

# Council of Governors (CoG) (Public)

Monday, 11 January 2021

## COUNCIL OF GOVERNORS (CoG)

Monday, 11<sup>th</sup> January 2021  
5.00pm-6.30pm, via Microsoft Teams

### AGENDA

Item	Item Description	Presenter	Verbal or Attached
<b>OPENING BUSINESS</b>			
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: 5th October 2020	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
<b>HOLDING NON-EXECUTIVE DIRECTORS TO ACCOUNT FOR PERFORMANCE OF THE BOARD OF DIRECTORS</b>			
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"> <li>• Workforce</li> <li>• Audit</li> <li>• Quality</li> </ul>	Non- Executive Directors	Attached
<b>REPRESENTING THE INTERESTS OF THE MEMBERS OF THE TRUST AS A WHOLE AND THE INTERESTS OF THE PUBLIC</b>			
CoG 21/22-009	COVID- 19 Update	Medical Director	Verbal
CoG 21/22-010	Outcome of Governor Elections 2020	Interim Director of Corporate Affairs	Attached
<b>OTHER ITEMS FOR INFORMATION / CLOSING BUSINESS DISCUSSION BY EXCEPTION</b>			
CoG 21/22-011	Quality Accounts – local indicator choice 2020/2021 <ul style="list-style-type: none"> <li>• Publication of 2019/20 Quality Accounts</li> <li>• Update of process for 2020/21</li> </ul>	Interim Director of Quality Governance	Verbal
CoG 21/22-012	Feedback and Re-establishment of Sub-Groups	Deputy Trust Secretary	Attached
CoG 21/22-013	Board of Directors' Minutes (November)	Chair	Attached

<b>CoG 21/22-014</b>	<b>Board of Directors' Meeting Update</b> (December)	Chair	Verbal
<b>CoG 21/22-015</b>	<b>Schedule of Meetings 2021</b>	Interim Director of Quality Governance	Attached
<b>CLOSING BUSINESS</b>			
<b>CoG 21/22-016</b>	<b>Any Other Business</b>	All	Verbal
<b>CoG 21/22-017</b>	<b>Date, Time and Location of Next Meeting</b> Monday 19 <sup>th</sup> March 2021, 4.30pm via Teams	Chair	Verbal

**COUNCIL OF GOVERNORS**

**Unapproved minutes of meeting held on Tuesday, 5 October 2020,  
4.00pm-6pm via Microsoft Teams**

<b>Present</b>	Sir David Henshaw Angela Tindall Paul Dixon Steve Evans John Fry Eileen Hume Richard Latten Allen Peters Frieda Rimmer Angela Tindall Sheila Hillhouse Ian Linford Pauline West Mike Collins	The Chairman Public Governor (Lead Governor) Public Governor Public Governor Public Governor Public Governor Staff Governor Staff Governor Public Governor Public Governor Public Governor Public Governor Staff Governor Nominated Governor
<b>In attendance</b>	Janelle Holmes Dr Nikki Stevenson John Sullivan Hazel Richards Claire Wilson Anthony Middleton Matthew Swanborough Sue Lorimer Christopher Clarkson Steve Igoe Jacqui Grice Jill Hall	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 Director of Workforce Interim Director of Corporate Affairs
<b>Apologies</b>	Jayne Coulson	Non-Executive Director
*Denotes attendance for part of the meeting		

Ref	Minute	Action
20/21-017	<b>Apologies for Absence</b>  Apologies for absence were noted as above.	
20/21-018	<b>Declarations of Interest</b>  There were no declarations of interests.	
20/21-019	<b>Minutes of the Previous Meeting</b>	

	The minutes of a previous meeting held on 14 July 2020 were agreed as a true and accurate record.	
<b>20/21-020</b>	<b>Matters Arising</b>  There were no matters arising.	
<b>20/21-021</b>	<b>Chair's Business</b>  The Chairman provided an update on the current Covid-19 situation affecting the hospital and how the system was working together to address some of the challenges, including returning to business as usual activities.  The Chairman 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'.  In response to a question from Sheila Hillhouse regarding intensive care capacity the Chief Operating Officer (COO) advised that of the 50 Covid-19 cases there were four in intensive care. In response to a further question on delayed discharges it was noted that numbers were increasing. The challenge of discharging patients to care homes was noted as some homes were unwilling to take patients who were deemed medically fit for discharge but were still required to isolate.  In response to a question from Eileen Hume on PPE funding the Chief Finance Officer (CFO) explained that Trusts would now be provided through the national supplies and Central Team rather than buying it themselves.  The CFO provided an outline of the financial funding envelope noting that growth and Covid-19 monies were still to be confirmed and explained the incentive for Trusts around resuming elective activity to post Covid-19 numbers.  The Chairman recognised the work of staff during these most challenging times.	
<b>20/21-022</b>	<b>Key Issues</b>  There were no key issues raised in addition to items already included on the agenda.	
<b>20/21-023</b>	<b>Quality &amp; Performance Dashboard</b>  Executive Directors briefed the Council on specific metrics for noting in the Quality & Performance Dashboard. The Chief Operating Officer referred the Council to the 'Responsive' metrics on page 15 of the meeting pack and provided a summary of the impact of the COVID-19 pandemic on operational performance metrics. He noted that, while reduced activity had resulted in significant improvement in performance against the A&E 4-hour standard, with demand on A&E down 50%, from the third week in August attendances were back to levels seen for the same period last year. The Chief Operating Officer reported on the plans to restart activity expecting to achieve 93% of out-patient work compared to last year. He reported on the arrangement with NHSI to deliver 75% of day case activity and the work being done with GPs and ensuring patients turned up for appointments.  In response to a question from Ian Linford, regarding the impact of Covid-19 on national targets, particularly Cancer, diagnostics, patients waiting longer than 52 weeks and A&E, the Chief Operating Officer outlined the nationally agreed plan to treat cancer patients during this period and advised that during Q2 patients waiting in excess of 62 days had increased from 80 – 250 with some patients over 104 days, however, during Q3 and Q4 performance was expected to return. In respect of 52	

	<p>week waits it was noted this was increasing month on month, patients were being reviewed and placed in order of need, it was expected that by December this would have reduced to 108 patients. He added that processes were in place to review patients at 40 weeks and if their clinical need had changed they will be brought forward. In terms of A&amp;E, performance in July was above 90%. He explained how accessing diagnostics was being managed and the practical steps to make the environment safer. With the exception of endoscopy all over areas were achieving pre-covid levels. He outlined the work being undertaken to address endoscopy and that patients were regularly reviewed to avoid possible harm. Primary Care were also supporting and flagging up deteriorating patients.</p> <p>In response to a question from Frieda Rimmer on percentage of patients on waiting lists being reviewed, it was noted that a tracking system had been in place since September and data available from next month. The Medical Director outlined that no-harm reviews had been carried out and of all those completed, three were medium harm and had been through the SI and Duty of Candour process.</p> <p>The Medical Director provided an update on research and appraisal compliance.</p> <p>The Chief Nurse reported on C-difficile cases noting that 2 cases had been reported in July. There had been one MRSA case with a patient with complex needs. She further reported on Safeguarding training and staff sickness levels.</p> <p>The Chief Finance Officer provided a finance update, in particular funding to achieve breakeven as a Trust and System and the Capital programme which had received a further £5m. IT was noted that the Estates team were working to deliver the programme.</p> <p>The Director of Workforce provided an update on staff sickness levels and the impact of Covid-19 and the measures being put in place to support staff. She added that the Trust, with three other organisations, were to submit a bid for a £2m pot of money for additional resources.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the briefings on the Quality &amp; Performance Dashboard.</b></li> </ul>	
20/21-024	<p><b>Covid-19 Update</b></p> <p>The Medical Director gave a presentation which provided an update on the Covid-19 pandemic and rise in cases in the North West and particularly Wirral compared with other areas nationally. The increase in hospital admissions had resulted in five wards were being used for Covid and Covid suspected patients. The Medical Director highlighted the close working relationships with partners and outlined the work being done in the System on admittance, discharges and winter planning.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the presentation</b></li> </ul>	
20/21-025	<p><b>Strategy Briefing</b></p> <p>The Director of Strategy &amp; Partnerships delivered a presentation to the Council on development of the Trust Strategy which had involved staff and partners and explained how the strategy would be underpinned by enabling strategies and plans to support delivery, including:</p>	

