



Wirral University Teaching Hospital

NHS Foundation Trust

COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS

 29 July 2024

 14:30 GMT+1 Europe/London

AGENDA

1. Council of Governors	1
0.1 Council of Governors Agenda.pdf	2
3 Council of Governors Minutes - 15 Apr.pdf.....	4
4 Action Log.pdf	13
7 Trust Strategic Priorities 2024-25.pdf	14
8 202425 Capital Programme Update.pdf	90
9.1 FBPAC.pdf	97
9.3 Audit and Risk Committee.pdf	99
9.4 Quality Committee.pdf	102
9.5 People.pdf	105
9.7 Research and Innovation Committee.pdf.....	107
10 IPR.pdf	109
10.1 WUTH IPR Dashboard - July 2024 - All.pdf	111
11 NED Tenure Extension.pdf	122
12 CoG TOR.pdf	124
12.1 Council of Governors Terms of Reference.pdf.....	126
13.1 Board of Directors in Public Minutes - 3 Apr.pdf.....	130
13.2 Board of Directors in Public Minutes - 1 May.pdf.....	140
13.3 Board of Directors in Public Minutes - 5 June.pdf.....	151

1. COUNCIL OF GOVERNORS

REFERENCES

Only PDFs are attached

-  0.1 Council of Governors Agenda.pdf
-  3 Council of Governors Minutes - 15 Apr.pdf
-  4 Action Log.pdf
-  7 Trust Strategic Priorities 2024-25.pdf
-  8 202425 Capital Programme Update.pdf
-  9.1 FBPAC.pdf
-  9.3 Audit and Risk Committee.pdf
-  9.4 Quality Committee.pdf
-  9.5 People.pdf
-  9.7 Research and Innovation Committee.pdf
-  10 IPR.pdf
-  10.1 WUTH IPR Dashboard - July 2024 - All.pdf
-  11 NED Tenure Extension.pdf
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-  13.2 Board of Directors in Public Minutes - 1 May.pdf
-  13.3 Board of Directors in Public Minutes - 5 June.pdf

Meeting	Council of Governors
Date	Monday 29 July 2024
Time	14:30 – 16:30
Location	Boardroom, Education Centre, Arrowe Park Hospital

Page	Agenda Item	Lead	Exec Lead
	1. Welcome and Apologies for Absence	Sir David Henshaw	
	2. Declarations of Interest	Sir David Henshaw	
4	3. Minutes of Previous Meeting	Sir David Henshaw	
13	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			
14	7. Trust Strategic Priorities 2024/25	Matthew Swanborough	
90	8. 2024/25 Capital Programme Update	Matthew Swanborough/Robbie Chapman	
	9. Committee Updates		
97	9.1) Finance Business Performance Committee	Sue Lorimer	Robbie Chapman
	9.2) Charitable Funds Committee – Verbal	Sue Lorimer	Robbie Chapman
99	9.3) Audit and Risk Committee	Steve Igoe	Robbie Chapman
102	9.4) Quality Committee	Dr Steve Ryan	Dr Nikki Stevenson
105	9.5) People Committee	Lesley Davies	Debs Smith
	9.6) Estates and Capital Committee – Verbal	Sir David Henshaw	Matthew Swanborough
107	9.7) Research and Innovation Committee	Sir David Henshaw	Dr Nikki Stevenson
109	10. Integrated Performance Report	All NEDs	Executive Directors

122	11. NED Tenure Extension	Sir David Henshaw
124	12. Annual Review of Terms of Reference	David McGovern

Wallet Items for Information

130	13. Board of Directors' Minutes	Sir David Henshaw
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Closing Business

14. Meeting Review	Sir David Henshaw
15. Any other Business	Sir David Henshaw

Date and Time of Next Meeting

Monday 28 October 2024, 14:30 – 16:30

Meeting	Council of Governors
Date	Monday 15 April 2024
Location	Boardroom, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SH	Sheila Hillhouse	Lead Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
RT	Robert Thompson	Public Governor
PP	Peter Peters	Public Governor
PI	Paul Ivan	Public Governor
PD	Paul Dixon	Public Governor
JB	John Brace	Public Governor
TC	Tony Cragg	Public Governor
KJ	Keith Johns	Public Governor
JM	Julie McManus	Appointed Governor

In attendance:

SI	Steve Igoe	Deputy Chair & SID
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
RM	Dr 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
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
PM	Paul Mason	Director of Estates, Facilities & Capital Planning – item 9
MS	Matthew Williams	Estates Operations Compliance Manager – item 9

Apologies:

CH	Christine House	Public Governor
NW	Neil Wright	Public Governor
CH	Christine House	Public Governor
AK	Anand Kamalanathan	Staff Governor
PB	Philippa Boston	Staff Governor
AT	Ann Taylor	Staff Governor
GB	Gary Bennett	Appointed Governor
HK	Hayley Kendall	Chief Operating Officer

Agenda Item	Minutes	Action
1	<p>Welcome and Apologies for Absence</p> <p>DH welcomed everyone to meeting. Apologies are noted above.</p>	
2	<p>Declarations of Interest</p> <p>SL declared an interest in item 13 and agreed to step out of the meeting for it.</p> <p>No new interests were declared and no other interests in relation to the agenda items were declared.</p>	
3	<p>Minutes of Previous Meeting</p> <p>JB outlined several amendments and agreed to email these to CH.</p> <p>Subject to the amendments, the minutes of the previous meeting held on 26 February were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>CH stated that the provision of laptops is being progressed with IT, and that this is likely to be a shared resource.</p> <p>The Council of Governors NOTED the action log.</p>	
5	<p>Chair's Business and Strategic Issues</p> <p>DH provided an update on recent matters and highlighted the NHS Cheshire and Merseyside commissioned review into Wirral System was progressing as expected.</p> <p>The Council of Governors NOTED the update.</p>	
6	<p>Lead Governor Feedback</p> <p>SH reminded other Governors about the upcoming Governor Focus conference in July and encouraged Governors to attend. SH added Governors continued to observe Board and Committee meetings.</p> <p>The Council of Governors NOTED the update.</p>	
7	<p>Staff Story</p> <p>The Council of Governors received a video story from a junior doctor. The video story described the doctor's positive experience of using Freedom to Speak Up and has subsequently decided to become a Freedom to Speak Up Champion because of this.</p>	

	<p>NS commented the medical workforce traditionally had a smaller number of Freedom to Speak Up Champions and it was encouraging this was increasing.</p> <p>Members discussed the staff story and commented that it was reassuring junior doctors felt engaged and valued working at the Trust.</p> <p>The Council of Governors NOTED the staff story.</p>	
8	<p>Employee Experience</p> <p>DS gave a presentation summarising the employee experience at the Trust through the seven People Promise areas using results from the 2023 NHS Staff Survey data and other internal data sources. DS also gave examples of the Divisional staff experience against the People Promise and explained how at a Trust and Divisional level the employee experience information was being utilised.</p> <p>DS noted there was a national anomaly with the data for results relating to physical violence in work and bullying in work and therefore the results on these questions are not available.</p> <p>RT commented overall the results of the 2023 NHS Staff Survey were positive and queried the response rate.</p> <p>DS stated the response rate was 38% and a 10% reduction compared to 2022. DS added the reasons for the reduction was due to operational pressures linked to industrial action and survey fatigue.</p> <p>JB noted staff with disabilities or staff that are Black, Asian, or Minority Ethnic feeling they do not have the same career opportunities as their non-disabled or white colleagues. JB queried what improvements were being made to improve their experience and the approach to reasonable adjustments.</p> <p>DS highlighted work was ongoing to improve their experience and explained at the point of applying applicants were encouraged to declare any disability so that adjustments could be made for interview. DS added as part of the People Strategy there was a perfect start project to improve the new starter experience for disabled staff.</p> <p>DS reported further work was required to increase Black, Asian, or Minority Ethnic representation in higher Agenda for Change pay bands.</p> <p>The Council of Governors NOTED the report.</p>	
9	<p>Green and Sustainability Plan</p>	

PM and MW gave a presentation providing an overview of action plan progress between 2022/21, 2021/22 and data collection for 2022/23 would take place in Q1 2024/25. In 2021/22 16 actions were complete or ongoing, 61 start or partially completed and 51 not started/limited progress, which was an improvement on 2020/21 progress.

PM and MW also provided a summary of the key updates across staff engagement, energy, travel and transport/medial gases, greenspace/biodiversity, and external engagement. MW highlighted the plan for 2024/25 which included the launch of heat decarbonisation plan and waste management plan.

JM commented about the “switch it off” campaign in September 2024, explaining this may be challenging in patient areas and suggested using sensors to switch off lights automatically in office locations.

MW stated lights in patient areas wouldn’t expected to be switched off and that sensors had been installed in certain locations already to turn off lights. MW added communication with staff was key to the campaign’s success.

JM also commented about the procurement of food from local businesses rather than national suppliers to reduce carbon emissions.

MC stated the Trust’s Procurement Strategy was in the process of being updated and included a strategic theme on sustainability/social value.

JM mentioned her constituents had expressed difficulties with staff car parking and queried what was being done to improve this.

MS stated at the last Council of Governors meeting in February he gave a presentation on car parking improvements and the Trust was in the process of procuring an automatic number-plate recognition supplier. MS added the Trust continued to encourage staff to walk, cycle to work and car pool where appropriate.

JB enquired about the Green Travel Plan and how this would be communicated to staff and patients, noting there had been difficulties with car parking and the importance of encouraging bus travel.

MS stated the Green Travel Plan was in development for 2024/25 and the Trust would engage with key stakeholders to develop this and signpost the available travel options were appropriate.

	<p>JB also enquired if the Trust was required to pay for building improvements to meet net zero.</p> <p>MS stated other funding sources were available to pay for improvements and the Trust would be required to contribute an amount.</p> <p>RM commented that the 2040 target was ambitious to achieve net zero and suggested working backwards from this date to implement the improvements that would make the biggest difference.</p> <p>MS stated major changes were needed to achieve this and commented the Trust had already made good progress in comparison to other providers.</p> <p>TC commented bus companies were transferring back to local ownership and suggested engaging with Wirral Council to advocate earlier bus times that align with shift patterns.</p> <p>The Council of Governors NOTED the report.</p>	
<p>10</p>	<p>Committee Updates</p> <p>10.1) Finance Business Performance Committee</p> <p>SL reported that financial performance to month 10 had continued to deteriorate with a deficit of £21.5m achieved against a planned deficit of £17m, an adverse variance of £4.5m. SL added Committee received an update on development of the 2024/25 financial plan.</p> <p>SL explained Committee received a presentation from the Divisional Director for Medicine on delivery of CIP and noted the good progress. The Committee had also started to receive Digital Healthcare updates from the Chief Information Officer.</p> <p>SL added Committee approved two business cases that were also recommended for approval to the Board of Directors.</p> <p>MC explained for 2023/24 the financial plan was fully mitigated with the exception of industrial action and the Trust was clarifying if national funding was available for this. MC added planning for 2024/25 had started and the Trust was in a strong position due to the recurrent delivery of CIP in year.</p> <p>JB queried how the adverse variance of £4.5m was being mitigated.</p> <p>MC stated this variance was driven by industrial action and was unmitigated. MC added the Trust was discussing with the ICB if</p>	

this variance would be funded nationally. MC added if it was not the Trust's cash position would be impacted.

DH commented Trusts were measured on financial and operational performance and the Trust compared well to other providers in the region.

The Council of Governors **NOTED** the report.

10.2) Audit and Risk Committee

SI highlighted Committee discussed the chairs report from the Risk Management Committee and received a deep dive into the financial risk of the Board Assurance Framework. SI noted there was a strong risk management culture in the Trust.

SI reported Committee received a number of standing reports on procurement controls and financial losses as well as anti-fraud progress.

SI explained Committee received two internal audit reviews, one with substantial assurance and approved the 2024/25 internal audit plan. The Committee also approved the external audit plan for 2024/25.

The Council of Governors **NOTED** the report.

10.3) Quality Committee

SR reported the 2024/25 C Diff annual limit had been agreed by the ICB at 108 cases compared to 101 for 2023/24. SR added there was good oversight and leadership to prevent and control C Diff.

SR highlighted the implementation of the Patient Safety Incident Response Framework (PSIRF) continues and Committee was assured on the good clinical engagement.

SR explained Committee requested a further understanding of the potential impact, likelihood and mitigation for patient quality and safety related to restricted capital allocations for medical equipment.

NS highlighted it was likely the ICB would review the C Diff limit again for this year and that C diff remained a challenge for the Trust due to the lack of isolation rooms. NS added the Trust had opened 2 patient safety incident investigations (PSIIs) under PSIRF in relation to two Never Events.

The Council of Governors **NOTED** the report.

10.4) People Committee

	<p>LD explained Committee had been made aware induction compliance and apprenticeship levy spend had been area of risk for the Trust. LD added significant progress had been made to maximise the levy and work continued to implement apprenticeships across the Trust.</p> <p>LD reported Committee received good assurance on the progress being made against year 2 deliverables of the People Strategy in light of industrial action.</p> <p>LD highlighted Committee also had a deep dive into Estates and Facilities and invited the Division back in 6 months to update on improvement progress.</p> <p>The Council of Governors NOTED the report.</p>	
<p>11</p>	<p>Integrated Performance Report</p> <p>NS reported for unscheduled care there had been a focus on improving 12hr performance and ambulance handover times. A continuous flow model had been implemented in February and there had already been positive improvements. NS added for scheduled care there were difficulties in two specialities for 2 week cancer performance and that the Trust was on track to achieve the Faster Diagnosis Standard in advance of the deadline.</p> <p>JB noted several standards were red and queried how these were being addressed.</p> <p>JH explained since COVID most NHS providers were struggling to meet cancer and elective standards. JH added NHSE wrote to all providers earlier in year highlighting the renewed focus on reducing waiting times for treatment and improving ambulance handover times. JH reported the Trust performed well against these targets.</p> <p>NS explained there had been an unannounced CQC visit to the Emergency Department in March followed by a follow up visit and formal feedback was expected shortly.</p> <p>PI queried the number of C Diff cases and the improvement interventions to reduce these.</p> <p>NS stated C Diff remained an area of focus and the Deputy Director for IPC was in the process of reviewing the C Diff improvement programme in light of the new thresholds for 2024/25.</p> <p>DS highlighted sickness absence remained above Trust threshold, although had improved and appraisal was below compliance target due to strike action.</p>	

	<p>MC explained the capital allocation would be spent by April and the cash position remained positive in light of the changeling financial circumstances.</p> <p>Members noted the Integrated Performance Report was not the most up to date version and it was agreed the latest version would be circulated.</p> <p>The Council of Governors NOTED the report.</p>	James Jackson-Ellis
12	<p>Board Effectiveness Policy</p> <p>CH gave an overview of the revised Board Effectiveness Policy, noting this had been updated following the release of the NHS Leadership Competency Framework and had been approved by Nominations Committee.</p> <p>CH added the framework requires further forms for the Chair’s appraisal, and that all NEDs self-assess against the framework.</p> <p>The Council of Governors APPROVED the amended policy for implementation in this year’s appraisals.</p> <p><i>SL left the meeting.</i></p>	
13	<p>NED Tenure Extension</p> <p>DH presented the proposal to extend Sue Lorimer’s tenure by a further 12 months, noting the Council of Governors had previously approved a 12-month extension in April 2024 for 12 months and this had been approved by Nominations Committee.</p> <p>DH added Sue has extensive financial understanding as well as NHS experience and has been part of the Trust for six years.</p> <p>The Council of Governors APPROVED the extension of Sue Lorimer’s tenure for a further period of 12 months from 30th June 2024 to 29th June 2025.</p>	
14	<p>Cycle of Business</p> <p>The Council of Governors NOTED the report.</p>	
15	<p>Board of Directors’ Minutes</p> <p>The Council of Governors NOTED the Board of Directors’ Minutes.</p>	
16	<p>Meeting Review</p> <p>Members commented there had been good discussions and a good amount of detail in the reports.</p> <p>No comments were made.</p>	

17	Any other Business No other business was raised.	
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(The meeting closed at 16:25).

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	15 April 2024	11	To circulate the latest version of the Integrated Performance Report	James Jackson-Ellis	Complete.	April 2024

Trust 2021-2026 Strategy: Annual Strategic Priorities

23/24 Year End Review and 24/25 Strategic Priorities

**Council of Governors
29 July 2024**

Contents

Part	Page
Trust Strategy	3
Highlights of delivery of the 23/24 Strategic Priorities	7
Horizon Scanning	10
24/25 Strategic Priorities	13
Appendix 1: Delivery of 23/24 Strategic Priorities	20

Trust Strategy

2021-2026 Trust Strategy

- **Trust Strategy**

- Developed 2021-2026 Trust Strategy and launched in January 2021



Provide the best care and support



Provide seamless care working with our partners



Be a great place to work



Be a digital pioneer and centre for excellence



Maximise our potential to improve and deliver best



Improve our infrastructure and how we use it

2021-2026 Trust Strategy – Enabling Strategies

- **Enabling Strategies**

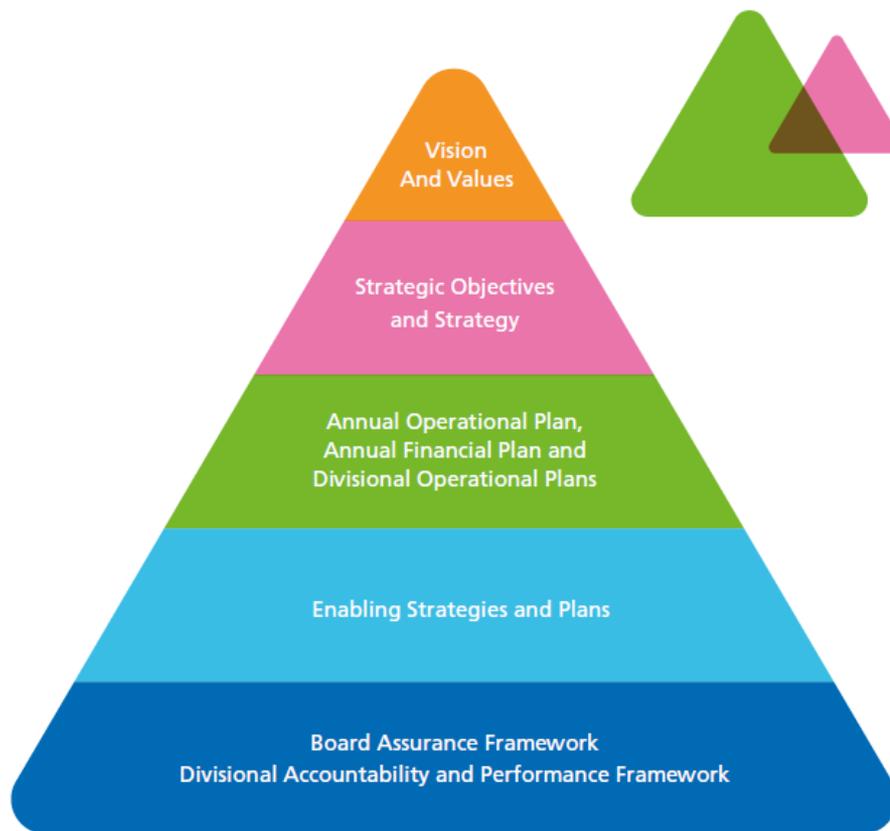
- Developed eight enabling strategies, aligning to Trust Strategy
- Designed speciality level clinical service strategies and priorities



