire Board.</p> <p>Amongst the issues that were further highlighted were details of the timeframes for the submission of capital bids, review and award of bids and approval by Trust Board sub-committees, including the formation of a Capital Bid Panel to review and award bids.</p> <p>The Board was pleased to note that a structured capital plan had been developed and looked forward to implementing the programme at the right pace to have the proposed facilities in place.</p> <p>Steve Ryan commented on the risk assessments that had been done for the Estates in the capital programme and queried if there was a similar assessment for the clinical and medical equipment. The Director of Strategy replied that there was a comprehensive list for equipment replacement and that each division maintained internal risks assessments for each of their equipment in line with current risk metrics.</p> <p>The CFO advised on the need to plan ahead for the remaining years left on the Estates as well as on the medical equipment through maintenance of a comprehensive database.</p> <p>RESOLVED: That the Board NOTED the report.</p>	

Reference	Minute	Action
20/21 249	<p>Monthly Safe Staffing Report</p> <p>The Chief Nurse presented the safe staffing report and highlighted that January 2021 had been a difficult month for nurse staffing due to the negative impact of COVID-19 pandemic. She advised that data was being analysed to identify if any patient harm had occurred as a result of staff shortage despite the mitigating steps that had been taken. The first cohorts of international nurses from India had arrived in the previous week and were currently in their quarantine period. Subsequent groups will arrive during April and over the summer.</p> <p>The Chief Nurse requested support from the Board to undertake only one Acuity and Dependency study this year. The rationale for this was the impact of the pandemic on base wards and staff movement. This will take place in late summer.</p> <p>John Sullivan requested explanations for the difference in the sickness rate for nurses and care support workers; and if there was an exit plan for the nurse incentive scheme. The Chief Nurse explained that there was a plan post-COVID-19 to do an assessment with HR for a deeper understanding of the difference in sickness rates amongst staff members. In relation to the nurse incentive scheme, an exit strategy was due to be presented to the executive team the following week. From the end of March, agency nurses that had been block booked would be cancelled. The recommendation was to stop the incentive scheme as more international nurses arrived.</p> <p>RESOLVED: That the Board NOTED the report. That the next Acuity and dependency report will be presented during Q3 as part of the scheduled 6 month Chief Nurse Safe Staffing report.</p>	
20/21 250	<p>Guardian of Safe Working Q3 Report</p> <p>Dr Helen Kerss presented the report on her role as the Guardian of Safe Working for junior doctors. The aim of the role was to ensure that both working conditions and rota of junior doctors were safe for doctors and patients. She gave explanations on how the new junior doctors' forum had been meeting virtually every six weeks to address mutual concerns and expressed appreciation to Dr Stevenson for attending the meetings and for her support.</p> <p>Dr Kerss gave explanations on the use of exception reports that were completed by junior doctors to highlight issues of concern and on the usefulness of the reports to the Trust as a tool for monitoring junior doctors' welfare.</p> <p>In answer to a question, the Medical Director gave explanations on how issues of concerns raised by the junior doctors were being resolved including issues with rota and underpayments.</p> <p>The Board was pleased with the progress report and requested for regular updates on how the relationship with junior doctors was developing and on the resolution of issues of concern. It was noted that the Guardian of Safe Working Report was due to the Board on a quarterly basis.</p> <p>RESOLVED: That the Board NOTED the report.</p>	

