



Wirral University Teaching Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS

 31 July 2023

 14:30 GMT+1 Europe/London

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1. COUNCIL OF GOVERNORS

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Meeting	Council of Governors
Date	Monday 31 July 2023
Time	14:30 – 16:30
Location	Birch House, Clatterbridge

Agenda Item

Lead

Exec Lead

- | | | | |
|----|--|-------------------|--|
| 1. | Welcome and Apologies for Absence | Sir David Henshaw | |
| 2. | Declarations of Interest | Sir David Henshaw | |
| 3. | Minutes of Previous Meeting | Sir David Henshaw | |
| 4. | Action Log | Sir David Henshaw | |
| 5. | Chair's Business and Strategic Issues
– Verbal | Sir David Henshaw | |
| 6. | Lead Governor Feedback – Verbal | Sheila Hillhouse | |

Items for Discussion

- | | | | |
|------|---|-------------------|---------------------|
| 7. | 2023/24 Capital Programme Update | Sir David Henshaw | Matthew Swanborough |
| 8. | Committee Updates | | |
| 8.1) | Finance Business Performance
Committee Update | Sue Lorimer | Mark Chidgey |
| 8.2) | Quality Committee Update | Dr Steve Ryan | Dr Nikki Stevenson |
| 8.3) | People Committee Update | Lesley Davies | Debs Smith |
| 8.4) | Research and Innovation
Committee Update | Sir David Henshaw | Dr Nikki Stevenson |
| 8.5) | Audit and Risk Committee
Update | Steve Igoe | Mark Chidgey |
| 8.6) | Charitable Funds Committee
Update | Sue Lorimer | Mark Chidgey |
| 8.7) | Estates and Capital Committee
Update – Verbal | Sir David Henshaw | Matthew Swanborough |
| 9. | Telephony Update | Sir David Henshaw | Matthew Swanborough |
| 10. | Integrated Performance Report | All NEDs | Executive Directors |

Items for Decision

- | | | | |
|-----|--------------------|--------------|----------------|
| 11. | Terms of Reference | Cate Herbert | David McGovern |
|-----|--------------------|--------------|----------------|

Wallet Items for Information

- | | | | |
|-----|-----------------------------|-------------------|--|
| 12. | Board of Directors' Minutes | Sir David Henshaw | |
|-----|-----------------------------|-------------------|--|

Closing Business

- | | |
|------------------------|-------------------|
| 13. Meeting Review | Sir David Henshaw |
| 14. Any other Business | Sir David Henshaw |

Date and Time of Next Meeting

Monday 30 October 2023, 14:30 – 16:30

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1.	24 April 2023	8.4	To contact Governors regarding the Trust wide research and innovation education morning on 19 May	Mike Ellard	Complete. Governors invited to event.	May 2023
2.	24 April 2023	8.5	To provide an update regarding telephony, to include the ongoing improvement project and metrics	Matthew Swanborough	Complete. Scheduled for July meeting.	July 2023
3.	24 April 2023	12	Council of Governors agreed to hold the next meeting at Clatterbridge	Cate Herbert	Complete.	July 2023

2023/24 Capital Programme Update

Council of Governors

July 2023

23/24 Project Delivery Plan

- The Trust's Estates Capital Team, along with its Internal and External Partners, are currently engaged on 13 projects, including UECUP
- The following slide shows projects and their status, however in summary:
 - 3 have completed (Blue)
 - 7 are on delivery plan (Green)
 - 2 are recoverable in period (Amber)
 - 1 UECUP (multi-year)
- The financial value of the projects currently being worked is over £18M (construction value for 23/24).

23/24 Delivery Plan & Status

ID	Scheme Type	Project Description	Delivery Status	Comments
1	22/23 Divisional Scheme	CGH Modular Theatres (9 and 10)	Green	On target for delivery 2nd October
2	22/23 Divisional Scheme	CGH Theatres Internal Reconfiguration	Green	On target for delivery 2nd October
3	22/23 Divisional Scheme	Phase 2 CGH Theatres Electrical Infrastructure	Green	On target for delivery 2nd October
4	23/24 Estates Scheme	Heat/Cooling Piped Services	Green	Scheme in design and on plan for March 24 delivery
5	22/23 Divisional Scheme	Ophthalmology light refurb	Amber	Slightly behind plan, however recoverable for end of September 23
6	23/24 Estates Scheme	Phase 3 Fire Compartmentation (2nd and 1st Floors) at APH	Green	In tender and with plan to complete January 24.
7	22/23 Estates Scheme	Trust wide Flooring (phase 2)	Completed	Complete May 23
8	22/23 Estates Scheme	Trust wide patient bathrooms	Completed	Complete May 23
9	22/23 Divisional Scheme	Clatterbridge Diagnostics Centre	Green	On plan to complete March 24
10	23/24 Estates Scheme	Cal 2 Boiler Replacement	Green	On plan to complete November 23
11	23/24 Divisional Scheme	Doctors Mess Refurbishment	Amber	Behind due to required staff moves. Aim to complete by October 23
12	23/24 Estates Scheme	Plate Heat Exchangers at CGH	Completed	Completed June 23

Urgent and Emergency Care Upgrade Programme (UECUP) at APH

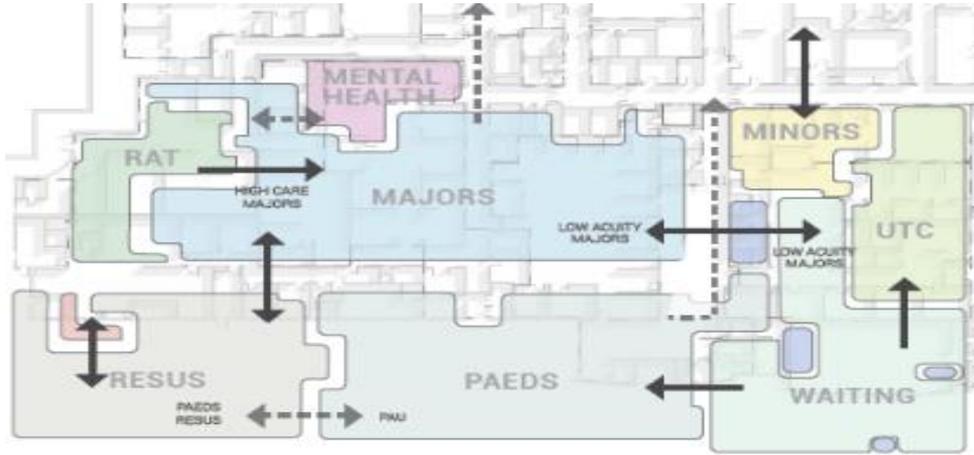
- New clinical model for urgent and emergency care and redevelopment of 4,000sqm of buildings
- New UTC, Minors, Majors, Paediatric A&E, Resuscitation, Mental Health, Ambulance canopy and assessment area. Also new staff spaces and patient waiting rooms
- FBC approved by Department of Health in July 2022.
- Enabling works completed November 2022, including road and ambulance canopy
- Main works commenced early December 2022, with main works completion due in 2025.



UECUP - Key Construction Achievements to Date

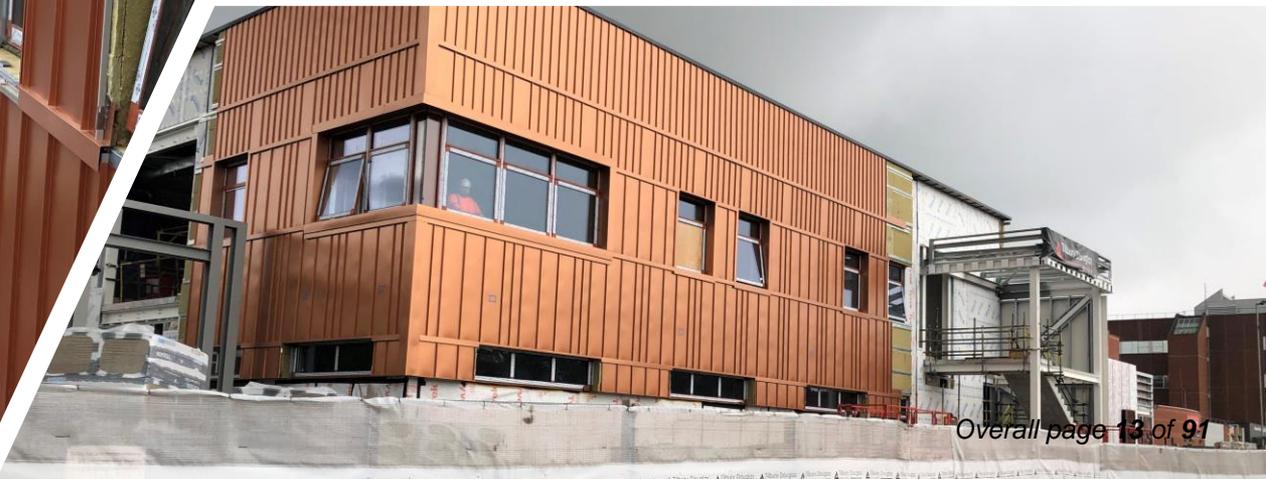
- Stage 4 GMP contract signed
- Phase 1 Enablement works completed, including new Ambulance canopy, new road, relocation of Pharmacy administration and change of ED entrance
- Phase 2 construction underway, with beams and external walls in place
- Phasing Approach developed and approved
- Phases 3 & 4 switched to support clinical/operational delivery and patient flow
- Full planning consent concluded
- C-sheet process concluding and loaded plans in development





UECUP Enablement Works







Clatterbridge Theatres Phase 2

Additional Modular Theatres and Refurbishments – Clatterbridge Hospital

- 2 Year Programme which includes the installation of 2 x additional modular operating theatres and further refurbishment of the theatre complex at Clatterbridge Hospital. Includes:
 - 2 x Theatres
 - 6 x Recovery bays
 - Anaesthetic Rooms
 - Additional consultation rooms
 - Lay up Rooms
 - Stores
 - Offices
- Project Complete – Sept 2023
- Cost: £14.9m



Architectural Plan and photo



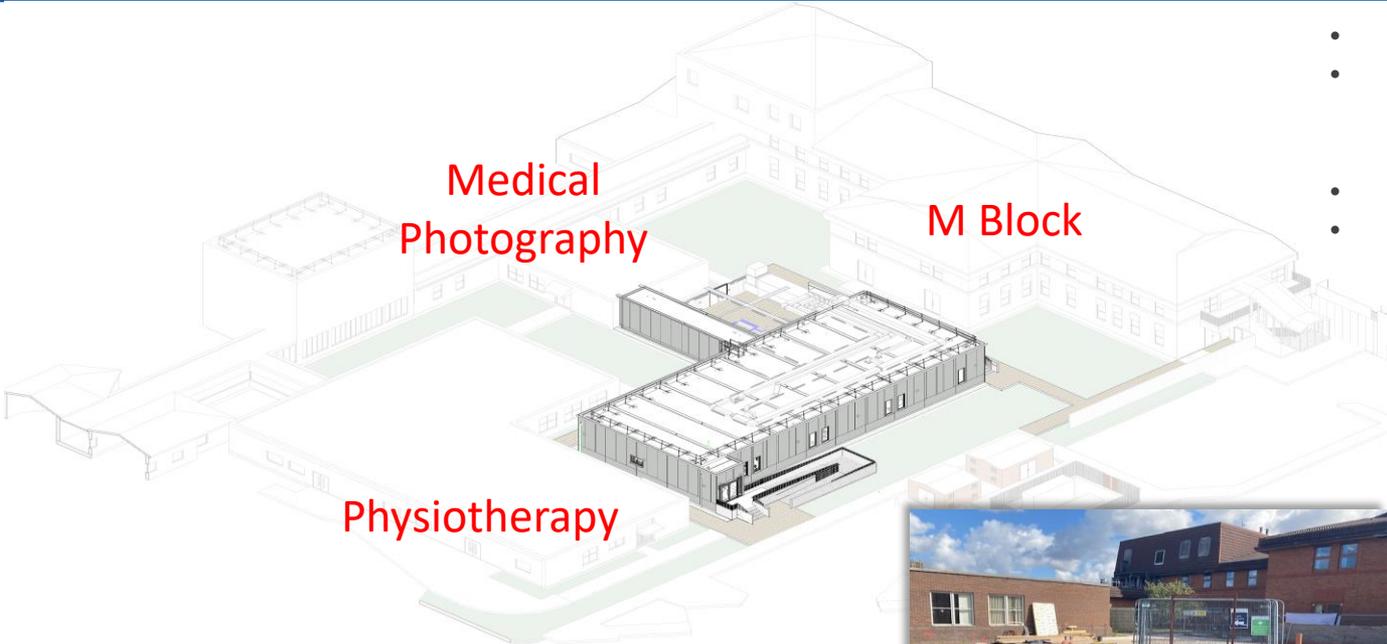
Clatterbridge Theatres Phase 2

Site progress

- Ground works completed after closing the perimeter road and diverting services.
- Modular unit delivered
- Internal fit out commenced



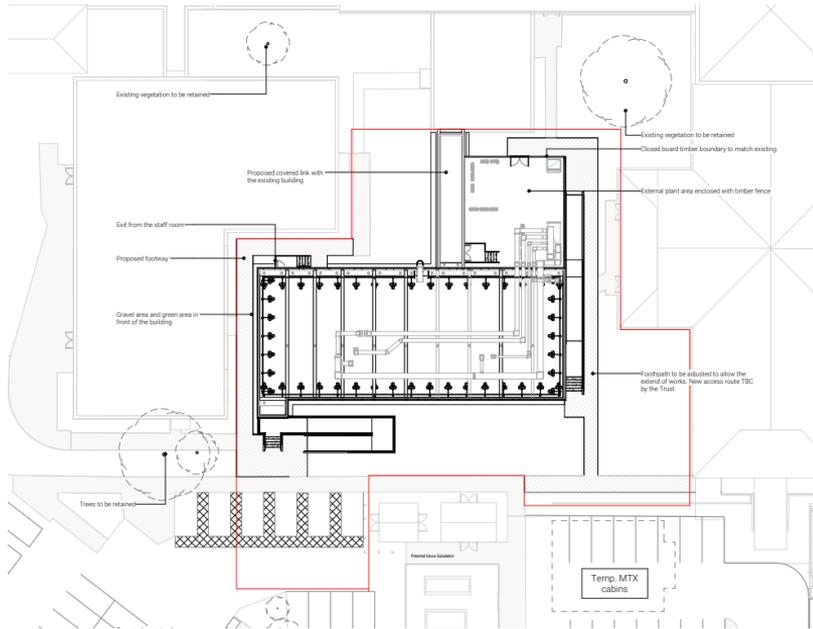
Clatterbridge Diagnostics Centre (CDC) Modular Construction



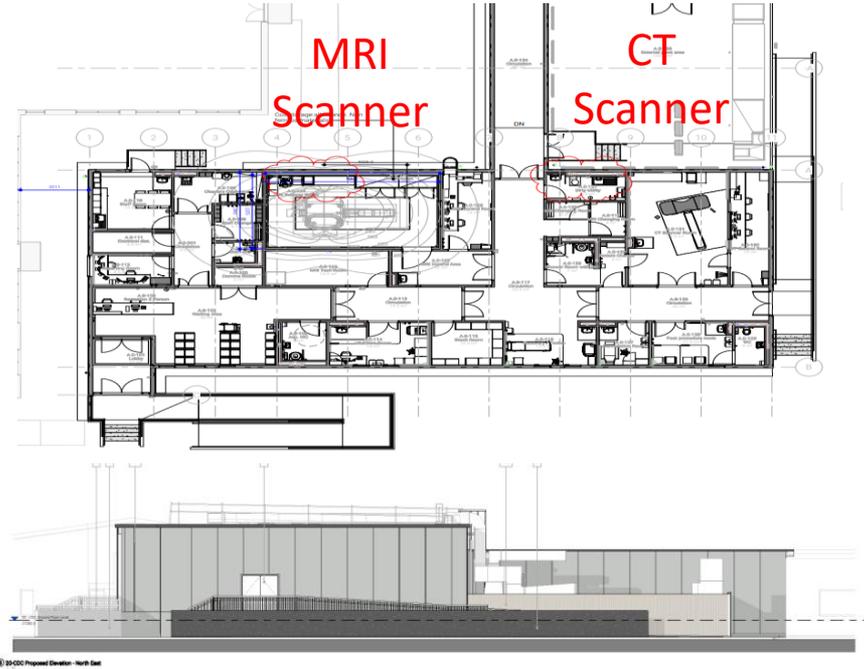
- Programme Handover March 24.
- As of 25th June 24, the foundations piles and slab are progressing well.
- Modules are in manufacture.
- Critical equipment in procurement with MTX Contracting.