	<ul style="list-style-type: none"> <li>• Annual Operational planning and Annual Financial Plan</li> <li>• Divisional Operational Plans</li> <li>• Enabling Strategies and Plans</li> <li>• Divisional Accountability and Performance Framework</li> <li>• Board Assurance Framework</li> </ul> <p>It was noted that the vision and values were based on ideas from staff using the Better Best Framework. In response to a question from Ian Linford on Governor oversight of the Patient Experience Strategy, it was noted that this would be scheduled into the Council meetings for sign-off.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the presentation</b></li> </ul>	
20/21-026	<p><b>Appointment of External Auditors</b></p> <p>Steve Igoe, Chair of the Audit Committee, updated the Council on the process to appoint External Auditors reminding them of their statutory duties. He advised the Council that the current Auditors, Grant Thornton, two year extension had come to an end and a tender process would be undertaken. He added that it was a difficult market and it was unlikely there would be large pool of interest. It was noted that Grant Thornton had indicated they would retender. Governors would be advised and invited to be part of the evaluation panel.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the verbal update.</b></li> </ul>	
20/21-027	<p><b>CQC Compliance and Action Plan Progress</b></p> <p>The Chief Nurse briefed the Council on progress against the CQC recommendations as set out in the inspection report on 31 March 2020. In particular the Council noted that the action on patient flow was at risk as Covid-19 had impeded on embedding the changes. The Chief Nurse highlighted the number of completed actions and the focus on checking activities were sustainable and embedded. She reported on the monthly engagement meetings with CQC which were going well. The Council noted that the new CQC inspection document was out for consultation, the new proposed approach was a risk based approach and how we listen to and respond to patients, highlighting the Patient Engagement Strategy would be a key document.</p>	
20/21-028	<p><b>Governor Election Update 2020</b></p> <p>The Interim Director of Corporate Affairs briefed the Council on the upcoming elections for seven public Governors and two staff Governors. It was noted that the election process would commence on 21 October and conclude on 16 December 2020.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report</b></li> <li>•</li> </ul>	
20/21-029	<p><b>Board of Directors' Minutes</b></p> <p>No matters were raised in relation to the minutes from Board of Directors meetings held on 5 August and 2 September.</p>	

20/21-030	<p><b>Any Other Business</b></p> <p>The Chairman sought support from the Council of Governors to nominate Frieda Rimmer to the Council Advisory Group. It was noted the election process would take place in the New Year with the Trust able to vote for candidates. The Council agreed to the nomination.</p>	
20/21-031	<p><b>Date and time of the next meeting</b></p> <p>The next Council of Governors meeting would be held on Monday, 11 January 2020, 5pm-7pm, via Microsoft Teams</p>	

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Chairman

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Date



<b>Council of Governors</b>	
<b>Agenda Item</b>	<b>CoG 21-22-007</b>
<b>Title of Report</b>	Quality Performance Dashboard
<b>Date of Meeting</b>	11 January 2021
<b>Author</b>	WUTH Information Team, Corporate Nursing and Governance Support Unit
<b>Accountable Executive</b>	COO, MD, CN, DQG, HRD, DoF
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	Quality and Safety of Care Patient flow management during periods of high demand
<b>Level of Assurance</b> <b>Positive Gap(s)</b>	Gaps in Assurance
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	Provided for assurance to the Board
<b>Reviewed by Assurance Committee</b>	None. Publication has coincided with the meeting of the Board of Directors.
<b>Data Quality Rating</b>	TBC
<b>FOI status</b>	Unrestricted
<b>Equality Impact Assessment Undertaken</b> <b>Yes</b> <b>No</b>	No adverse equality impact identified.

## 1. 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 October 2020.

## 2. Background

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

## 3. Key Issues

Of the 47 indicators that are reported for September (excluding Use of Resources):

- 20 are currently off-target or failing to meet performance thresholds
- 21 of the indicators are on-target
- 6 do not have an identified threshold or are not rated

Please note during the current Covid-19 pandemic a number of 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 also the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

## 4. Next Steps

WUTH remains committed to attaining standards through 2020-21.

## 5. Conclusion

Actions to improve are noted in the exception reports on the qualifying metrics to provide monitoring and assurance on progress.

## 6. Recommendation

The Council of Governors is asked to note the Trust's performance against the indicators to the end of October 2020.

	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	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	0.09	0.13	0.13	0.13	0.32	0.31	0.25	0.14	0.29	0.13	0.18	0.21	0.00	0.17		
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	94.9%	94.1%	95.3%	95.8%	96.2%	95.8%	96.2%	96.4%	95.8%	95.1%	95.3%	95.4%	95.0%	95.6%		
	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	97.1%	97.8%	97.3%	97.8%	97.7%	97.5%	97.8%	97.8%	97.8%	97.6%	97.2%	97.2%	97.4%	96.8%	97.4%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	96.5%	95.7%	95.1%	95.2%	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		
	Serious Incidents declared	Safe, high quality care	DQ&G	≤48 per annum (max 4 per month)	WUTH	5	4	5	5	4	4	3	4	1	4	4	2	3	3	21	
	Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	
	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	8	6	7	4	4	3	6	5	5	1	4	2	5	5	28	
	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	5	6	6	8	9	1	7	4	6	8	5	3	7	7	40	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	1	0	0	0	0	1	0	1	0	0	0	0	2	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	99.1%	99.0%	99.5%	99.0%	99.6%	100.0%	99.5%	99.5%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	1	0	1	0	0	2	0	2	0	4	0	0	0	8	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	99%	99%	99%	96%	96%	96%	96%	91%	95%	95%	98%	96%	94%	95%	95%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	92.4%	91.2%	91.2%	92.2%	92.3%	90.2%	90.4%	88.7%	71.6%	79.3%	75.9%	72.9%	73.2%	78.8%	78.8%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	88.3%	85.5%	84.9%	84.4%	85.0%	82.8%	80.6%	71.4%	71.8%	73.5%	72.1%	73.9%	74.5%	74.0%	74.0%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	87.5%	88.1%	89.7%	89.5%	86.7%	79.9%	51.5%	19.7%	19.0%	42.0%	48.3%	53.2%	54.7%	54.7%	54.7%	
	Attendance % (12-month rolling average)	Safe, high quality care	DHR	≥95%	SOF	94.33%	94.14%	94.10%	94.11%	94.15%	94.05%	94.14%	94.20%	94.25%	94.35%	94.41%	94.40%	93.58%	93.58%	93.58%	
	Attendance % (in-month rate)	Safe, high quality care	DHR	≥95%	SOF	93.99%	93.82%	93.87%	94.40%	94.85%	94.90%	94.76%	95.04%	95.01%	94.92%	94.63%	94.41%	93.81%	94.66%	94.66%	
	Staff turnover % (in-month rate)	Safe, high quality care	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.86%	0.77%	0.86%	0.62%	0.54%	0.90%	0.42%	0.43%	1.17%	1.17%	1.79%	0.97%	0.64%	0.94%	0.94%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DHR	≤10%	WUTH	11.0%	11.3%	11.3%	11.5%	11.3%	11.1%	10.9%	10.7%	11.1%	11.7%	11.1%	12.7%	12.6%	12.6%	12.6%	
Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	7.7	7.6	7.55	7.9	7.7	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	9.9	8.0	8.5	8.5	8.5		

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	97.8%	97.2%	97.5%	98.3%	99.1%	98.7%	93.6%	96.5%	96.4%	99.1%	99.0%	96.8%	97.4%	97.0%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH				96%	94%	95%	93%	98%	97%	98%	98%	96%	96%	96.5%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	17.2%	17.1%	19.3%	18.8%	19.3%	19.8%	20.7%	19.6%	19.5%	18.8%	18.6%	17.8%	17.7%	19.0%	
	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	443	441	444	446	448	383	174	209	210	202	239	309	305	305	
	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	194	208	207	200	198	108	35	54	48	53	59	92	95	95	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.0	3.6	4.6	3.4	3.6	3.9	3.5	3.4	3.5	2.8	2.9	3.4	3.6	3.3	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.8	5.0	5.2	5.1	5.2	6.7	4.8	3.4	3.6	3.3	3.6	4.1	4.4	3.9	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	1118	1057	1080	1115	1006	827	667	870	941	1016	1012	1014	1007	932	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	10	13	11	16	16	23	6	2	1	0	National reporting suspended	National reporting suspended	National reporting suspended	2	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	82.9%	81.0%	77.3%	78.3%	83.0%	82.0%	71.4%	69.7%	65.4%	70.9%	75.6%	79.3%	79.2%	73.9%	