Reference	Minute	Action
20/21 251	<p data-bbox="331 250 1279 452">Ockenden Review and Assurance of Maternity Services</p> <p data-bbox="331 488 1279 645">The Chief Nurse introduced the report which was presented by Debbie Edwards, Director of Nursing & Midwifery, Women & Children's Division. The report had been presented to provide evidence of compliance with the Immediate and Essential Actions (IEAs) and other recommendations that emanated from the Ockenden review of WUTH maternity services.</p> <p data-bbox="331 680 1279 792">Debbie Edwards advised that one of the recommendations from the Ockenden report was to review the midwifery staffing in line with birth-rate plus and to have a plan in place for staffing going into the new year. The staffing review was nearing completion and the outcome would form part of the regular updates to the Board on maternity services.</p> <p data-bbox="331 828 1279 918">Debbie Edwards informed the Board that NHS England was in the process of finalising perinatal quality surveillance model that would be rolled out nationally. The Trust would be required to comply with that model of quality surveillance and had submitted its statement of commitment in that regard.</p> <p data-bbox="331 954 1279 1043">The Board noted the comprehensive report which had provided a good level of assurance and that the Quality Assurance Committee would be reviewing aspects of the report in greater detail.</p> <p data-bbox="331 1079 1279 1191">The Chief Nurse advised that direct support had been offered to the local maternity system in the design of perinatal quality surveillance model. The Medical Director acknowledged that there was good leadership team in the Children's and Women's division and noted that the implementation of the improvement plan would be done through the Divisional teams.</p> <p data-bbox="331 1227 1279 1339">John Sullivan asked if there was any concerns regarding outsource of aspects of the maternity services to which Debbie Edwards replied in the negative.</p> <p data-bbox="331 1375 1279 1487">It was agreed that the Board would receive outline report on quarterly basis to provide assurance and oversight of the maternity services. Perinatal specific report would also be coming to a future Board to provide further assurance.</p> <p data-bbox="331 1523 1279 1612">RESOLVED: That the Board NOTED:</p> <ul data-bbox="338 1487 1279 1612" style="list-style-type: none"> <li data-bbox="338 1487 1279 1554">• The declaration of compliance with all 7 IEA's including compliance with meeting the identified urgent clinical priorities. <li data-bbox="338 1554 1279 1612">• Compliance to the Safety Actions that link to the Maternity Incentive Scheme (CNST) 	
20/21 252	<p data-bbox="331 1662 1279 1697">Change Programme Summary, Delivery & Assurance</p> <p data-bbox="331 1711 1279 1800">The Director of Strategy used the previously circulated presentation slides to highlight the progress on the Change Programme and the current areas of focus.</p> <p data-bbox="331 1836 1279 1948">Attentions were drawn to the three additions to the assurance schedule: two Service Improvement Rapid Improvement projects (111 Frist Phase 2 and ERT Phase 2) and one Digital Enabler (Electronic Consent) in February 2021.</p>	

Reference	Minute	Action
	<p>Governance ratings for February 2021 had seen two of the three programmes as green rated, whilst one had attracted amber rating. For the Digital Enabler and Service Improvement projects, five were green rated whilst the remaining two were amber.</p> <p>Delivery ratings for February had seen only one programme green rated whilst the other two were amber rated. For the Digital Enabler and Service Improvement projects, five were green rated, one amber and one red, noting that amber rating was an indication of substantial issues.</p> <p>Attentions were drawn to page 121 of the meetings pack which contained details of the amber ratings for 'Improving Patients Flow' and the green ratings for the 'Perioperative Medicine Improvement'. Outpatients Improvement had been rated green for governance but amber for delivery.</p> <p>The COO gave explanations on the plan to further improve the performance of the Outpatient project and Patients Flow going forward.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21-253	Board Assurance Framework	
	<p>The Deputy Board Secretary presented the updated BAF and drew attention to the changes highlighted as well as the next steps.</p> <p>Steve Igoe commented on the need to refresh the risk process to reflect the earlier discussion on the strategic update KPIs and to build in the work being done by the Chief Nurse in her capacity as the executive lead for risks.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21-254	Chair's Report – Quality Assurance Committee	
	<p>The Committee Chair highlighted the key issues discussed at the Committee held on 15 February 2021 including the report on nosocomial coronavirus infections in patients with hip fracture; Surgical site infection (SSI) surveillance programme; concerns about risks of visual loss in patients due to delays in ophthalmology care; full compliance with WHO's surgical checklist; reduction in both formal and informal complaints; and radiology reporting quality assurance.</p> <p>The Chief Nurse advised that it had been agreed that report on Nosocomial infections would be tabled at the next Patients Safety and Quality Board (PSQB) and Quality Assurance Committee.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20-21 255	Communications and Engagement Monthly Report	
	<p>The Board received the report on the Trust's communications and engagement activities since the last Board meeting, including media relations, campaigns, marketing, social media, employee communications and staff engagement.</p>	