Clatterbridge Diagnostics Centre

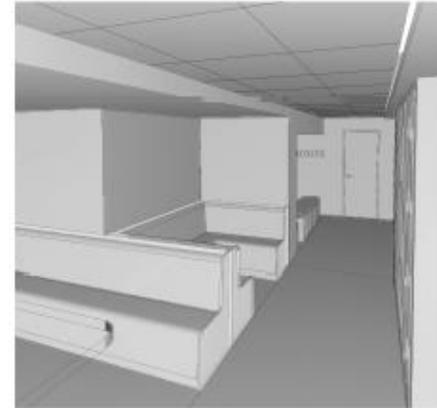


Layout Position

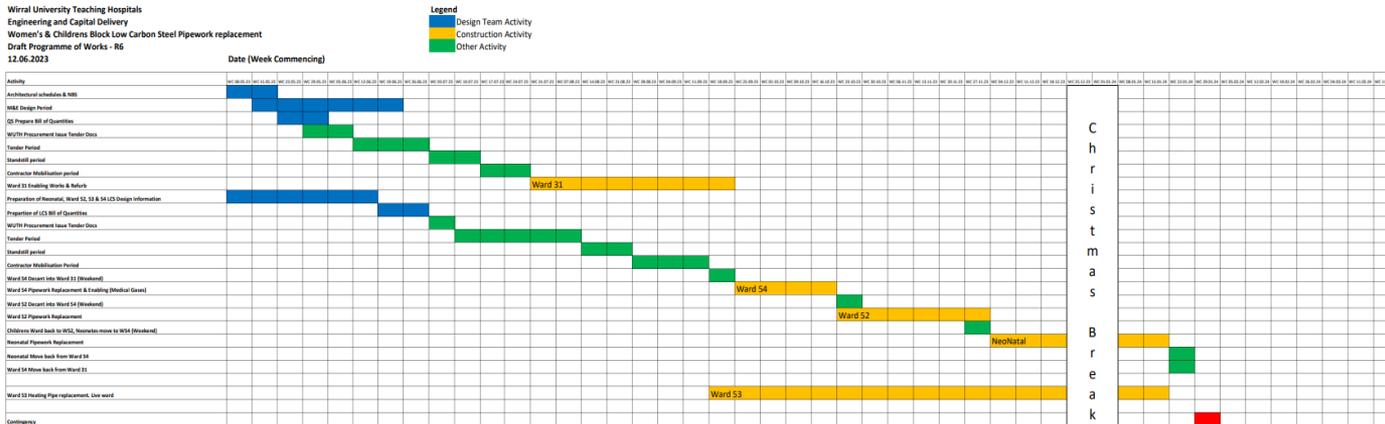


Side Elevation

23/24 – Junior Doctor’s Mess development



Low Carbon Steel Replacement Year 2 of 3 Women and Childrens (W&C)



23/24 Fire Compartmentation and Risk Reduction

REINFORCE – repair breaches to compartmentation

REPAIR – strengthen maintenance practices, fire doors, dampers

RE-EDUCATE – re-train staff in horizontal evacuation, increase good housekeeping awareness

REMOVE – fire load and ignition sources, toasters, kettles, and microwaves etc. out of non hazard rooms such as office environments

REVIEW – operational fire and evacuation procedures

REINFORCE – repair breaches to compartmentation



Neonatal Unit refurbishment

Upgrade of Neonatal Unit

- WUTH Charity and Incubabies Charity funded upgrade of Neonatal Unit at Arrowe Park Hospital
- ~£750k refurbishment
- Schedules of accommodation and review of Health Technical Memorandum undertaken
- Currently in RIBA Stage 1 design phase with clinical teams and architects

Report Title	Finance Performance Assurance Committee Update
Author	Sue Lorimer, Chair of Finance Performance Assurance Committee

Present Position

- In summary, the Trust is forecasting, with risks, that the financial plan for 2023/24 will be achieved.
- As the Trust annual plan is a deficit of £18.6m, management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance strategy approved by the Board in April 2023.
- At the end of May 2023, Month 2, the Trust has reported a deficit of £5.8m against a plan of £5.8m, the resultant variance of £0.0m is an improvement on the M1 position. The position assumes £0.5m of income to mitigate lost activity caused by industrial action. This has been agreed with the ICB as a planning assumption but will not be transacted ahead of national guidance.

Risks (New and ongoing)

- The Trust's reported risk against achievement of statutory targets are:

Statutory Financial Targets	RAG (M2)	RAG (Forecast)	Target Measure
Financial Stability			Achieve in-year financial plan
Agency Spend			Agency spend <= 3.7% of total pay
Financial Sustainability			Medium term financial recovery plan
Financial Efficiency			Variance from efficiency plan
Capital			Capital spend on track and within CDEL limit
Cash			Positive Trust cash balance

Overview of Committee activity

- The Committee noted the good financial performance to month 2. The deficit achieved of £5.75m represented a small positive variance against plan. The position included an assumption of income in respect of activity lost due to industrial action.
- The Committee was concerned to see a budget reduction in respect of backlog maintenance from £1.1m to £0.6m. This is necessary to provide contingency funding for major capital schemes such as the Urgent Care Centre and while this was acknowledged it was felt that the risks associated with both this, and the relatively small medical equipment allocation would benefit from further review by the Estates and Capital Committee.
- CIP performance was excellent in the first 2 months and the Committee commended the team on this. Of the target sum of £26.1m, £24.6m is forecast. This early identification of such a substantial sum gave the Committee good assurance of achieving the full target.
- The Committee was taken through the WAVE programme, a new initiative to engage all staff in the elimination of waste, the focus on activity that adds value and the achievement of savings. The Committee were extremely supportive of the initiative.
- The Committee noted good performance on elective activity with the Trust consistently achieving over 100%. It was noted that this compares very well with regional peers.

- A paper detailing performance against Cancer standards was reviewed and it was noted that Colorectal and Urology were areas of concern due to clinical and operational issues. The Committee sought assurance that the Quality Committee had this under review in terms of potential harm to patients and this was subsequently confirmed.
- The Committee noted the continued pressure on the Emergency Department with attendances of 370 on 19th June, a new record. It was noted that this situation was peculiar to Wirral and will impact significantly on 4 hour and 12 hour waits.

Other comments from the Chair

- The Committee was impressed by the continued drive of the Executive and Operational teams to perform as well as possible in spite of the extraordinary pressure on ED and the continuing industrial disputes.

Statement of Assurance

- The Committee was assured that financial and elective performance is good, the processes in place are sound and that where there is performance below target the team is actively seeking to improve it.

Report Title	Quality Committee Update
Author	Steve Ryan, Chair of Quality Committee

Executive Summary/Current Position

- The Trust continues to implement oversight of quality through the existing governance structures including Quality Committee as the subcommittee of the Trust Board and Patient Safety and Quality Board as the Executive Director led assurance group.
- Assurances have been received in relation to a range of quality indicators through a variety of reports to the Committee which are detailed further in this paper. These include lessons learnt from the Quality & Patient Safety Intelligence Report, the Patient Experience Strategy, reduction in falls, infection prevention and control, and the CQC action plan.
- Key escalations have included Special Educational Needs and Disabilities (SEND) and the impact of pressures in the Emergency Department as detailed below.

Items for Escalation/Action

Special Educational Needs and Disabilities (SEND)

- The Committee received a report on Special Educational Needs and Disabilities (SEND). The Trust provides care for children and young people (CYP) through its Community Paediatric Service.
- The oversight and leadership of the services for these CYP is through the local authority and the Integrated Care Board. A previous inspection by the Care Quality Commission and Ofsted had highlighted the need for improvement in SEND services. Subsequently the lead organisations developed a transformation programme with its partners including the Trust. The Trust is fully engaged with relevant components of the transformation programme. As part of the transformation work, considerable engagement with families, service users, schools, social care and the voluntary sector have helped to shape the 2023 Priority Plan.
- One area of transformation and improvement relates to the high caseload for CYP living with SEND who receive input from our Community Paediatric Service. This has led to the risk of CYP with neurodevelopmental disorders who use the service waiting too long for clinical follow-up. As a result, a full clinical risk validation exercise for all CYP receiving care has been completed to enable clinical prioritisation. As a result moving some CYP have been transitioned to patient-family-initiated follow-up and others have been referred to follow-up to primary care, where appropriate. In addition, at regional level, a pan-Mersey care pathway bringing primary care deeper into these pathways is being developed (currently medication can only be prescribed by specialists, not general practitioners). As well as those waiting for follow-up care, there are excessive waits to access initial assessments, which these actions will also help address.
- Issues of this nature and scale are prevalent across much of England and vacancies in Community Paediatrician posts are a key driver of these difficulties. The Trust has unsurprisingly also had difficulty making suitable appointments to vacancies in its community paediatric consultant posts. A further resource request is currently being developed to address these workforce issues.

- These issues are also having an impact on the timeliness of Education and Health Care Plans, provided by Trust clinicians, being provided within 42 days of a request. However the quality of the reports provided are consistently high.
- The Committee suggests that this area could form the basis of a Board Seminar.

Impact of pressures in the Emergency Department

- The continued pressure and long waits for patients in the Emergency Department (ED) was discussed in a number of reports. The high level of acute mental health care need has previously been highlighted to the Board and our mental health transformation work, led by the. The Chief Nurse is investigating solutions with partners to mitigate the risk of this on-going issue.
- Long stays in ED for some patients who are already receiving essential multiple daily medications prior to attending, present an additional challenge for the care teams in ED in ensuring all these medicines are provided on a timely basis. These patients should ordinarily be on inpatient wards where medication systems for this timeframe have long been in place. The Acute and pharmacy teams are being tasked to develop an action plan to address this issue. On going work to improve unscheduled care pathways will also help address this issue.

New/Emerging Risks

- No new risks were identified at the meeting.

Overview of Assurances Received

- The Committee received the Patient Experience Strategy Annual Report, which was presented by the Chief Nurse. This report gave a high level of assurance of the development and delivery of the strategy. Key highlights include the high level of patient and citizen engagement, which is shaping the delivery strategy through co-production within the Promise Groups. The link to improving positive patient feedback through the Friends and Family Test has also been demonstrated.
- Assurance on learning lessons was received through the Quality and Patient Safety Intelligence Report for Quarter 4 2022/23. Our attention was drawn to the work which is moving us towards a good position in the implementation of the national Patient Safety Incident reporting Framework (PSIRF)- ensuring effective learning and action by the thematic consideration of incident reports and other intelligence. The Lessons Learned Forum identified high-level themes in May. These themes were then mapped against improvement and assurance work already underway, but also identified areas for further focus. An example of further focus is adherence to policies and procedures: Work will be done to understand the key issues that are associated with lapses and improvements developed. Other areas of work include transfer of care between clinical areas, health inequality and acute mental health care. In the latter case we already benefit from partnership work with Cheshire and Wirral Partnership Trust - for example support to improve recorded compliance with the Mental Capacity Act.
- Through the Patient Safety Quality Board Key Issues Report and the Integrated Performance Report, the Committee received assurance that quality improvement work was seeing a reduction in patient falls. However further insight is being sought around the potential causes of lapses in “bay tagging”, which were highlighted following a serious incident the Committee received.
- The Chief Nurse gave an update on *Clostridioides difficile*. Although the Statistical Process Control (SPC) chart had demonstrated a continued fall in the incidence of *C diff* from its peak in July 2022. Despite this but given the high level of risk factors in the population we

serve, the high level of bed occupancy and the relative lack of isolation facilities (e.g. single rooms), she is developing a priority action plan to address and weaknesses or gaps in our control processes.

- The Committee received an update on the CQC action plan. Assurance was received that actions are in place for all 3 overdue actions and progress is expected at the next meeting of the Committee in 2 months. Five actions had been given extended deadlines. Assurance of the actions being embedded following completion is always sought.

Other comments from the Chair

- The Lesson Learned Forum had also highlighted Management of Violence and Aggression as one of its themes. The Committee sought assurance that this issue is one that the Board is fully sighted-on through its sub-committees. Feedback was given that the relevant elements of this will be reported through the Risk Management Committee and also raised, through the Health and Safety Committee. A report will be provided to the Trust Board later this year so that it can seek the necessary assurance.

Statement of Assurance

- The Chair of the Committee confirms that the Committee is assured on the effectiveness and oversight of the governance and improvement processes, which it monitors. It can also confirm that the risk and issues highlighted to it have appropriate responses that have good executive oversight.

Report Title	People Committee Update
Author	Debs Smith, Chief People Officer

Executive Summary/Current Position

- The Integrated Performance Dashboard demonstrates continued improvement in relation to workforce indicators:
 - Sickness Absence in June 2023 was 5.3% against a target of 5%. Whilst above target, this is a significant improvement in the same period in 2022 and 2021.
 - Turnover in June 2022 was compliant with Trust target in June 2023 at 0.83% against a target of 0.83%.
 - Mandatory Training was compliant with Trust target in June 2023 at 94% against a target of 90%.
 - Appraisal was compliant with Trust target in June 2023 at 88.5% against a target of 88%.
- Below is a summary of ‘People’ activity, which addresses the issues above and relates to the delivery of the People Strategy 2022-2026.

Items for Escalation/Action

- The Committee received a deep dive into the experience of disabled staff in the Trust, following a disparity highlighted by the National Staff Survey results. The deep dive set out a range of measures on employee experience and demonstrated improvement across a number of areas. The Workforce Directorate have established a staff-led ‘Action on Workforce Disability’ task and finish group, which will focus on achieving specific and measurable improvements in the experiences of our disabled staff.

New/Emerging Risks

- The risk that clinical service will be disrupted as a result of on-going industrial action remains the highest scoring risk on the Workforce Directorate risk register, currently at 15. Risks are mitigated by robust EPRR planning.

Overview of Assurances Received and Committee Activity

A meeting of the People Committee was held on the 20 July 2023 and the Chair’s report will be made available to the Board of Director’s meeting on the 6 September 2023. The Committee received a number of detailed reports which enables the Committee to examine the progress the Trust is making against the People Strategy, which is a key strand in the delivery of the Trust’s overarching strategic plan, as well as seek assurance that the Trust has robust systems and processes to deliver a positive working environment. Specifically, the committee received with the following reports:

- Staff Story
- Chief People Officer Report
- People Strategy Update Report
- Improving the Experience of Disabled Staff
- Workforce Key Performance Indicator Report
- Employee Relations Report

- Safe Staffing Report
- 2022-23 Annual Submission to NHS England North West: Appraisal and Revalidation

At the July meeting the Committee received an overview of the NHS Long Term Workforce Plan and discussed the impact for the Trust, agreeing to review the long-term opportunities presented by the plan at a future seminar discussion. The Committee also received a quarter one update on all 2023/24 priorities within the People Strategy and were assured on delivery and impact measures.

The Committee were assured that there is strong grip on the workforce indicators presented in the KPI report and noted the on-going improvement, demonstrating the impact of work undertaken to create a positive culture across the Trust. Committee members noted that workforce indicators within the Estates and Facilities Directorate remain challenged, despite significant improvements, and have requested a deep dive into this area to be presented at a future meeting.

The Committee receive a detailed employee relations report and were assured that appropriate processes are in place. In addition to activity and process, the report also provides assurance on the on-going development of the Trust's just and learning culture and gives an example of lessons learned on a particular case.

Statement of Assurance

As Chair of the People Committee, along with my fellow Non-Executive Directors, I confirm that we are assured on the processes and controls in place to manage the quality of care provided by the Trust.

Report Title	Research and Innovation Committee Update
Author	Sir David Henshaw, Chair of Research and Innovation Committee

Executive Summary/Current Position

- The Trust launched its new Research and Innovation Strategy in May 2022, which set out its commitment to Research and Innovation transformation by 2026.
- The Research and Innovation Operational Group meets monthly to provide scrutiny over current performance, future activity and ensure we are delivering our strategic aims set out in the Strategy.
- To date, the 2023-24 Trust research portfolio includes 55 studies, 5 studies have closed, and 5 have opened. We currently have two commercial studies, and twelve non-commercial studies in the set-up phase.
- Although recruitment has been challenging in the first quarter of the financial year there has been an increase in patients recruited over the past month as new studies come online. However, the annual target for recruitment remains at risk.
- The R&I team have moved into the new Wirral Research Center based on the Clatterbridge campus. This provides an exciting opportunity to focus R&I activities, improve collaboration with external partners and increase commercial activity.
- The R&I team were awarded the Research Collaboration of the year award at the North West Coast Research and Innovation Awards in June following our successful collaboration with Marine Lake Medical Practice on the Harmonie RSV vaccine study.
- WUTH has been successful in its bid to secure £75k funding from the Clinical Research Network to grow the current research portfolio and help with infrastructure.

Wirral Research Collaborative

WUTH is a key partner of the Wirral Research Collaborative. The WRC is a partnership of Wirral health and care providers focused on promoting the best outcomes for the population they serve through robust evaluation and research. Working in partnership with third sector, educational and commercial partners, WRC will provide a forum to promote synergy and knowledge exchange across primary care, secondary care and other agencies, sharing best practice and excellence in research and innovation across our community and positively impacting Wirral's health outcomes.

There is direct contribution to the monthly WRC Operational meetings and the quarterly WRC Board meetings. WUTH R&I have agreed to provide oversight and governance for the WRC. The aims, objectives and expectations of the WRC are being finalized. A Pan Wirral R&I network event is planned for Spring 2024.

Conversations continue to drive innovation for Wirral, opportunities have been explored with external partners, Clatterbridge Cancer Centre, Alder Hey Innovation Hub also involving partners already engaged in optimising digital platforms. Innovation projects are being explored to develop at WUTH.