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020/21	Trend	
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	17	26	10	10	14	4	2	0	2	3	5	1	0	13		
	FFT Recommend Rate: ED	Outstanding Patient Experience	CN	≥95%	SOF	87%	84%	87%	85%	80%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall Response Rate: ED	Outstanding Patient Experience	CN	≥12%	WUTH	11%	10%	11%	10%	11%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	97%	96%	97%	97%	97%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	CN	≥25%	WUTH	33%	29%	27%	27%	27%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	94%	94%	94.5%	94.1%	95.0%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	91%	94.8%	99%	97%	98%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	CN	≥25%	WUTH	22%	22%	33%	22%	20%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020/21	Trend	
Responsive	4-hour Accident and Emergency Target (including Arrow Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	72.7%	70.8%	72.1%	70.5%	67.6%	72.7%	85.5%	93.7%	90.0%	90.4%	85.0%	76.9%	71.6%	71.6%		
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	1	33	95	40	24	21	0	0	0	0	0	0	0	0	0	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	170	366	431	198	76	80	148	84	82	78	92	162	264	130	130	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	79.03%	78.09%	78.10%	78.26%	78.51%	75.01%	64.88%	54.05%	43.29%	41.67%	51.30%	59.76%	65.66%	65.66%	65.66%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,750 for WUTH by March 2021	National	24,368	23,597	23,233	22,988	23,207	22,350	21,284	21,288	21,383	23,034	24,486	24,212	22,945	22,945	22,945	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	0	0	0	0	0	15	56	200	413	616	733	806	777	777	777	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	99.5%	99.2%	99.1%	98.8%	99.5%	96.8%	45.2%	46.5%	74.9%	78.8%	83.5%	88.8%	90.5%	72.6%	72.6%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	95.0%	93.7%	94.4%	90.5%	92.7%	96.9%	70.6%	97.2%	98.3%	95.5%	89.3%	92.6%	94.6%	91.2%	91.2%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	-	94.4%	-	-	93.4%	-	-	90.2%	-	-	92.48	-	-	-	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.7%	97.0%	97.1%	97.2%	96.9%	98.5%	100.0%	98.3%	97.1%	90.7%	94.8%	92.1%	95.9%	95.6%	95.6%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	-	96.9%	-	-	97.6%	-	-	98.6%	-	-	92.44	-	-	-	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	85.0%	87.5%	85.9%	85.9%	85.9%	86.0%	87.4%	86.2%	82.1%	80.7%	78.6%	82.6%	73.7%	81.6%	81.6%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	-	86.1%	-	-	85.9%	-	-	85.3%	-	-	80.68	-	-	-	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	TBC	WUTH	193	195	148	186	160	125	74	99	119	143	124	183	178	131	131	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	31	13	10	8	16	14	7	8	15	11	18	22	20	14	14	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	100%	100%	100%	100%	86%	88%	100%	100%	100%	100%	100%	100%	96.3%	
Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	4	3	0	3	0	1	0	1	5	1	0	2	1	1	1		

### Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020/21	Trend		
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%		
	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	56	48	41	55	49	117	326	181	151	87	31	124	318	1218			
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	83.8%	81.4%	80.9%	81.9%	84.9%	83.0%	82.9%	85.1%	77.9%	81.3%	84.3%	76.3%	73.0%	73.0%			
Use of Resources	Indicator	Objective	Director	Threshold	Set by	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2020/21	Trend		
	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.088	-0.488	-9.543	-0.668	-2.929	2.377	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.74	0.744		
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-1.507	-1.638	-8.755	-1.818	-2.445	-0.589	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.348		
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	3	3	3	4	4	4	2	2	2	2	2	2	2	2	2		
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-17.7%	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	-24.7%	1.8%	-8.4%	-14.4%	4.3%	53.3%	9.8%	25.9%	27.4%	25.0%	34.5%	22.3%	12.1%	21.9%			
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-14.6	-10.9	-14.1	-28.0	-32.3	-30.4	-97.4	-98.4	-98.2	-98.0	-97.9	-16.3	-15.0	-15.0			
Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	61.7%	57.2%	54.4%	53.8%	50.7%	74.8%	101.0%	100.4%	61.1%	53.0%	44.6%	42.1%	41.8%	41.8%				

(\*) Updated Metrics

Metric Change

(\*\*) Updated Thresholds

Threshold Change

<b>COUNCIL OF GOVERNORS</b>	
<b>Agenda Item</b>	CoG 21-22-008
<b>Title of Report</b>	Report of Workforce Assurance Committee to the Board of Directors
<b>Date of Meeting</b>	11 January 2021
<b>Author</b>	John Sullivan, Non-Executive Director
<b>Accountable Executive Director</b>	Jacqui Grice, Interim Director of Workforce
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	PR2
<b>Level of Assurance</b>	Gaps
<b>Purpose of the Paper</b>	To note
<b>Reviewed by Executive Committee</b>	Workforce Assurance Committee
<b>Data Quality Rating</b>	
<b>FOI status</b>	Minutes may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	

## 1. Chair's Business

The meeting took place on Tuesday 24 November 2020 via Microsoft Teams. The meeting duration was reduced from 2 hours to 1 hour so as to release time for the HR attendees to plan and co-ordinate the emerging work on asymptomatic testing of staff and staff Covid vaccinations. Presenters of papers were requested to concentrate on 3 or 4 key points from their paper and thereby leave some time for Committee scrutiny. The Committee welcomed Roger Neilson, Head of HR, Barbara Cummings, Workforce Consultant, and Victoria Robinson-Collins, Deputy Director of Workforce.

## 2. Staff Story

The Committee welcomed Adele Davies, Ward Manager Ward 25, to describe the Covid journey on Ward 25. It was inspiring to hear that the Ward 25 team had done so well under such demanding pandemic conditions. Adele was asked to pass on our thanks and appreciation to all members of the Ward 25 team.



### **3. Workforce Performance Report**

The Committee was surprised to hear that the Trust has been measuring ESR data accuracy for 2 years (WOVEN Data Quality Report) but not received the information until now.

The new performance report was well received for its structure, data content and transparency. It is a welcome addition to workforce assurance.

Divisional accountability for workforce performance and in particular compliance with workforce procedures and policies (eg return to work discussions) was discussed. Similar themes of line accountability and insufficient compliance with basic controls were also discussed at the Audit Committee meeting held on 24 November 2020.

### **4. Sickness Absence Report**

Positive improvements were noted in Covid and non Covid absence rates.

The Committee noted and welcomed the transparent and competent actions being taken to improve absence rates.

### **5. Flu Plan 2020/21**

The plan was reviewed. Vaccination clinics have continued. Staff vaccinations will exceed previous year rates.

### **6. Covid Vaccine Update**

Detailed planning is underway with a target start of 350 / day from the second week in December 2020. Training of staff and regulatory approval of the vaccine are critical path items. Infection prevention and control modifications to the Education Centre at APH are required.

### **7. Asymptomatic Testing of Staff**

This national programme rolls out this week to test all patient facing staff with weekly progress reports required. The target is for staff to self-test twice per week for 12 weeks. The coincident timing with staff vaccinations has increased the logistical challenges of the Covid response at WUTH.

### **8. Recruitment and Retention Strategy**

The Committee reviewed the Recruitment and Retention Strategy 2020-2022 document. The document was supported and the implementation actions will be reported quarterly to the WAC.

### **9. Nursing Workforce -- Recruitment and Retention update**

International recruitment has commenced successfully with the first cohort (11 nurses) due to arrive in January 2021. The Trust also now has access to an apprenticeship programme to support career development from CSW to RN.

Areas of focus are the band 5 vacancy rate of 17-20% and the CSW vacancy rate of 8-10%.

NHSE/I predict that following the Covid-19 pandemic nursing vacancies in the region could rise to 30% in the coming years; therefore it is imperative that individual trusts work together to manage the risk across the region.