2021-2026 Trust Strategy

- **Delivery of Trust Strategy and Strategic Framework**

- Focus on delivery of objectives and priorities
- Annual strategic priorities and delivery process
- Fanning out to Divisions and Departments



Highlights of Delivery of Strategic Priorities for 23/24

Trust Strategy: Highlights of delivery across 2023/24



- UEC improvements – Paediatric ED 24/7; Reverse cohort model implemented; Delivered improvements in ambulance handover; revised workforce rotas and coverage
- Quality and Safety Strategy – PSIRF implemented across Trust; patient safety partners recruited; implemented new CQC assessment approach; delivered CQC mock inspections
- Constitutional Standards – Reduced waiting times for patients; delivered mutual aid to neighbouring Trusts;
- Patient flow – significantly improvement NCT; improved use of discharge hospitality centre and discharge processes;
- Maternity plan – achieved CQC Good ratings for Arrowe Park and Seacombe Birth Centres



- People Strategy – delivered improvements in flexible working offer; embedded leadership development offer;; Staff Support Groups established
- Payroll – managed change to new payroll supplier
- Workforce planning - standardised workforce planning methodology and approach



- Cost Improvement – significant delivery of cost improvement, with majority through transformational change
- Elective care –C&M Surgical Centre GIRFT; MyPlanned Care app; improved utilisation of theatres;
- Continuous Improvement – methodology for improvement; delivered hospital wide flow programme; implemented improvements in pathology; revised patient transport processes; reduced use of IS for radiology reporting
- Research – established Research and Innovation Hub; strengthened working with Wirral Research Collaborative

Trust Strategy: Highlights of delivery across 2023/24



- Wirral Place (ICB) – developed Place governance for Wirral;
- Local partners - Developed case for change for transfer of glaucoma service from WCHC to WUTH; Developed approach for independent review of Wirral NHS organisational functions;
- COCH – developed case for pathology services integration with COCH



- Digital Strategy –delivered Yr2 of Digital Strategy;
- Cyber – improved cyber capability and resilience;
- Self management – implemented staff check in kiosks and launched patient portal;



- Capital programme –delivered significant capital programme, including surgical centre, Diagnostic Centre, surgical robot, junior doctors mess, fire compartmentation, infrastructure
- Peripheral Clinics – Increased use and function of peripheral clinics across Wirral
- Estates Strategy – Implemented Yr2 of Strategy

Horizon scanning

Year Ahead – Horizon Scanning

Central Government

- UK Election – July 2024
- NHSE producing medium term strategy for next government – aligning to Long Term Strategy
- Limited long term additional funding to the NHS
- Labour focus on waiting list reduction, collaboration, public health, technology
- Now in election cycle

Wirral Place

- Wirral Services Review
- Partnership working
- Relationship with Council and Third sector
- Role of primary care
- Delivery of improvement and change programmes
- Wirral Regeneration and addressing local inequalities

NHS England

- Financial constraints across ICSs and NHSE
- Recovery of services
- Workforce support
- Improving productivity
- Addressing health inequalities
- Collaboration at scale
- Continued industrial action
- Reduced central office - NHSE
- NHS oversight framework
- CQC function and creditability

Cheshire and Merseyside ICB

- System deficit and recovery
- Internal reconfiguration
- Elective recovery and productivity
- Delivery of ICS strategy – health inequalities, population health, access, VfM
- Collaboration and integration
- Liverpool Services Review
- Infrastructure Strategy development
- NHSE Spec Comm Services

Year Ahead – National Objectives

Operational Planning Guidance 24-25

Focus on:

- Quality and safety of services
 - improve ambulance response and A&E waiting times
 - reduce elective long waits and improve performance against the core cancer and diagnostic standards
 - Access to primary care and mental health services
 - Improve staff experience
 - Recovery of core services
 - Supporting our workforce
 - Improving productivity
-
- Joined up care
 - NHS Workforce Plan
 - Modernising Infrastructure
 - Harnessing Digital

12 objectives will form the basis for how NHS England assess its performance, alongside local priorities agreed by ICSs

Quality and patient safety	<ul style="list-style-type: none"> • Implement the Patient Safety Incident Response Framework (PSIRF) 	
Urgent and emergency care	<ul style="list-style-type: none"> • Improve A&E wait times with a minimum of 78% of patients seen within 4 hours in March 2025 • Improve category 2 ambulance response time to average 30mins across 2024/25 	
Primary and community services	<ul style="list-style-type: none"> • Reduce long waits in community services • Improve access to primary care, support practices to ensure appointments within 2 weeks and urgent assessment same day or next day 	Mental health
Elective care	<ul style="list-style-type: none"> • Eliminate 65 week waits by September 2024 at the latest • Deliver system specific activity targets, consistent with national value weighted activity target of 107% • Increase proportion of first appointments or procedures in outpatients to 46% across 2024/25 • Improve patient experience of choice 	People with a learning disability and autistic people
Cancer care	<ul style="list-style-type: none"> • Improve performance against 62-day standards to 70% by March 2025 • Improve performance against 28-day Faster Diagnosis Standards to 77% by March 2025 • Increase stage 1 and 2 cancer diagnosis to achieve 75% early diagnosis ambition by 2028 	Prevention and health inequalities
Diagnostics	<ul style="list-style-type: none"> • Increase proportion of diagnostic tests within 6 weeks to 95% by March 2025 	Workforce
Maternity, neonatal and women's health	<ul style="list-style-type: none"> • Continue implementation of the Three-year delivery plan • Make progress towards national safety ambition and increase fill rates against funded establishment for maternity and neonatal services • Establish and develop at least 1 women's health hub in every ICB by December 2024 	Use of resources
		<ul style="list-style-type: none"> • Improve flow and work towards eliminating inappropriate out of area placements • Increase those accessing transformed models of adult community, perinatal, and children and young people's mental health • Increase completed treatments for anxiety and depression in adults via NHS Talking Therapies with at least 67% achieving improvements and 48% recovery • Deliver a full annual physical health check in at least 60% people with severe mental illness by March 2025 • Increase dementia diagnosis rate to 66.7% by March 2025 • Deliver annual health checks in 75% of those aged 14+ and on the GP learning disability register • No more than 30 adults with LD or autism per 1 million population (or 12-15 for under 18s) receiving inpatient mental health care • Achieve 80% of those with hypertension to be treated by March 2025 • Provide lipid lowering therapy treatment for 65% of people with CVD risk score of greater than 20% by March 2025 • Increase children and young people's vaccination uptake • Address health inequalities and deliver on the Core20PLUS5 approach • Systematic implementation of the People Promise retention interventions • Increase choice and flexibility in rotas, reduce duplicative inductions and payroll errors • Provide placements and apprenticeships to meet the NHS Long Term Workforce Plan • Deliver a balanced net system financial position for 2024/25 • Reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25

24/25 Strategic Priorities

Outstanding Care

Provide the best care and support

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Strategic Actions 2024/25	Action Ownership
Outstanding Care Provide the best care and support	Empower patients through their care journey	1. Deliver Year Three of the Patient Experience Strategy priorities 2. Deliver Year Three of the Quality and Safety Strategy priorities	1. Chief Nurse 2. Executive Medical Director
	Improve patient flow, ensuring the patient is in the right place at the right time	3. Deliver national quality standards to improve quality of care to patients 4. Continue to deliver improvements against the national NHS maternity standards	3. Chief Nurse 4. Chief Nurse
	Strive to deliver intimate and personal patient experience	5. Deliver quality account priorities for 2024/25 6. With partners, redesign and implement improvements to special educational needs and disability services (SEND) to improve the delivery of care to children and young persons across Wirral	5. Executive Medical Director 6. Chief Nurse
	Provide services in the most appropriate and accessible setting	7. With NHS and third sector partners, revise and redevelop clinical pathways for mental health services, supporting improvements in access and care 8. Implement Year 1 of the Trust's Health Inequalities Target Operating Model, focussing on Core20plus5 and NHS prevention pledge priorities	7. Chief Nurse 8. Director of Corporate Affairs
	Embed a culture of safety improvement that improves outcomes	9. Deliver NHS operational objectives for 24/25, focusing on recovery of services and improving productivity	9. Chief Operating Officer

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Strategic Actions 2024/25	Action Ownership
Compassionate Workforce Be a great place to work	Develop and maintain a healthy organisational culture based on our values	1. Deliver year three of the People Strategy, focussing on: <ul style="list-style-type: none"> • Looking after ourselves and each other • Belonging at WUTH • Shaping our ways of working • Transforming our future 2. Continue to develop and enhance our approach to communications across the Trust 3. Deliver and embed the Trust's Equality, Diversity and Inclusion Strategic Commitment priorities 4. Deliver Leadership for All across the Trust, through a range of learning and educational programmes and resources 5. Continue to embed positive narrative across the Trust 6. Ensure the appropriate and efficient deployment of our workforce	1. Chief People Officer
	Retain, attract and recruit high calibre and skilled staff		2. Chief People Officer
	Support our staff to enjoy the best health and wellbeing		3. Chief People Officer
	Invest in our staff's continuous learning, education and innovation		4. Chief People Officer 5. Chief People Officer 6. Chief People Officer

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Strategic Actions 2024/25	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	Embed a culture of improvement and transformation	1. Embed continuous improvement, delivering a range of improvement projects and increasing improvement capability across the Trust 2. Implement national best practice in clinical care across the Trust, improving patient outcomes 3. Deliver Year 2 of the Research and Innovation Strategy	1. Chief Strategy Officer 2. Executive Medical Director 3. Executive Medical Director
	Reduce variation in care pathways to improve outcomes	4. Drive continued productivity improvements across the Trust, supporting improvements in service delivery 5. Deliver Year 2 of the Trust's financial strategy	4. Chief Operating Officer 5. Chief Financial Officer
	Use our resources effectively and sustainably, so we can improve our services	6. Continue to improve the Trust's financial sustainability 7. Continue to embed Well Led principles across all levels of the Trust	6. Chief Financial Officer 7. Director of Corporate Affairs
	Create the conditions for clinical research to flourish	8. Deliver and embed Trust wide improvements which supports improvement in the Trust's NHS system oversight framework (SOF) segmentation	8. Director of Corporate Affairs

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Strategic Actions 2024/25	Action Ownership
Our Partners Provide seamless care working with our partners	Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population	1. Play a leading role in system work, across Wirral Place and ICB footprints 2. Enhance the interface between primary and secondary care	1. Chief Strategy Officer 2. Executive Medical Director
	Deliver system partnerships which improve outcomes for our patients	3. Examine and implement partnership and integration opportunities with local NHS providers, to support service delivery and improvements in clinical care provision across Wirral and Cheshire and Merseyside	3. Chief Strategy Officer
	Leverage our clinical expertise to drive clinical quality and influence system working	4. Leverage and maintain relationships to increase the Trust's national profile 5. Develop and embed governance to support partnership working and integration of services, with local partners	4. Director of Corporate Affairs 5. Director of Corporate Affairs
	Build partnerships with academic institutions to develop research and education capability	6. Continue to develop our relationships and activities with local and regional universities, supporting research, innovation and education 7. Drive the continued delivery of the Cheshire and Merseyside Surgical Centre, working with partners to increase use	6. Executive Medical Director 7. Chief Operating Officer

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Strategic Actions 2024/25	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	Use digital technology to reduce waste, automate processes and eliminate bottlenecks	1. Deliver year three of the Digital Strategy 2. Embed information governance across the Trust, supporting continued digital maturity	1. Chief Finance Officer 2. Chief Finance Officer
	Empower patients with the data and tools to manage their own health and wellbeing	3. Develop and embed digital assisted services to support delivery of improvements and benefits across the Trust 4. Continue to enhance business intelligence capabilities to support clinical and corporate decision making and service developments	3. Chief Finance Officer 4. Chief Finance Officer
	Allow business intelligence to drive clinical decision making	5. Enhance our cyber security capabilities, building cyber resilience across the Trust	5. Chief Finance Officer
	Use health information to enable population health management for the Wirral		

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	Effectively use our estate to support the delivery of care	1. Deliver year three of Estate and Capital Strategy 2. Deliver year 2 of the Green and Sustainability Plan	1. Chief Strategy Officer 2. Chief Strategy Officer
	Delineate the role and functions of the hospital sites	3. Develop model for future clinical service provision across hospital campuses and future service locations 4. Develop options to utilise community space and provision to support access to services and improve space utilisation across Wirral Place	3. Chief Strategy Officer 4. Chief Strategy Officer
	Develop the case for the upgrades of the hospital campuses	5. Continue to delivery the Urgent and Emergency Care Programme	5. Chief Operating Officer
	Improve travel and transport to our hospital campuses	6. Deliver capital programme to timetable and budget 7. Continue to work with partners to improve access to hospital campuses for patients and visitors	6. Chief Operating Officer/ Chief Financial Officer/ Chief Strategy Officer 7. Chief Strategy Officer
	Promote sustainability and social value		

Appendix 1 : Delivery of 23/24 Strategic Priorities

Outstanding Care – 23/24 delivery

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
Outstanding Care Provide the best care and support	Empower patients through their care journey	1.Continue to deliver UEC improvement programme	1. HK
	Improve patient flow, ensuring the patient is in the right place at the right time	2.Delivery of year 2 Quality & Safety and Patient Experience strategies	2. TF/NS
	Strive to deliver intimate and personal patient experience	3.Assess trust performance against CQC KLOEs and develop action plans	3. NS
	Provide services in the most appropriate and accessible setting	4.Delivery of constitution standards	4. HK
	Embed a culture of safety improvement that improves outcomes	5.Implement improvements to patient flow - including reconfiguration of IDT/discharge functions	5. HK
		6.Delivery of maternity improvement plan	6. TF
		7.Embed medical device safety including training of staff and training and maintenance of equipment	7. NS

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	1. Continue to deliver UEC improvement programme	COO

Details of progress Q 3 & 4

- Review of medical workforce requirements undertaken and new rotas developed
- Reverse cohort model implemented
- Commenced work on modernising SDEC and providing increased access for ED
- Reviewed and relaunched the Trust Escalation Policy, including the implementation of the new National OPEL reporting framework and including the implementation of continuous flow
- Further enhanced the attendance and admission avoidance with our Community and Mental Health Providers with an overall decrease in patients awaiting a bed in the acute setting.
- Commenced the high intensity users work on Wirral with a view to reducing attendances.
- Delivered an improved 30 minute ambulance handover performance and commenced with improvement work with AQUA.
- Improved post take coverage with a reduced number of patients being unallocated and experiencing lengthy delays.

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	2. Delivery of year 2 Quality & Safety and Patient Experience strategies	CNO/MD

Outcome

Details of progress Q 3 & 4
<ul style="list-style-type: none"> • Expand patient story library This is ongoing there are currently 50+ stories on the library with additional 15 in process. • Launch of awards Decision was made to ensure Patient Experience is incorporated into the Trust wide Together Awards rather than have a separate set of awards. • Launch of ward folders Phase one will be distributed first week in April Phase two will be planned to circulate Q3 24/25 • Launch needle phobia video Filmed completed, co production workstream, launch of film April 2024 • Conclude deaf and hearing impairment and non-binary improvement plan Improvement plans developed. Non binary changed to Gender inclusion, task & finish group closed. • Relaunch Hello my name is Task & Finish group established, 3 elements to project, Project launched 1 & 2 • Discharge leaflet being evaluated Task & Finish group established • PSIRF Implemented across Trust • CQC Preparedness Delivery of CQC Preparedness programme, including mock inspections, review and assessment against KLOEs across Divisions and Departments • Patient Safety Training Delivery of Patient Safety syllabus across the Trust

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	3. Assess trust performance against CQC KLOEs and develop action plans	MD

Outcome

Details of progress Q 3 & 4
<ul style="list-style-type: none"> • Closed off the majority of outstanding actions • Developed programme for internal inspections • Continuing engagement with CQC, moved from monthly to bi-monthly • External benchmarking for quality assurance • Completed Well Led review

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	4. Delivery of constitution standards	COO

Outcome

Details of progress Q 3 & 4

- Despite significant disruption from industrial action, delivered zero 78 weeks by the end of March, other than patients choosing to wait longer.
- Offered large volumes of mutual aid where trust waiting times are much lower than other organisations.
- Delivered an ECHO and cystoscopy recovery plan that has supported the delivery of full compliance against the 95% DM01 6 week target.
- Delivered the NHSE set trajectory of no more than 142 patients waiting longer than 62 days for cancer treatment, despite significant increases in demand to cancer services.
- Delivered a significantly lower number of patients waiting longer than 104 days for definitive cancer treatment.
- Delivered the national requirement to ensure that more than 75% of patients had a diagnosis of cancer ruled out or confirmed within 28 days.
- Delivered a gastroenterology recovery plan that reduced longest waiting times over 65 weeks from over 500 at the end of quarter 3 to less than 25 at the end of March 2024.

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	5. Implement improvements to patient flow - including reconfiguration of IDT/discharge functions	COO

Outcome

Details of progress Q 3 & 4

- Control room implemented for pathway and departmental leaders.
- Full integration with local partners.
- Delivered a sustained increase in the number of patients that do not have a CTR.
- New Associate Director recruited to commence in May 2024.
- Super MaDE delivered with good results with successful and impactful in reach of community services from WCT.
- Delivered a successful implementation of pathways to the Home First with service expansion into other pathways.
- Continuous flow policy implemented with an improvement in the number of patients discharged earlier in the day.
- Significant improvement in the utilisation of the Discharge Hospital Centre.
- Delivered a Hospital Wide Flow Programme, in conjunction with the Service Improvement Team, with sustained improvements across all general flow indicators and improved communications and awareness across the trust.