Risks (New and ongoing)

Recruitment to studies remains a key risk as we reset following the Covid-19 pandemic. Recruitment is monitored monthly by the Operational Group and has shown signs of recovery during the past month as new studies open. We currently have 2 commercial and 12 noncommercial studies in set up phase that will further improve recruitment figures over the coming months.

Overview of Committee activity

The Committee continues to meet on a quarterly basis and provides scrutiny over KPI's as well as delivery against strategic aims. The last meeting focussed mainly on discussing how to draw together activity to support the delivery of the strategy.

Other Comments from the Chair

- Sir David to update as required.

Statement of Assurance

- As a Committee, though new, we are assured that the activity being undertaken on this agenda is both correct and will push the research agenda at WUTH forward.

Report Title	Audit and Risk Committee Update
Author	Steve Igoe, Chair of Audit and Risk Committee

Overview

This report seeks to update Council of Governors on the work of the Audit Committee at its meetings on 27th April 2023 and 8th June 2023. As usual at this time of year much of the Business of the Committee is taken up with statutory reporting and year end close down and this year was no exception.

At the meeting on 27th April the committee considered the following:

27th April 2023 highlights

Internal Control and Risk Management

Regular reports were received relating to Financial Assurance and Procurement Spend controls.

The Committee was provided with an update on transactional issues relating to losses, special payments, and outstanding debts. Following queries raised previously by the Committee in relation to stock losses the new Head of Pharmacy attended to explain to the Committee the reasons for such losses and the systems used by WUTH to minimise exposure to such losses. Discussion also took place into the opportunities to recycle medicines including internationally where possible. The Committee was assured by the detailed analysis and presentation from Pharmacy. The procurement spend report was discussed and the Committee noted:

- That the Trust had exceeded the model health system metrics target for spend control and process efficiency.
- That there is a robust process to identify and reduce ad-hoc spend.
- That the use of national and regional frameworks has reduced incidents of non-compliant spend.

Review of Accounting Policies

The Assistant Director of Finance introduced a detailed paper on Accounting Policies to be used to construct the WUTH Accounts for the year to 31 March 2023. She confirmed that there were no material changes to the policies this year. The Committee noted the report and agreed to review the position further in the light of receiving the External Audit report following the Audit of the Trust's accounts.

Review of Management Estimates

All financial statements include a range of valuation items in their construction. The Deputy Chief Finance Officer took the Committee through the relevant valuation estimates impacting on this year's accounts. Those estimates this year relate to:

- Annual Leave accrual
- Flowers provision
- Employee relations /Tribunals outcomes and costs

- Clinical Support Workers salary adjustments
- Consultants' income

The Committee discussed the need and calculation of the provisions and approved them.

Draft 2022/23 Accounts

The draft accounts were briefly discussed. The Assistant Director of Finance had prepared a paper which unfortunately had not been circulated with the papers. Nonetheless the detail included therein was discussed. It was noted that the Committee will again consider these accounts in detail prior to recommending approval to the Board. It was agreed that a detailed reconciliation of the statutory position to that reported to the Board on a management accounts basis would be helpful.

Internal Audit Progress and Reports

The Committee received the regular report from the Internal Audit Service. Outcomes were as follows:

- Sickness absence – Moderate Assurance
- ESR HR/payroll controls – Moderate Assurance
- HR & Wellbeing service payroll review /3rd party assurance -Substantial Assurance
- Recruitment review – Substantial Assurance
- Assurance Framework Opinion (not rated)

Internal Audit follow up report and WUTH Audit tracker

The Committee noted the progress in resolving issues raised through the Audit process .In its detailed discussions that fact that a number of items were now substantially overdue was noted .As a result the Committee asked that for any such items outstanding in September i.e. older than 22/23 then the relevant Executive Director should attend the Committee and explain the position , the reasons for the delay and confirm that they will be resolved as soon as possible .The Committee agreed that no outstanding actions should persist for any longer than the previous year.

Head of Audit Opinion

The Committee received the Annual Head of Audit Opinion. This states:

“The overall opinion for the period 1st April 2022 to 31st March 2023 provides Substantial Assurance, that there is a good system of Internal Control designed to meet the organisation’s objectives and that controls are generally being applied consistently.”

This is a positive outcome, and the Committee commended the Executive on the work done in supporting and enhancing the overall control environment throughout the year.

Anti-Fraud service annual report and work plan

A detailed analysis of the work done during the year was included within the report. The outcome reported was positive. Specifically, the self- assessment against the Government Functional Standard 013 for Counter Fraud showed the Trust rated green for 12 of the thirteen standards with an amber rating for only one related to training which will be addressed this year.

The Anti-Fraud Work Plan for 2023/24 was presented to the Committee and approved.

Board Assurance Framework

The BAF was discussed by the Committee which noted in detail the contents. It was agreed that at future meetings the Committee would undertake a deep dive into one/two of the risks on a rolling basis to obtain further assurance on the identification and management of the same.

The Committee approved the submission of the BAF to the Board and confirmed the ongoing management of risk as appropriate.

Register of interest and gifts and hospitality

A detailed update was presented on the Trust's management of its register of interests. As at 31st March there were 1459 members of staff who fell within the disclosure categories set out in the Trust's policy. Of these 1311 had completed the relevant declaration. This comprised 90% of the relevant population compared to just 20% the previous year. The Committee noted this as a herculean task and colleagues were commended for their significant efforts in this area. In terms of hospitality and gifts it was noted that further work is required in this area although a detailed policy is available. The committee noted that with the work of the Trust expanding in various Research areas this will inevitably expose the Trust to potential new risks not previously experienced.

Annual Governance Statement (AGS)

A draft of this year's AGS was discussed by the Committee. It was noted that there are a number of areas in the tabled version yet to be updated and that much of the content is prescribed. The Committee noted the current version recognising that it would have a further opportunity to comment at its next meeting.

Annual Report of the Committee including its effectiveness review

The Committee considered the detailed report which provided an overview of the work of the Committee during the year and a commentary on its effectiveness. An assessment against the Committee's terms of reference was also conducted along with recommendations for any amendments.

The Committee received a positive effectiveness assessment and other than a minor change in relation to locus of responsibility for clinical audit falling under the quality committee confirmed its terms of reference.

The Committee confirmed that it is properly composed, with appropriate skills and has met a sufficient number of times to conduct its business. The Committee has reviewed its work and confirms that it has discharged its duties in line with the authority delegated to it by the Board via its terms of reference and is therefore operating effectively.

8th June 2023

This meeting was specifically focussed on the items required to provide assurance to the Board at its meeting on 14th June that the variety of documents referenced in this report had been reviewed in detail by the Committee and therefore it was in order for the Board to approve them. Specifically:

Quality Account 2022/23

The Quality Account 2022/23 was presented to the Audit Committee by the Medical Director. Discussion took place on the activities undertaken by the Trust during the period in question. Good progress had been made in a number of areas although the report confirmed that 1 quality priority had not been achieved and 2 others only partially achieved. The report also identified that 3 national clinical audits had not been completed in 2022/23. In relation to CQUINS, from the data available it would appear that the Trust has achieved 4 CQUINS, partially achieved a further 2 and not achieved a further 2. It was confirmed that there were no financial implications from this performance.

The Quality Account is drafted to be a true and honest reflection of the quality of services provided by the Trust which the Committee confirmed it to be. It was noted that the report was discussed in detail and approved by the Trust's Quality Committee. The Committee was pleased to note that a more accessible summary of the document would be produced to be made available to Stakeholders. It was also noted that post pandemic there was no requirement for this document to be subject to external audit review.

Annual Report 2022/23

The Trust's annual report including the Annual Governance statement was presented to and discussed by the Committee. Much of the document is prescribed however the Committee were pleased to note the continuing positive improvement in the internal control environment as reported on via the Head of Internal Audit opinion.

Annual Accounts 2022/23 and Auditor's ISA 260 report

The Committee discussed the Trust's annual accounts for 2022/23. These were in line with previous discussions. The Committee noted a significant corrected valuation difference amounting to £10.3m in relation to the valuation of Land and Buildings however it was noted that this was a non-cash item and made no difference to the overall asset value of the Trust.

There were no other significant issues arising in the preparation of the accounts and they had been prepared in accordance with the Trust's accounting policies approved at an earlier meeting. Some minor work was still outstanding in terms of Audit however this is not expected to impact on the provision of an unqualified opinion from the Trust's Auditors Azets.

The Committee discussed the proposed Letter of Representation and confirmed that it was in order for this to be signed on behalf of the Board. The letter was a standard form of wording subject to 2 specific requirements; the first relating to c£900k of deferred income which is expected to be released in 23/24 and 2 uncorrected errors amounting to £414.7k. Neither of these amounts either individually or cumulatively are material.

The Committee also discussed in some detail the implications of the new ICS structure and the challenges that was presenting for a number of trusts in terms of the tension between the legal responsibilities of the Trusts as autonomous legal bodies and the role of the ICB. The Auditors confirmed that WUTH was in a strong position however this will increasingly be a challenge from a national perspective.

In summary from the ISA 260:

- The Auditors are intending to issue an unqualified report on the Trust's financial statements for 2022/23
- The ISA260 does not indicate any significant issues that would impact on the Board's ability to approve the accounts and associated reports at the Board meeting
- The ISA260 confirms no significant weaknesses were identified in relation to Value for Money arrangements
- The Auditors identified 3 minor Internal Control weaknesses requiring attention

In short, the External Audit has progressed well, and the Trust has received a positive set of outcomes from the External Auditors.

Provider License: Self Certification

The Committee discussed the above document. It was noted that the Trust satisfies the majority of requirements with the exception of condition G6. It was agreed that the form of wording would reflect this by the use of an except for opinion.

Conclusion and Statement of Assurance

Governors are asked to note the ongoing substantive work undertaken by the Audit and Risk Committee and specifically the work done in providing positive recommendations to support the Board in signing the relevant statutory declarations for the 22/23 financial year.

Council of Governors
31 July 2023

Item No 8.6

Report Title	Charitable Funds Committee Update
Author	Sue Lorimer, Chair of Charitable Funds Committee

Current Position

- The Charity Team are busy with community events which they are working on in partnership with local supporters. The following activities will be taking place over the next months. If you would like any information or would like to get involved, please contact the Charity Team wuth.charity@nhs.net
- The Charity Car Wash in Heswall will take place on 29 July, followed by a Charity Football match with a Neonatal Unit family on 30 July.
- On 13 August there will be a Model Railway Charity Day in Royden Park. Throughout August there will be a Host a Bake Sale for Tiny Stars. Supporters will be asked to hold their own bake sale and donate the proceeds to WUTH Charity.
- Planned for 15 October is the Wirral 10k and runners are being asked to sign up to run WUTH at this year's event in New Brighton.

Overview of Assurances Received and Committee Activity (meetings 12th June and 19th July)

- The Committee received and approved a draft 3-year strategy for the Charity for further ratification by the Board of Directors as Corporate Trustee. This set out a clear direction and focus for the Charity.
- The Committee approved a new process for the approval of charitable expenditure which should provide increased clarity for staff when submitting bids.
- The Committee reviewed the overheads of the Charity and approved a revised process for allocating overhead costs to each of the charitable funds.
- The Committee received an update on the ongoing withholding of charitable funds cash by Barclays Bank. The Committee were informed that the Chief Financial Officer has written formally to the bank and subsequently to the Financial Services Ombudsman.
- The Committee received an update on the planning process for improving the Neonatal Unit. This is to be funded from the Tiny Stars appeal in partnership with Incubabies. The Chair requested a further meeting be set up with Incubabies trustees to discuss.
- The Committee approved the draft annual report subject to audit and ratification from the Board of Directors as Corporate Trustee.

Other comments from the Chair

- The Committee were pleased to note how the Charity is developing and the energy and drive of the team in developing links with staff, corporate entities and the community.

Statement of Assurance

- The Committee is assured that the processes of the Charity are sound and are enhanced by the new strategy and revised processes.

Telephony Improvements July 2023

Council of Governors

Telephony System Overview

The telephony infrastructure platform is managed by the Trust's Digital Healthcare Team (DHT), they support the technology that allows the service to operate, on a voice over IP (VOIP) platform.

Cisco Unified Communications Manager (CUCM or CallManager) supports the telephony services. This system was implemented in 2019/20 as a direct replacement for an legacy telephony system.

The Cisco system works functionally. However, it is accepted that the system has enhanced capabilities that have not been fully implemented as they were outside of initial project scope.

Technology Deployed	Not Deployed
Arc – Console Services (Switchboard)	Red Box – Call recording
Unified Contact Centre eXpress (UCCX) – Call Centre Management	
Prism Reporting – Call Logging, outcome, performance	SocialMiner – Social Media integration
Jabber – Software delivering phones on desktop PCs and mobiles	

Switchboard Overview

Switchboard is the key point of contact for our patients and service users. Switchboard answers on average c. 64,000 calls a month and has answered 764,950 calls in 2022/23 (*Appendix 2*), on a 24/7, 365-day service. Calls directed to Switchboard are answered in a timely manner, with over 99% of calls answered by an operator.

Predominantly, Switchboard operators answer a wide range of calls and route to the appropriate person or department within the Trust. The operators also perform a range tasks, such as:

- Update on-call rotas
- Answer and route emergency calls via the paging system.
- Book porters for patient transport and taxis, outside of Cerner system
- Issue department keys, accommodation keys, and password passes for IT out of hours,
- Replace & programme faulty pagers

The Switchboard comprises a team of 23 staff incl. supervisor and manager. There are 20 operators, one team leader, one supervisor, and one Switchboard Manager. Staff work on an eight-week rota across both sites, on separate day (0800-1700), evening (1700-2200), and night (2200-0800) rotas to cover a 24hr period.

Identification of Existing Issues

Staff & Functional Directories

- The Trust has accurate, maintained information about employees in ESR, but this does not extend to all staff who work in the organisation. Therefore, it has historically been difficult to direct calls to the correct person/extension.
- Approximately 57% of calls made externally to, and internally within the Trust fail to be answered or re-directed to a suitable deputy or forwarded to a voicemail service

Reporting

- Due to the lack of organisational structure information in Active Directory and within Cisco system, the Trust has not been able to produce timely reports on telephony performance and usage

Training

- Limited formal training on the use of the Cisco telephony system has been undertaken outside of the Switchboard and Digital Team. Staff have been unfamiliar with the all features of desktop handsets, Jabber softphones, and Microsoft Teams linkages.

Switchboard Role

- At present the Switchboard receive calls from staff and external callers and forward the calls to the required extension, trying alternatives when lines are busy. The Trust has not implemented all Cisco technology to offer call navigation and semi-automatic call forwarding

Improvements to date

To support the service improvements to telephony, the following improvements have been made over the past 12-18 months:

1. **Staff Directory upgrade.** This provides a central repository for staff information, including assigned extension numbers and other contact information such as mobile number and location within Hospital. This has reduced the number of contact numbers listed for Wards on directory. This is an ongoing piece of work, with the next phase focussed on ESR alignment.
2. **Calls unanswered have taken reduced across Trust, as Staff Directory become utilised.** (*Appendix 1 – Performance Data*).
3. **Switchboard recently completed Tiger call statistic formal training.**
4. **Digital Healthcare Team Technical staff booked on Cisco Formal training for autumn 23.**

Medium-Term Actions

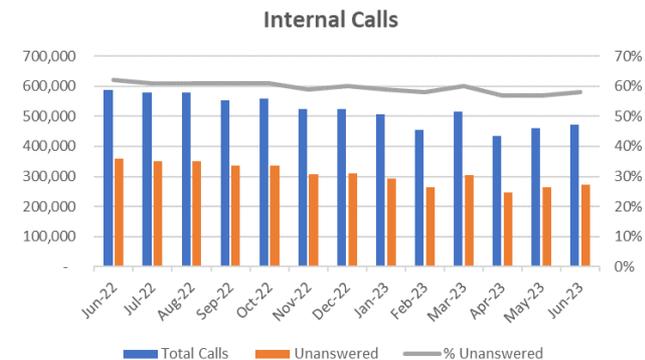
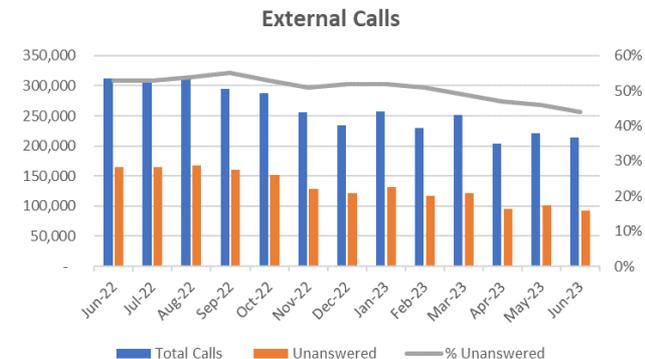
With the recruitment of a Telephony Service Improvement Lead, Digital Healthcare Team in collaboration with Estates, Facilities & Support Services propose to address current Telephony/Switchboard issues in a medium-term plan of work involving:

1. **The creation of an accurate and complete staff / functional directory containing contact and organisational structure data.**
2. **Regular reporting on telephony performance and asset usage with processes to manage and reclaim assets effectively.**
3. **Training for different staff at different levels on how to use their telephony resources effectively.**
4. **The development of telephony configurations for deployment in defined situations.**
5. **A review of the role of Switchboard and the way the public interact with the Trust.**

Appendix 1

Performance Data (Ext./Int. Calls to Trust phones)

	External Incoming Calls to all Trust phones			Internal Calls to all Trust phones		
	Total Calls	Unanswered as primary and forwarding call	% Unanswered	Total Calls	Unanswered as primary or forwarding call	% Unanswered
June 23	213,896	93,138	44%	472,217	273,414	58%
May 23	221,253	101,536	46%	461,763	263,012	57%
April 23	203,952	95,792	47%	434,505	246,728	57%
March 23	251,066	121,113	49%	515,092	305,714	60%
February 23	229,557	116,990	51%	454,704	262,597	58%
January 23	257,833	132,058	52%	506,241	293,671	59%
December 22	233,706	121,184	52%	523,793	309,882	60%
November 22	256,511	129,135	51%	524,254	306,172	59%
October 22	287,219	151,994	53%	559,039	336,906	61%
September 22	295,353	160,023	55%	553,986	336,397	61%
August 22	310,312	167,342	54%	578,408	351,412	61%
July 22	312,098	165,235	53%	579,206	350,483	61%
June 22	311,760	164,811	53%	588,903	360,238	62%

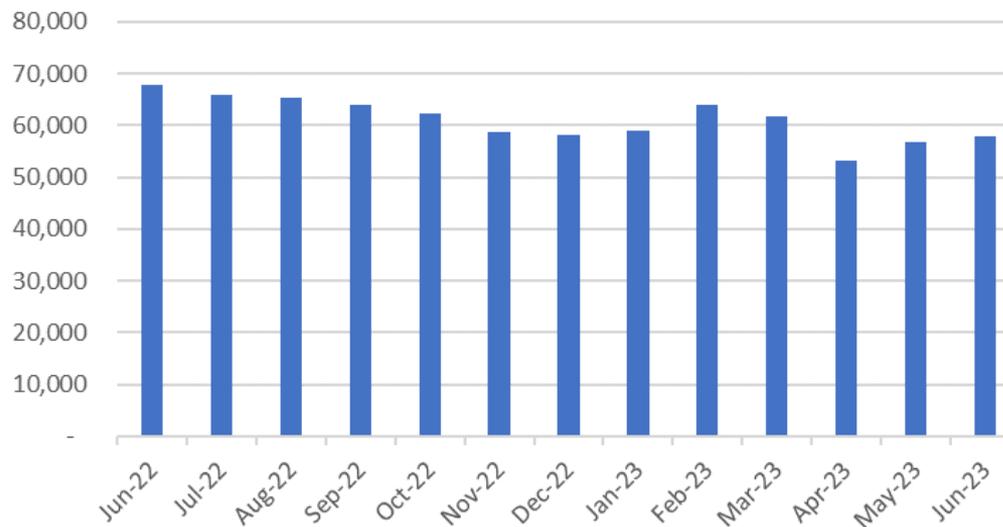


Appendix 2

Performance Data (Switchboard volume)

	Switchboard
	Total Calls Answered
June 23	57,963
May 23	56,850
April 23	53,336
March 23	61,743
February 23	63,903
January 23	58,864
December 22	58,043
November 22	58,723
October 22	62,281
September 22	64,097
August 22	65,354
July 22	65,916
June 22	67,932

Switchboard Answered Calls



Council of Governors

Item 10

31 July 2023

Title	Integrated Performance Report
Area Lead	Executive Team
Author	John Halliday - Assistant Director of Information
Report for	Information

Report Purpose and Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of June 2023.

It is recommended that the Council of Governors:

- notes performance to the end of June 2023

Key Risks

This report relates to the key risks of:

- Quality and safety of care
- Patient flow management during periods of high demand

Contribution to Integrated Care System objectives (Triple Aim Duty):

Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

Contribution to WUTH strategic objectives:

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

1	Narrative
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are now grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.

Grouping the metrics by CQC domain shows the following breakdown for the most recently reported performance:

Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	5	17	22
Well-led	2	1	3
Use of Resources	5	0	5
All Domains	19	23	42

2	Implications
2.1	The issues and actions undertaken for those metrics that are not meeting the required standards are included in additional commentaries and reports.

3	Conclusion
3.1	Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

Author	John Halliday - Assistant Director of Information
Contact Number	0151 604 7540
Email	john.halliday@nhs.net

Integrated Performance Report - July 2023

Approach

The metrics for inclusion have been reviewed with the Executive Director team.

Performance is represented in SPC chart format to understand variation, and a summary table indicating performance against standards.

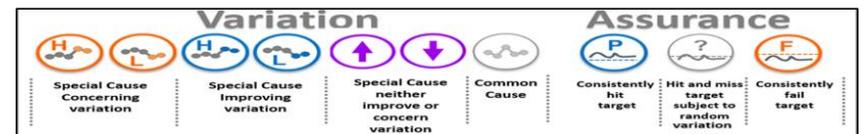
The metrics are grouped into Executive Director portfolios, with individual metrics showing under their CQC Domain.

Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	5	17	22
Well-led	2	1	3
Use of Resources	5	0	5
All Domains	19	23	42

Key to SPC Charts:



Issues / limitations

SPC charts should only be used for 15 data points or more. Some of the reported metrics only apply from 2022, so will take time to build up.

SPC format does not support including a target where it is variable over time, eg a reducing trajectory for long waiters.

Alternative formats of charts are included where they are more appropriate.

Changes to Existing Metrics:

Metric

Clostridioides difficile (healthcare associated)

% Appraisal compliance

Amendment

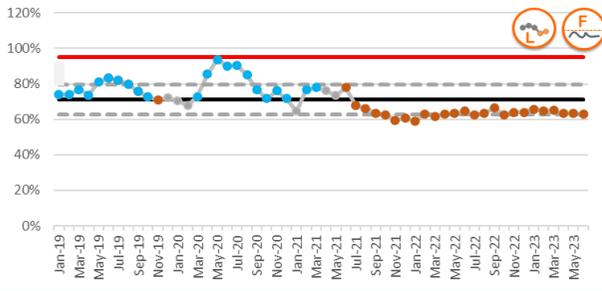
Threshold target for 2023/24 is now confirmed - maximum 71 cases for the year.

Likely change of the target threshold to 90% from Q3 2023/24

Chief Operating Officer (1)

CQC Domain : Responsive

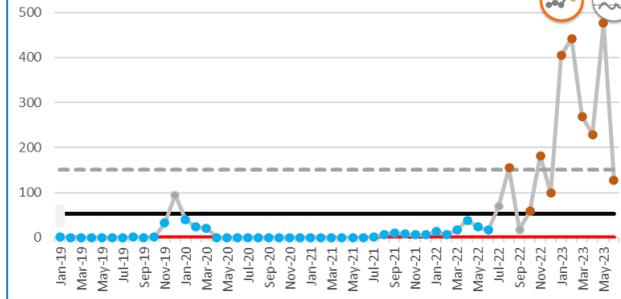
4-hour Accident and Emergency Target (including APH UTC)



June-23
62.8%
Variance Type
Special cause variation - concerning
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

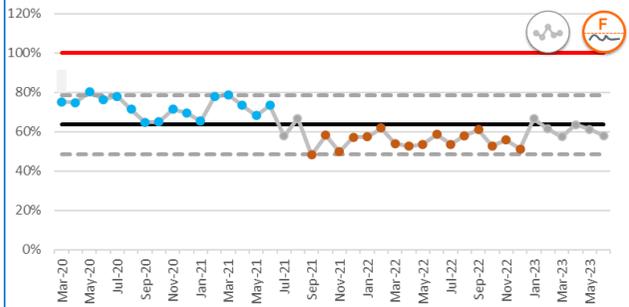
Patients waiting longer than 12 hours in ED from a decision to admit



June-23
128
Variance Type
Special cause variation - concerning
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

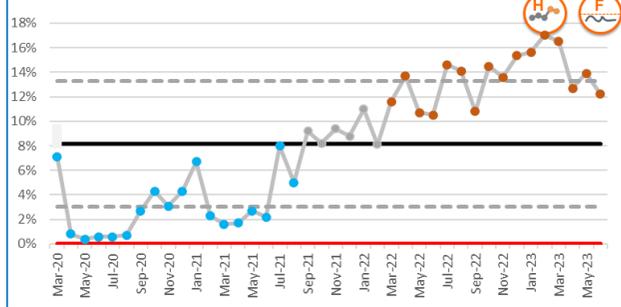
Time to initial assessment for all ED patients - % within 15 mins



June-23
57.9%
Variance Type
Common cause variation
Threshold
100%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

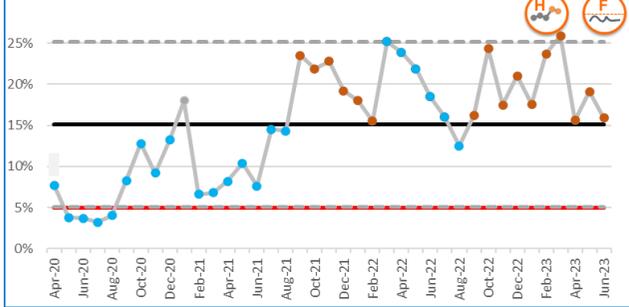
Proportion of patients more than 12 hours in ED from time of arrival



June-23
12.2%
Variance Type
Special cause variation - concerning
Threshold
0%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

Ambulance Handovers: > 30 minute delays

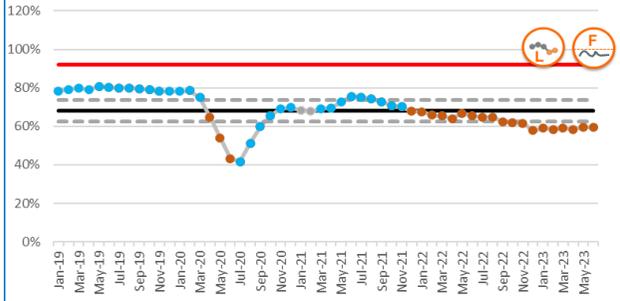


June-23
15.9%
Variance Type
Special cause variation - concerning
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target

Chief Operating Officer (2)

CQC Domain : Responsive

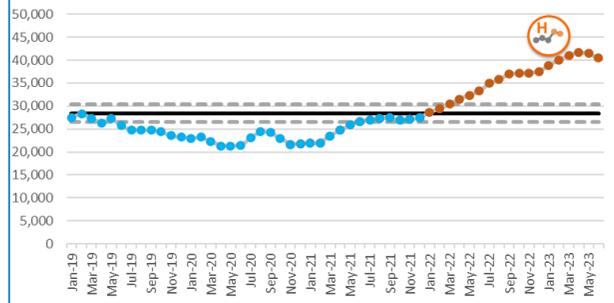
18 week Referral to Treatment - Incomplete pathways < 18 Weeks



June-23
59.34%
Variance Type
 Special cause
 variation - concerning
Threshold
 ≥92%
Assurance
 Performance consistently
 fails to achieve the target

CQC Domain : Responsive

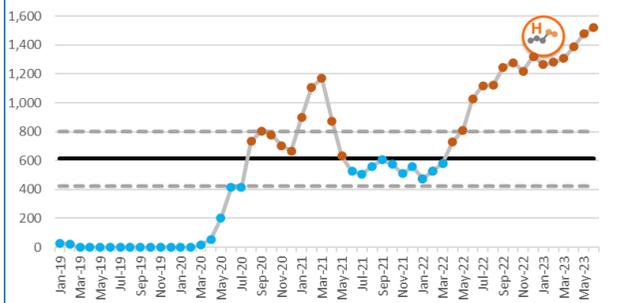
Referral to Treatment - total open pathway waiting list



June-23
40487
Variance Type
 Special cause
 variation - concerning
Threshold
 ≤ 39104
Assurance
 Trajectory target not
 appropriate for SPC Assurance
 reporting

CQC Domain : Responsive

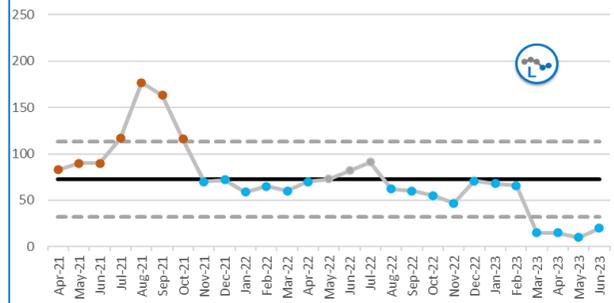
Referral to Treatment - cases exceeding 52 weeks



June-23
1522
Variance Type
 Special cause
 variation - concerning
Threshold
 1330
Assurance
 Trajectory target not
 appropriate for SPC
 Assurance reporting

CQC Domain : Responsive

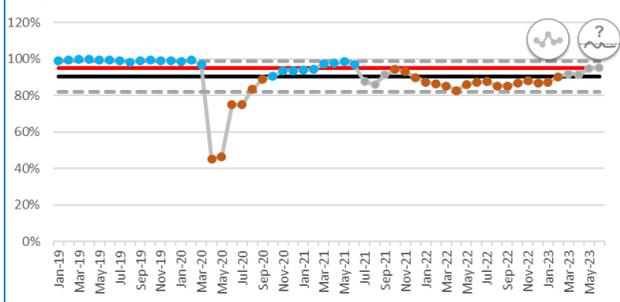
Referral to Treatment - cases waiting 78+ wks



June-23
20
Variance Type
 Special cause
 variation - improving
Threshold
 0 (exc choice / complex)
Assurance
 Trajectory target not
 appropriate for SPC Assurance
 reporting

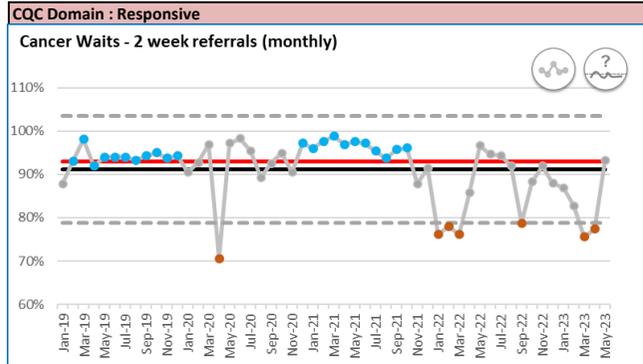
CQC Domain : Responsive

Diagnostic Waiters, 6 weeks and over - DM01

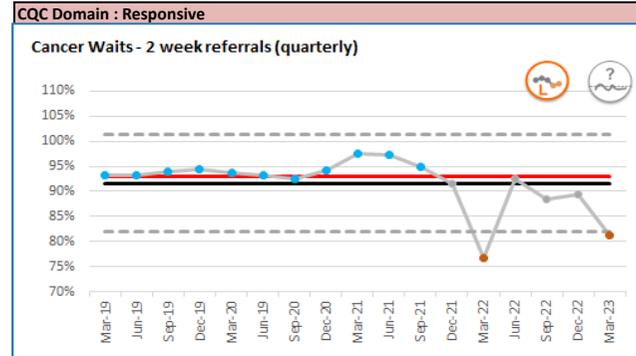


June-23
95.5%
Variance Type
 Common cause
 variation
Threshold
 ≥95%
Assurance
 Hit & miss target subject
 to random variation

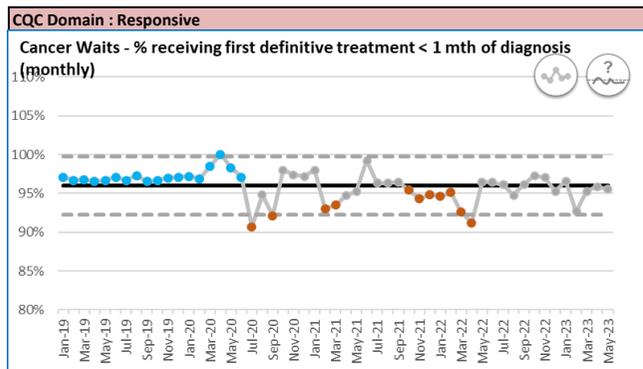
Chief Operating Officer (3)



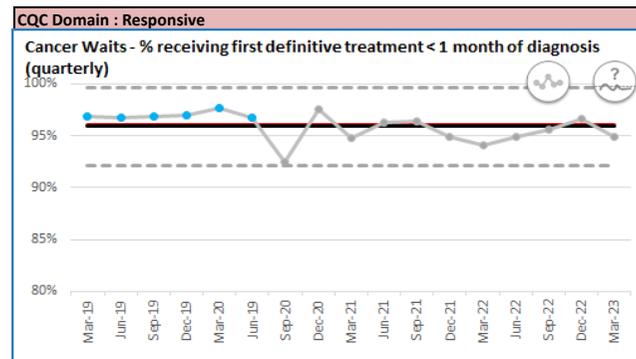
May-23
93.2%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