It is imperative that the WUTH increases its nursing and CSW recruitment and retention activities using a variety of methods and that we are able to grow our own nursing and CSW workforce for our future requirements.

#### **10. Six monthly Chief Nurse Acuity and Dependency Nurse Staffing Report**

The report provided oversight on how the Trust has met effective governance requirements set out in the guidance to ensure boards can be assured workforce decisions promote patient safety and so comply with the Care Quality Commission (CQC) fundamental standards.

The report also outlined the outcomes of the mandatory acuity, dependency and establishment review undertaken in Q2.

The following recommendation was accepted --- that no changes should currently be made to nursing establishments due to the need to continually flex nurse staffing requirements as a consequence of the COVID- 19 pandemic.

The Committee noted that midwifery staffing levels were very satisfactory with continuity of care rated best in region.

#### **11. Management of Learners during the Initial Phase of the Covid 19 Pandemic**

The Trust successfully facilitated a total of 134 student placements during the initial phase of the Covid-19 Pandemic. This has enabled students to remain on their current programme of study thereby ensuring students are able to take up their planned registered nurse posts, and avoid delays. The Chief Nurse recognised that key staff needed to be identified to manage this process successfully. The staff involved facilitated the process smoothly and adapted to the constant changes as each new guidance was published. Recognition is due to the staff and students who fully embraced and supported this process.

#### **12. Health Education England (HEE) – Self-Assessment 2020**

The purpose of this report was to present to the Workforce Assurance Committee an overview of the Health Education England (HEE) annual Self-Assessment for 2019-2020 (related to The Education Quality and the Learning and Development Agreement). This self-assessment was presented to and agreed with the accountable Executive Directors and was submitted to Health Education England on 30 September 2020. The self-assessments were also presented to the Education Governance Group prior to submission in September 2020.

The Trust Board is required by HEE to oversee education and training and assurance is provided via this Chair's report of the Workforce Assurance Committee.

#### **13. Top Leader Programme Evaluation Plan**

An overview was presented of the evaluation plan in relation to the Top Leaders Programme at Wirral University Teaching Hospital. The programme is a significant investment for the Trust and it is therefore important that the evaluation measures not only initial participant responses to the programme, but also the impact and application of learning in quantifiable ways. It has been proposed that the Kirkpatrick model of evaluation is used to measure the programme's impacts.

#### **14. Communications and Engagement Monthly Report**

The Committee noted this report on activity since its last meeting. It covered the areas of staff engagement and communications, media and social media, charitable fundraising and stakeholder relations.

#### **15. Report of the Workforce Steering Board**

The following risks were highlighted:

- Data quality of systems, TRAC, ESR and E Roster systems
- Staff fatigue across clinical and non-clinical
- Sickness levels given asymptomatic testing, Covid-19 and fatigue

#### **16. NHS People Plan**

The NHS People Plan Gap Analysis actions have been temporarily overtaken by the Covid vaccination programme. Focus is, however, being maintained on staff mental health and increased staff recognition during the Christmas period.

#### **Date and time of next meeting**

Tuesday 19 January 2021, 2.00 - 3.00 pm, via Microsoft Teams.

<b>COUNCIL OF GOVERNORS</b>	
<b>Agenda Item</b>	<b>CoG 21-22-008</b>
<b>Title of Report</b>	Report of the Audit Committee to the Board of Directors
<b>Date of Meeting</b>	11 January 2021
<b>Author</b>	Steve Igoe, Non-Executive Director
<b>Accountable Executive</b>	Claire Wilson, Chief Finance Officer
<b>BAF References</b>	
<ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	
<b>Level of Assurance</b>	
<ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	
<b>Purpose of the Paper</b>	Discussion
<ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	
<b>Reviewed by Assurance Committee</b>	Not applicable
<b>Data Quality Rating</b>	Not applicable
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b>	Not applicable
<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

### Report of the Audit Committee

This report provides a summary of business conducted during a meeting of the Audit Committee held on 24 November 2020.

#### 1. Internal Audit

##### a) Progress report:

Since the previous report the following reviews had been finalized:

- Medical staffing (Limited Assurance)
- Follow up of previous recommendations

Whilst MIAA provided positive assurance on the continued resolution of previous issues raised, the feedback on the Limited assurance report and the management responses undoubtedly exercised the Committee. This was further exacerbated by the subsequent report on overtime as an anti-fraud detection review, more of which later.

The review of Medical staffing highlighted a number significant control issues which were not being operated appropriately. The Committee expressed its disappointment in this given the basic and fundamental nature of the controls and the fact that there were controls in place that were just not being adhered to. This was further exacerbated by the management responses which fundamentally failed to address the issue instead choosing to refer to a subsequent review in April at which the failings would be considered and a resolution identified.

The Committee felt this was not acceptable given the serious nature of the issues, the basic nature of the controls and the fact that they could easily be rectified by following the accepted policies and procedures already in place. The management responses were rejected, and an updated report requested with amended responses to come to the next meeting in January.

A number of changes to the current year plan were agreed by the Committee.

#### b) Anti-Fraud Proactive detection exercise (Overtime review)

This review was requested in January 2020 and remained on the action log until this meeting when the report was presented.

Whilst there was no evidence of fraud, the report identified a significant number of control weaknesses and inappropriate practices highlighting the weaknesses in the control environment and the lack of basic policies and practices.

As a result of this and the issues raised in the previous report the Committee has decided that for all future limited assurance reports it would wish those reports to be responded to directly to the Committee by the appropriate and responsible Director.

## 2. External Audit

The Committee discussed the ongoing External Audit Tender and noted that whilst the process continues the market conditions to procure this service are challenging with a number of International firms withdrawing from the work.

The tender process completes on the 2<sup>nd</sup> December and the Audit Chair and Executive colleagues will meet to discuss the outcome of that process and options for the future after that date.

## 3. Governance -other assurance

- a) Positive assurance was received in relation to debt control and management. Discussion took place on pharmacy stock losses and the interaction with equipment failure. It was agreed that there is a balance to be struck between expending monies planned and preventative maintenance /rolling equipment replacement and the impacts of failure. This was subject to ongoing review.
- b) The annual accounts timetable was discussed noting there is still some uncertainty given the current COVID situation
- c) Positive assurance was received on the tracing and resolution of Audit recommendations made

## 4. Risk Register

No items were raised for the risk register

## 5. Any other business

Given the earlier discussions, the point was made that in a regulated environment which is policy heavy this creates substantial compliance challenges. It was recommended that as policies are reviewed the opportunity is taken to consider if they really need to be there and if there is any capacity to reduce the number of said policies to aid compliance.

**S J Igoe**  
**Chair of Audit Committee**  
**27<sup>th</sup> November 2020**

## Council of Governors

### Report of the Quality Committee to the Board of Directors

<b>Subject:</b>	Proceedings of the Quality Committee	<b>Date:</b> 11 January 2020
<b>Prepared By:</b>	Dr J Coakley, Non-Executive Director	
<b>Approved By:</b>	Dr J Coakley, Non-Executive Director	
<b>Presented By:</b>	Dr J Coakley, Non-Executive Director	
<b>Purpose</b>		
For assurance		<b>Decision</b>
		<b>Approval</b>
		<b>Assurance</b> X
<b>Risks/Issues</b>		
Indicate the risks or issues created or mitigated through the report		
<b>Financial</b>	None identified	
<b>Patient Impact</b>	<b>Potential risk to quality or safety of care:</b> <ul style="list-style-type: none"> <li>• Governance oversight</li> <li>• Quality Account approval</li> <li>• Learning from deaths</li> </ul>	
<b>Staff Impact</b>	None identified	
<b>Services</b>	None identified	
<b>Reputational/Regulatory</b>	CQC Action Plan	
<b>Committees/groups where this item has been presented before</b>		
N/A		
<b>Executive Summary</b>		
<p>The Quality Committee met on 25<sup>th</sup> November 2020. This paper summarises the proceedings.</p> <p><b>Governance Oversight</b></p> <p>Three SIs have been declared for the previous month. This is in line with recent performance. Assurance about the discharge of the Duty of Candour was given. Some 47 policies have now breached their review date, but all these are under review by the Policy Review Group, as are policies that are about to expire within the next six months. No other issues were noted (except SHMI – see below). CAS alerts are up to date, as is NICE guidance.</p> <p><b>Draft Quality Account approved</b></p> <p>The Board will have sight of this at today’s meeting. The Quality Account has been reviewed twice by the Quality Committee, which approved it at the November meeting.</p> <p><b>Learning from Deaths</b></p> <p>The rising SHMI was noted. There is to be a presentation on SHMI to today’s Board meeting. Medical Examiner recruitment is complete. All deaths are now being reviewed</p> <p><b>CQC Action Plan</b></p> <p>Satisfactory progress is being made, although two ‘must do’ and ‘seven ‘should do’ actions are overdue. Of the 107 requirements, 60 have all actions completed. Given the Covid situation, this is to be commended. The quarterly update will be presented to board at today’s meeting.</p> <p>Summarised and drafted by the Quality Committee Chair John Coakley 26<sup>th</sup> November 2020</p>		