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	6. Delivery of maternity improvement plan	CNO

Outcome

Details of progress Q 3 & 4

- Submitted evidence for MIS Year 5 by 1st February 2024 and compliance achieved meeting all 10 safety actions
- Working towards achieving SBLv3 compliance by 03/24
- CQC Good rating achieved for both Arrowe Park and Seacombe Birth Centre, working towards outstanding CQC rating
- Maternity Continuity of Carer - 60% of women on the pathway and continual roll out being explored subject to safe staffing and secured funding
- Three Year delivery plan on target to achieve and all initiatives embedded
- WISE Accreditation - Amber status & GREEN status ambition
- Maternity and Neonatal Voices Partnership Lead recruited and commencing end March 2024
- Maintain 2 midwives in Maternity Triage
- Rolling recruitment campaigns for Band 5/6 Midwives
- Clinical Governance structure strengthened and Q&S Matron for Maternity in post from 02/24

Strategic Priorities and Actions 2023/24

Outstanding Care

Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Action Ownership
Outstanding Care Provide the best care and support	7. Embed medical device safety including training of staff and training and maintenance of equipment	MD

Outcome

Details of progress Q 3 & 4

- Appoint to the MDSO post – starting 1st April 24.
- PSRIF implemented
- Review best practice nationally

Compassionate Workforce– 23/24 delivery

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
Compassionate Workforce Be a great place to work	Develop and maintain a healthy organisational culture based on our values	<ol style="list-style-type: none"> 1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future 2. Undertake a review and develop options for future payroll provision 3. Create and embed a positive narrative to support a Just Culture 4. Undertake future workforce planning - including focus on specialist nurses, consultants and allied health professionals 	1. DS
	Retain, attract and recruit high calibre and skilled staff		2. DS
	Support our staff to enjoy the best health and wellbeing		3. DS
	Invest in our staff's continuous learning, education and innovation		4. DS/HK

Compassionate Workforce

Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future	CPO

Outcome

Details of progress

- **Deliver year 2 of the programme of work to improve the Trust's flexible working offer** – New Flexible Working policy, toolkit and training embedded, brochure launched, flexible working intranet page, Electronic application process at testing phase introduced Flexible Working Ambassadors
- **Develop our just and learning culture** – Co-creation group established with staff chair in place, priority and actions agreed for 23/24, 12-month Kindness Campaign underway and aligned to evidence based practice, individuals from across the group taking a lead on monthly campaign activities, campaigns designed to focus inclusivity and accessibility for all staff. Evaluation of impact of the events on going.
- **Transform the delivery of our Occupational Health and Wellbeing Service to align to the Grow OH Strategy** – Progress made against Grow OH drivers and identified areas for development, reviewed OH Mental health model and provision, relaunched the EAP, raised profile of OH e.g.- HSJ 2023 Staff Wellbeing Award entry 'Working together to look after ourselves and each other, OH intranet site improved, increased psychological provision, reviewed Health surveillance programmes, increased engagement with stakeholders.
- **Embed the WUTH LQF and associated development offer** – Mini-Manager essentials programme launched, 2023 Leadership Conference delivered, Leading Team launched, Leading Service Launched, Leading Organisation Launched, Executive Team development programme underway, LQF Self-assessment tool developed and launched, Leadership for all master classes delivered, assessment of learning outcomes against EDI strategic commitment underway.
- **Develop an Engagement Framework** – 2022 staff survey results cascaded through a series of divisional events, Q1, Q2 and Q4 pulse survey completed, and results cascaded, bi-annual staff engagement events launched and delivered to cascade results and develop plans from NSS and NQPS feedback, Employee Engagement Framework developed in collaboration with various staff stakeholder; approved in Aug WSB.

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future	CPO

Outcome

Details of progress
<ul style="list-style-type: none"> • Deliver a programme of work to create a specific and measurable improvement in the experience of our disabled staff - Co-creation group established with co-chairs identified. Governance structure and ToR established, priority area of focus identified, and work commenced. • Embed a Trust wide approach to coaching and mentoring –attended by 30 staff and two undertaking Level 5 full qualification in coaching via Trust apprenticeship levy, all trainees are operating as coaches, programme of coaching supervision and coaching CPD underway, toolkit to support coaches produced and in use by WUTH coaches. Further opportunities available to support coaching qualifications. • Embed quality supervision and appraisal conversation – New appraisal and check in process launched, policy rewritten and approved, awareness and training sessions delivered, new portlet for recording appraisal and check In designed and launched in ESR, Appraisal and Check in quality review process established and implemented, ongoing manager training embedded into Manager Essentials and Leading Teams. On-going review of new process continues, feedback indicates that approach is more person centric and enables better quality conversations.

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future	CPO

Outcome

Details of progress
<ul style="list-style-type: none"> • Deliver the Workforce Planning and Controls Programme – Temporary Staffing Policy review completed, collaborative bank systems partner collaborating to review and implement improvements to rate escalation and progression to agency, interoperability between the collaborative bank and agency platforms to improve approval and booking process under development, E-Rostering Systems - deep dive exercise into utilisation and set up of the current E-Rostering platform underway, new Job Planning System introduced, sign off of job plans continue to be monitored against target. Productivity programme of work now monitored via Programme Board will continue to drive improvements. • Develop and implement the WUTH Perfect Start - Co-creation group formed, creation of the vision of a perfect start underway with focus on the EDI lens, quick wins identified to improve systems, Recruitment and Selection Policy reviewed, quality newsletter developed in line with trust values, manager training re-started. Co-creation group workshops and listening events taken place, priorities for development identified as revised new starter checklist, standardised interview scoring sheet development of new starter training plan template. Future plans to include inclusive new starter welcome pack. • Introduce a systematic methodology for workforce planning - Establishing a Project Group, identify NHSE methodologies, agreed approach (6 step methodology), Workforce Planning Lead appointed to support the development of Workforce Planning within the Trust, first phase of the development of Workforce Planning within the Trust initiated with the introduction of a simple approach of a Plan on a Page, first iteration of Service Level completed Plan on a Page completed, Workforce Planning proposed calendar reviewed with Stakeholders to ensure external and internal dependencies such as Operational Planning were considered. Workshops underway with Divisions to analysis outputs form POAP and develop Trust level priorities.

Compassionate Workforce

Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future	CPO

Outcome

Details of progress
<ul style="list-style-type: none"> • Deliver a programme of work to improve retention – Digitalisation of the resignation and exit interview is on-going, completion of the self-assessment tool underway, career clinics continue in Divisions, Staff career stories for new career library, to be linked to ED&I on intranet, internal transfer pilot for B5 RNs commenced in August, plans in place to extend to CSWs. Reward and recognition initiatives continue– new aspirant B6 RN role in development and support for current B5 RNs, buddy scheme for new CSWs introduced and being evaluated, AHP group working on career development sessions, job shadowing, EIA has been completed to consider retention factors and EDI focuses identified. On-going comms plans to promote initiatives across the Trust. Reduction in turnover highlights impact of workstream. • Create opportunities in local communities for under-represented groups to develop skills and access jobs in health and care – Staff Led working group established with staff chair identified. Agreed priorities for this year: <ul style="list-style-type: none"> • Implementation of a Job Safari' approach to promoting work experience • Quality work experience opportunities available at WUTH – now developed • Weeklong work experience programme available for access from schools from deprived areas • Minimum of 12 individuals from local schools participating in the pilot programme

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	2. Undertake a review and develop options for future payroll provision	CPO

Outcome

Details of progress Q3 & 4
<ul style="list-style-type: none"> • Procurement process has been undertaken • New provider has been selected • Implementation and transfer programme of work underway • Transfer of service to take place from 1st May 2024

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	3. Create and embed a positive narrative	CPO

Outcome

Details of progress Q3 & 4
<ul style="list-style-type: none"> • External review of Communications and Marketing Team complete. • External consultancy support provided to produce draft strategy and operational plan. • External training provided to Communications and Marketing Team. • Recruitment process for Director of Communications commenced. • Interim reporting arrangements put in place to support a strengthened focus on external media and marketing (internal: CPO, external: DCA). • Comms Strategy ratified and implemented. • New structure developed. • Consistent pipeline of positive, proactive, press releases.

Compassionate Workforce Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Compassionate Workforce Be a great place to work	4. Undertake future workforce planning	CPO/COO

Outcome

Details of progress
<ul style="list-style-type: none"> • Workforce planning methodology reviewed and selected. • Template documentation created – ‘plan on a page’ approach. • Workforce planning training delivered. • Workforce planning 23/24 round launched. • Workforce planning lead recruited and in post • First iteration of Divisional Level completed Plan on a Page completed • Workforce Planning proposed calendar reviewed with Stakeholders to ensure external and internal dependencies such as Operational Planning were considered. • Workshops underway with Divisions to analysis outputs form POAP and develop Trust level priorities.

Continuous Improvement – 23/24 delivery

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	Embed a culture of improvement and transformation	<ol style="list-style-type: none"> 1. Delivery of sustainability 23/24 financial year (MC) 2. Develop and deliver CIP 3. Deliver year 1 of financial strategy 4. Delivery of productivity improvements to support elective care 5. Develop and Delivery change management to support productivity improvement 6. Develop Quality Improvement approach and delivery mechanism 7. Deliver year 2 of the Research and Innovation strategy 8. Develop clinical outcomes group function and including cycle of business 9. Revise and embed Trust accountability frameworks 10. Celebrate successes 11. Enhance our culture of accountability through Divisions and Departments 	<ol style="list-style-type: none"> 1. MC 2. HK 3. MC 4. HK 5. MS
	Reduce variation in care pathways to improve outcomes		<ol style="list-style-type: none"> 6. TF 7. NS 8. NS
	Use our resources effectively and sustainably, so we can improve our services		
	Create the conditions for clinical research to flourish		<ol style="list-style-type: none"> 9. DM 10. All 11. DM

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	1. Delivery of sustainability 23/24 financial year	CFO

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> - The Trust met its target budget for 23/24, with the exception of £5.1m of unmitigated Industrial Action costs. - This variance resulted from the full costs of industrial action being only partially mitigated by national policies. The Trust's IA impact was verified with the ICB and an agreement reached as to the adverse variance to plan. - All internal financial risk was managed by mitigation plans. - The Trust agreed a partial recovery plan for overspends in Estates and the variance against budget did not deteriorate further in Q3 and Q4. - It was agreed that, given the financial position of the Trust and the wider C&M system, further accelerating the elective recovery plan at premium cost was not affordable. - The Trust has improved its underlying financial position during 2023/24.

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	2. Develop and deliver a Cost Improvement Programme (CIP) that supports financial sustainability	COO

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> • Delivery of an in year position of £23m recurrently against a £26m plan. Highest level of CIP delivered in the trust. • Additional £1m mitigated in year with a recurrent delivery gap of £2.5m. • Identify mitigation for £1m reduction in forecast • Full WAVE programme developed for 2024/25 as an outline and requires further detailed development. • Strong CIP governance delivered through the year, governed through Programme Board.

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	3. Deliver year 1 of financial strategy	CFO

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> - The Trust completed 9 actions in Q3 and Q4 with 5 actions identified within the 23/24 plan still outstanding. All outstanding actions are forecast to be completed in Q1 of 24/25. - The action plan for 24/25 was agreed with Finance and Procurement team in March and will be shared with the wider organisation as part of the strategy engagement events in May.

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
<p>Continuous Improvement</p> <p>Maximise our potential to improve and deliver best value</p>	<p>Delivery of productivity improvements to support elective care</p>	<p>COO</p>

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> • Successfully achieved Surgical Centre national GIRFT Hub Accreditation with an onsite visit with Professor Briggs. • Roll out of the routine use of MyPlanned Care and Surgery Hero to support patient optimisation pre-surgery. Identified for a HSJ award and achieved a trust award. • Delivered improved length of stay for joint replacements at CGH. • Good utilisation of the theatre complex with an in session utilisation of 80-85%, one of the strongest in the region which is monitored through the Elective Recovery Programme. • Full workforce review and modelling of theatre staffing providing good assurance for delivery in 2024/25. • Refocused the Thing Big Programme – developed a new framework for improving theatre efficiency and throughput, fortnightly meeting chaired by the COO with all surgical clinical leads.

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
<p>Continuous Improvement</p> <p>Maximise our potential to improve and deliver best value</p>	<p>5. Develop and Delivery change management to support productivity improvement</p>	<p>CSO</p>

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> - Developed and delivered Improvement methodology for Trust, allowing for a single approach to change and transformation across the Trust - Developed and delivered integration of Service Improvement and Quality Improvement functions into one Unit, including team and budget amalgamation as well as appointment of clinical lead - Delivered Hospital Wide Flow Programme, reducing length of stay, delayed discharges and improved discharge processes across wards. This support a reduction in NCTR by 50%. - Completed taxi improvement project, reducing taxi use by staff and patients and putting in place approvals and controls for use of taxis and couriers - Delivered pathology test improvement programme, reducing number of tests ordered and improvement use of test care sets - Completed housekeeper role review, supporting standardisation of roles and responsibilities across wards - Commenced and launched Deteriorating Patients improvement programme, aiming to improve early identification of deteriorating patients and reduce MET calls across the hospitals - Delivered of Supplies and Stores review, identifying duplication of processes and functions and identifying improvements to procurement functions

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
<p>Continuous Improvement</p> <p>Maximise our potential to improve and deliver best value</p>	<p>6. Develop Quality Improvement approach and delivery mechanism</p>	<p>CSO</p>

Outcome

Details of Progress
<ul style="list-style-type: none"> - QI team review and subsequent merge with Service Improvement team to form the WUTH Improvement team within the Chief Strategy Officer's portfolio, as of 1st January 2024 - Launch of the Deteriorating Patient transformation programme, Q4 2023/24; collaborative approach working with 5 wards to improve NEWS score compliance and reduce MET calls through earlier identification of deterioration and escalation - DHC utilisation PDSAs via the Hospital Wide Flow transformation programme; 76.8% increase (149 difference) in DHC utilisation as at the end of March 2024 in comparison to the same period in 2023

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	7. Deliver year 2 of the Research and Innovation strategy	MD

Outcome

Details of Progress Q3&4	Moving into 24/25
<ul style="list-style-type: none"> • Review of research portfolio to maximise commercial collaboration – reviewed and considered within the target operation model • Strengthen working with Wirral Research Collaborative – currently working on a joint vaccine study • Development of a Target Operating Model for both research and innovation functions. 	<ul style="list-style-type: none"> • Completion of Research and Innovation Target Operating Model • Implementation of recommendations of TOM • Strengthen partnership with Wirral Research Collaborative

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	8. Develop clinical outcomes group function and including cycle of business	MD

Outcome

Details of Progress Q3&4
<ul style="list-style-type: none"> • Clinical outcomes group function runs monthly, with clear cycle of business. • Linked with quality improvement work • Linked with PSRIF

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	9. Revise and embed Trust accountability frameworks	DoCS

Outcome

Details of Progress Q3 & Q4
<ul style="list-style-type: none"> - The whole trust accountability framework was developed and introduced in 2022/23 which leads to a refreshment of divisional governance processes and structures. - There is now a consistent approach to divisional governance. - This has been supported by a refreshment of the DPR process led by the COO. - Corporate function DPR has been created and the first meetings are being held in November 2023. - The second meetings will take place in March/April 2024.

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	11. Enhance our culture of accountability through Divisions and Departments	DoCS

Outcome

Details of Progress
<ul style="list-style-type: none"> - The whole trust accountability framework was developed and introduced in 2022/23 which leads to a refreshment of divisional governance processes and structures. - There is now a consistent approach to divisional governance. - This has been supported by a refreshment of the DPR process led by the COO. - Corporate function DPR has been created and the first meetings are being held in November 2023 - The second meetings will take place in March/April 2024. - Identification and mapping of all governance fora across the Trust.

Our Partners – 23/24 delivery

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Our Partners Provide seamless care working with our partners	Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population	1. Position the trust as the place partner 2. Develop collaboration models with WCT - to improve outcomes 3. Examine opportunities for collaboration with COCH and other acute partners 4. Develop our offer as a regional elective centre, across surgical specialties (HK) 5. Represent the Trust at ICB and CMAST level (system partnership) 6. Develop and implement plan for the trust as anchor institution		1. MS
	Deliver system partnerships which improve outcomes for our patients			2. MS
	Lever our clinical expertise to drive clinical quality and influence system working			3. MS
	Build partnerships with academic institutions to develop research and education capability			4. HK
				5. MS
				6. DMcG/MS/DS

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
<p>Our Partners</p> <p>Provide seamless care working with our partners</p>	<p>1. Position the trust as the place partner (lead our offering of leading Place) (Major partner in place)</p>	<p>CSO</p>

Outcome

Details of progress Q3&4
<ul style="list-style-type: none"> • Supported implementation of Place Governance, with ICB (Place) and Council • Led partnership meetings with Councillors and Council Leadership • Supported development of approach and terms of reference to ICB led Wirral System Review • Delivered NHS and council estates assessment and review for Wirral, identifying all local government and NHS estate across Wirral, including function, age and use. Outlined opportunities for rationalisation • Chaired Wirral Place Partnership Board sub-committees

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	2. Develop collaboration models with WCT - to improve outcomes	CSO

Outcome

Details of progress Q3&4
<ul style="list-style-type: none"> Delivered service review and case for change of Ophthalmology Services across Wirral Community Health and Care NHS FT and WUTH, identifying duplication and handoffs across services and recommending amalgamation of service Developed proposal for executive and non-executive director support to WCHC

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	3. Examine opportunities for collaboration with COCH and other acute partners	CSO

Outcome

Details of progress Q3&4
<ul style="list-style-type: none"> • Completion of collaboration opportunities review across clinical and corporate functions • Identification of two functions for services reviews across 2024/25 – Renal medicine and Orthopaedics • Delivered Strategic Outline Case for Pathology Services integration across COCH and WUTH, with Board approvals • Developed outline of support requirements for delivery of Pathology Services Integration in 2024-2025

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	4. Develop our offer as a regional elective centre, across surgical specialties	COO

Outcome

Details of progress Q3&4
<ul style="list-style-type: none"> • Delivered an increased uptake of operating sessions at C&MSC for all specialties with a primary focus on the longest waits. • Attained GIRFT Accreditation as a marker of quality for the surgical centre. • Established the C&MSC Hernia pathway to reduce waiting times regionally for hernia repair and to promote early access to services via the surgical centre. • Delivered high levels of mutual aid for orthopaedics across Cheshire and Merseyside but also Manchester and Lancashire and South Cumbria. • Developed a bid for delivering paediatric dental surgery via the surgical centre as a regional solution. • Driving conversations within Cheshire and Merseyside for repatriation of long waiting pathways through to the surgical centre capacity.