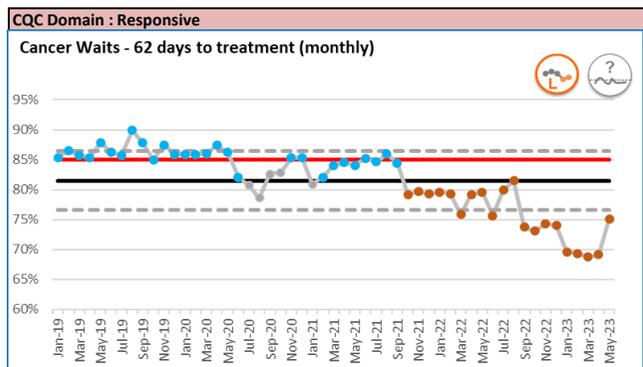
March-23
81.3%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



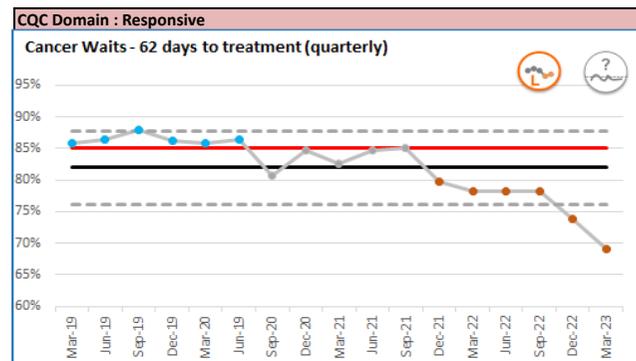
May-23
95.5%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



March-23
94.9%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

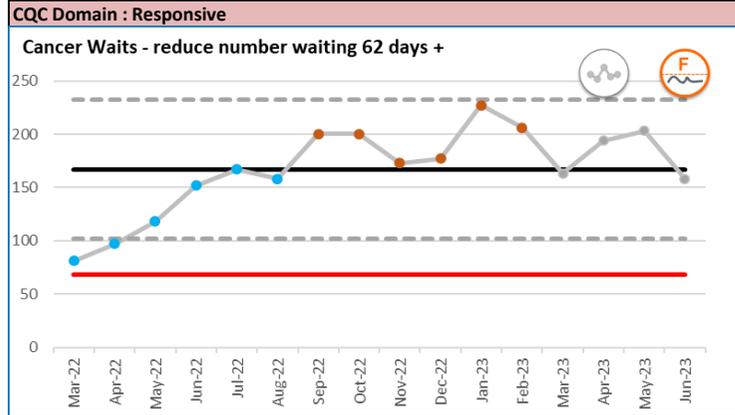


May-23
75.1%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Hit & miss target subject to random variation

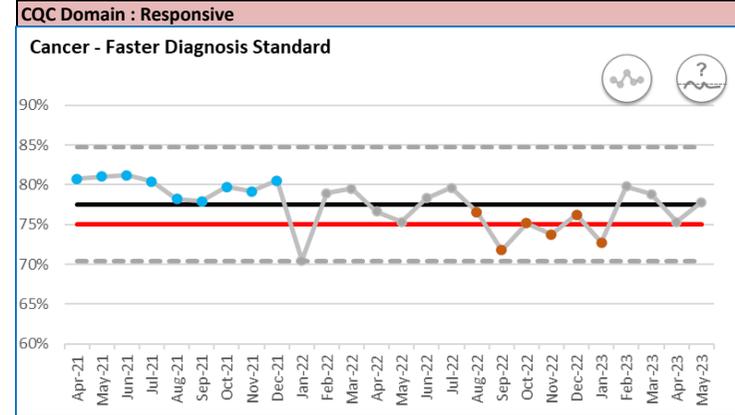


March-23
69.2%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Hit & miss target subject to random variation

Chief Operating Officer (4)

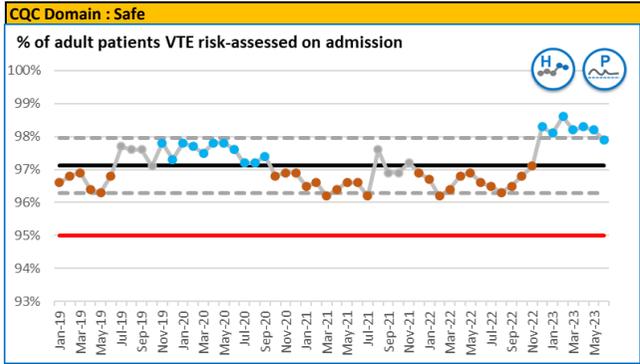


June-23
158
Variance Type
Common cause variation
Threshold
100
Assurance
Performance consistently fails to achieve the target

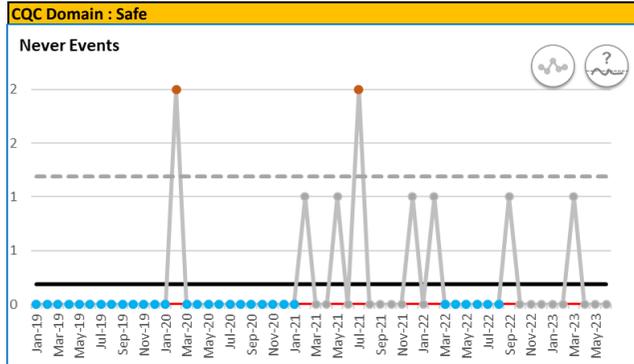


May-23
77.8%
Variance Type
Common cause variation
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

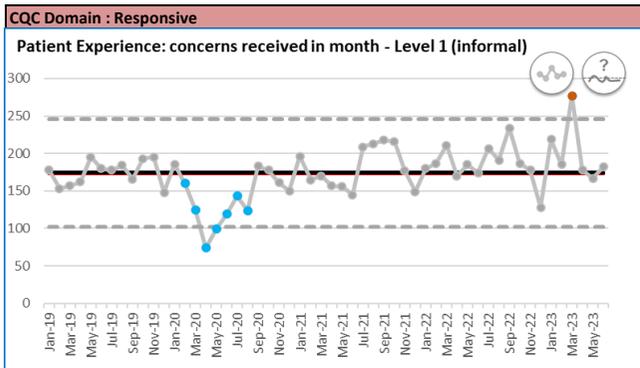
Medical Director (1)



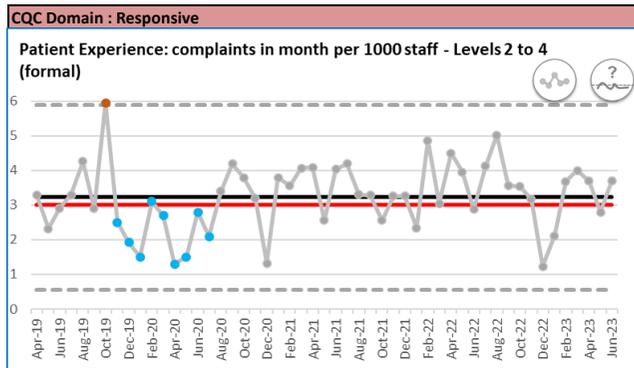
June-23
97.9%
Variance Type
Special cause
variation - improving
Threshold
≥95%
Assurance
Performance consistently achieves the target



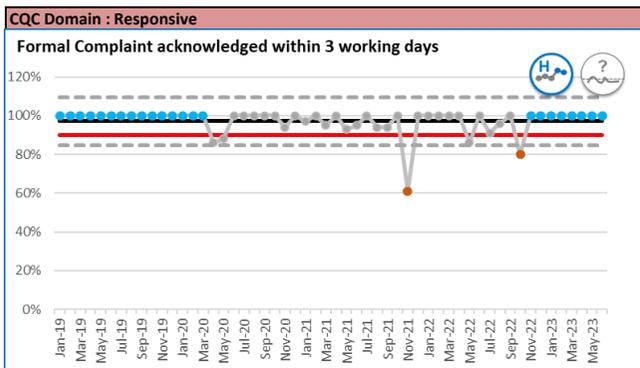
June-23
0
Variance Type
Common cause
variation
Threshold
0
Assurance
Hit & miss target subject to random variation



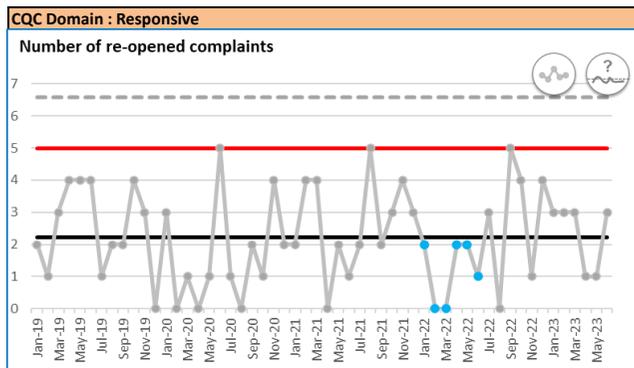
June-23
182
Variance Type
Common cause
variation
Threshold
≤173
Assurance
Hit & miss target subject to random variation



June-23
3.7
Variance Type
Common cause
variation
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation

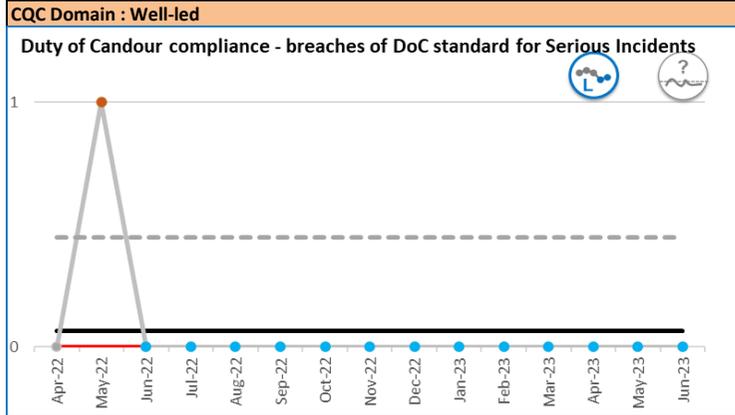


June-23
100%
Variance Type
Special cause
variation - improving
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

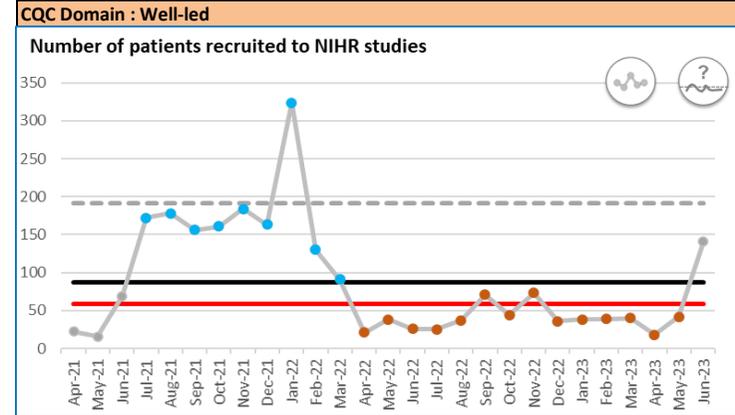


June-23
3
Variance Type
Common cause
variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

Medical Director (2)

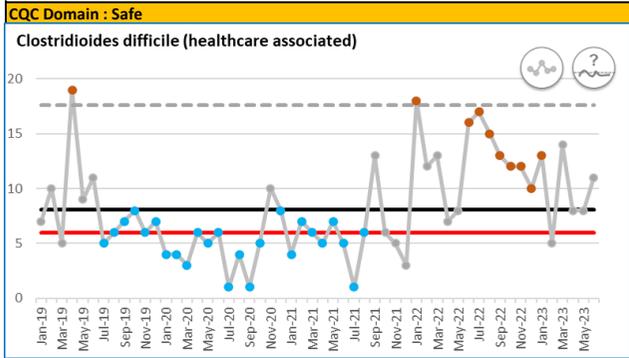


June-23
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation

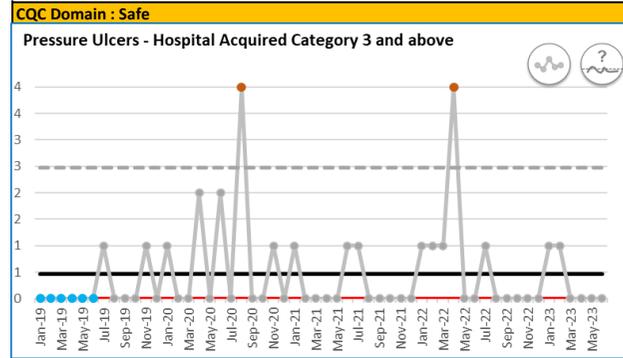


June-23
141
Variance Type
Common cause variation
Threshold
59 per mth (700 pa)
Assurance
Hit & miss target subject to random variation

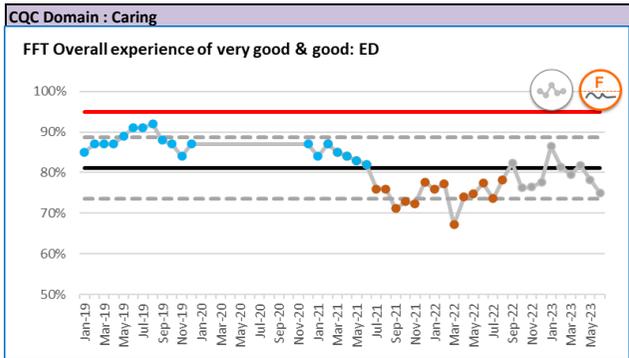
Chief Nurse



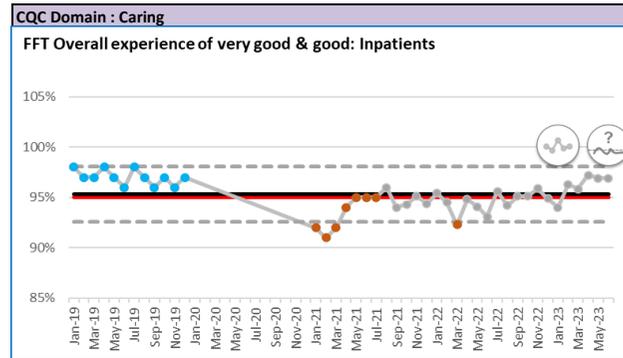
June-23
11
Variance Type
 Common cause variation
Threshold
 ≤ 6
Assurance
 Hit & miss target subject to random variation



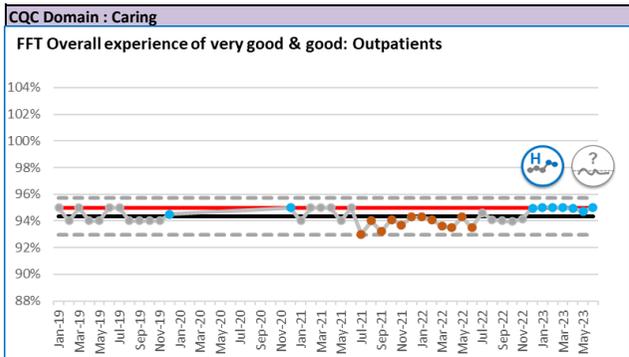
June-23
0
Variance Type
 Common cause variation
Threshold
 0
Assurance
 Hit & miss target subject to random variation



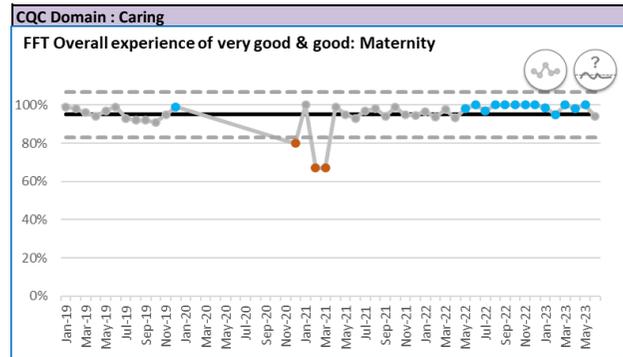
June-23
75.0%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Performance consistently fails to achieve the target



June-23
96.9%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation



June-23
95.0%
Variance Type
 Special cause variation - improving
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation

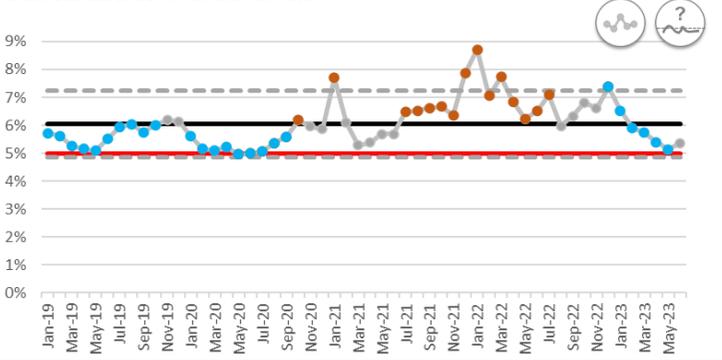


June-23
93.9%
Variance Type
 Special cause variation - improving
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation

Chief People Officer

CQC Domain : Safe

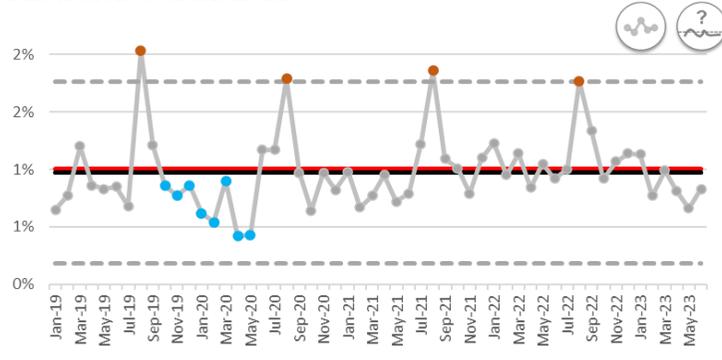
Sickness absence % - in-month rate



June-23
5.37%
Variance Type
Common cause variation
Threshold
≤5%
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe

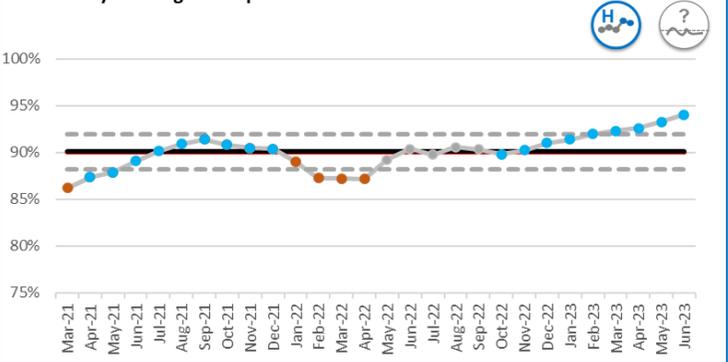
Staff turnover % - in-month rate



June-23
0.83%
Variance Type
Common cause variation
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe

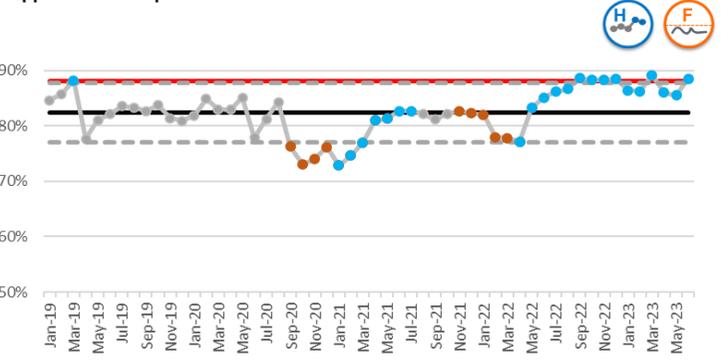
Mandatory training % compliance



June-23
94.04%
Variance Type
Special cause variation - improving
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

CQC Domain : Well-led

Appraisal % compliance

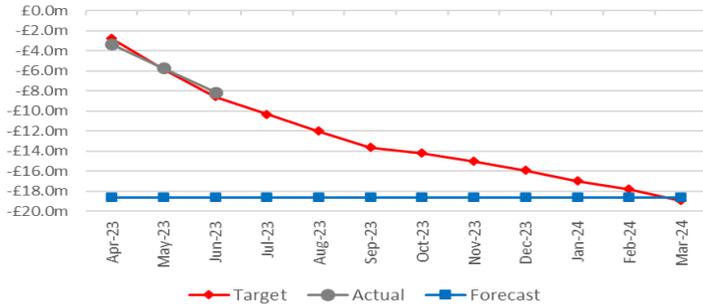


June-23
88.54%
Variance Type
Special cause variation - improving
Threshold
≥88%
Assurance
Performance consistently fails to achieve the target

Chief Finance Officer

CQC Domain : Use of Resources

I&E Position



June-23

-£8.11m

Variance

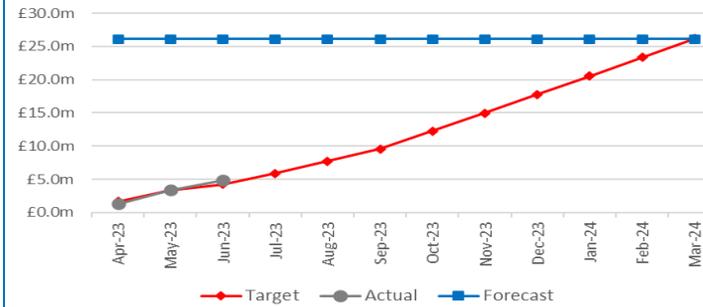
Position better than plan

Target

-£8.57m

CQC Domain : Use of Resources

Cumulative CIP



June-23

£4.85m

Variance

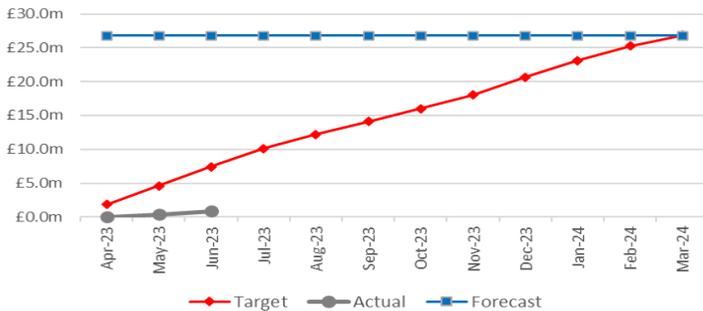
Position better than plan

Target

£4.26m

CQC Domain : Use of Resources

Capital Expenditure



June-23

£0.9m

Variance

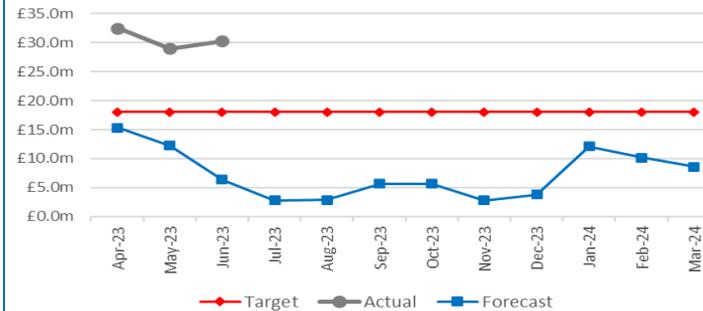
Position not worse than plan

Target

£7.4m

CQC Domain : Use of Resources

Cash Position



June-23

£30.3m

Variance

Position better than plan

Target

£18.0m

Council of Governors

Item 11

31 July 2023

Title	Terms of Reference
Area Lead	David McGovern, Director of Corporate Affairs
Author	Cate Herbert, Board Secretary
Report for	Approval

Report Purpose and Recommendations

The purpose of this report is to provide the Terms of Reference for the Council of Governors for approval.

It is recommended that the Council of Governors:

- Approves the Terms of Reference

Key Risks

This report relates to these key Risks:

- The Trust should ensure that there is robust governance processes and documentation in place to support effective decision making and delivery of objectives.

Contribution to Integrated Care System objectives (Triple Aim Duty):

Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

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

1	Narrative
1.1	<p>Terms of Reference As part of the wider governance review, a Terms of Reference for Council of Governors has been created and consolidates information set out in the Trust Constitution. The Terms of Reference is attached at Appendix 1.</p>

	The Terms of Reference should be viewed as a starting point, as Terms of Reference can and should be live documents that change. These Terms of Reference will therefore remain under constant review and will be updated as time goes on.
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2	Implications
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2.1	Clear terms of reference support effective decision making and good governance.
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3	Conclusion
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3.1	It is recommended that the Council of Governors approve the Terms of Reference.
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Author	Cate Herbert, Board Secretary
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Email	Catherine.herbert5@nhs.net
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Council of Governors Terms of Reference

Document Owner: Director of Corporate Affairs
Related Documents: Constitution Standing Orders Scheme of Reservations and Delegations National Health Service Act 2006

Review Date: TBD
Issue Date: TBD
Version: 1.0
Authorisation Date: TBD

1. **Constitution**

The Council of Governors is established in line with legislation to discharge two main statutory duties: to hold the non-executive Directors to account (both collectively and individually) for the performance of the Board of Directors; and to represent the interests of the members of the Trust as a whole and the interests of the public.

The Council of Governors is derived from NHS Act 2006 and as amended by the Health and Social Care Acts (2012 and 2022). This document should be read in conjunction with the Acts.

2. **Authority**

The Council of Governors' powers are set out in the Trust Constitution, and are in line with the legislation indicated above. The Council derives authority from this legislation, and is accountable to Trust members.

The Council of Governors may establish Committees and delegate authority to them to carry out the detailed work of its ad hoc duties, but may not delegate its two statutory duties, nor the final approval of those areas it has delegated.

3. **Objectives and Duties**

The Council of Governors will deliver the following statutory duties:

- To hold the non-executive Directors to account (both collectively and individually) for the performance of the Board of Directors; and
- To represent the interests of the members of the Trust as a whole and the interests of the public.

The Council of Governors will undertake the other ad hoc duties in line with legislation:

- Appoint and, if appropriate, remove the Trust chair and other non-executive directors
- Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors
- Approve (or not) any new appointment of a chief executive
- Appoint and, if appropriate, remove the Trust's auditor
- Receive the Trust's Annual Report, including Annual Accounts, at a general meeting of the Council of Governors
- Provide views on the Trust's forward plan
- Hold the non-executive directors, individually and collectively, to account for the performance of the Board of Directors
- Represent the interests of the members of the Trust as a whole and the interests of the public
- Approve significant transactions (example Acquisitions and Mergers)
- Approve an application by the Trust to enter into a merger, acquisition, separation, or dissolution
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service, or performing its other functions
- Approve amendments to the Trust's constitution

4. Equality and Diversity

The Council of Governors will seek to promote and enhance equality, diversity, and inclusion across the Trust, both in the discharge of its duties and decision-making processes, and in representing these values in all areas it touches. It will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

5. Membership

The Council of Governors shall be composed as per the provisions in the Trust Constitution:

- Thirteen Public Governors from the following areas of the Public Constituency:
 - Bebington and Clatterbridge
 - Bidston and Claughton
 - Birkenhead, Tranmere, and Rock Ferry
 - Bromborough and Eastham
 - Greasby, Frankby, Irby, Upton and Woodchurch
 - Heswall, Pensby and Thingwall
 - Leasowe, Moreton and Saughall Massie
 - Liscard and Seacombe
 - Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston and Thornton
 - New Brighton and Wallasey
 - North West and North Wales
 - Oxton and Prenton
 - West Wirral
- Five Staff Governors from the following classes:
 - Registered medical practitioners and registered dentists
 - Registered nurses and registered midwives
 - Other healthcare professional staff
 - Other Trust staff
- Two Local Authority Governors to be appointed by Wirral Borough Council

- Two Governors to be appointed by:
 - Liverpool University
 - Wirral Third Sector Assembly

Attendance at meetings will be monitored by the Board Secretary and shall be reported in the Annual Report. In line with the Trust Constitution and the Code of Conduct for Governors, unexcused attendance at three consecutive meetings of the Council may constitute grounds for discussions with the Chair.

6. Attendance

Meetings of the Council of Governors may be attended by one or more of the Directors to obtain information about the Trust's performance of its functions or the Directors' performance of their duties.

7. Conflicts of Interest

Notwithstanding the definition of material interests applicable to Governors as set out in the Constitution, due consideration of interests will be regularly monitored.

Attendees, including Non-Executive Directors, may not be present for discussions which pertain to their performance, tenure, or remuneration.

8. Quorum and Frequency

A quorum shall be at least eight Governors including not less than five Public Governors are present.

The Council of Governors should meet sufficiently regularly to discharge its duties. The Council of Governors would be expected to meet as a full Council at least four times a year (plus the Annual Members' Meeting). Governors should make every effort to attend the meetings of the Council of Governors.

9. Rights and Voting Powers

Governors should use their rights and voting powers from the 2012 Act to represent the interests of members and the public at large on major decisions taken by the Board of Directors. These voting powers require:

- More than half the members of the Board of Directors who vote and more than half the members of the Council of Governors who vote to approve a change to the Constitution of the NHS foundation trust
- More than half the Governors who vote to approve a significant transaction.
- More than half the Governors to approve an application by a trust for a merger, acquisition, separation, or dissolution
- More than half the Governors who vote to approve any proposal to increase the proportion of the Trust's income earned from non-NHS work by 5% a year or more. For example, Governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the Trust's total income
- Governors to determine together whether the Trust's non-NHS work will significantly interfere with the Trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions

10. Reporting

The minutes of all meetings shall be formally recorded and presented to the next meeting of the Council of Governors for approval.

The agenda and supporting papers of each meeting shall be displayed on the Trust website.

11. Conduct of Meetings

The agenda and supporting papers will be sent out at least four working days prior to the Council of the Governors, unless there are exceptional circumstances authorised by the Chair.

Authors of papers should use the standard template.

Presenters of papers can expect all members to have read the papers and should keep to a verbal summary outlining the purpose of the report and its recommendations. Governors may question the presenter.

12. Performance Evaluation

As part of the Council of Governors performance review process, and in line with the guidance on Governors' duties, the Council of Governors shall review its collective performance at least once every three years.

13. Review

These terms of reference shall be reviewed as required and at least annually.

Meeting	Board of Directors in Public
Date	Wednesday 5 April 2023
Location	Board Room, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SLO	Sue Lorimer	Non-Executive Director
RM	Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
TF	Tracy Fennell	Chief Nurse
DS	Debs Smith	Chief People Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer
MG	Mike Gibbs	Associate Director of Integration and Partnerships (deputising for MS)

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
RMe	Dr Ranjeev Mehra	Deputy Medical Director (for item 9.4)
RT	Robert Thompson	Public Governor
SH	Sheila Hillhouse	Lead Public Governor
AR	Annie Roberts	Organisational Development Practitioner
AP	Amy Park	Head of HR
DF	Dan Feldman	Member of the Public

Apologies:

SI	Steve Igoe	SID & Deputy Chair
MS	Matthew Swanborough	Chief Strategy Officer
EH	Eileen Hume	Deputy Lead Public Governor

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed all present to the meeting. Apologies are noted above.	
2	Declarations of Interest	

	No interests were declared and no interests in relation to the agenda items were declared.	
3	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting held on the 1 March were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Patient Story</p> <p>The Board received a video story from a patient who had been diagnosed with breast cancer and who documented her journey from diagnosis to treatment, noting the positive experience she had and the care she experienced.</p> <p>It was confirmed that the learning from this story has been shared across the Trust.</p> <p>DH asked that a report on how the Trust is externally sharing good news stories, particularly across social media, be brought to the next meeting.</p> <p>RM enquired if there are links with Healthwatch to help with news sharing.</p> <p>TF replied that there are, and herself and the Patient Experience team are well connected with them.</p> <p>DS commented that the patient story raises the importance of providing information to those who are vulnerable, and this is applicable to staff as well as patients.</p> <p>The Board NOTED the patient story.</p>	DM
6	<p>Chair's Business and Strategic Issues</p> <p>DH updated the Board of Directors on recent matters and highlighted the conversations around patients with no criteria to reside (NC2R), which has resulted in both virtual and real controls around patient flow which WUTH is leading.</p> <p>HK confirmed that this has been received positively and while there are a few pieces left to complete, the plan will be delivered.</p> <p>DH added that there have been some lessons learnt from this work, which will be taken forward and applied to other areas where we face challenge.</p>	

	<p>It was noted that the transformation work around patient flow is being aligned to the 1st July which is when adult social care transfers back to the Local Authority from the Community Trust.</p> <p>The Board NOTED the update.</p>	
7	<p>Chief Executive Officer's Report</p> <p>JH gave an overview of the report and noted the national changes on COVID patient management, the opening of the sensory unit, and the recent benchmarking of Family and Friends Test results, which found WUTH performing above national averages.</p> <p>There has been a 61% decrease in C. Difficile this month, along with 4 serious incidents and 1 RIDDOR.</p> <p>JH noted the Macmillan award to Ward 30 for cancer environments that go above and beyond to create welcoming areas for patients, and noted that Angela Kerrigan, consultant midwife, was successful in securing one of 15 places on the National Institute for Health Care research (NIHR) Research Leadership Programme.</p> <p>Members were also provided with an update on the CMAST Board's work, including the 78-week waiter target achievement which saw only 70 capacity breaches at year end for the whole of Cheshire and Merseyside.</p> <p>The Board NOTED the report.</p>	
8	<p>Chief Operating Officer's Report</p> <p>HK reported that in February 2023, the Trust attained 106.0% against a plan of 108.5% for Outpatients. For elective admissions 108.7% of activity was delivered against a target of 102.6%. HK noted that this was achieved against the challenges of industrial action.</p> <p>HK noted that the 2 week wait list for cancer treatment had significant cancellations during the industrial action, along with significant increases in referrals. Performance is below trajectory and recovery particularly on breast and colorectal is challenging. However the focus on the faster diagnosis standard has increased and is 72.76% against a national target of 75%, and this is linked to the 2 week wait.</p> <p>DM01 performance is 90.29% against a national standard of 85%, with all modalities achieving 95% except urology for which more capacity has been secured with improvements clear since February. Endoscopy achieved 96% and is one of the highest performing units in the region.</p>	

HK noted the risks to elective recovery which include the continually high bed occupancy levels and industrial action.