<b>Council of Governors</b>	
<b>Agenda Item</b>	<b>CoG 21-22-010</b>
<b>Title of Report</b>	Elections Update
<b>Date of Meeting</b>	11 January 2021
<b>Author</b>	Jill Hall, Interim Director of Corporate Affairs
<b>Accountable Executive</b>	Sir David Henshaw, Chairman
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	Governors are key components of how the Trust engages with its members (public and staff)
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	Positive assurance
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	To update the Council of Governors on the outcome of the 2020 Governor elections.
<b>Reviewed by</b> <b>Assurance Committee</b>	None.
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	
<b>Equality Impact</b> <b>Assessment</b> <b>Undertaken</b> <b>Yes</b> <b>No</b>	No adverse equality impact identified.  Engaged and involved governors better represent the views of members (public and staff) ensuring better patient and staff experience.



## 1. Purpose of the Report

To update the Council of Governors on the outcome of the recent 2020 Governor elections.

## 2. Election Timetable

The election process commenced on 21 October 2020 with the notice of the election results being declared on 16 December 2020.

## 3. Results

This year 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. The tables below sets out the election results and vacancies:

Constituency and class	Number of seats for election	Turnout 2020	Number of Candidates	Elected Candidate
Public: Bromborough & Eastham	1	76 (14.2%)	2	Steve Evans (re-elected)
Public: Heswall, Pensby & Thingwall	1	82 (14.9%)	2	Robert Thompson
Public: Neston & Burton	1	69 (15.0%)	2	Alison Owens
Public: New Brighton & Wallasey	1	Uncontested	1	Sheila Hillhouse (re-elected)
Staff: Other Trust Staff	1	Uncontested	1	Philippa Boston

<b>Vacant seats: No valid nominations were received</b>
Public: Bebington & Clatterbridge
Public: Liscard & Seacombe
Public: West Wirral
Staff: Other Healthcare Professionals

The Trust welcomes all new Governors and thanks all former Governors for their effort and involvement throughout their terms.

## 4. Recommendation

The Council of Governors is asked to RECEIVE and NOTE the report.

**Terms of Office & Election Dates for Governors**

<u>Elected Governors (Public)</u>	<u>Constituency</u>	<u>Appointed</u>	<u>No. of Terms</u>	<u>Term of Office ends</u>	<u>Eligible for re-election</u>
Rohit Warikoo	Bidston & Claughton	Feb '15	1	Sept '21	✓
Stephen Evans	Bromborough & Eastham	Sept '14	3	Sept '23	X
Angela Tindall	North West & North Wales	Feb '15	2	Sept '21	✓
Eileen Hume	Greasby, Frankby, Irby & Upton	Sept '15	2	Sept '21	✓
Robert Thompson	Heswall, Pensby & Thingwall	Dec '20	1	Sept '23	✓
Allen Peters	Leasowe, Moreton & Saughall Massie	Sept '18	1	Sept '21	✓
Alison Owens	Neston, Little Neston, Parkgate & Riverside	Dec '20	1	Sept '23	✓
Sheila Hillhouse	New Brighton & Wallasey	Sept '17	2	Sept '23	✓
Paul Dixon	Oxton & Prenton	Sept '18	1	Sept '21	✓
Frieda Rimmer	Birkenhead, Rock Ferry, & Tranmere	Nov '16	2	Sept '22	✓
<b>Vacant</b>	Bebington & Clatterbridge				
<b>Vacant</b>	Liscard & Seacombe				
<b>Vacant</b>	West Wirral				

<u>Elected Governors (Staff)</u>	<u>Constituency</u>	<u>Appointed</u>	<u>No. of Terms</u>	<u>Term of Office ends</u>	<u>Eligible for re-election</u>
Richard Latten	Medical & Dental	Feb 2018	1	Sept '21	✓
Pauline West	Nurses & Midwives (APH)	Sept '18	1	Sept '21	✓
Ann Taylor	Nurses & Midwives CBH & other sites	Sept '18	1	Sept '21	✓
Philippa Boston	Other Trust staff	Dec '20	1	Sept '23	✓
<b>Vacant</b>	Other Health Professionals				

<u>Nominated Governors</u>	<u>Organisations</u>	<u>Appointed</u>	<u>No. of Terms</u>	<u>Term of Office ends</u>	<u>Eligible for re-appt</u>
Mandy Duncan	Wirral CVS (3 <sup>rd</sup> sector assembly)	Dec '11	3	Sept '20	X
Mike Collins	Wirral Borough Council	May '19	1	Sept '22	✓
Irene Williams	Wirral Borough Council	May '19	1	Sept '22	✓
<b>Vacant</b>	University of Liverpool				

<b>Council of Governors</b>	
<b>Agenda Item</b>	CoG 21/22-012
<b>Title of Report</b>	Re-establishment of sub-groups of the Council of Governors
<b>Date of Meeting</b>	11 January 2021
<b>Author(s)</b>	Andrea Leather, Deputy Trust Secretary
<b>Accountable Executive</b>	
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	PR5
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	For Discussion
<b>Data Quality Rating</b>	Bronze - qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Analysis completed Yes/No</b>  <b>If yes, please attach completed form.</b>	No

## 1. Purpose of the Report

The purpose of the report is to discuss the re-establishment of sub-groups to support the role of the Council of Governors. It is proposed to establish three groups:

- Membership & Engagement Group
- Quality Group
- Future Plans and Priorities Group.

Draft terms of reference have been prepared for consideration, see appendix 1. It is proposed that each group should meet a minimum of three times per year and that all Governors should attend at least one group.

The establishment of the groups is in line with ensuring that Governors fulfill their statutory duties by:

- Holding the Non-Executive Directors to account for the performance of the Board;
- Representing the interests of the members of the trust as a whole and the interests of the public.

## 2. Recommendations

The Council of Governors is recommended to:

- i) Support the re-establishment of sub-groups and note the draft terms of reference for each of the groups.

## MEMBERSHIP & ENGAGEMENT GROUP

### TERMS OF REFERENCE

#### 1. CONSTITUTION

- 1.1 The Membership & Engagement Group is a forum for discussion on membership engagement, recruitment and to review the Membership Strategy on behalf of the Council of Governors.

#### 2. MEMBERSHIP/ATTENDANCE

- 2.1 Membership of the Group should consist of 5 Governors
- 2.2 The Chair of the Group will be nominated from the Governor representatives and if the appointed Chair is absent, those members present shall choose who shall chair the meeting.
- 2.3 The Group may invite others (this includes internal staff or external partners) any director or employee to attend meetings.

#### 3. FREQUENCY OF MEETINGS

- 3.1 The Group will normally meet as a minimum, three times per year.

#### 4. QUORUM

- 4.1 At least three members, including the Chair or nominated deputy.

#### 5. RESPONSIBILITIES

- 5.1 The Group will facilitate membership engagement, recruitment and retention.
- 5.2 The Group will receive and discuss membership reports on recruitment, engagement and development.
- 5.3 The Group will review the Membership & Engagement Strategy and action plan as appropriate.
- 5.4 The Group will work with the Council of Governors to engage with and grow the public membership.

#### 6. COMMUNICATION

- 6.1 The notes of each meeting of the Group will be formally recorded and submitted to the next Group meeting.
- 6.2 The Chairman of the Group will report back to the Council of Governors.

#### 7. REVIEW

- 7.1 The Terms of Reference of this Group will be reviewed by the Group 12 months

after implementation and thereafter every three years and all amendments will be reported to the Council of Governors.