Strategic Priorities and Actions 2023/24

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	5. Represent the Trust at ICB and CMAST level (system partnership)	CSO

Outcome

Details of progress Q3&4
<ul style="list-style-type: none">• Led the Elective Recovery Programme across Cheshire and Merseyside, reducing waiting lists and utilisation as well as improving mutual aid across the system• Chaired and participated in a range of CMAST sub-committees and professional groups, supporting system working and collaboration• Developed capital bids across endoscopy and pathology functions to CMAST

Strategic Priorities and Actions 2023/24

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	6. Develop and implement plan for the trust as anchor institution	CSO / CPO/ DoCS

Outcome

Details of progress Q3&4
<ul style="list-style-type: none">• Developed Health Inequalities Target Operating Model, including assessment of health inequalities across Wirral, review of national guidance and system requirements.• Attended Council Health Inequalities Working Groups• Signed Cheshire and Merseyside Prevention Pledge on health inequalities

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Our Partners Provide seamless care working with our partners	6. Develop and implement plan for the trust as anchor institution	CSO / CPO/ DoCS

Details of progress Q3&4

Pillars	
Pillar 1 - Purchasing Locally for Social Benefit	WUTHs ambitions as an Anchor Institute under this pillar are being factored into the new procurement strategy which is currently in development and due for approval 18 th April. Following sign off, targets will be established in line with ICB procurement plans and used as a KPI for future procurement delivery.
Pillar 2 - Building and Space to Support Communities	WUTHs ambitions as an Anchor Institute under this pillar are set out in the capital project and an estates master plan.
Pillar 3 - Widening Access to Quality Work	A number of projects have been successfully implemented in 23/24 including: <ul style="list-style-type: none"> • Launching a new weeklong work experience programme to showcase 'nontraditional NHS roles' at WUTH and working with children from schools located in more deprived areas. • Expanding the T-level placements we offer and working in collaboration with more training providers to offer t-level opportunities. • Increased the number of qualifications available to existing staff drawing upon WUTHs apprenticeship levy. • Changed vacancy control process to increase apprenticeships job opportunities offered at WUTH. • Expanding the variety of volunteering roles at WUTH. All roles are now underpinned by a role descriptor, and we provide enhanced governance, training and support for volunteers.
Pillar 4 - Collaboration with Local Partners	Work has been undertaken to further collaboration with local partners, this includes: <ul style="list-style-type: none"> • WUTH led workshops in collaboration with system partners to increase awareness of widening participation agenda. • Collaborating with Wirral Met College to commit £1.3m of WUTHs apprenticeship levy over the next four years to support local people to undertake their qualification. • Collaborating with Liverpool City Region to transfer £60k of apprenticeship levy to a local Autistic Charity. • Collaborating with Liverpool City Region and Wirral's Career Service to design and deliver a week-long work experience programme delivered in March 2024. • Collaborating with NHS England Northwest to support ten paramedic apprenticeships in the C&M region.
Pillar 5 - Reducing Environmental Impact	WUTHs ambitions as an Anchor Institute under this pillar are set out in the Green Plan

Digital Future– 23/24 delivery

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	Use digital technology to reduce waste, automate processes and eliminate bottlenecks	1. Deliver one patient record in 23/24 2. Review and improve cyber security provision	MC MC
	Empower patients with the data and tools to manage their own health and wellbeing	3. Implement year 3 digital strategy 4. Implement Trust patient portal include self check-in capabilities technology to support patient booking/checking in (MC)	MC MC
	Allow business intelligence to drive clinical decision making	5. Examine technologies opportunities for patient self-management 6. Undertake NHS digital maturity assessment including comparison to peers (MC)	MC MC
	Use health information to enable population health management for the Wirral	7. Implement/review digital governance through to board (DM)	DM

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	1. Deliver one patient record in 23/24	CFO

Details of progress Q3&4

Delivery of One Patient Record Phase 1a is part of the overarching year 3 strategy – so there is significant cross over with point 3 which details progress on digital enabling projects. Scope of Phase 1a is the removal of centralised patient record – i.e. everything currently held on paper in the central notes. NB this does not include locally retained paper within divisions.

- Digital ECGs are now live across the organisation, with a small number of non-compliant machines still in place – which will be phased out over time. Last month saw circa 800 digital ECGs enacted and stored within our EPR.
- Digital CTGs are now live within maternity, with on average 1000 CTGs being performed and added to our EPR per month.
- Inpatient referrals have been standardised across the Trust with over 100 digital referrals now in place and less than 20 remaining.

The utilisation of enabling technologies is key to releasing scanning capacity for the go live of Phase 1a in May 2024. Divisions have committed to using those technologies. Scanning of specific document types where a digital alternative is available will be ceased from May 2024 onwards.

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	2. Review and improve cyber security provision	CFO

Details of progress Q3&4

- The cyber programme has taken remedial actions from the previous year's audits including annual Data Security and Protection Toolkit (DSPT), Medical devices audit and annual Penetration testing 2023. All highlighted serious and high risks relating to the pen test have been addressed with the exception of some medical devices which cannot be upgraded. Divisional Trust risks are associated with modalities which are end of life. The Trust received substantive assurance for Infrastructure audit with some medium risk actions. NHSE Penetration test audit 2024 was comprehensive and has raised significant severe and high-risk actions for the cyber programme 24/25.
- Over the last 12 months the following cyber improvements have occurred:
 - New wired network with associated firewall products.
 - Domain security measures being updated in line with national standards
 - Updating the majority of the 2012 servers, the ones inflight have extended Microsoft patch support, mitigating the risk. The Trust is engaging with last 2008 server supplier on their update path.
 - Robust 3rd party access policy – assuring compliance with security standards
 - Implementation of 2 factor authentication for NHS mail
 - Implementation of tools to allow for in-house penetration testing
 - Domain encryption, helping to improve our password protection

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL FOUNDATIONS	CFO

Details of progress Q3&4

Digital Foundations:

- Technical services is represented at all levels of Trust governance and assurance reporting.
- Roll out of circa 600 workstations and circa 100 iPads to replace unsupported operating systems.
- Server Upgrade Programme of 150 Servers is nearly complete, less than 20 servers have extended Microsoft patching support.
- N365 –inTune solution, mobile device management solution allows DHT to ensure these devices are secure.
- Network Upgrade completion, including new supported firewalls. This project replaces unsupported infrastructure and underpins all Trust IT services, including the ongoing adoption of NHS Secure boundary that adds another protection boundary to our network.
- IT Infrastructure and kit provision for Surgical Centre, Diagnostic Centre
- Identity Management solution – Single Sign on being rolled within the Trust, 70% of all clinicians have been account matched, their active directory used to authenticate within Millennium. This project is a prerequisite for Printer project within the Trust which will increase resilience to core functionality, clinical printing and provide Information protection to printed clinical data.
- IT Infrastructure audit conducted by MIAA and returned with substantial assurance.

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL INNOVATIONS	CFO

Details of progress Q3&4

The vast majority of digital innovation implemented this year is referenced on other slides – relating largely to the one patient record programme and patient self management. To highlight, other innovations achieved this year include:

- Pilot implementation of Vitalslink technology on wards 14 and 33 which allows automatic population of data from vital signs machines into the Trust EPR saving clinical time and reducing transcription errors.
- Introduction of a new alerting module into the Trust EPR, allowing greater levels of configuration for alerts and an enhanced view for clinicians.
- Information exchange solution to help facilitate clinical documentation requirements for the Cheshire & Merseyside Surgical Centre.
- Implementation of virtual wards functionality to monitor both respiratory and frailty patients being managed in the community.

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL EDUCATION & DIGITAL INTELLIGENCE	CFO

Details of progress

Digital Education

- Significant technical issues due to the organisation being on the national Microsoft 365 Tennent and the involvement of several third parties in the development of the solution.
- This first of type solution requires organisations on the national Tennent to be able to silo local data which has been the major stumbling block. It is believed a solution has been found and we will learn more following further work in Q1 of 24/25.
- Online content creation is critical to our learning strategy and we have recently recruited 2 content creators. that will be developing elearning solutions for clinical systems training.
- elearning course for Radiographers and Radiologists is being used outside of the LMS.

Digital Intelligence

- Migration of all non-PTL reports to new Data Warehouse is complete.
- Discrepancies of PTL figures between old and new data warehouse solutions is currently being investigated.
- Engagement and upskilling of corporate services affiliate BI members and Internal DHT staff is ongoing, with excellent progress being made to equip analyst staff for new reporting technologies.
- Procured SPC module in BI Portal is being trialed for production of the DHT KPIs prior to wider roll out

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	4. Implement patient self management capabilities, including patient portal, self check-in and associated technologies to support patient booking/checking in	CFO

Details of progress Q3 & 4

Phase 1 of the Outpatients transformation project has seen the implementation of technologies with the objective of modernising and standardising the outpatient experience.

Implementation of calling board functionality has been completed in Main outpatients at APH, allowing clinicians to call patients into their consulting rooms from their laptop and desktop devices.

Patient self check-in kiosks have been implemented in Main outpatients at APH and CGH, Physio at APH and CGH and Dermatology at CGH.

From a patient self management perspective the first phase of the new Patient Portal has now gone live which has seen in excess of 10,000 new registrations within the first 2 weeks. Functionality currently available allows patients to:

- See their upcoming appointments
- View their clinic letters & discharge summaries
- View test results (with specified delays built in)
- Messaging (for specific specialties)

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
<p>Digital Future</p> <p>Be a digital pioneer and centre for excellence</p>	<p>5. Undertake NHS digital maturity assessment including comparison to peers</p>	<p>CFO</p>

Details of progress
<p>WUTH scores for digital maturity saw us scoring above the national average for acutes in 5 of the 7 what good looks like categories. Areas scoring below the national average were “safe practice” and Healthy populations.</p> <p>From a safe practice perspective we have made great strides this year in establishing a clinical safety function, which is to be represented at Patient Quality Safety Board. Several of our Clinical Information Officer community have now undergone training and clinical safety cases will now be produced for all new system implementations going forward. We would expect to see an increase in our score in 24/25.</p> <p>The other area below national average is that of “Healthy Populations”. From a technology perspective, the capability to enable population health strategy has been in place for some time within Wirral place, however the utilisation of the product is lacking. In December of 2025 Wirral Place is due to migrate its population health offering over to Combined Intelligence for Population Health Action (CIPHA) – which is the equivalent C&M tool. Development of digital elements will continue and WUTH along with partners should consider the importance of this tool and the part it has to play in developing healthcare strategy.</p>

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	6. Implement/review digital governance through to board	DoCS

Details of progress
<p>Digital governance has been developed and board level profile for Digital has been enhanced.</p> <p>From digital maturity and cyber security perspectives current position and progress monitoring against strategic objectives in these areas is reported into the Risk and Audit Committee.</p> <p>All other aspects of Digital Healthcare performance are now reported into the Finance Business Performance Committee. Including operational capacity, service responsiveness and strategic delivery.</p> <p>In addition, Key Performance Indicators and associated narrative for digital are now included within the Integrated Performance report which are tabled at Public Board of Directors, Finance and Business Performance Committee and Trust Management Board.</p>

Infrastructure – 23/24 delivery

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Infrastructure Improve our infrastructure and how we use it	<i>Effectively use our estate to support the delivery of care</i>	1. Determine future service locations to improve space utilisation (MS) 2. Implement estate strategy year 2 3. Develop retail future retail model (MS) 4. Deliver 23/24 capital programmes/projects to timetable and budget (MS) 5. Continue to deliver UECUP programme (MS)		1-6 CSO
	<i>Delineate the role and functions of the hospital sites</i>			
	Develop the case for the upgrades of the hospital campuses			
	Improve travel and transport to our hospital campuses			
	Promote sustainability and social value			

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	1. Determine future service locations to improve space utilisation	CSO

Details of progress Q3&4
<ul style="list-style-type: none"> Reviewed peripheral clinics function, utilisation and costs. Developed proposal for Birkenhead concept, including schedules of accommodation and relocation of clinical services Completed survey and valuation of Frontis Buildings, to support discussions with YHG Completed S106 application for temporary use of Frontis Building as office accommodation Completed removal of portacabins and transfer of staff into main buildings

Strategic Priorities and Actions 2023/24

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	2. Implement estate strategy year 2	CSO

Details of progress Q3&4
<ul style="list-style-type: none">Continued delivery of Estates Strategy including asset assessments and recording, improved estates governance, proactive maintenance, revised carparking, improved staff catering offers and sustainability

Strategic Priorities and Actions 2023/24

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	3. Develop retail future retail commercial model	CSO

Details of progress Q3&4
<ul style="list-style-type: none">• Drafted Proposal for future retail provision at Arrowe Park Hospital. Undertaking wider leadership review and modelling to ensure profitability• Developed ANPR proposal for carparking across Hospital campuses

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	4. Deliver 23/24 capital programmes/projects to timetable and budget	CSO

Details of progress Q3&4
<ul style="list-style-type: none"> Completed and commissioned Modular Theatre complex (Phase 2), theatre refurbishments and electrical infrastructure at Clatterbridge Hospital Delivered Y2 of pipework replacement and Fire improvement works programme, including dry risers, compartmentation and new steel piping Completed Community Diagnostic Centre modular build at Clatterbridge Hospital Completed major infrastructure upgrades, including boilers, flooring, sub-generators, bathrooms. Commenced Doctors Mess refurbishment Undertook assessment of 3 year capital programme and prioritisation

Strategic Priorities and Actions 2023/24

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Action Ownership
Infrastructure Improve our infrastructure and how we use it	5. Continue to deliver UECUP programme	COO

Details of progress Q3&4
<ul style="list-style-type: none"> • Revised risk register developed that has reduced the overspend risk by circa £800k. • Good progress made relating to a single front door leadership model with partners through the UECUP Programme Committee. Discussing early implementation of joint pathways. • Formalised the digital strategy for the single front door under UECUP through a formal paper through the UECUP Programme Committee. • Final equipment list established. • New governance framework implemented with faster executive inclusion. • Formally gained support from the national P22 advisor team given the contractor performance.

Council of Governors

Capital Programme Update

July 2024

Major Capital projects delivered across 23/24

- £31m capital programme in 2023/24, includes infrastructure, medical equipment and digital
- Included internal Trust CDEL funding and capital allocation from NHS England for specific capital projects
- Range of major and minor projects delivered across the financial year, supporting improvements in patient care, access, safety and staff wellbeing.

Highlight of some of the 23/24 capital schemes

- *UECUP Phase 1 and Phase 2 construction*
- *Community Diagnostic Centre*
- *Modular theatres Phase 2 (C&M Surgical Centre)*
- *Surgical Robot*
- *Endoscopy equipment*
- *Heating and chilled pipework*
- *IT equipment*
- *Medical equipment*
- *Fire compartmentation, dry risers and fire door replacement*
- *Junior Doctors Mess*

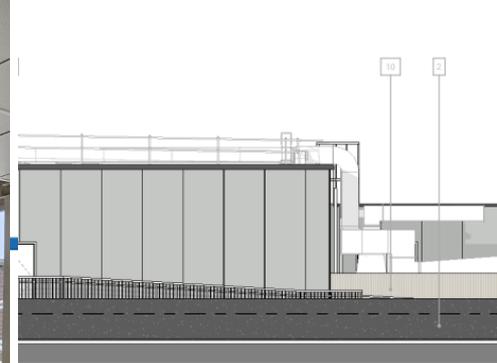
23/24: C&M Surgical Centre Theatres Phase 2

- **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. Included:
 - 2 x Theatres
 - 6 x Recovery bays
 - Anaesthetic Rooms
 - Additional consultation rooms
 - Stores
 - Offices and education facilities
- Project Completed – Summer 2023
- Cost: £14.9m



23/24 - Clatterbridge Community Diagnostic Centre

- **Community Diagnostic Centre (CDC) - Clatterbridge Hospital**
- NHS Targeted Investment Funded (TIF) project for the establishment of a dedicated Community Diagnostic Centre on Wirral and across Cheshire, at Clatterbridge Hospital
- The Unit aims to reduce waiting times for diagnostics, with direct referrals for GPs and Hospital teams
- The new Centre includes :
 - New MRI and CT and supporting facilities
 - Consultation rooms
 - Staff wellbeing areas
 - Link bridge to theatres to allow for rapid diagnostics
- £10m
- Completion and handover April 2024



Junior Doctors Mess at APH

- Major refurbishment and expansion of junior doctor facilities at Arrowe Park Hospital, including work areas, storage, rest areas and kitchen facilities.
- Completion and handover in late June 2024



UECUP

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
- Enabling works completed November 2022, including road and ambulance canopy
- Main works commenced December 2022
- Phase 2 handover late June 2024



Capital funding and risk in 2024/25

- Despite significant capital investment across the last three financial years, the Trust carries a significant backlog maintenance and replacement risk
- For 2023/24, this backlog maintenance and replacement risk was £47m for infrastructure and £19m for medical equipment
- The Trust receives an annual funding amount for capital (projects over £5k) and is restricted from overspending in year.
- The Trust capital funding for 24/25 is £19.5m, with a need to prioritise against clinical and patient risk and staff safety and wellbeing .

Highlight of some of the 24/25 capital schemes

- *UECUP Phase 3 and 4 construction*
- *Interventional radiology suite replacement*
- *Sterilisation (CSSD) Unit replacement*
- *Lift replacements – Arrowe Park Hospital*
- *Fire compartmentation and pipework*
- *Medical gas infrastructure*
- *Generator replacement*
- *IT equipment replacement*
- *ITU ventilation*
- *Theatre Staff Change*

Report Title	Committee Updates – Finance Business Performance Committee
Author	Sue Lorimer, Chair of Finance Business Performance Committee

This report updates on the work of the Finance Business Performance Committee at its meeting on 26 June 2024.

Executive Summary/Current Position

- At the end of May, month 2, the Trust has reported a deficit of £5.9m against a plan of £4.6m. This £1.3m adverse variance primarily relates to lower than planned levels of elective activity.
- The risk ratings for delivery of statutory targets in 2023/24 are:

Statutory Financial Targets	RAG (M2)	RAG (Forecast)	Section within this report / associated chart
Financial Stability			I&E Position
Agency Spend			I&E Position
Financial Sustainability			N/A (quarterly update)
Financial Efficiency			Cumulative CIP
Capital			Capital Expenditure
Cash			Cash Position

Items for Escalation/Action

- The Board of Directors has now approved the Trust’s plan for 2024/25 and it triangulates across finance, workforce and activity.
- The Committee received the finance report for month 2 and this showed an adverse variance to plan of £1.3m. This is driven by a shortfall in elective performance of £1.6m against plan and an overspend on acute pay of £0.7m due to an abnormally high level of emergency activity resulting in additional pay costs for corridor care. Underspends in other areas amounted to £1m.
- The Committee were pleased to note that of the target CIP of £29m, £26m has been identified and £7m has been transacted in the year to date.
- The Committee were informed of some positive movement on regional referrals to the Cheshire and Mersey Surgical Centre with 120 patients now agreeing to come to the Centre for their appointments. Although elective performance is behind the Trust plan it is the best in Cheshire & Merseyside at 110%.
- Performance against the 4 hour wait target has not improved though ambulance handover times have improved significantly. The Committee were informed that there is a need to engage more with the clinical staff in ED regarding the impact of waits on individual patients and the team is continuing to work with AQUA to deliver improvement.
- A very comprehensive report was received on digital developments and the Committee were pleased to note the high level of alignment with the Trust’s transformation activity.
- The Committee approved a 3 month extension to the LLP contract for recommendation to the Board of Directors. This is due to the procurement process taking longer than envisaged.

New/Emerging Risks

- The Trust plan included an estimated £15m-£20m of risk, performance to date is consistent with this. The Chief Finance Officer will provide a progress update on mitigations at the next meeting.
- As a result of continuing to operate in a deficit position, the Trust will need to access cash support and this is likely to be by October. An additional cash injection of circa £10m for 24/25 is expected from NHSE with an initial payment anticipated in July or August.
- Gynaecology remains as a key risk on the 65 week referral to treatment target and the region is aware of this.