HK also gave an overview of unscheduled care, noting that performance is in line with the internal improvement trajectory, and indicated that NHSE have requested a change to reporting, which will see the Trust report only Type 1 attendances. This will result in a deterioration of the "All Type" performance position that is reported nationally.

HK noted that patient flow continues to be a challenge and that there has been significant increase in demand for mental health patients which often exceeds the capacity of the unit in the department and poses a risk to both staff and patient care.

DH enquired if there has been any change in demand overall.

HK replied that it has remained relatively constant and that there have been some improvements with primary care, although the demand for primary care has been high as well.

Discussion continued around the demand and transformation work and it was noted that the Trust is looking at divert policies where possible.

NS added that there has been a reflection from other partners that there is a disproportionate level of attendance for mental health patients in the Wirral, as compared to the rest of C&M. This could be related to the availability of mental health services which are then presenting as increased demand in hospital, and indicate that there is a gap in pre-hospital care/checks. This is being considered with partners.

SL congratulated the team on the recovery of DM01, particularly on endoscopy which has been a challenge for many years.

RM enquired about the full capacity protocol which has been invoked on most days since its implementation and whether this has been challenging for staff.

HK acknowledged that it has become a normal requirement, but that communication with staff about the need for this has been clear and outlined the benefits that the protocol allows.

NS added that there have been no trends in patient harms related to the accelerated admission in the full capacity protocol, and most harms trends relate to keeping patients on corridors.

TF agreed and noted that staff feel it is better care for patients on the wards where they have the appropriate equipment and wraparound support services, rather than having to provide care on the corridor.

	<p>JH stated that invoking the protocol also helps to increase visibility for staff who are not in ED, and who may not usually see the demand except through the comms that are sent out.</p> <p>CC commented that remodelling the flow of the hospital based on the new demands may be useful.</p> <p>HK stated that this work has commenced.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Board Assurance Reports</p> <p>9.1) Quality and Performance Dashboard</p> <p>NS noted the complaints figures and stated that this works out at less than 1% of the patient base, but that all are taken seriously, and the process followed through.</p> <p>NS reported a Never Event in March and while the patient did not come to harm, it fulfilled the criteria and the regulators have been informed and the current process followed.</p> <p>TF noted that Tissue Viability performs very well but that there was a category 3 pressure ulcer in the month which related to poor documentation, and this is being reviewed closely.</p> <p>TF also indicated the NEWS2 performance and highlighted the actions being taken to take this above target.</p> <p>DS stated that there has been no movement on the appraisal figures but that the new approach has been launched which will improve the quality of appraisals and include the wellbeing conversations.</p> <p>DS added that work is ongoing to ensure sickness management processes are robust and being followed and noted that there have been three months of improvement.</p> <p>DS noted that mandatory training and turnover figures are both above target (positive).</p> <p>SL enquired how the sickness figures in facilities compares to other Trusts.</p> <p>DS stated that other Trusts who directly employ these staff tend to have high rates of sickness but can look into other Trusts who outsource.</p> <p>It was noted that the team are working to improve the sickness levels in this staff group, both by reviewing sickness management</p>	<p>DS</p> <p>MS</p>

and the wellbeing offer. It was noted that there are a number of improvement changes ongoing in the department over the last 12 months and further information on this would be brought to a future meeting.

The Board **NOTED** the report.

9.2) Month 11 Finance Report

MC reported that the Trust is on track for the £6.8m deficit as outlined in the report. MC stated that there has been a late release of capital funding which has been committed now but as this has not been spent yet, there is a high level of accrual, and an improved cash position.

MC noted the key drivers of the variance, and the mitigations that the Trust has put in place.

The Board:

- **NOTED** the report
- **NOTED** that without further mitigation the forecast position remains a £6.8m deficit

9.3) Monthly Maternity Report

TF noted that the monthly perinatal report has been included and that there have been 3 perinatal deaths in the reporting period which are all being reviewed.

TF stated that the Trust has oversight of Entonox, following reports on the management of this in other Trusts, and noted that further information on this will be brought in the next Quarterly Maternity report. WUTH has had mild raised levels of this, but mitigations have been put in place and the essential works on the ventilation have been completed.

SR confirmed that he had reviewed this as Maternity Safety Champion and was comfortable with the oversight and mitigations that have been put in place.

The Board **NOTED** the report.

9.4) Learning from Deaths Report

RMe gave an overview of the report, noting the SHIMI and HSMR figures which are slightly raised in line with national trends, and highlighted the Telstar data which provides some national information around the rationale for this.

RMe noted that the Trust is reporting an increased level of palliative care coding as compared to others in the region and this is being

TF

investigated. The outcomes of this will be included in future Learning from Deaths reports.

RMe noted the improvement on R coding levels which suggests that staff have had access to senior decision makers who are able to provide diagnoses rather than listing symptoms.

RMe also noted the improvement on the co-morbidities.

NS commented that the increase in palliative care coding may be because the Trust has a good palliative care service and therefore the demand may simply be higher. NS added that she had recently met with the coroner who had endorsed our learning from deaths process.

SL enquired why the palliative care coding increase was a concern.

RMe replied that it could be an issue with mis-coding, which would artificially lower the HSMR figures, which is why this is being investigated. RMe added that it could be as NS suggested and that we have a good offer and that we are good at coding in this area.

SR enquired if this could be increased because of the number of no criteria to reside patients who may then move onto palliative care during their long stay in hospital.

RMe replied that this does not appear to be the case from the first review of the data.

RM enquired whether there would be an impact on R coding given the industrial action and having senior decision makers around during that time.

RMe stated that this would not as the number of days this might have impacted would not be statistically significant.

The Board **NOTED** the report.

9.5) Board Assurance and Risk Appetite

DM reminded the Board that they had approved the Risk Management Strategy in December and stated that going forward the Risk appetite statement would run on a 12 month review cycle from April to April. DM stated that the last risk appetite statement was approved around 18 months ago and has been deemed as still fit for purpose.

DM noted that in terms of the review of the Board Assurance Framework, there has been a reduction in the total number of risks and that an action plan around mitigations will be included in future versions.

	<p>DM added that MIAA have conducted a review of this and provided assurance around the process. A regular deep dive will be scheduled for the Audit Committee to look at individual risks.</p> <p>DM also stated that the ICB is currently reviewing their risks, and when that is completed, we will review our BAF once again to ensure system risks are aligned.</p> <p>LD enquired about reputational risk.</p> <p>It was agreed that this could be picked up within each risk where this could be an implication.</p> <p>JH requested a review of the scoring as some risk scores had not been calculated correctly. She also requested that the matrix is reviewed along with the colour coding removal.</p> <p>It was also requested that the wording on the financial risks be reviewed given the importance of the financial situation.</p> <p>The Board NOTED the report.</p>	<p>DM</p> <p>DM</p>
<p>10</p>	<p>Financial Strategy</p> <p>MC presented the Financial Strategy, noting that this is an enabling strategy. MC gave an overview of the operating context and the development of the strategy, then highlighted the four elements of the Financial Strategy which will require a cultural shift, and which will underpin a medium term financial model.</p> <p>MC noted that the medium term model is used due to the level of assumption that would be required beyond 3 years.</p> <p>MG noted that this is the last of the enabling strategies which have been written over the past three years.</p> <p>SR commented that this is a clear strategy which takes into account the “new normal” of increased demand.</p> <p>LD stated that it is good to see references to collaboration with partners in the strategy.</p> <p>RM noted that the zero based budgeting will be key to the success of the strategy.</p> <p>MC agreed and stated that it will require us to justify the resources we need and look at where our priorities are which will require those resources.</p> <p>DH noted that organisational change cannot happen simply around the margins and discussion took place around the benefits of undertaking a full review of the model of the hospital given the</p>	

	<p>drivers of this strategy and the operating challenges including sustained increased demand.</p> <p>The Board APPROVED the Financial Strategy.</p>	
11	<p>Committee Chairs Reports</p> <p>11.1) Finance Business Performance Committee</p> <p>SL stated that the Committee met to review the last submission of the Annual Plan to the ICB and approved this, along with three business cases for Modular Theatres, Staffing for the Surgical Centre, and the leasing of a robot.</p> <p>The Board NOTED the report.</p>	
12	<p>Questions from the Public</p> <p>Tony Cragg stated that the SEAL video from the Patient Experience team was very good to see, and stated that Governors may be able to help with social media.</p>	
13	<p>Any other Business</p> <p>No other business was raised.</p>	

(The meeting closed at 11.15am)

Meeting	Board of Directors in Public
Date	Wednesday 3 May 2023
Location	The Training Room, 2nd Floor, Elm House, Clatterbridge Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
CC	Chris Clarkson	Non-Executive Director
SLO	Sue Lorimer	Non-Executive Director
RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes (from 9:55)	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
TF	Tracy Fennell (from 10:00)	Chief Nurse
DS	Debs Smith (from 10:00)	Chief People Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer
MS	Matthew Swanborough	Chief Strategy Officer

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
SS	Sally Sykes	Director of Communications and Engagement
EH	Eileen Hume	Lead Public Governor
PI	Paul Ivan	Public Governor
AT	Ann Taylor	Staff Governor
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 9.3

Apologies:

SR	Dr Steve Ryan	Non-Executive Director
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Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed all present to the meeting. Apologies are noted above.	
2	Declarations of Interest No interests were declared and no interests in relation to the agenda items were declared.	

3	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting held on the 5 April were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Patient Story</p> <p>The Board received a video story from a patient with down syndrome. The patient was subsequently diagnosed with dementia and had to leave employment, he was non-verbal and now had complex care needs. The video story described his parents' story, and his experience of the new Sensory Suite at Arrowse Park Hospital.</p> <p>DH commented about the positive story and the impact the new Sensory Suite can have on patients. DH requested thanks be passed directly onto the team for their work.</p> <p>The Board NOTED the patient story.</p>	
7	<p>Chief Executive Officer's Report</p> <p>JH highlighted the Care Quality Commission (CQC) undertook a focused inspection of Maternity Services w/c 24 April. The inspection focused on well led and safe domains, inspection teams visited both the Arrowse Park, and Seacombe Birth Centre and a number of interviews held. Informal feedback was expected on 3 May with formal feedback expected in the coming months.</p> <p>JH provided an industrial action update and explained on 2 May the NHS Staff Council voted to accept the latest government pay offer for Agenda for Change staff, which would now be implemented. Royal College of Nursing voted against the pay offer, and it was anticipated their members would be re-balloted for further nationwide industrial action. The British Medical Association (BMA) still had a mandate for industrial action for Junior Doctors, however future dates were unconfirmed. The BMA were likely to ballot Consultants in the next few weeks.</p> <p>JH gave an infection prevention and control (IPC) update and reported the Trust had seen less challenges relating to flu and COVID cases. JH added there had been changes to national guidance on 1 April and Trust policies had been amended to reflect this. A new IPC Board Assurance Framework was released on 17 April and the Trust was undertaking a gap analysis.</p> <p>JH stated the Anaesthetic Department had successfully reaccredited with the Royal College of Anaesthetists Anaesthesia Clinical Services Accreditation.</p>	

	<p>JH reported the Trust declared 4 serious incidents in March and three Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS).</p> <p>JH updated on the Urgent and Emergency Care Upgrade Programme (UECUP) and the signing ceremony on the 22 March 2023. JH added phase 2 of the Modular Theatres at Clatterbridge was progressing and on 20 April two modular theatres were delivered and installed allowing for fitout to commence. The project remained on track.</p> <p>JH referenced the recent Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board and noted the NHS Delivery and Continuous Improvement Review: report of the findings and recommendations had been published.</p> <p>CC queried the number of theatres at Clatterbridge once phase 2 was complete.</p> <p>HK stated there would be 10 theatres at Clatterbridge and a number of other theatres would be refurbished.</p> <p>DH queried if the facilities at Clatterbridge were used by other Trusts.</p> <p>HK stated the Countess of Chester used Clatterbridge regularly and had feedback about the environment and equipment. HK added another hospital in Cheshire and Merseyside was keen to use the facilities at Clatterbridge.</p> <p>DH requested congratulations and thanks be passed onto the Anaesthetic Department for being successfully reaccredited with the Royal College of Anaesthetists.</p> <p>The Board NOTED the report.</p>	
<p>8</p>	<p>Chief Operating Officer's Report</p> <p>HK provided an overview of the Trust's current performance against the elective recovery programme for planned care and unscheduled care.</p> <p>HK highlighted in March 2023 the Trust attained 110.08% against a plan of 115.1% for outpatients and for elective admissions 110.0% of activity was delivered against a target of 105.5%. HKen provided an update on the number of patients waiting for referral to treatment and priority two performance.</p> <p>HK stated the Faster Diagnosis Standard was 79.81% in February against a target of 75%. HK added 2 weeks wait performance remains below trajectory and the national standard.</p>	

	<p>HK reported unscheduled care type 1 performance was 53.7%, which was in line with the 4-hour improvement trajectory. The increase in Type 1 and Type 3 attendances was significant in March 2023, returning to numbers seen throughout 2022.</p> <p>HK highlighted 28% of the total hospital bed base was occupied by patients that required another care setting. The Trust had a Hospital Flow Programme focussed on improving this position and improving patient and family experience through the urgent care pathways.</p> <p>HK stated ongoing industrial action continues to be a challenge for the Trust and the emergency department, which was likely to have the potential to adversely impact on performance due to staff reductions.</p> <p>DH commented it was positive to hear about the Hospital Flow Programme and noted 237 patients had a long length of stay.</p> <p>HK stated dropping below 160 patients would be challenging until the Home First expansion was complete for September. HK added several patients did not want to leave the hospital and the Trust had to take appropriate steps to address this.</p> <p>SL noted the new Ambulance Arrival Zone was operating and queried if the handover time had improved.</p> <p>HK stated there had been some problems initially which had been resolved. Positive feedback had been received and a standard operating procedure was being embedded. HK added the Trust was expecting improvements for 15-20minute handovers and explained 12hr breaches could continue until the improvements were made.</p> <p>NS commented it was anticipated the number of informal/formal complaints would increase with regard to access to timely treatment.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Board Assurance Reports</p> <p>9.1) Quality and Performance Dashboard</p> <p>NS highlighted the total amount of level 1 (informal) concerns received in month had increased and was a seasonal pattern. NS stated informal concerns related to communication, capacity, and access to treatment. Staff attitude was an emerging theme and at the Leaders in Touch meeting in April staff were reminded about Trust behaviours and values.</p>	

TF reported the number of C difficile and gram-negative bacteraemia cases had increased in month. However, this was not expected to be a sustained increase. TF noted the ongoing actions to maintain improvements. TF added the number of care hours per patient day (CHPPD) was improving and this was due to the low Registered Nurse (RN) vacancy rate at the Trust.

DH commented about the age demographic of employees at the Trust, particularly the retirement of nurses and it was important to monitor this regularly.

DS agreed and highlighted the retention of staff through flexible working and retirement options was a key component of the People Strategy.

DS highlighted sickness absence continued to reduce in month but remained above Trust target. Staff turnover also remained above Trust target with more staffing retiring in March as expected. DS added appraisal and mandatory training compliance was achieved in month.

SI commented about the upcoming pension changes set out by Government and queried if there had been any increase in the number of staff retiring.

DS stated there had not been an increase at this point and the Trust already had flexible retirement options available.

DH queried if there was any metrics available regarding the number of staff retiring and returning as agency/bank locums. DH also suggested the Trust consider creating an agency/bank company to avoid paying fees to agencies.

DS stated that reporting on this is limited but agreed to circulate the metrics and stated there were enhanced controls in place regarding agency/bank staff.

The Board **NOTED** the report.

9.2) Month 12 Finance Report

MC reported the Trust was reporting a deficit of £6.346m, an adverse variance against budget of £6.312m. The variance was attributed to over-spends on employee costs, driven by underperformance in respect of recurrent Cost Improvement Plans (CIP), the unfunded element of the national pay award and the continued use of escalation wards staffed at premium rates, and by increases in energy prices.

MC added this was offset by reductions in non-pay spend in M1-6, specifically clinical supplies, as a result of reduced elective activity compared to plan and release of deferred income.

Debs Smith

MC provided an update on the key financial targets and the RAG rating for each, highlighting financial efficiency, stability and agency spend were red, capital was green, and cash was amber. MC explained the key drivers, mitigations, and corrective actions for each.

SL commented the Trust had achieved the forecasted deficit position for 2022/23 and the Trust was now in the process of finalising the financial plan for 2023/24.

The Board **NOTED** the report.

9.3) Quarterly Maternity Report

JL provided an update on oversight of the quality and safety of Maternity Services at the Trust. JL highlighted submission of the Maternity Incentive Scheme (MIS) Year 4 was submitted to NHSR by 2 February 2023 and the Trust declared compliance with the 10 Safety Action Standards.

JL gave an update on the Final Ockenden Report and an overview of the three-year delivery plan for maternity and neonatal services.