DRAFT

## QUALITY GROUP

### TERMS OF REFERENCE

#### 1. CONSTITUTION

- 1.1 The Quality Group is a forum for discussion on matters relating to quality, the Quality Account and for the selection of one voluntary indicator within the Quality Account for testing by External Auditors, on behalf of the Council of Governors.

#### 2. MEMBERSHIP/ATTENDANCE

- 2.1 Membership of the Quality Group consists of 5 Governors.
- 2.2 The Chair of the Group will be nominated from the Governor representatives and if the appointed Chair is absent, those members present shall choose who shall chair the meeting.
- 2.3 The Group may invite others (this includes internal staff or external partners), any director or employee to attend meetings.

#### 3. FREQUENCY OF MEETINGS

- 3.1 The Group will normally meet as a minimum, three times per year.

#### 4. QUORUM

- 4.1 At least three members, including the Chair or nominated deputy.

#### 5. RESPONSIBILITIES

- 5.1 The Group will receive and discuss possible audit topics in relation to the Quality Accounts and propose to a formal meeting of the Council of Governors, the selection of one audit topic for testing by External Auditors.
- 5.2 The Group will receive and discuss the draft Quality Account, prepare draft statement on behalf of the Council of Governors and propose to a formal meeting of the Council of Governors, the statement to be appended to the Quality Account in the Trust's Annual Report.
- 5.3 Undertake 'deep dive' reviews of individual Quality indicators on a rotational basis.

#### 6. COMMUNICATION

- 6.1 The notes of each meeting of the Group will be formally recorded and submitted to the next meeting.
- 6.2 The Chair of the Group will report back to the next formal meeting of the Council of Governors.

## 7. REVIEW

- 7.1 The Terms of Reference of this Group will be reviewed by the Group 12 months after implementation and thereafter every three years and all amendments will be reported to the Council of Governors.

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## **FUTURE PLANS AND PRIORITIES GROUP**

### **TERMS OF REFERENCE**

#### **1. CONSTITUTION**

- 1.1 The Future Plans and Priorities Group is a forum for discussion on matters relating to the strategic direction of the Trust, the development of forward plans, any significant changes to delivery of the Trust's business plans and significant transactions as define in the Constitution.

#### **2. MEMBERSHIP/ATTENDANCE**

- 2.1 Membership of the Future Plans and Priorities Group consists of the 5 Governors.
- 2.2 The Chair of the Group will be nominated from the Governor representatives and if the appointed Chair is absent, those members present shall choose who shall chair the meeting.
- 2.3 The reference group may invite others (this includes internal staff or external partners), any director or employee to attend meetings.

#### **3. FREQUENCY OF MEETINGS**

- 3.1 The Group will normally meet as a minimum, three per year.

#### **4 QUORUM**

- 4.1 At least 3 members, including the Chair or nominated deputy.

#### **5. RESPONSIBILITIES**

- 5.1 The Group will receive and discuss the draft Annual Business Plan, on behalf of the Council of Governors, thereafter the plan to be presented to the next formal meeting of the Council of Governors.
- 5.2 Governors should canvass the opinion of the Trust's members on the forward plan, including its objectives, priorities and strategy and their views should be discussed at the Group's meetings.
- 5.3 The Group will receive and discuss material strategic proposals and report back to the next formal meeting of the Council of Governors.
- 5.4 The Group will receive and discuss any significant transactions as defined in the Trust's Constitution and report back to the next formal meeting of the Council of Governors.

## **6. COMMUNICATION**

- 6.1 The notes of each meeting of the Group will be formally recorded and submitted to the next meeting.
- 6.2 The Chair of the Group will report back to the next formal meeting of the Council of Governors.

## **7. REVIEW**

- 7.1 The Terms of Reference of this Group will be reviewed by the Group 12 months after implementation and thereafter every three years and all amendments will be reported to the Council of Governors.

**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF MEETING HELD IN PUBLIC**

**4 NOVEMBER 2020**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**Commencing at 12.30 and Concluding at 15.00**

**Present**

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

Janelle Holmes	Chief Executive
Anthony Middleton	Chief Operating Officer
Hazel Richards	Chief Nurse
Nicola Stevenson	Medical Director
Matthew Swanborough	Director of Strategy and Partnerships
Claire Wilson	Chief Finance Officer

**In attendance**

Joe Gibson*	External Programme Assurance
Jacqui Grice	Director of Workforce
Jill Hall	Interim Director of Corporate Affairs
Sharon Landrum*	Diversity and Inclusion Lead
Jonathan Lund	Associate Medical Director, Women's and Children's Division
Chris Mason	Chief Information Officer
Oyetona Raheem	Interim Deputy Trust Secretary (Minutes)
Sally Sykes	Director of Communications & Engagement
Eileen Hume*	Public Governor

**Apologies**

John Coakley	Non-Executive Director
Mrs Jayne Coulson	Non-Executive Director
Simon Lea	Associate Medical Director, Diagnostic and Clinical Support
Ann Taylor	Staff Governor
Angela Tindall	Public Governor

\*Denotes attendance for part of the meeting

Reference	Minute	Action
20/21 157	<b>Apologies for Absence</b>	
	Apologies for absence were noted as detailed in the attendance list above.  The Chairman reported that he had been in touch with Angela Tindall, Lead Governor who had been unwell and that Angela had been in very good spirit. He acknowledged the presence of Eileen Hume, another Governor who was in attendance. The meeting conveyed their best wishes to Angela and wished her a speedy recovery.	
20/21 158	<b>Declarations of Interest</b>	
	There were no Declarations of Interests.	
20/21 163	<b>Patient Story</b>	

Reference	Minute	Action
	<p>The Board viewed a video from a patient, who talked about her experience of being treated at WUTH. The patient has a learning disability (autism) and wanted to talk to the Board about how the Trust could make communicating with someone with a learning difficulty less worrying and confusing.</p> <p>The patient reflected on how she had been spoken to by medical professionals in the past and how this had made her more afraid or anxious because they used long words, medical language and terminology.</p> <p>Some tools were put in place by the WUTH specialist Learning Disability Nurse, Lauren Binks, including coloured cards to help the patient let doctors know when she understood things or when they needed to give her more explanation. This made the patient feel more in control and helped her understand the treatment she was receiving.</p> <p>The Board found the patient's story really insightful as a demonstration of person-centred care and the need to make adjustments for our patients to help them understand their condition and treatments.</p> <p>The video will be shared with staff and used in our staff training programme as part of the improvement we seek in transforming care for people with learning disabilities.</p>	
20/21 176	<b>Change Programme Summary, Delivery &amp; Assurance</b>	
	<p>Mr. Joe Gibson talked the meeting through the change programme report and highlighted that there had been slight deterioration in governance ratings while delivery ratings had seen more significant deterioration.</p> <p>Mr. Gibson also gave detailed updates on the three priority areas of the programme delivery i.e. Outpatients, Flow and Theatres. He added that a flow vision had been developed and widely consulted on but needed a comprehensive schedule of work to deliver the vision including setting of priorities, phasing and resourcing.</p> <p>Mr. Gibson advised that Theatres had developed clarity and coherence as evidenced by the results that were gradually coming through. Outpatients had continued to exceed national targets but had some gaps in quality of assessment.</p> <p>John Sullivan asked if there was a clear understanding of the root causes of the capacity management that had made it impossible to achieve 100% accuracy. The Chief Operating Officer gave explanations on the challenges of knowing when beds became available and the length of time it took to clean the beds. A series of audits had been introduced to identify the issues on daily basis and actions were being taken at ward level.</p> <p>It was suggested that the use of bar code technology to manage bed capacity be considered as a future option. The Chief Information Officer explained some of the limitations of using this type of technology for capacity management.</p> <p>The Director of Strategy &amp; Partnerships advised that the Programme Board had agreed to refocus the programme from January by providing more</p>	