Overview of Assurances Received and Committee Activity

- The Committee received an excellent presentation from the Divisional Manager for Surgery on how the identification and delivery of CIP is undertaken within the division. This gave the Committee a high level of assurance on processes below Board and Executive level.

Other comments from the Chair

- The Committee was again impressed by the level of positivity, enthusiasm and teamwork exhibited by the Executive Directors and support team and their clear commitment to the continued delivery of challenging targets.

Statement of Assurance

- I confirm that the Committee are assured on the information and processes being monitored by the Committee.

Report Title	Committee Updates - Audit and Risk Committee
Author	Steve Igoe, Non-Executive Director & Deputy Chair

Executive Summary and Current Position

This report updates on the work of the Audit and Risk Committee at its meeting on 6th June 2024 and 14th June 2024. The work of the Audit Committee as well as being documented in its terms of reference is prescribed by Accounting /Auditing Standards and Regulatory requirements.

Items for Escalation

There are no items for escalation.

Overview of Assurances Received

Quality Account

The Committee noted that Quality Account is nearing its final stages with no material changes expected. The document is currently out for feedback from external stakeholders, and once a final version is complete, the Communications team will put together a highlights document for publication. The Chair reported that the document had already been discussed in detail at the Quality Committee.

Procurement Strategy

The Committee received the procurement Strategy document, noting that the principles underpinning the Strategy had been presented to the April Committee.

It was noted that Procurement had engaged with the Divisional Directors to ensure their needs from a procurement service are captured. It was also noted that this has resulted in 4 priorities for the Strategy, rather than the 6 highlighted at the last Committee.

The Strategy will cover the prior 2024-26 to align with the Trust's overarching Strategy.

Auditors Report

Azets confirmed that the team are working on the final recommendations and there are no foreseeable issues to highlight other than what is found in the draft ISA260 report. There is one amber recommendation relating to the potential issues with accounting for land and buildings which relate to the operation of the fixed asset register system, and work is ongoing on this.

It was noted that the audit so far has gone well, with responses to audit requests being dealt with quickly, and a full annual report received within the timescales agreed.

The Auditors felt that the Committee meeting is slightly early, and therefore the work is not fully complete. The Chair noted that the tight timescales for the Committee meeting are intentional but that this could be reviewed next year.

The Auditors added that the letter of representation will be provided once the further work is complete.

The Committee Chair commented that with the work still ongoing, it would be best to constitute another Audit Committee next week, before the Board meets on the 17th, to allow the Committee the opportunity to review the final documents, and the letter of representation before recommending to the Board.

Annual Report 2023/24

The Trust presented the Annual Report, noting that external audit are still completing some of their checks on the Remuneration Report and the Staff report, but that no material changes were expected.

The report follows the prescribed format and is due for submission on 28th June 2024.

Annual Accounts 2023/24

The Committee reviewed accounts, again noting that work was continuing with the external auditors but that no material amends were expected.

The Chair queried the asset valuation issues and the Committee was assured that these items would only impact on the lines relating to revaluation revenue, retained earnings, and fixed assets, but would not affect the overall cash position or reported outturn.

Provider Licence: Self-Certification

The Committee were informed that this year, the requirement for publication has been removed, and that the Trust are therefore carrying this out and providing the detail to Committee for assurance.

The Committee were informed that previous licence undertakings had been removed and therefore the Trust is compliant with all elements required for self-assessment.

Adjournment

With the amount of work still outstanding from the Audit, the meeting was adjourned until the 14th June for a completed ISA 260 to be submitted for the Audit Committee's attention and any final adjustments made to the annual accounts.

14th June 2024 Committee meeting

The meeting was reconvened to discuss and approve the following:

Auditors report

This was now finalised and confirmed that the issues relating to the accounts and the valuation of assets had now been resolved and an unqualified report was envisaged. There was some work to do in relation to the Asset register but that would be picked up by the Finance team in year in order to ensure the same issues do not arise in 2025. Thanks were given to both the Azets team and the Finance team for their sterling work in producing the financial statements and auditing them this year. Azets also included a draft of their Letter of Representation. It was noted that this is a standard letter with no additional requirements. The Committee approved the letter and recommended it for signature by the Board.

Annual Report

The Committee again considered the annual report. The content was discussed and found to be consistent with previous reports discussed by the Committee and the detail included within the accounts. The Committee approved the report and recommended it for approval by the Board.

Annual Accounts

The Committee discussed the final version of the accounts including the asset and revaluation reserve adjustments discussed previously with the Auditors. The issues arising had been adjusted for and the Committee were therefore minded to approve the accounts and recommend them to the Board for approval.

Statement of Assurance

I confirm that as Chair the Committee are assured on the processes being monitored by the Committee.

Report Title	Committee Updates – Quality Committee
Author	Dr Steve Ryan, Chair of Quality Committee

Executive Summary/Current Position

This report updates on the work of the Quality Committee at its meeting on 23 May 2024.

- The Trust continues to implement oversight of quality through the existing governance structures including Quality Committee as the subcommittee of the Board of Directors 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 report.

Items for Escalation/Action

- Mental Health Key Priorities refresh. High attendance rates to the Emergency Department of patients presenting with acute mental health crisis, coupled with lack of access to inpatient mental health services remains a key clinical risk for the organisation. A review and refresh of our Mental Health Key Priorities has been undertaken to provide clear focus on 3 key priorities (reduced from 7) to help address issues that the Trust itself can deal with. The priority areas are, Training, Education and Communication; Mental Health Law Adherence and Service Development; Digital mental health – governance and case management. An enhanced organisation governance structure has been developed to support delivery of priorities, with reporting to the Trust Management Board.
- The Committee received a draft of the Annual Quality Account for 2023/2024. This contains a great deal of information and intelligence on the Trust’s work across all areas of activity relating to quality. The Committee feels that it is assured that this is a fair account of the work, actions, challenges, and successes that it has scrutinised through the year. In approving the draft for further internal and external scrutiny and engagement, the Committee recommended that specific numerical metrics be developed for the 3 agreed quality priorities, to manifest the Trust’s aspiration for improvement. The 3 areas are, reduction in rates of clostridioides difficile, identifying and responding to patients with clinical deterioration and supporting effective communication and accurate documentation during transfer of care. These areas have been developed after substantial staff engagement across the organisation.
- In receiving the wide-ranging and detailed information contained in the excellent Quality and Patient Safety Intelligence Report, the Committee had a significant discussion in how the golden thread on assurance on actions and “closing the loop” could be made more explicit. Many of the actions are implicit and referenced in other reports (such as the Learning from Deaths Report – see below).

New/Emerging Risks

- In receiving the NHE England North West Regional Report into Clostridioides difficile across the Wirral system, it was agreed that some residual risks remain relating to the lack of single

rooms and isolation facilities. Mitigations are in place to minimise the impact. The Committee will receive an action plan to address the recommendations in the report. This will be shared with Wirral system partners at the Wirral Place Quality Group.

- Some infrastructure risks & issues that could impact quality and access were referenced in the committee papers (such as the MRI scanner and sterile services downtime). The Committee were assured that good sight of these risks existed in the Risk Management Committee and appropriate mitigation actions remained in place.

Overview of Assurances Received

- Mortuary services: A report was provided by the designated individual around the findings of and actions arising from an inspection by the Human Tissue Authority (HTA) carried out in June 2023, with the report being received in August 2023. No critical but seven major and six minor shortfalls were highlighted by the inspection. A corrective action plan was submitted to the HTA in October and December 2023 and the Trust is awaiting closure of the findings by the HTA. Key areas of findings related to wider staff awareness and training, ensuring the risk register is comprehensive, that mortuary staff themselves have full oversight of access records to permit audit of individuals accessing the mortuary facilities. Subsequent to the meeting the detailed action plan was shared with the Committee.
- Progress continues to be made with the development and implementation of the Patient Safety Incident Response Framework (PSIRF). In month there were 52 Rapid Evaluations of Care following a concern being raised. In 40, no issues of care delivery were found and in 8 thematic learning around care quality was identified around pressure ulcers, falls and infection control. The first Patient Safety report was provided by our first Patient Safety Response Partner, which highlighted that the induction, engagement, and training of partners is active, purposeful, and positive. It involves a range of activities including attending, governance meetings, observational visits, and leadership interviews. Recruitment for a further 5 partners has taken place. The diverse background of our Partners was noted and it is believed their fresh insights will bring much benefit to our safety agenda.
- The Learning from Deaths report provided assurance that mortality rates for the Trust remain within the expected range that a robust process exists for mortality reviews, supported by attendance of the senior medical examiner at the Mortality Review Group enabling “closing-the-loop” for case referred by them for scrutiny. There was also clear evidence of learning arising from the reviews at individual, service, and Trust levels.
- Medical Outliers (Internal Audit – moderate assurance) & Ockenden Report (Part 2) (Internal Audit – substantial assurance). Both these reports were seen at the Trust Audit Committee also. The level of assurance was as anticipated and in both cases action plans have been put in place to address the recommendations made. The Committee will continue to have oversight of these areas through its intelligence and other reports.

Other comments from the Chair

- The reports provided to the committee were high quality and contained the necessary detail for the committee to test the assurances that were provided. Additionally authors and area leads were able to respond to enquiries to assist the committee in formulating its opinion on assurance.
- It was noted that for 2024/2025 there are no externally identified trajectories for expected reductions in health care associated infections such as C diff or MRSA. Assessment of quality improvement will be based on the evidence of compliance with known control measures based on national authoritative guidance.

- The Committee confirms that it is properly comprised with the 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.

Statement of Assurance

- I confirm that as Chair the Committee are assured on the processes being monitored by the Committee.

Report Title	Committee Updates – People Committee
Author	Lesley Davies, Chair of People Committee

Executive Summary/Current Position

- The Integrated Performance Report demonstrated continued improvement in relation to many of the workforce indicators. The Trust’s People KPIs for mandatory training and staff turnover remain on target and continues to be achieved, at 92.28% and 0.72% respectively. Appraisal compliance remains slightly below target at 86.23. Sickness absence also remains above target at 6.17%, with the majority of absences relating to short-term sickness. There remains a focus on supporting the health and wellbeing of our staff.
- Below is a summary of ‘People’ activity, which addresses the issues above and relates to the delivery of the People Strategy 2022-2026. This report updates on the work of the People Committee at its meeting on 19 July 2024.

Items for Escalation/Action

- There were no areas to escalate.

New/Emerging Risks

- There is a local dispute with Unite in relation the banding of 25 band 5 theatre workers. Strike action took place in April, May, June, and July. Meetings have taken place with UNITE representative to discuss a resolution to the issues and these discussions are on-going, although to date Unite have declined to participate in any of the Trust processes to review the banding of the staff group in question.

Overview of Assurances Received and Committee Activity

- The Committee had a good discussion and received good assurance on the work being carried out in relation to ensuring that staff from Black, Asian and Minority Ethnic staff and those with Disabilities have a good start at the Trust and that their experience of working at the Trust is positive and that they feel valued. The 2023/24 Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES) survey, demonstrated some mixed results, with some areas that require particular focus. Priority has been given to understanding the lived experience of our Black, Asian and Minority Ethnic staff. The Chief People Officer has partnered with the Multi-Cultural Network Chair and Staff Side Equality Lead to host a series of listening events.
- The Guardian of Safe Working Report provided the committee with assurance on the exception reports submitted by Junior Doctors and Dentists at the Trust. Additional information was provided to the committee which provided good assurance that no Doctors or Dentists had individually worked excessive hours and it was good to see that no fines were levied. It was also good to learn that, in response to feedback, the Junior Doctors mess has been refurbished and expanded.

- The Safe Staffing Report provided good assurance on the Trust's oversight of the daily nurse staffing arrangements. The Trust has set its own target to ensure that patients receive 6 hours of care per patient day, and this has been achieved. However, the sickness rate of Care Support Workers (CSW) although reduced, is at 8% and the vacancy rate at 10% again is reducing but is being closely monitored. The Chief Nurse provided good assurance on the work being undertaken to ensure that the Trust's practices, its monitoring of absenteeism and the vacancy rate is being well managed, and action identified where appropriate.
- The Committee noted the consistent achievement of mandatory training target, which gives good assurance that robust systems and processes are in place in relation to this. The Committee also received assurance that scrutiny of topic specific compliance, and divisional compliance, take place via Education Group and Workforce Steering Board.
- The Committee also received the 2023/24 Annual Submission to NHS England North West: Appraisal and Revalidation which was comprehensive and areas where the Trust will concentrate its efforts for 2024/25 identified.

Statement of Assurance

- As Chair of the People Committee I confirm that the Committee is assured on the processes and controls in place and being monitored by the Committee

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

Executive Summary/Current Position

- This report updates on the work of the Research and Innovation Committee at its meeting on 18 June 2024.
- The Committee continues to meet on a quarterly basis and provides scrutiny over KPI's and delivery against strategic aims.

New/Emerging Risks

- No new/emerging risks identified.

Overview of Assurances Received and Committee Activity

- The Committee received a presentation which outlined the proposed layout for the Research and Innovation Hub at the Clatterbridge site and heard that it was scheduled to open in early September. Members commented that it was encouraging four potential research studies had already been identified to run at the Hub.
- The Committee discussed the importance of maintaining a strong research portfolio because this impacted the funding the Trust would receive. Members were encouraged that research recruitment had increased by 55% during 2023/24 compared to 2022/23.
- The Committee were also encouraged by the focus on commercial studies, noting two more commercial studies were open and active with discussions being held with a sponsor for a further commercial study to be run at the Research and Innovation Hub.
- The Committee considered the opportunities associated with the integration of services as part of the Wirral system review and that this would be an impactful innovation project which could involve an external partner organisation.
- The Committee discussed the Trusts position on innovation and agreed that this could be developed further but acknowledged a level of innovation already takes places as part of business as usual but that it is not well defined nor promoted widely across the Trust.
- The Committee received a presentation from the Deputy Chief Strategy Officer which provided an overview of the draft Target Operating Model for Research and Innovation. This summarised the national and regional research and innovation context and the current operating model in which the team operate. Members heard more about the future target operating model for the team, noting a key focus was to consider how innovation can be incorporated into the portfolio. The Committee agreed it was a good document setting out the future operational model for the team, noting it was right to focus on research for funding purposes at present and that additional capacity was needed for innovation.

- The Committee received its annual report of the Committee, including Effectiveness Review. The Committee confirms that it is properly comprised with the 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.

Statement of Assurance

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

Council of Governors

Item 10

29 July 2024

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

Report Purpose and Recommendations	
<p>This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of June 2024.</p> <p>It is recommended that the Council of Governors:</p> <ul style="list-style-type: none"> • Notes performance to the end of June 2024 	

Key Risks	
<p>This report relates to the key risks of:</p> <ul style="list-style-type: none"> • 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	<p>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 grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.</p>

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	4	3	7
Effective	0	1	1
Caring	3	1	4
Responsive	7	16	23
Well-led	1	2	3
Use of Resources	3	2	5
All Domains	18	25	43

2 Implications

2.1 Implications for patients, people, finance, and compliance, including issues and actions undertaken for those metrics that are not meeting the required standards, are included in additional commentaries and reports.

3 Conclusion

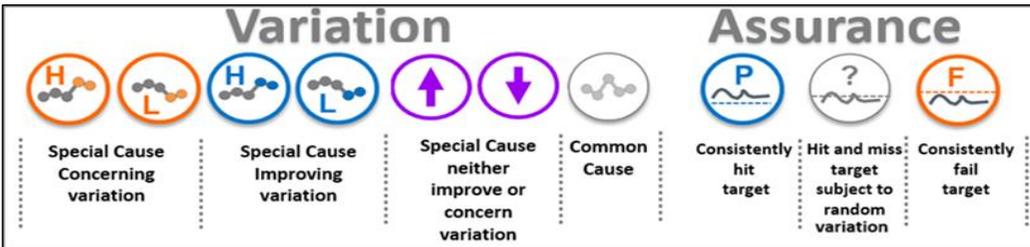
3.1 Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

Integrated Performance Report - July 2024

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.

Key to SPC Charts:



Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	4	3	7
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Caring	3	1	4
Responsive	7	16	23
Well-led	1	2	3
Use of Resources	3	2	5
All Domains	18	25	43

Issues / limitations

SPC charts should only be used for 15 data points or more. 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:

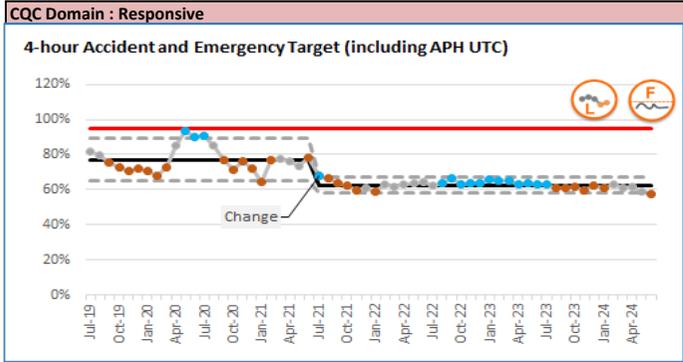
Metric

Clostridioides difficile (healthcare associated)

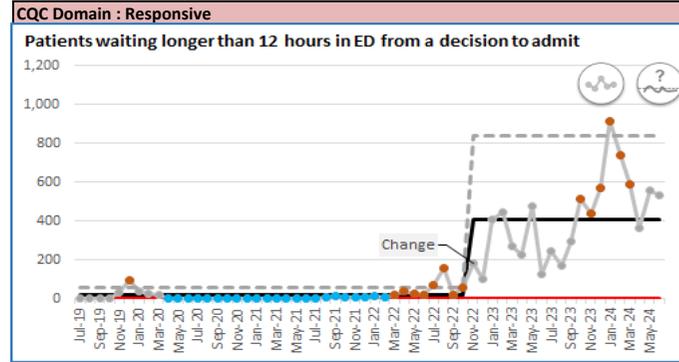
Amendment

National threshold target for 2024/25 is not yet confirmed - internal maximum set at 108 cases for the year.