Reference	Minute	Action
	<p>The Director of Communications and Engagement highlighted for further discussions, some of the issues that had attracted significant media coverage including the anniversary of the arrival of the quarantined individuals from Wuhan and nosocomial COVID-19 transmission in the North West . She also highlighted the results of staff survey, which was due to be published on 11 March 2021, the ongoing leadership briefing for staff members which had been very popular amongst staff members and the appeal in the Wirral Globe for fundraising, which had reached £150K.</p> <p>The Board expressed appreciation for the fundraising efforts and gratitude to all the contributors.</p> <p>RESOLVED: That the Board NOTED the report.</p>	
20/21 256	Any other business	
	None.	
20/21 257	Date of Next Meeting Wednesday 7 April 2021, via MS Teams	
20/21 258	Exclusion of the Press and Public	
	<p>RESOLVED: That under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.</p>	

.....
Chair

.....
Date

COUNCIL OF GOVERNORS
19th April 2021

Title:	Review of Governor Attendance
Responsible Director:	Andrea Leather, Deputy Trust Secretary
Author:	Janelle Holmes, Chief Executive
Presented by:	Oyetona Raheem, Interim Deputy Trust Secretary

Executive Summary

This report provides the attendance record of Governors for a three year period 2018 – 2021 for review and consideration.

The Council should note that if a Governor unjustifiably fails to attend 3 consecutive meetings without reasonable excuse, it is within the gift of the Chair, Secretary or 5 Governors to consider the continued value of such an individual, in line with process detailed Annex 5, section 8 of the Trust Constitution.

Recommendation:

(e.g. to note, approve, endorse)

For noting

Which strategic objectives this report provides information about:

Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)

N/A

Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)

Trust Constitution

Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

N/A

Specific communications and stakeholder /staff engagement implications

N/A

Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
N/A		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
N/A		
FOI status	Document may be disclosed in full	✓
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	N/A	
Background papers / supporting information	N/A	

Council of Governors																
	2018-19					2019-20					2020-21					
Membership	Jun-18	Sep-18	Dec-18	Feb-19	%	Apr-19	Jul-19	Oct-19	Jan-20	%	Apr-20	May-20	Jul-20	Oct-20	Jan-21	%
Sir David Henshaw (Chair)	✓	✓	✓	✓	100%	✓	✓	✓	✓	100%	C A N C E L L E D	✓	✓	✓	✓	100%
Angela Tindall	✓	✓	✓	✓	100%	✓	✓	✓	✓	100%		✓	✓	✓	✓	100%
Stephen Evans	✓	✓	✓	✓	100%	✓	✓	✓	✓	100%		✓	X	✓	✓	75%
Eileen Hume	✓	✓	✓	✓	100%	X	✓	✓	✓	75%		✓	✓	✓	✓	100%
Allen Peters			✓	✓	100%	✓	✓	✓	✓	100%		✓	✓	✓	✓	100%
Sheila Hillhouse	✓	X	✓	X	50%	✓	✓	X	✓	75%		X	✓	✓	✓	75%
John Fry (until Dec '20)	X	✓	X	✓	50%	✓	✓	✓	✓	100%		✓	✓	✓		100%
Paul Dixon			✓	✓	100%	✓	✓	✓	✓	100%		X	✓	✓	✓	75%
Frieda Rimmer	✓	✓	✓	✓	100%	✓	X	✓	✓	75%		✓	✓	✓	✓	100%
Ian Linford	X	✓	X	✓	50%	✓	X	X	X	25%		✓	✓	✓		100%
Richard Latten	✓	✓	✓	✓	100%	✓	✓	✓	✓	100%		✓	✓	✓	✓	100%
Pauline West			X	X		X	X	✓	X			X	X	✓	✓	50%
Ann Taylor			✓	✓	100%	X	✓	X	X	25%		X	X	X	✓	25%
Norman Robinson	✓	✓	✓	✓	100%	✓	X	✓	X	50%		X	X	X		0%
Mandy Duncan	X	X	✓	✓	50%	X	X	✓	✓	50%		X	X	X	✓	25%
Mike Collins								X	✓			X	✓	✓	X	50%
Irene Williams												X	X	X	X	0%
Philippa Boston															✓	100%
Alison Owens															✓	100%
Robert Thompson															✓	100%
Rohit Warikoo	X		X	X		X						X	X	X	X	0%
Kathy Hodson		✓	X			X										
Fadil Hannan	X	X	X			X										
Paula Clare	✓	X														
Carol Skillen	✓															
George Wadham	X															
Pauline Phillips																
Bethan Ramsden				✓												