Reference	Minute	Action
	<p>support for individual projects. He advised that there were plans to introduce quality improvement, productivity efficiency CIP and a real comprehensive workforce programme.</p> <p>The Chairman expressed concern about the inadequate progress in patients flow vision which had been identified as very critical to the Trust. The Chief Operating Officer gave explanations on the improvement works that had been undertaken. He advised that additional senior leaders had been allocated and the division had been split into two for effective monitoring.</p> <p>Discussions were held on the root causes of delay in declaring vacant beds during which it was recognized that to achieve higher occupancy rate required a whole team effort and cultural change. It was also recognized that the flow vision had the focus of the Executive team and that a clear vision of what needed to be achieved had now been established.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>a. That the report be NOTED and</li> <li>b. That the Board keep patients flow in view as a matter of concern.</li> </ul>	
20/21 171	<b>Freedom To Speak Up 6 Monthly Update</b>	
	<p>Sharon Landrum, the Lead FTSU Guardian presented the update report and data which showed that increasing number of staff had been speaking up including members of the BAME. She also highlighted how the Trust had been responding positively and how serious issues had been escalated.</p> <p>Sue Lorimer noted that 22 people had spoken up during Q3 of the previous year and wanted to know if there were specific issues that gave rise to such a high number. The Lead FTSU Guardian replied that management had been aware of an issue in a particular division and that the matter had been investigated. The actions taken appeared to have been effective as no further complaints had been received from that division.</p> <p><b>RESOLVED:</b> <b>That the Board NOTED the report.</b></p>	
20/21 159	<b>Chair's Business</b>	
	<p>The Chairman briefed the Board on some key observations following his attendance at a recent regional Chairs meeting. The collaborative work between the Chairs and Chief Executives of partner organisations had been going well and feedback from Wirral in particular had been positive all round. The Chairman added that interview sessions had been held with Chairs of individual organisations' to obtain ideas on future priorities and governance structure for the integrated system.</p> <p>John Sullivan asked if there was tracking data for social care capacity in relation to hospital capacity as the two tend to be closely related. The Chief Operating Officer gave explanations on how the relevant information was shared on daily basis by the Health and Social Care Incident Command forum to which he belonged. The forum comprised of Public Health, Local Authority, Community Trust and some organisations from the voluntary sectors. Some of the information usually shared, which had helped officers to overcome capacity issues included 'homes closed or opened', 'packages of care' and 'backlogs of ready for discharge patients'.</p>	

Reference	Minute	Action
	<b>RESOLVED:</b> That the Board NOTED the Chair's business.	
20-21/160	<b>Key Strategic Issues</b>	
	There were no strategic issues to report	
20/21 161	<b>Minutes</b>	
	Minutes of the meeting held on 7 October 2020 were approved as an accurate record.	
20/21 162	<b>Board Action Log</b> The Board reviewed the action log noting that items had either been actioned or were on the agenda.	
20/21 164	<b>Chief Executive's Report</b>	
	<p>The Chief Executive talked the Board through her report and highlighted the changes to the COVID-19 report since the report was published. Rates in part of the NW had started to slow down and in some areas by as much as 33%. It was generally believed that Tier 3 restrictions had been having some impact. Despite the restrictions, NW bed occupancy had remained high at around 99%. The government had announced a national lockdown due to commence the following day (5<sup>th</sup> November). There had been a one-off voluntary staff swabbing event during which 3276 staff members had been swabbed with a 1.5% positivity rate.</p> <p>John Sullivan asked if there was anticipation that some staff members would be unable to come to work as a result of the national lockdown. The Director of Workforce advised that staff members who had been shielding were likely to receive another letter directly from NHS advising them to speak to their employers on jobs they could do from home. As the information had just been received, the process had begun to find out how many staff members it might impact on so that divisions and corporate teams could come up with alternative plans.</p> <p>The Medical Director advised that having been in Tier 3 lockdown for some time with restricted liberties, there had been an impact on mental health for some staff members. Some psychological support was being provided. There had also been issues relating to alcohol abuse within the community in general.</p> <p><b>RESOLVED:</b> That the Board RECEIVED and NOTED the report.</p>	
20/21 165	<b>Quality and Performance Dashboard and Exception Reports</b>	
	<p>The Executive Directors briefed the Board on the content of the Quality &amp; Performance Dashboard for their respective areas.</p> <p>The Chief Operating Officer highlighted the fall in A&amp;E 4 hour standard during September and how the matter had been addressed. He advised that recognition had been received for the Winter Plan. The Winter Plan would be</p>	<b>AM</b>

Reference	Minute	Action
	<p>brought back to the next Board with detailed information to give a thorough understanding of additional investments, management of COVID-19, non-COVID-19, recovery and re-start against the backdrop of workforce challenges.</p> <p>The Chief Operating Officer also advised that there had been significant pressures again in Ambulance Handover. Additional support had been brought in and the position had improved in the last couple of weeks. Elective surgery had seen 80% improvement on the RTT. He highlighted that apart from Mid-Cheshire, the Trust was presently the only non-specialised Trust that had met the 52 weeks wait period across the NW. Good progress had been made on reduction of backlog in cancer.</p> <p>John Sullivan asked if elective surgery was prioritised based on time on waiting list or clinical needs. The Chief Operating Officer gave explanations on how the surgeons' had classified elective procedures into different levels of priorities and that clinical priority had always been the driver.</p> <p>The Medical Director advised that research had been going well and that 1218 patients had been recruited to what was mostly Public Health England's studies on COVID-19. 152 patients had been recruited to the recovery study by NHS on effect of Remdesivir and aspirin in COVID-19 treatment.</p> <p>The Chief Nurse gave updates on steps that have been taken to achieve Trust's target in the Protecting Vulnerable People (PVP) training at Level 3. In answer to a question from John Sullivan, the Chief Nurse explained that the Trust had met the 90% threshold for PVP Level 1 training in the previous year. No concerns had been received in the integrated learning report about falling behind in any of the mandatory training.</p> <p>The Director of Workforce provided updates on staff sickness and turnover reports highlighting areas of significant concerns and remedial actions that have been taken. Some of the key points were that WUTH did not achieve the target minimum attendance rate of above 95% in September and there had been a significant increase in sickness absence due to mental health issues.</p> <p><b>RESOLVED:</b>  <b>The Board of Directors received and NOTED the Quality and Performance Dashboard, together with associated Exception Reports, for the period to 30 September 2020.</b></p>	
20/21 166	<b>Month 6 Finance Report 2020/21</b>	
	<p>The Chief Finance Officer (CFO) presented the month 6 financial report which showed that the overall position had continued to break-even in-line with NHSI's expectations. She highlighted the additional funding that had been received including "Income guarantee support" to support the lower levels of activity presenting in the Trust during September of c£3.9m; revenue costs incurred in responding to the COVID-19 pandemic of c£0.9m and "additional top-up funding" of c£1.9m compared with £0.4m in the previous month. She highlighted the cumulative level of income support received in the year to date, noting that this was non-recurrent and that next year's finance regime was not yet known.</p> <p>The CFO also briefed the Board about having to revise the original forecasts</p>	

Reference	Minute	Action
	<p>for the capital expenditure due to slippage in the original programme. Progress had been made in the delivery of some of the capital projects which had focused on areas that were critical to get through the winter and the COVID-19 pandemic. The new forecast underspend in the capital programmes was given as £3.6m.</p> <p>The CFO informed the Board about a significant transaction which had taken place during the month. The transaction related to NHS Trusts debt due to the Loan Board which the government had written off. The loan which amounted to £83m for WUTH had been converted to public dividend capital on which interest will be payable and would be a cost pressure to the Trust. However, the new financial arrangement meant that the loan principal will not need to be repaid.</p> <p>Following a question on the adequacy of the plan for month 7 to 12, by John Sullivan, the CFO advised that all forecasts were based on realistic expenditure levels for the remainder of the year taking winter, COVID-19 and reset into account. Sue Lorimer also pointed out that the 2019/20 underlying deficit had been funded this year, so breakeven should be achievable.</p> <p>John Sullivan requested that some urgency be put into designing internal roles that were needed to deliver the Trust's Capital programme. The Director of Strategy &amp; Partnerships provided information on the interim arrangements and future plans to improve internal capacity of the Capital team.</p> <p><b>RESOLVED:</b> <b>That the Board NOTED the report.</b></p>	
20/21 167	<b>Consultant Revalidation &amp; Appraisal Annual Report</b>	
	<p>The Medical Director presented the annual report which had been circulated for prior reading. She highlighted the deferral rate for appraisal which had been comparatively low.</p> <p><b>RESOLVED:</b> <b>That the Board NOTED and CONFIRMED the report.</b></p>	
20/21 168	<b>Learnings from Deaths Quarterly Update</b>	
	<p>The Deputy Medical Director presented the learning from deaths quarterly update. He advised that the report had been presented to both the PSQB and TMB and that the action plans were progressing.</p> <p>The main concern had been around the SHMI rate which was a calculation to reflect the number of deaths versus number of expected deaths. The data for April had shown the number of deaths to be higher than expected. It had been identified that the higher death rate shown was a result of quality of the documentation as well as the quality of coding particularly at the point of admission. IT training would be organised to improve the quality of coding as well as a programme of education of the clinicians.</p> <p>The Board discussed the need to further probe into the cause of the increased SHMI rate to ensure that nothing had been overlooked including making enquiries with other Trusts.</p>	