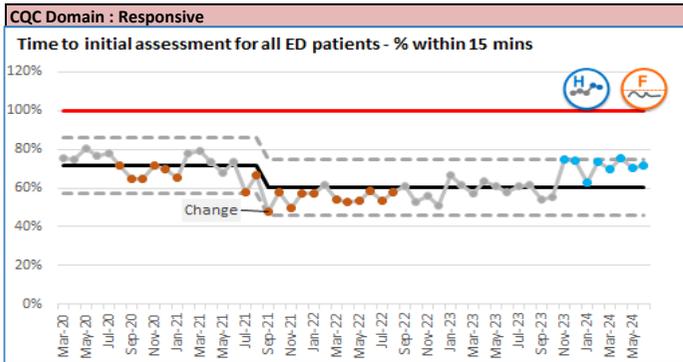
Chief Operating Officer (1)



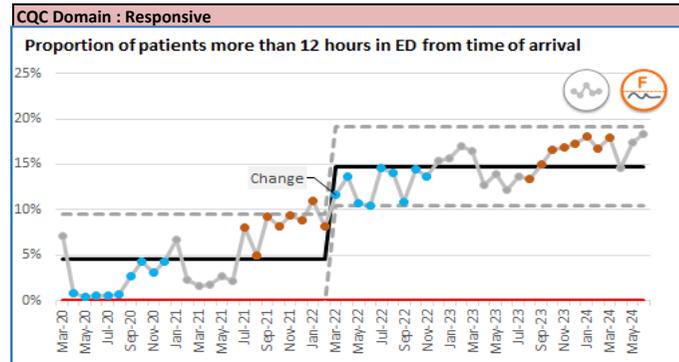
Jun-24
57.6%
Variance Type
 Special cause
 variation - concerning
Threshold
 ≥95%
Assurance
 Performance consistently
 fails to achieve the target



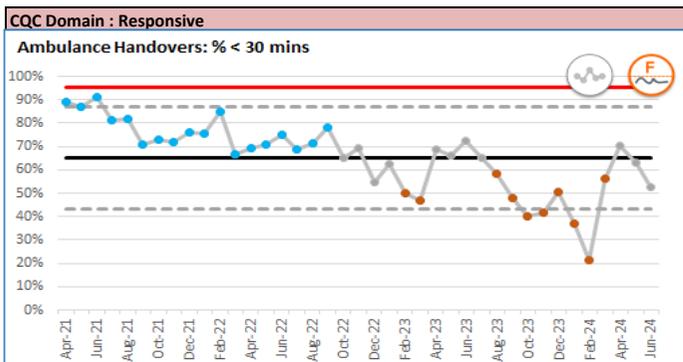
Jun-24
534
Variance Type
 Common cause
 variation
Threshold
 0
Assurance
 Hit & miss target subject
 to random variation



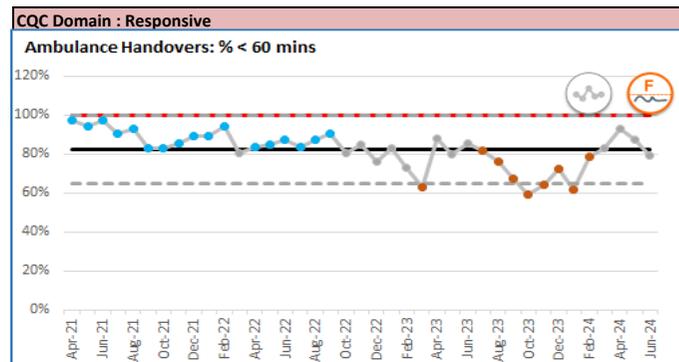
Jun-24
72.2%
Variance Type
 Special cause
 variation - improving
Threshold
 100%
Assurance
 Performance consistently
 fails to achieve the target



Jun-24
17.4%
Variance Type
 Common cause
 variation
Threshold
 0%
Assurance
 Performance consistently
 fails to achieve the target

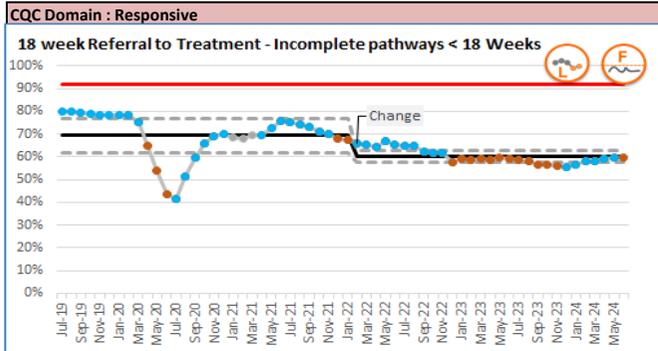


Jun-24
52.3%
Variance Type
 Common cause
 variation
Threshold
 ≥95%
Assurance
 Performance consistently
 fails to achieve the target

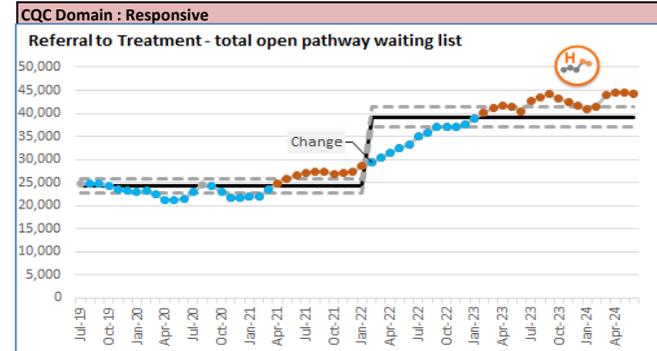


Jun-24
77.5%
Variance Type
 Common cause
 variation
Threshold
 100%
Assurance
 Performance consistently
 fails to achieve the target

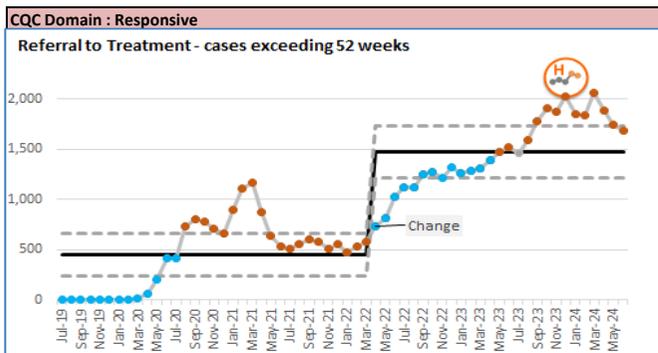
Chief Operating Officer (2)



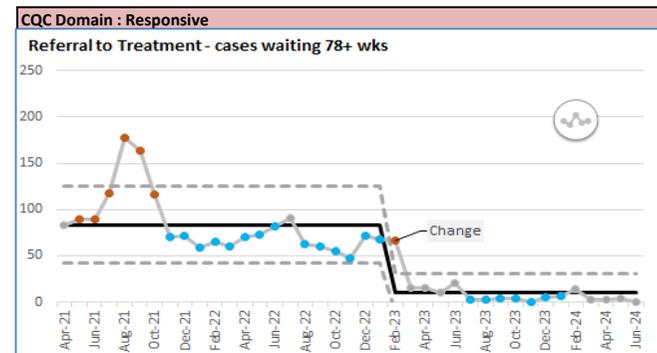
Jun-24
59.44%
Variance Type
Special cause variation - concerning
Threshold
≥92%
Assurance
Performance consistently fails to achieve the target



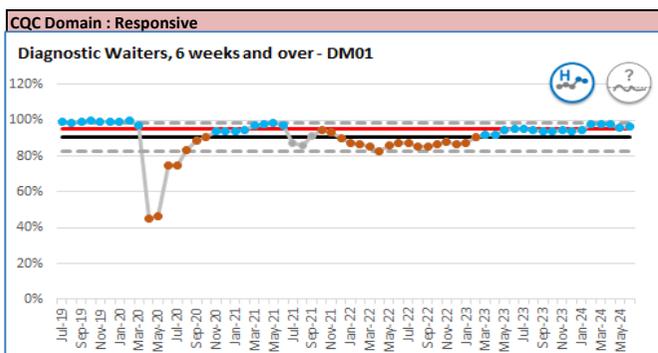
Jun-24
44224
Variance Type
Special cause variation - concerning
Threshold
≤ 38547
Assurance
Trajectory target not appropriate for SPC Assurance reporting



Jun-24
1686
Variance Type
Special cause variation - concerning
Threshold
≤ 1930
Assurance
Trajectory target not appropriate for SPC Assurance reporting

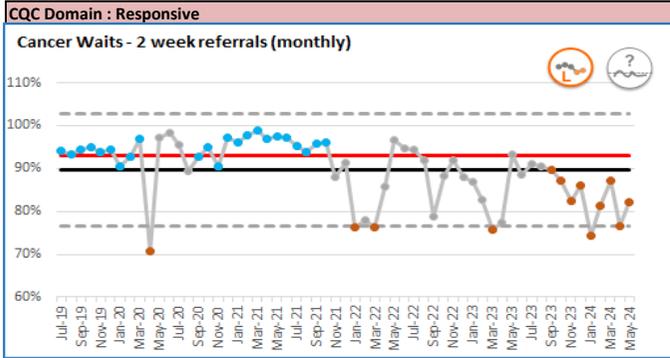


Jun-24
0
Variance Type
Common cause variation
Threshold
0 (exc choice / complex)
Assurance
Trajectory target not appropriate for SPC Assurance reporting

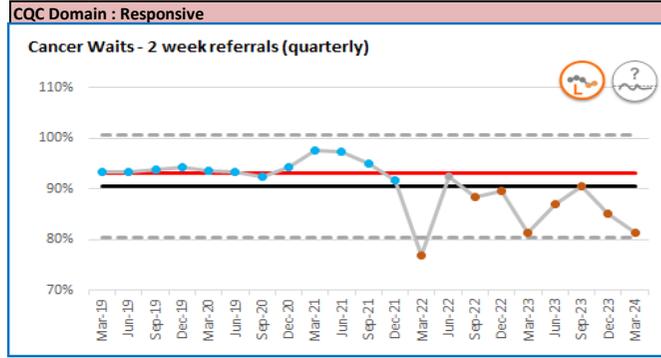


Jun-24
96.6%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

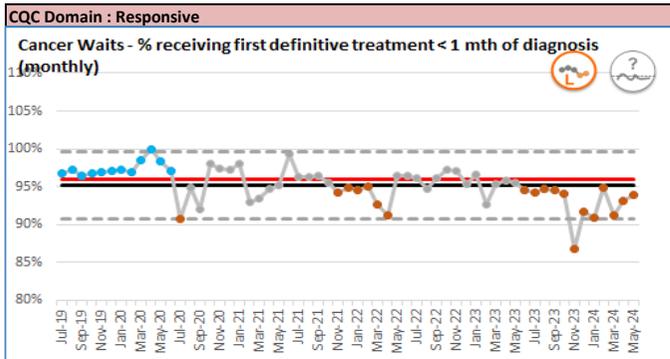
Chief Operating Officer (3)



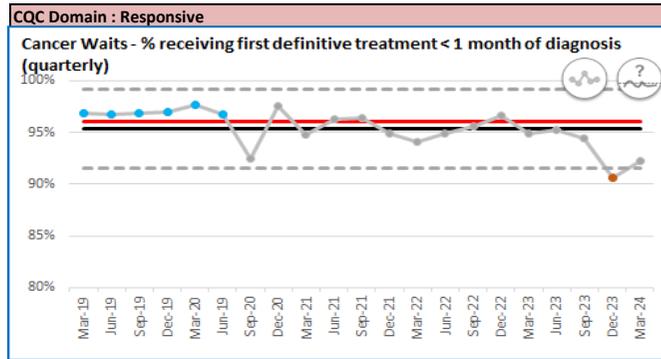
May-24
82.2%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



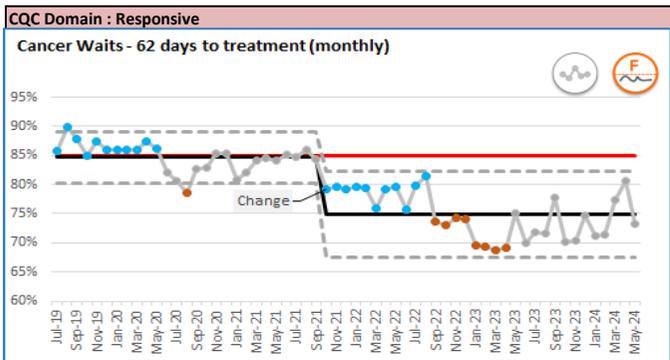
Mar-24
81.4%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



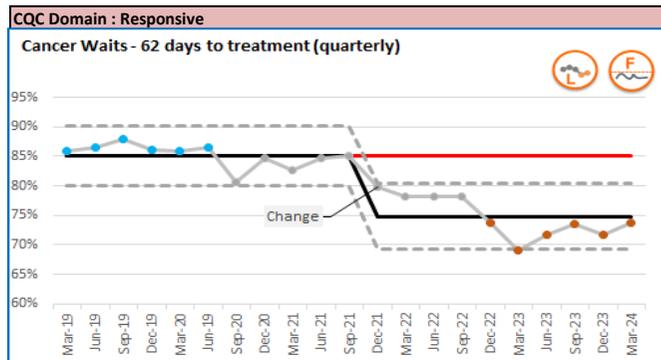
May-24
93.9%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



Mar-24
92.2%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



May-24
73.2%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

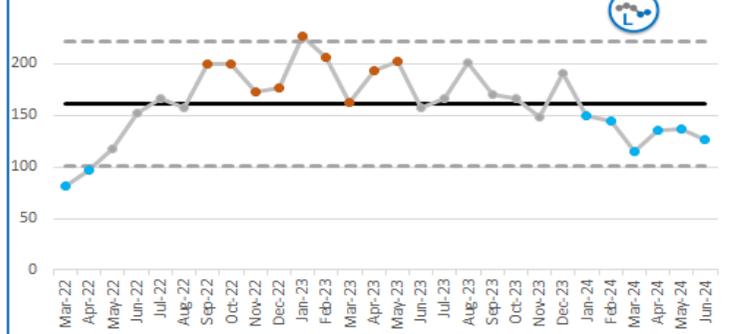


Mar-24
73.7%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

Chief Operating Officer (4)

CQC Domain : Responsive

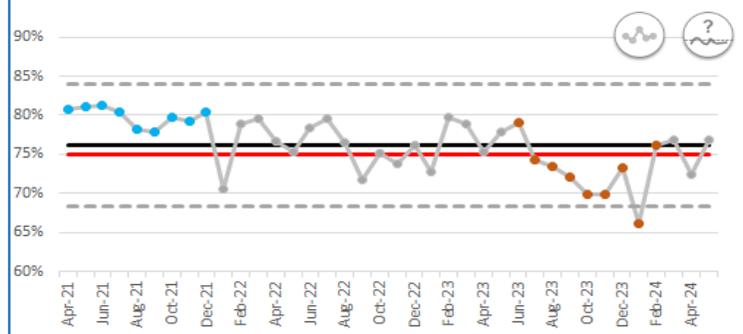
Cancer Waits - reduce number waiting 62 days +



May-24
127
Variance Type
Special cause variation - improving
Threshold
120
Assurance
Trajectory target not appropriate for SPC Assurance reporting

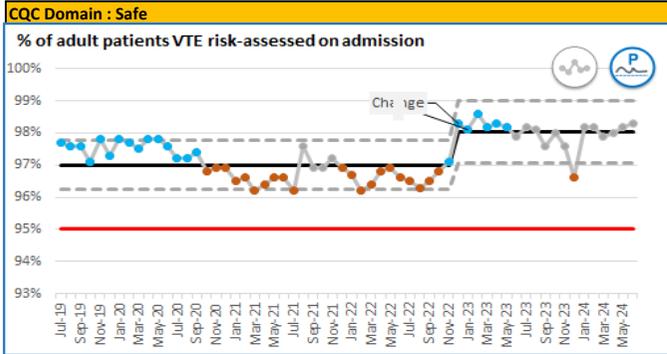
CQC Domain : Responsive

Cancer - Faster Diagnosis Standard

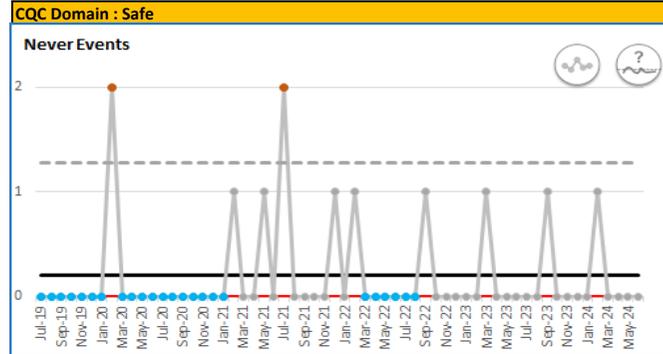


May-24
76.9%
Variance Type
Common cause variation
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

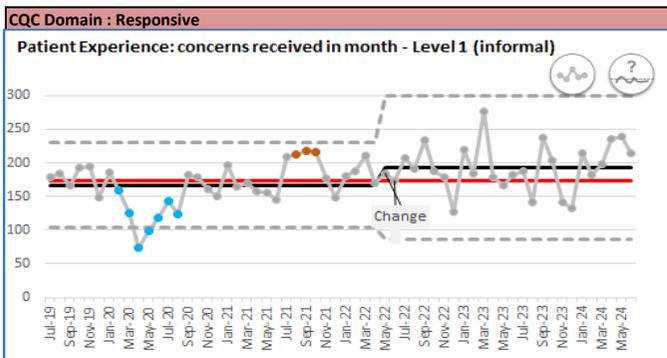
Medical Director (1)



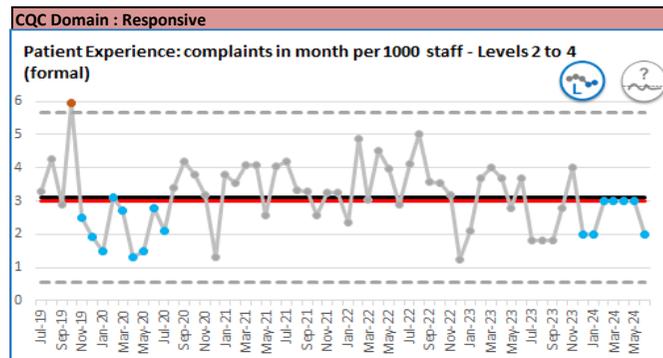
Jun-24
98.3%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target



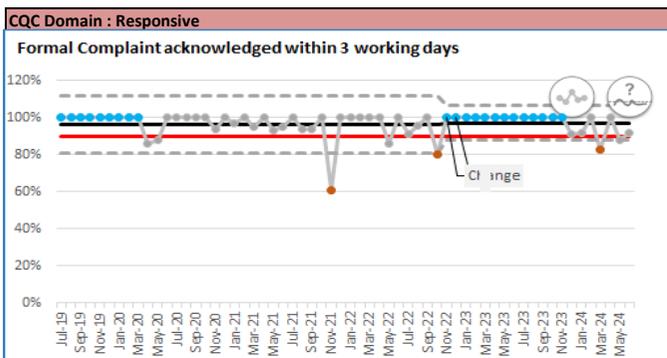
Jun-24
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation



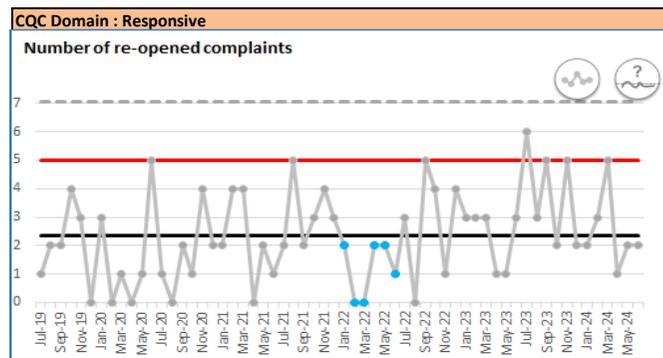
Jun-24
214
Variance Type
Common cause variation
Threshold
≤173
Assurance
Hit & miss target subject to random variation



Jun-24
2.0
Variance Type
Special cause variation - improving
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation



Jun-24
92.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

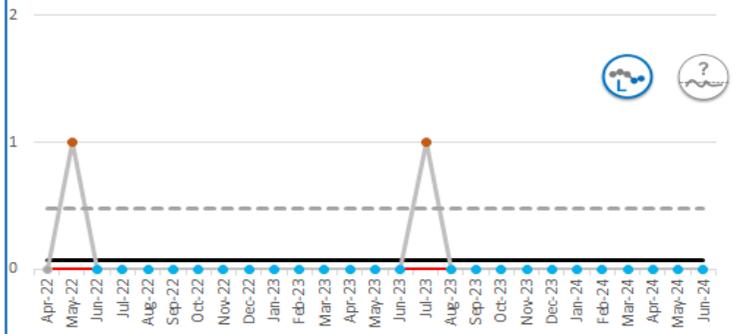


Jun-24
2
Variance Type
Common cause variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

Medical Director (2)

CQC Domain : Well-led

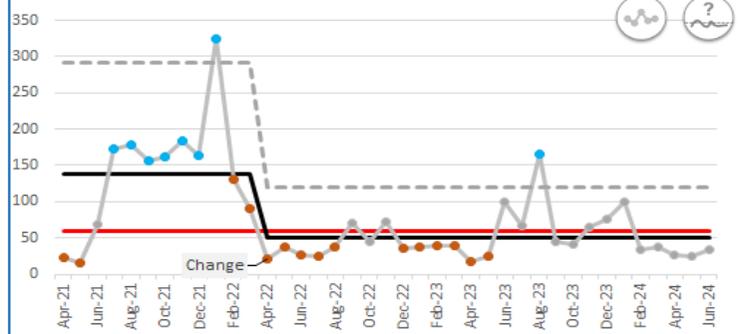
Duty of Candour compliance - breaches of DoC standard for Serious Incidents



Jun-24
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation

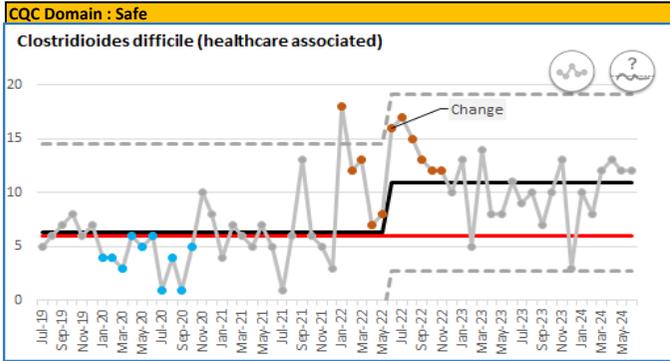
CQC Domain : Well-led

Number of patients recruited to NIHR studies

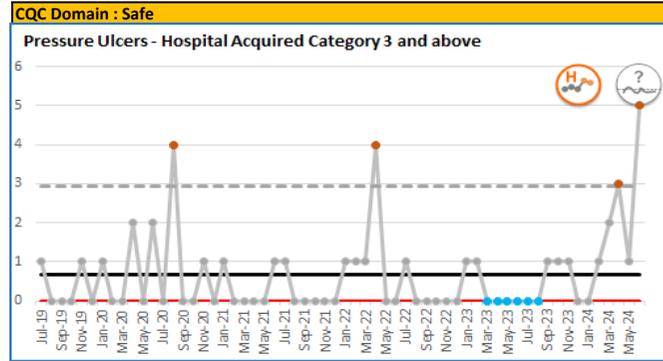


Jun-24
34
Variance Type
Common cause variation
Threshold
700 pa (trajectory)
Assurance
Hit & miss target subject to random variation

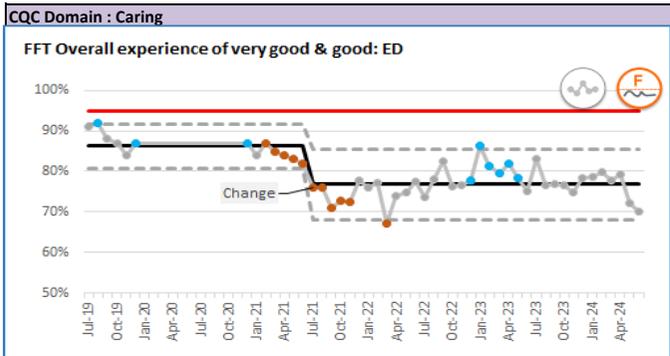
Chief Nurse



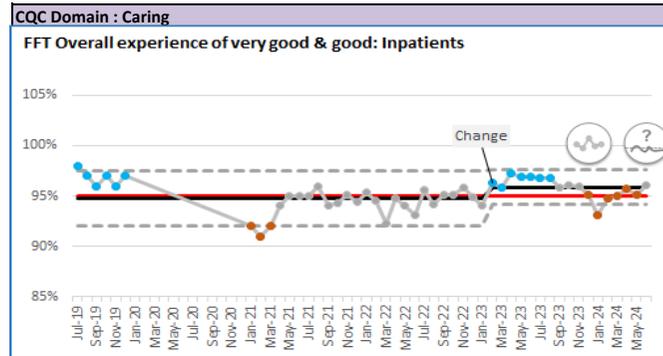
Jun-24
12
Variance Type
 Common cause variation
Threshold
 ≤ 9
Assurance
 Hit & miss target subject to random variation



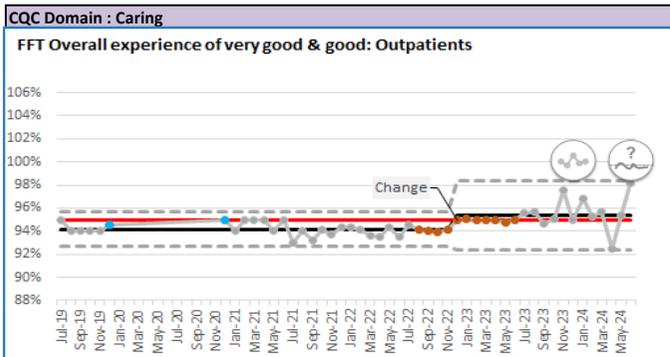
Jun-24
5
Variance Type
 Special cause variation - concerning
Threshold
 0
Assurance
 Hit & miss target subject to random variation



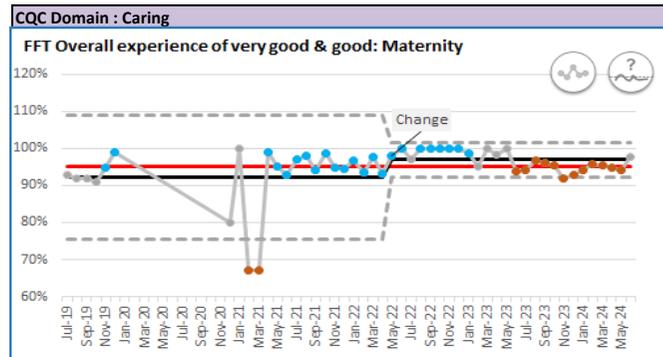
Jun-24
70.0%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Performance consistently fails to achieve the target



Jun-24
96.1%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation

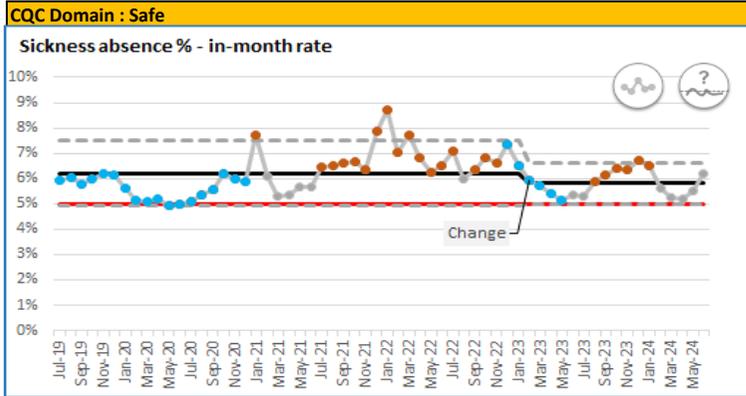


Jun-24
98.2%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation

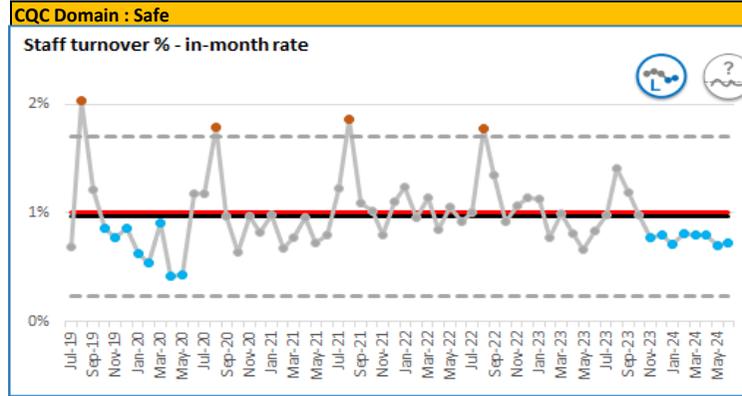


Jun-24
97.6%
Variance Type
 Common cause variation
Threshold
 $\geq 95\%$
Assurance
 Hit & miss target subject to random variation

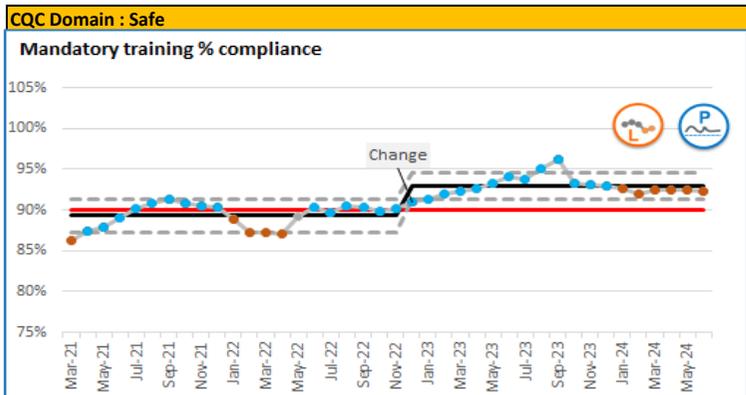
Chief People Officer



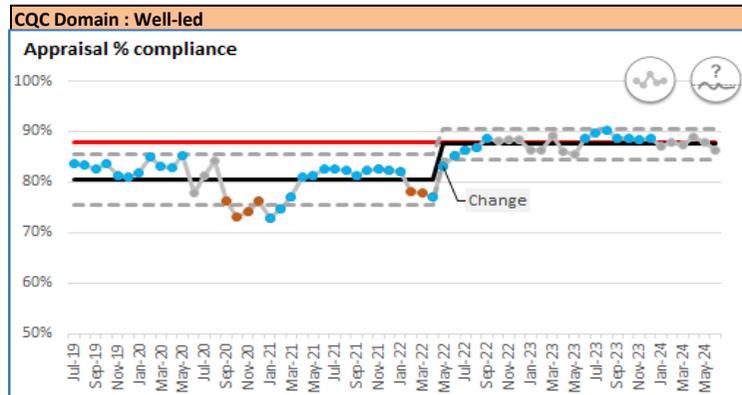
Jun-24
6.17%
Variance Type
Common cause variation
Threshold
≤5%
Assurance
Hit & miss target subject to random variation



Jun-24
0.72%
Variance Type
Special cause variation - improving
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation

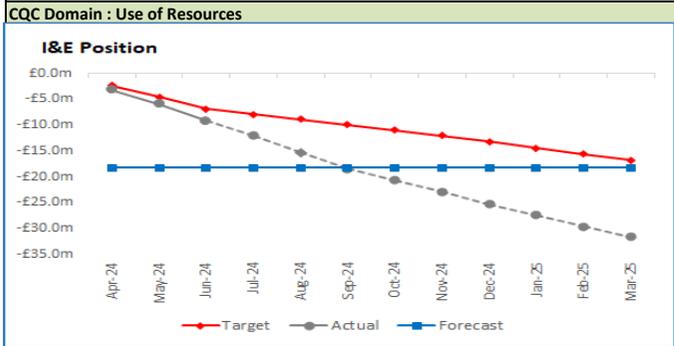


Jun-24
92.28%
Variance Type
Special cause variation - concerning
Threshold
≥90%
Assurance
Performance consistently achieves the target

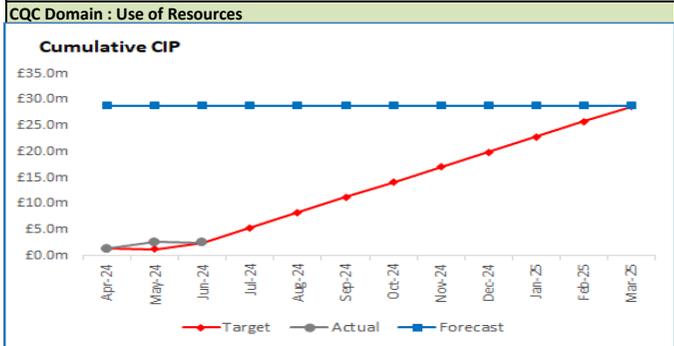


Jun-24
86.23%
Variance Type
Common cause variation
Threshold
≥88%
Assurance
Hit & miss target subject to random variation

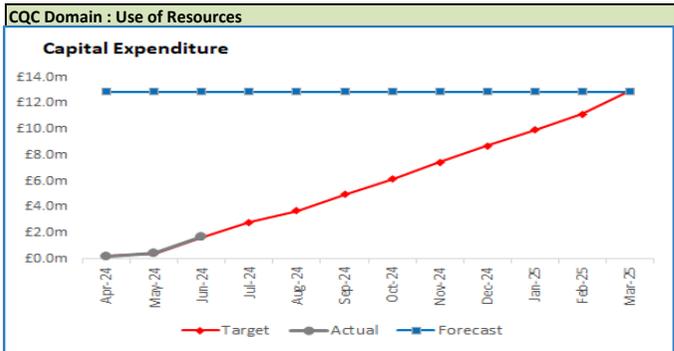
Chief Finance Officer



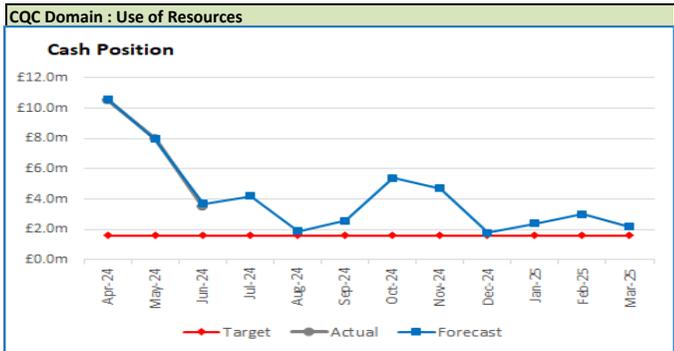
Jun-24
-£9.2m
Variance
Position worse than plan
Target
-£6.9m



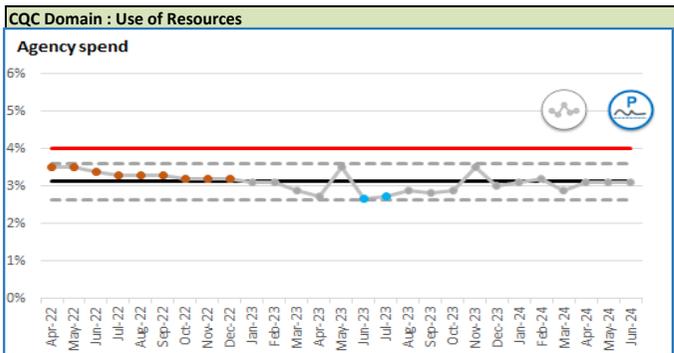
Jun-24
£2.5m
Variance
Position not worse than plan
Target
£2.5m



Jun-24
£1.7m
Variance
Position not worse than plan
Target
£1.7m



Jun-24
£3.5m
Variance
Position better than plan
Target
£1.6m

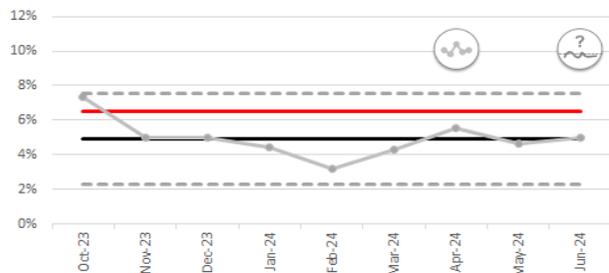


Jun-24
3.1%
Variance
Position better than threshold
Threshold
3.2%

Chief Information Officer

Operational Capacity

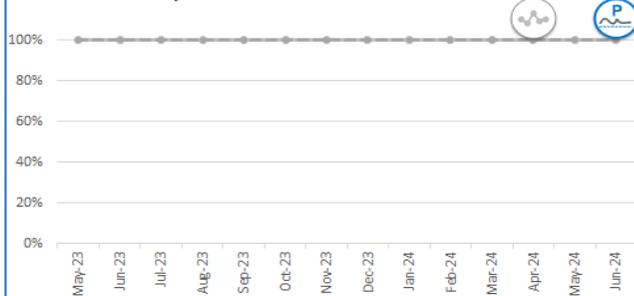
Staff Vacancy as % of workforce



Jun-24
5.01%
Variance Type
Not enough data points yet
Threshold
<=6.5%
Assurance
Hit & miss target subject to random variation

Service responsiveness

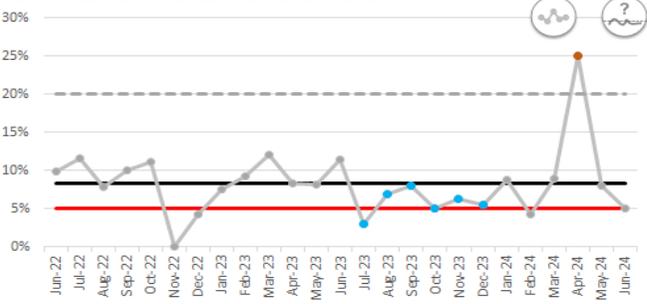
CareCERT alerts responded to within 72 hours



Jun-24
100%
Variance Type
Common cause variation
Threshold
100%
Assurance
Performance consistently achieves the target