JL provided the perinatal clinical surveillance data and stated the Trust was not an outlier for neonatal deaths and stillbirths. One serious incident was declared in February 2023 and one Health Care Safety Investigation Branch was declared from an incident in January 2023.

JL reported the exposure to Entonox, noting test results indicated there were no concerns to exposure in 10 rooms, however 1 room was a cause of concern, and this room has been decommissioned until all assurances are in place.

CC noted bereavement support was available to parents and queried if support was also available for staff.

TF stated Pastoral Support Nurses and Maternity Advocates provided bereavement support to both parents and staff.

The Board:

- **NOTED** the report; and
- **NOTED** the submission and the Trust's compliance with Year 4 of the Maternity Incentive Scheme; and
- **NOTED** the Ockenden report update; and
- **NOTED** the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals'; and
- **NOTED** the workforce update with specific reference to the Continuity of Carer model of maternity care and the Trusts

	<p>position to implement this model as a default model of care subject to approval to improving the midwifery establishment; and</p> <ul style="list-style-type: none"> • NOTED the Trusts position in relation to exposure to Entonox 	
<p>10</p>	<p>Declarations of Interest and Fit and Proper Persons Annual Update</p> <p>DM provided a year-end update on the register of interests, the register of gifts and hospitality, and the fit and proper persons (FFP) regime compliance.</p> <p>DM stated compliance for declarations of interest was 90%, above the best practice figure of 85% and an improvement on the position last year when compliance was 20%.</p> <p>DM highlighted 41 roles/individuals were subject to the annual refreshment for FFP. Annual returns had been received for 39 roles and 2 roles were currently unfilled.</p> <p>SI noted the positive compliance rate for declarations of interest and commented about ensuring gifts and hospitality declarations continued to be declared as the Trust develops its research and innovation agenda with partners.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Register of Interests at Appendix 1 and 2 and the Register of Gifts and Hospitality at Appendix 3; and • NOTED the update on Fit and Proper Persons 	
<p>11</p>	<p>Committee Chairs Reports</p> <p>11.1) People Committee</p> <p>The Board NOTED the report.</p> <p>11.2) Quality Committee</p> <p>The Board NOTED the report.</p> <p>11.3) Estates and Capital Committee</p> <p>The Board NOTED the report.</p> <p>11.4) Council of Governors</p> <p>The Board NOTED the report.</p> <p>11.5) Finance Business Performance Committee</p> <p>The Board NOTED the report.</p>	

12	<p>NHS Delivery and Continuous Improvement Review and Recommendations</p> <p>The Board NOTED the report.</p>	
13	<p>Questions from Governors and Public</p> <p>No questions were raised.</p>	
14	<p>Any other Business</p> <p>No other business was raised.</p>	

(The meeting closed at 10:45)

Meeting	Board of Directors in Public
Date	Wednesday 7 June 2023
Location	Clatterbridge

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SLO	Sue Lorimer	Non-Executive Director
RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
DS	Debs Smith	Chief People Officer
HK	Hayley Kendall	Chief Operating Officer
MS	Matthew Swanborough	Chief Strategy Officer
RC	Robbie Chapman	Deputy Chief Finance Officer (deputising for MC)
VP	Vic Peach	Deputy Chief Nurse (deputising for TF)

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
SS	Sally Sykes	Director of Communications and Engagement
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
TN	Tracey Nolan	Freedom to Speak up & Just and Learning Culture Lead – item 8.7
SH	Sheila Hillhouse (until 11am)	Lead Public Governor

Apologies:

TF	Tracy Fennell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed all present to the meeting. Apologies are noted above.	
2	Declarations of Interest	

	No interests were declared and no interests in relation to the agenda items were declared.	
3	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting held on the 3 May were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Patient Story</p> <p>The Board received a video story from a patient who was diagnosed with stage 4 bowel cancer in January 2019. The video story described his journey as a patient at the Trust and the positive experiences he had whilst undergoing treatment.</p> <p>The Board NOTED the patient story.</p>	
6	<p>Chairs Business and Strategic Issues</p> <p>DH updated the Board of Directors on recent matters and highlighted he continued to have discussions with the Cheshire and Merseyside Integrated Care Board (ICB) regarding various issues.</p> <p>The Board NOTED the update.</p>	
7	<p>Chief Executive Officer's Report</p> <p>JH gave an infection prevention and control (IPC) update and reported the impact of respiratory infections on the Trust remained extremely low in line with the national trends. The World Health Organisation announced that COVID-19 was no longer a Public Health Emergency of International Concern and NHS England have stepped the NHS down from a level 3 incident.</p> <p>JH reported the Trust continued to see a reduction in Registered Nurse (RN) vacancy rates over the past 2 years. In March, the Trust celebrated the lowest vacancy rate to date, noting the RN vacancy rate at 1.31% and the ward-based RNs rate at 0.74%.</p> <p>JH explained the Neonatal Team had been awarded the green standard of the Family Integrated Care Award (FICare). JH also explained the Digital Healthcare Team achieved the Informatics Skills Development Network Level 1 accreditation for "excellence in informatics".</p> <p>JH highlighted the Trust, in conjunction with Clatterbridge Cancer Centre submitted a bid for the redevelopment of the Clatterbridge Hospital. The Trust had been informed the bid was unsuccessful and it would continue to work with the Integrated Care Board to explore funding mechanisms.</p>	

	<p>JH stated the Trust held its first Research and Innovation Event on 19 May. The event displayed the benefits for both patients and staff as well as underlining the commitment to promoting a research culture across the Wirral healthcare system.</p> <p>JH reported the Trust declared 2 serious incidents in April and one Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS).</p> <p>JH referenced the recent Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board meeting and summarised the key issues discussed.</p> <p>SI commented about the positive Registered Nurse (RN) vacancy rate and queried which countries the Trust had recruited from, as it had been reported in the press about the damage this causes to their home countries.</p> <p>JH stated the Trust practices ethical requirement so only recruiting from countries that have an oversupply.</p> <p>DH requested a briefing note be provided regarding how the Trust practices ethical recruitment of international nurses.</p> <p>DS provided an update on industrial action and outlined the unions in the Trust with a current mandate for action. The British Medical Association (BMA) would undertake 4 consecutive days of industrial action from 14-17 June. DS added the ballots were open for Royal College of Nursing members and the BMA for Consultants. These ballots would close late June and the result would be known in July.</p> <p>DH acknowledged the NHS Staff Council had voted to accept the pay offer and queried if industrial action could continue.</p> <p>DS stated the pay offer was for staff on Agenda for Change, which includes band 5 nurses, and although they will receive the pay offer, they can continue to take part in industrial action. DS added there was strong partnership working between the Trust and Trade Unions locally.</p> <p>The Board NOTED the report.</p>	<p>Tracy Fennell/Vic Peach</p>
<p>8</p>	<p>Board Assurance Reports</p> <p>8.1) Integrated Performance Report (IPR)</p> <p>HK stated monthly diagnostics waiting time and activity was improving. Cancer performance recovered between April and May. HK added cancer performance relating to urology and colorectal remained concerning and HK would be discussing the recovery</p>	

	<p>trajectories with the relevant clinical directors. HK highlighted the faster diagnosis standard was 78.9% against a 75% target.</p> <p>SL queried how long patients were waiting for cancer treatment above the 62-day target. SL also queried if any delay affected their outcomes.</p> <p>HK stated that this depends, as some patients waited over 70 days, though some had waits of 100 days when robotic surgery was required. HK added that with the newly funded robot via national cancer monies robotic operating had commended through the Cheshire and Merseyside Surgical Centre.</p> <p>NS explained all patients on a cancer pathway that have waited longer than the expected time for treatment receive a harm review and evidence showed there were no long-term impacts on patient outcomes.</p> <p>SR commented the Quality Committee receive regular assurance regarding this and stated 1 in 500 patients had moderate harm on their outcomes.</p> <p>The Board discussed the level of detail provided, specifically in relation to recovery trajectories, including any impact on patient outcomes/harm and if there was good triangulation overall. The Board agreed it would be appropriate to receive an update on this at the next meeting.</p> <p>NS stated the number of informal concerns raised in month was 178 against a target of 173. The number of formal complaints received in month was 3.7 against a target of 3.1 per 1000 staff. NS added communication failure continues to be one of the most common reasons provided for informal concerns raised. NS gave an overview of the quality assurance process to responding to complaints and indicated a number of complaints were being re-reviewed with the Trust following an unsatisfactory response from staff.</p> <p>SR suggested the Trust seek feedback from other Trusts on their messaging used in response letters to reduce the number of re-opened complaints.</p> <p>JH acknowledged the number of re-opened complaints was no longer included in IPR following the replacement of the Quality and Performance Board. JH requested this data be added to the IPR.</p> <p>DS stated appraisal compliance was 86% against a target of 88% and the Corporate Division was one of the lowest areas of compliance, an action plan was in place to improve compliance. DS added a new appraisal process had been launched and drop-in sessions were in place to educate and provide support.</p>	<p>Hayley Kendall</p> <p>Dr Nikki Stevenson</p>
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DS also stated sickness absence in month was 5.39% against a target of 5%, noting the continued improvement since November 2022. DS added short term sickness absence remained the driver.

DS highlighted mandatory training compliance and staff turnover in month met target.

SI queried if there was any granular data regarding the demographic of those staff who experience short term sickness.

DS noted that the Trust's workforce is predominantly female and that menopause related absences are common. The Trust has established its own Menopause Staff Network to provide support for those staff.

CC acknowledged the Estates, Facilities and Capital Team had almost halved their sickness rate in 4 months and this was encouraging. CC queried about the progress made to improve return to work interviews.

DS stated that this was reviewed, and the team believe that while return to work interviews continue to take place, they were not always recorded correctly. The quality of conversations also varied, and it was important to ensure this was consistent.

The Board discussed the appraisal and mandatory training compliance targets, and it was noted that the target is set by the Trust rather than regionally.

The Board **NOTED** the report.

8.2) Chief Finance Officer Report

RC highlighted at the end of April 2023, Month 1, the Trust reported a deficit of £3.4m against a plan of £3.1m. The main drivers of this adverse variance of £0.3m variance related to strike action, which resulted in both additional expenditure and reduced income. Mitigations that have not yet identified for the additional efficiency target agreed with the ICB.

RC added the £0.3m adverse variance has been mitigated by underspends on non-pay expenditure that have resulted from lower than planned activity levels. This variance is viewed as recoverable in future months and therefore the forecast position remains achievement of the agreed plan (£18.6m deficit).

RC explained that this was the first month of "working day 1" reporting and the position included a higher level of estimation than in previous reports. This included the cost of industrial action which proved to be £0.2m more than previously reported. RC explained that normally this would be accounted for in M2 but given the importance of capturing 100% of the cost of IA this will

be included in the position when the Trust formally reports to NHSE.

SL congratulated the Finance Team on achieving day 1 finance reporting, noting this was due to good estimates and IT services.

The Board:

- **NOTED** the report; and
- **APPROVED** the 2023/24 Capital Programme; and
- **APPROVED** delegation of approval of variation to the capital expenditure budget to Finance Business Performance Committee

8.3) Chief Operating Officer Report

HK reported the Emergency Department experienced an increase in ambulance attendances in April. The demand from ambulance attendances was higher than in March and was above April 2022 levels. HK added the Trust was meeting with North West Ambulance Service to understand the increase and whether this increased demand was likely to continue.

HK explained that the Trust had been developing the Wirral Discharge Hub in conjunction with Wirral system partners since April. Over the previous 2 months the number of patients not meeting the criteria to reside in the hospital reduced from 225 to 160. 60 escalation beds have also been closed with a focus on improving patient and staff experience.

HK added the transformational arm of developing the Wirral Discharge Hub was progressing well and the project remains on track for implementation in July 2023 for WUTH to be the single leadership for Wirral.

DH queried if the Trust had a goal for the number of patients not meeting the criteria in the hospital.

HK stated 70 patients would be ideal but acknowledged care packages in the community remained a challenge. HK added the local authority was responding and collaborating with providers to create more capacity.

SI queried the increase in ambulance attendances and if this was a Wirral system issue or due to the increasing elderly demographic of Wirral.

HK stated the increase in ambulance attendances had occurred since the new Ambulance Arrival Zone had opened, although this may be coincidental.

The Board **NOTED** the report.

8.4) Productivity and Efficiency Update

HK highlighted the Trust has target of £26m and as of 24 May Divisions have submitted 287 opportunities with a recurrent in year value of £23.337m. In Month 1, the Trust delivered £1.301m against a target of £1.630m.

HK explained the Waste Activity Value Efficiency (WAVE) programme and the four aims and transformation workstreams. HK added the Executive team would be launching WAVE in the coming weeks via a number of forums to ensure wide communication across the Trust. This was focused on engaging with the workforce on areas of improvement that can be made locally.

HK gave an overview of the Quality Impact Assessment (QIA) process as well as the enhanced governance and reporting mechanisms.

DH acknowledged the value in the WAVE programme and suggested it would be worthwhile sharing this with the ICB as an exemplar.

The Board **NOTED** the report.

8.5) Monthly Maternity Report

JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services. JL stated there were no areas of concern to raise this month.

JL gave an overview of the completed medical staffing risk assessment for Obstetrics and Gynaecology, which was a requirement advised within the Ockenden Report (Part 2).

JL reported the Neonatal Unit had recently been reassessed against the Family Integrated Care (FICare) model and achieved green status, following an amber status in May 2022.

SL queried the risk assessment and why risk 1.4 was included if it had not been scored.

JL stated the risk was not applicable as the birth rate was under 3000 and a separate rota for obstetrics and gynaecology was not required.

NS added the risk assessment matrix was provided externally and for transparency the Trust opted to declare this not applicable rather than exclude entirely.

The Board:

- **NOTED** the report; and

- **APPROVED** both the risk assessment and the updated medical staffing guidance as detailed in action 2.2 of the Ockenden report; and
- **NOTED** the alignment of both maternity and neonatal governance within the Women and Children's Division with the implementation of the Maternity & Neonatal Quality & Safety Assurance Group

8.6) 6 Month Safe Staffing Report

VP highlighted the Registered Nurses (RN) vacancy rate was 2.25% which shows on SPC charts as a special cause improvement, following the recruitment of 280 international nurses. This resulted in sustained improvement and the lowest vacancy rate for the Trust during the year. The Trust also had the lowest vacancy rate in the region.

VP also highlighted the Clinical Support Worker (CSW) vacancy rate was 6.5% and shows on SPC as a special cause concern. The recruitment and retention of CSWs continues to be an area of focus.

VP gave an overview of the Establishment Review and the outcomes for each Ward. VP also summarised the quality metrics in the Safe Nurse Staffing Dashboard.

The Board **NOTED** the report.

8.7) Freedom to Speak Up (FTSU) Annual Report

TN highlighted the number of people speaking up to FTSU Guardians decreased over the past year with 90 people speaking out in 2022/23 compared to 128 staff speaking up in 2021/22. TN stated Trust staff raised fewer concerns than the regional and national average hospitals similar in size.

TN added attitudes and behaviours as well as other inappropriate behaviour were the top 2 concerned raised during the year by theme. 9% of concerns were around patient safety, lower than both regional and national average.

DS stated the People Committee recently met and acknowledged the decrease in the number of people speaking up to FTSU Guardians and requested further assurance on this. DS added an initial review of the recent staff survey results indicated staff were confident raising concerns and felt no repercussion of speaking up.

NS commented it would be beneficial communicating this staff survey result to staff. NS added there were few concerns being raised from staff with the Care Quality Commission.

	<p>SI suggested it was important to consider the other mechanisms used to allow people to speak up and ensure there was a triangulate narrative for this.</p> <p>The Board NOTED the report.</p> <p>8.8) Guardian of Safe Working Annual Report</p> <p>NS highlighted there were 568.4 WTE doctors and dentists in training at the Trust and foundation doctors continued to complete the highest rate of exception reporting. NS added general medicine and general surgery rotas continued to have the highest levels of exception reporting.</p> <p>NS stated Junior Doctor Forum meet every 8 weeks and there was effective communication between junior doctors and senior Trust management.</p> <p>The Board NOTED the report.</p> <p>8.9) Board Assurance Framework (BAF)</p> <p>DM provided the BAF which outlined current high level and strategic risks within the Trust.</p> <p>DM stated the controls, assurance, and actions for each of the strategic risks has been reviewed with Executive Team and Committees and these changes have been incorporated into the BAF where scorings have changed, or actions been completed/added.</p> <p>JH suggested that there were several risks which required the Direction of Travel amending. DH agreed to review.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Committee Chairs Reports</p> <p>9.1) Audit and Risk Committee</p> <p>The Board NOTED the report.</p> <p>9.2) Quality Committee</p> <p>The Board NOTED the report.</p> <p>9.3) People Committee</p> <p>The Board NOTED the report.</p>	
<p>10</p>	<p>Modern Slavery Statement</p>	

	The Board APPROVED the Modern Slavery Statement.	
11	Cheshire and Merseyside ICB Joint Forward Plan The Board ENDORSED the Joint Forward Plan.	
12	Questions from Governors and Public No Governors were present.	
13	Meeting Review No comments were made.	
14	Any other Business No other business was raised.	

(The meeting closed at 11:20)