Reference	Minute	Action
	<b>RESOLVED:</b> That a higher level of assurance be presented to the next Board.	NS
20/21 169	<b>Review of Interim Governance Arrangements</b>	
	The Board received the proposal for interim governance arrangements for the Board and Committee meetings as detailed in the attached appendices to the report.  <b>RESOLVED:</b> That the Board APPROVED the interim governance arrangements.	
20/21 170	<b>Monthly Safe Staffing Report</b>	
	The Chief Nurse presented the staffing report for Month 6 which provided the Board with a review of nurse staffing levels. She highlighted that RN Band 5 vacancy rate had continued to increase and there was an emerging risk of increase in Care Support Worker vacancies. She highlighted some of the local and external recruitment efforts to ensure that minimum staffing levels were met and advised that from the next Board, the report would be presented in a dashboard format.  John Sullivan expressed concern about the significant increase in the number of 'following application of professional judgement' rated as Amber and requested further assurance in this respect. The Chief Nurse gave explanations on how staffing level was flagged up automatically on the system when the staffing level fell below the agreed standard. She expressed confidence that a robust system was being developed.  In response to another question, the Chief Nurse acknowledged the concern about vacancy rates and was hopeful that the situation would start to improve from the next report in December.  <b>RESOLVED:</b> That the Board NOTED the report.	
20/21 172	<b>Infection Prevention and Control Annual Report 2019-2020</b>	
	The Board received the Annual Report which provided details of the Infection Prevention team including the successes achieved during the year and future action plans.  The Board was informed that there had been a total of 89 cases of <i>Clostridium difficile</i> infection (CDI). Analysis of each incidence had indicated that only 22 were avoidable due to lapses in care. Despite the large protracted outbreak at the beginning of the year, there had been a year end reporting of 1 above target which had been an outstanding achievement and the closest the trust had been to achieving its CDI target for 6 years.  <b>RESOLVED:</b> That the Board NOTED the report.	
20/21 173	<b>IPC Board Assurance Framework</b>	

Reference	Minute	Action
	<p>The Board received the IPC Board Assurance Framework including details of planned actions to address the few areas rated as 'limited assurance'.</p> <p><b>RESOLVED:</b> That the Board NOTED the report.</p>	
20/21 174	<b>NHS People Plan 2020/21 – Gap Analysis</b>	
	<p>The Board received the report of the NHS People Plan 2020/21 – Gap Analysis which provided an overview of work undertaken in response to the National People Plan and the next steps.</p> <p>The Director of Workforce advised that the plan had been discussed with the various divisions and that the feedback was that the priorities should be Health &amp; Wellbeing and Equality and Diversity.</p> <p>The Board discussed the need to prioritise cultural change as this was needed to drive the direction and improvement for the Trust. The Director of Strategy &amp; Partnerships highlighted some of the planned work on Culture and Leadership that would be picked up in April 2021.</p> <p><b>RESOLVED</b> That the Board of Directors APPROVED the People Plan 2020/21</p>	<b>MS</b>
20/21 175	<b>Progress Against Enforcement Undertakings</b>	
	<p>The Board received the report of progress against the revised enforcement undertakings issued by NHS Improvement on 24 July 2020.</p> <p>The Board discussed the need to seek clarification on the current status of the additional licence condition that was imposed by NHSI in 2018.</p> <p><b>RESOLVED:</b> That the Board NOTED the report.</p>	<b>JH/Chair</b>
20/21 177	<b>Report of Safety Management Committee</b>	
	<p>The Board received the report of the Committee which provided a summary of business conducted during a meeting of the Safety Management Assurance Committee held on 28 October 2020. The Committee Chair advised that discussions at the Committee had provided some comfort that the right things were being done.</p> <p><b>RESOLVED</b> That the Board NOTED the report.</p>	
20-21/178	<b>Report of the Trust Management Board (TMB)</b>	
	<p>The Board received the report which contained some of the business conducted during the TMB held on 27 October 2020.</p> <p><b>RESOLVED</b> That the Board NOTED the report.</p>	

Reference	Minute	Action
20-21 179	<b>Communications and Engagement Monthly Report</b>	
	<p>The Board received the report of activity in the areas of staff engagement and communications, the NHS Staff Survey, media and social media, charitable fundraising and stakeholder relations.</p> <p><b>RESOLVED:</b> That the Board NOTED the report.</p>	
20/21 180	<b>Board Assurance Framework (BAF)</b>	
	<p>The Board received the BAF which provided an overview of all the risks currently recorded on the BAF and outlined movement of all risks recorded in line with Quarter 2 reporting period.</p> <p>The Interim Director of Corporate Affairs advised that the new BAF which would be aligned to the six Strategic Objectives and Priorities would be presented to the Board in February 2021.</p> <p><b>RESOLVED:</b> That the Board NOTED the report. That the Board APPROVED the content of the Board Assurance Framework as presented.</p>	
20/21 181	<b>Staff Flu Vaccination Programme - Winter 2020/21</b>	
	<p>The Board received the report which provided an overview of how the annual staff flu vaccination programme was being delivered, the challenges faced in doing so and the progress made to date. It also included details of a self-assessment against NHS England's best practice checklist for seasonal flu campaigns.</p> <p>The Director of Workforce updated that about 3,500 staff members had been vaccinated so far which represented 54.66%. The Chief Executive had sent emails to staff members to request information about those who had received the flu vaccine from other sources like their GPs.</p> <p><b>RESOLVED:</b> That the Board NOTED the report and to endorsed the 'Best Practice Checklist'.</p>	
20/21 182	<b>Any other business</b> None	
20/21183	<b>Date of Next Meeting</b> Wednesday 2 December 2020, via MS Teams	

.....  
Chair

.....  
Date

# Schedule of Meetings 2021/22

AM / PM		January '21	February '21	March '21	April '21	May '21	June '21	July '21	August '21	September '21	October '21	November '21	December '21	January '22	February '22	March '22
Board of Directors	12.30-4.00pm	Wed 27th		Wed 3rd	Wed 7th	Wed 5th Wed 26th* (Annual Rept)	Wed 2nd	Wed 7th	Wed 4th	Wed 1st	Wed 6th	Wed 3rd	Wed 1st	Wed 26th		
Audit Committee	am	Fri 15th			Thurs 22nd	Mon 24th* (Annual Report)				Wed 22nd		Fri 19th		Fri 14th		
Quality Committee	am	Wed 20th		Wed 31st		Thurs 20th		Wed 28th		Thurs 23rd		Wed 24th		Wed 19th		Wed 30th
Finance, Business, Performance & Assurance Committee	pm	Wed 20th		Wed 31st	Wed 28th	Thurs 20th	Thurs 24th	Wed 28th	Thurs 19th	Thurs 23rd	Thurs 27th	Wed 24th	Wed 22nd	Wed 19th	Wed 23rd	Wed 30th
Workforce Assurance Committee	pm	Tues 19th		Tues 24th (pm)		Tues 18th		Fri 23rd		Wed 22nd		Fri 19th		Wed 12th		Tues 29th
Safety Management & Assurance Committee	am		Thurs 18th		Tues 20th		Wed 23rd		Wed 25th		Thurs 27th		Wed 22nd		Wed 23rd	
Charitable Funds Committee	am/pm				Wed 28th (am)			Fri 23rd (pm)			Thurs 21st (am)			Wed 12th (pm)		
Capital Committee	am		Wed 3rd			Wed 5th			Wed 4th			Wed 3rd				Tues 29th
Council of Governors	pm 16.00-18.00	Mon 11th			Mon 19th			Mon 19th			Mon 18th Fri 22nd *(with Board)				Mon 10th	
Annual Members Meetings	pm									TBC						