Service responsiveness

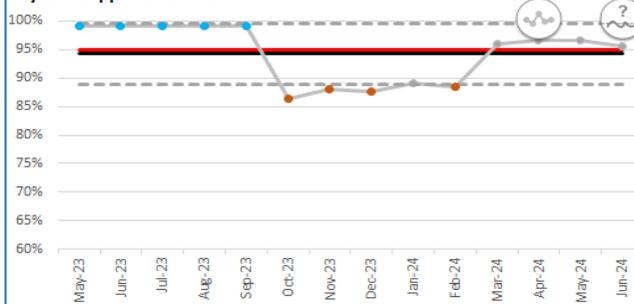
Service desk P2 - 4 hour calls closed outside SLA



Jun-24
5.0%
Variance Type
Common cause variation
Threshold
<=5%
Assurance
Hit & miss target subject to random variation

Service responsiveness

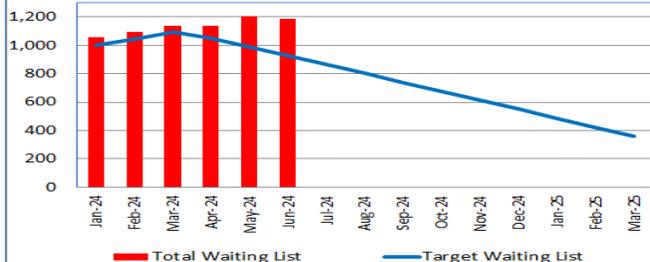
Cyber - Supported Servers



Jun-24
96.5%
Variance Type
Common cause variation
Threshold
>=95%
Assurance
Hit & miss target subject to random variation

Service responsiveness

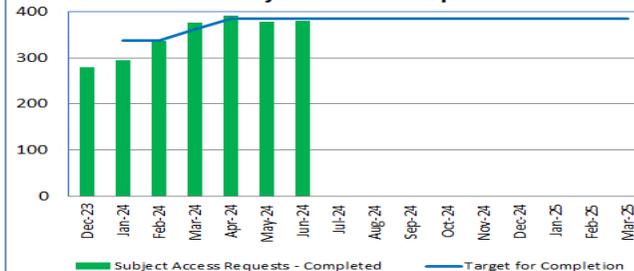
Subject Access Requests - Waiting List



Jun-24
1184
Variance
Total requests waiting worse than target
Threshold
927

Service responsiveness

Subject Access Requests



Jun-24
380
Variance
Completed requests worse than target
Target
384

Council of Governors
29 July 2024

Item 11

Title	NED Tenure Extension
Area Lead	David McGovern, Director of Corporate Affairs
Author	Cate Herbert, Board Secretary
Report for	Approval

Report Summary and Recommendations
<p>This report requests approval for the extension of Steve Igoe’s tenure, which is due to complete 6 years in October 2024.</p> <p>This report has been reviewed by the Nominations Committee, and any feedback from them will be verbally provided at the Council of Governors meeting.</p> <p>It is recommended that the Council of Governors:</p> <ul style="list-style-type: none"> Approve the extension of Steve Igoe’s tenure for a 12 month period.

Key Risks
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> Maintaining a highly skilled Board.

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	No
Better quality of health services for all individuals	No
Sustainable use of NHS resources	Yes

Contribution to WUTH strategic objectives:	
Outstanding Care: provide the best care and support	No
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

Governance journey

Date	Forum	Report Title	Purpose/Decision
29 July 2024	Nominations Committee	As above	As above

1	Narrative
1.1	<p>Steve Igoe is a Non-Executive Director on the Trust Board, as well as the Senior Independent Director and Deputy Chair. Steve is the Chair of the Audit and Risk Committee, sits on the Quality Committee and the Estates and Capital Committee, and serves as the Freedom to Speak Up Board Champion.</p> <p>His 6 year tenure is due to expire in October 2024.</p> <p>The Code of governance for NHS provider trusts 2022, Section C.4.3, states: “Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review.”</p> <p>Steve has extensive experience in finance, has been involved in a number of NHS organisations over the years, and is a valued and critical member of the Board. He fulfils the requirement for an Audit Committee member to have recent financial experience. His appraisals have consistently demonstrated high performance both in his role as a Board/Committee Member and as Committee Chair.</p> <p>In the current financial situation and given the acute operational pressures that the Trust is managing, and the recently instigated Wirral Review, Steve’s skills and experience remain both relevant and required throughout this period of change.</p> <p>It is requested that the Council of Governors extend Steve’s tenure for a period of 12 months.</p>

2	Implications
2.1	<p>Patients</p> <ul style="list-style-type: none"> No direct implications on patients.
2.2	<p>People</p> <ul style="list-style-type: none"> No direct implications on workforce.
2.3	<p>Finance</p> <ul style="list-style-type: none"> Steve’s remuneration is set in line with the NHS guidance document, <i>Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts</i>. This remuneration is included in the budget, and no changes to that remuneration are proposed. Steve’s role on the Audit Committee plays a key part in ensuring a smooth external audit process, and his financial expertise forms an important part of the Board level financial controls.
2.4	<p>Compliance</p> <ul style="list-style-type: none"> This proposed extension complies with the provisions of the Code of governance for NHS provider trusts 2022.

Council of Governors
29 July 2024

Item 12

Title	Annual Review of Terms of Reference
Area Lead	David McGovern, Director of Corporate Affairs
Author	James Jackson-Elis, Corporate Governance Officer
Report for	Information

Executive Summary and Report Recommendations
<p>The purpose of this report is to provide the Terms of Reference for the Council of Governors as part of the annual review of all Terms of References.</p> <p>No amends have been proposed this year and the Terms of Reference remain unchanged.</p> <p>It is recommended that the Council of Governors:</p> <ul style="list-style-type: none"> • Note the Terms of Reference

Key Risks
<p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> • 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	Terms of Reference

	<p>The Terms of Reference were created last year as part of the wider corporate governance review and consolidates information already set out in the Trust Constitution.</p> <p>The Terms of Reference is attached at Appendix 1. No amends have been proposed this year and the Terms of Reference remain unchanged.</p>
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2	Implications
2.1	Clear terms of reference support effective decision making and good governance.

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: September 2024
Issue Date: July 2023
Version: 1.0
Authorisation Date: July 2023

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 seek the views of members and stakeholders and keep them informed through the mechanisms set out within the Membership Strategy and by holding an Annual Members' Meeting.

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
 - Oxtton 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 3 April 2024
Location	Hybrid

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
CC	Chris Clarkson	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer (until 11am)
MC	Mark Chidgey	Chief Finance Officer

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
TC	Tony Cragg	Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
LR	Lindsey Rowley	Member of the Public
RV	Dr Rose Vimala	Member of the Public

Apologies:

SL	Sue Lorimer	Non-Executive Director
SH	Sheila Hillhouse	Lead Public Governor
CM	Chris Mason	Chief Information Officer

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed everyone 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>NS requested the sentence regarding the coroner be amended to say, <i>“satisfied with the Trust’s approach to coroners’ referrals and death certification.”</i></p> <p>Subject to the amendment, the minutes of the previous meeting held on the 6 March were APPROVED as an accurate record.</p>	James Jackson-Ellis
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Staff Story</p> <p>The Board received a video story from a junior doctor. The video story described the doctors positive experience of using Freedom to Speak Up and has subsequently decided to become a Freedom to Speak Up Champion because of this.</p> <p>DS commented the junior doctors story demonstrates the positives of the Freedom to Speak Up function, through providing guidance and support to seek a resolution independently. DS added it was also positive this junior doctor became a Champion as there were fewer Champions in the medical workforce.</p> <p>SR queried how this was being shared with the medical workforce so that staff understand the purpose of Freedom to Speak Up.</p> <p>DS stated the Freedom to Speak Up Guardian attends the induction meeting for new junior doctors and the video story would also be used to increase awareness.</p> <p>The Board NOTED the video story.</p>	
6	<p>Chairs Business and Strategic Issues</p> <p>DH provided an update on recent matters and highlighted the NHS Cheshire and Merseyside commissioned review into Wirral System was progressing as expected.</p> <p>DH commented the walkabouts held earlier in the morning were positive and confirmed support for these to take place at every meeting.</p> <p>NS agreed and explained her walkabout group went to two different wards to understand the estate limitations and how the different wards operate due to the capital constraints.</p>	

	<p>It was noted that the estates element will be discussed at Estates and Capital Committee as part of usual business.</p> <p>The Board NOTED the update.</p>	
<p>7</p>	<p>Chief Executive Officer’s Report</p> <p>JH gave an industrial action update regarding the dispute with UNISON in relation to the Clinical Support Worker banding, noting discussions had taken place with UNISON and the Trust and a revised offer had been put to their members with the results due on or before 3 April.</p> <p>JH stated in February there was one Patient Safety Incident Investigation opened under Patient Safety Incident Response Framework and one Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive.</p> <p>JH stated CQC undertook an unannounced visit to the Emergency Department on 14 March with a further unannounced follow up visit on 21 March. No immediate safety concerns were raised at the end of each visit during the high level feedback sessions.</p> <p>JH highlighted Amanda Doyle, NHSE National Director for Primary Care and Community Services visited the Trust on 21 March as part of a wider visit to Wirral system partners. Amanda visited the UECUP site, and the Transfer of Care Hub, before travelling to Wirral Community Health and Care Foundation Trust to continue her tour of the system.</p> <p>JH explained the Together Awards had been held on 22 March to celebrate the outstanding work of staff and teams throughout the past year and referenced the winners.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board (CMAST) on 1 March and the Place Based Partnership Board on 21 March.</p> <p>Members congratulated the winners and thanked staff for their efforts in making the Trust a better place.</p> <p>SI commented he attended a CMAST chairs meeting on behalf of the Chair where there were discussions regarding funding to support efficiencies to drive integration of patient records. SI added it was important to ensure where integration of patient data was taking place all relevant system partners were involved.</p> <p>JH acknowledged this and agreed.</p> <p>The Board NOTED the report.</p>	

8

Board Assurance Reports

8.1) Chief Finance Officer Report

MC highlighted at the end of February 2024, M11, the Trust was reporting a deficit of £23.1m against a plan of £17.8m, and the resultant variance of £5.3m was a deterioration on the M10 position (£4.50m). MC explained the key driver of the adverse variance related to the unmitigated impact of industrial action.

MC provided an update on the statutory responsibilities and key financial risks, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency was amber, and agency spend, capital and cash were green. MC summarised the key drivers of variance to plan and corrective actions.

MC sought approval for changes to the capital programme, noting these changes related to the removal of LIMS and the heating and chilled water pipework brought forward to this financial year.

SR queried about the additional SPC graphs relating to cyber security.

MC stated CareCERT alerts required a response within 72 hours and there was good assurance regarding this. MC added for supported serves there were a number of serves that were unsupported and corrective actions were in place to replace/upgrade those.

SI queried about the additional funding made available and if the Trust was in a position to apply for this.

MC stated this funding was for the ICS, however as Cheshire and Merseyside was reporting a non-complaint financial position this impacted on the ICS position to apply for the funding.

The Board:

- **NOTED** the report; and
- **APPROVED** the increase in capital budget from £26.948m to £31.093m

8.2) Chief Operating Officer Report

HK highlighted in February the Trust attained an overall performance of 98.08% against plan for outpatients and an overall performance of 99.38% against plan for elective admissions.

HK explained underperformance continues for inpatients due to the impact of large-scale cancellations for industrial action. Underperformance relating to the under-utilisation of the Surgical Centre by NHS system partners continues but has improved.

HK summarised referral to treatment, cancer performance and DM01 performance against the relevant trajectories.

HK reported type 1 unscheduled care performance was 49.12%. HK explained the Trust has experienced attendances per day above 300, in a department that on average sees 260-270 patients and this causes significant flow issues as well as challenges to recover delivery against the UEC performance metrics.

HK stated compliance with the national standard for 15-minute ambulance handovers has improved, averaging 61 minutes down from 92 minutes. Work continues to improve this standard, and improvements have been demonstrated since the middle of February 2024.

HK highlighted demand for mental health beds remained constant and there was an increase in the number of patients requiring admission to acute mental health beds which was an increasing concern that the Board should be aware of.

DH queried the current position for mental health patients in ED.

HK stated the position remained challenged over the Easter weekend due to bed provisions and staff allocation, which was escalated to the ICB along with a mutual aid request. HK recommended waiting until Friday to see if the position improved.

NS added there were concerns clinically and mitigation was in place as far as possible, but a Wirral system response was required to deliver safe care to patients and ensure staff were safe. HK stated that previous work had been undertaken to understand the mental health challenges in Wirral. DH requested that this be shared with the Board of Directors.

SR queried about Right Care Right Person.

HK stated this related to the reduction in the provision of police to support mental health patients. HK added the Trust was working with the relevant organisations and ensuring updated national guidance was understood by staff and local policies and education updated.

RM queried the number of inpatients not meeting the criteria to reside and progress to reduce this.

HK stated there had been an increase in the number of patients on pathway 2 resulting in a greater number of patients with complex requirements, who could then not be easily discharged. HK added the Trust continued to work well with Wirral Place partners to review patients with the longest length of stay and reduce this further.

Hayley Kendall

	<p>CC queried if there had been any re-admissions following discharge of inpatients not meeting the criteria to reside.</p> <p>HK stated that we work with a third sector organisations, based in the Transfer of Care Hub, who check in on patients regularly post discharge and they have found no areas of concern including re-admission.</p> <p>The Board NOTED the report.</p> <p>8.3) Integrated Performance Report</p> <p>DS reported mandatory training and staff turnover continued to meet threshold. Sickness absence remained above Trust threshold, although had improved and appraisal was below compliance target due to strike action.</p> <p>NS explained the number of level 1 informal concerns raised was above Trust threshold and the Never Event related to the one mentioned at March Board.</p> <p>NS highlighted C Diff remained an area of focus and the Deputy Director for IPC was in the process of reviewing the C Diff improvement programme in light of the new thresholds for 2024/25. NS added the FFT for Maternity was increasing following this being an area of concern. The FTT for ED was below Trust threshold but remained above the national average.</p> <p>The Board NOTED the report.</p> <p>8.4) Board Assurance Framework (BAF)</p> <p>DM explained following the annual review, changes have been incorporated into the BAF as part of this annual refresh. DM noted this has included the addition of new risks, the removal of 1 risk and the merging of current risks. DM added work will now take place to set the current score and future targets for each risk which will be provided to the next Board meeting.</p> <p>DS clarified for risk 5, staff wellbeing would remain a separate risk and would not be merged into this risk. DM agreed to amend.</p> <p>SI commented the new risk relating to health inequalities was positive and there were significant opportunities to improve this across the Wirral population.</p> <p>LD noted although overall RAG rating may remain the same there may be scoring changes, and it would be helpful to demonstrate the direction of change on the BAF.</p> <p>DM agreed to review this as part of the scoring process.</p>	<p>David McGovern</p>
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	<p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the proposed changes to the BAF for 2024; and • NOTED the current position in regard to Risk Appetite and Risk Maturity; and • NOTED the process for rescoring risks which will be reported from the next meeting. <p>8.5) Monthly Maternity and Report</p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month.</p> <p>JL highlighted there remained an inability to benchmark against other providers for rates such as stillbirth and neonatal deaths. JL added there had been three still births in the later end of 2023 and six neonatal deaths. An update would be provided in the next quarterly report regarding this.</p> <p>NS reported the six neonatal deaths were reviewed promptly, noting there were no concerns regarding Maternity Services at the Trust, but joint learning had been shared with Wirral system partners.</p> <p>SR commented there had been reflection opportunities in the team regarding the three still births, noting there was good leadership and culture in place to encourage this.</p> <p>SR also commented about the continuity of carer model, explaining the national focus had changed on this and the Trust currently had a hybrid system in place currently.</p> <p>JL agreed and stated this was due to a national shortage of midwives, but the Trust was considering options and engaging with staff regarding this.</p> <p>LD queried the results from the 2023 Maternity Services Survey, particularly the lower-than-average score for questions relating to midwives and doctors being aware of the mother’s medical history.</p> <p>JL stated these were two areas of focus and were included within the relevant action plan to improve.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Employee Experience</p> <p>DS gave a presentation summarising the employee experience at the Trust through the seven People Promise areas using results from the 2023 NHS Staff Survey data and other internal data</p>	

	<p>sources. DS also gave examples of the Divisional staff experience against the People Promise and explained how at a Trust and Divisional level the employee experience information was being utilised.</p> <p>DS noted there was a national anomaly with the data for results relating to physical violence in work and bullying in work and therefore the results on these questions are not available. DS will bring back an updated presentation when the corrected results are provided.</p> <p>CC queried the statement regarding staff with disabilities or staff that are Black, Asian, or Minority Ethnic feeling they do not have the same career opportunities as their non-disabled or white colleagues.</p> <p>DS stated there was good representation of staff with disabilities and Black, Asian, or Minority Ethnic staff in lower Agenda for Change pay bands, but further work was required to increase this representation in higher bands.</p> <p>The Board NOTED the report.</p>	Debs Smith
10	<p>Emergency Preparedness, Resilience and Response (EPRR) Core Standards Update</p> <p>HK highlighted in October 2023 Board received the annual self-assessment against the national EPRR core standards, resulting in a self-assessment score of 82% which was in line with previous submissions. HK explained that a new process was piloted in the region by NHSE, and therefore, following the submission of our self-assessment, there was a significant deterioration in the compliance score to 50% less than the self-assessment that was submitted. This is in line with what had been experienced in the first pilot in another region.</p> <p>HK added there had been several meetings with the ICB and NHS England and Chief Operating Officers to challenge the position and despite the challenge no scores were changed. An improvement plan has been developed that will be monitored through the Risk Management Committee.</p> <p>DH queried if this affected other Trusts regionally or nationally.</p> <p>HK stated this was a new approach being tested across Cheshire and Merseyside and affected only Trusts in the region.</p> <p>HK added the Trust's EPRR had been tested significantly through the pandemic and there was live test of the Major Incident Policy and response with the M53 incident in September 2023.</p>	

	<p>The Board NOTED the update and the change in levels of compliance and receive a future update on the action plan progress to improve the number of standards to full compliance.</p>	
11	<p>Risk Management Strategy</p> <p>DM reported the Risk Management Strategy was last refreshed and approved in November 2022 and would be subject to an annual review in April moving forward.</p> <p>DM added this refreshed version included minor changes and corrections regarding governance processes and had been updated with the new risk matrix framework. No changes were made to the risk appetite statement.</p> <p>The Board APPROVED the annual refresh of the Strategy.</p>	
12	<p>Corporate Governance Manual</p> <p>CH explained a review of the Corporate Governance Manual had been undertaken and requested specific approval of the Scheme of Reservation and Delegation and the Board Code of Conduct.</p> <p>CH added the manual will be reviewed annually going forward with any amends brought to Audit and Risk Committee and then the Board for final approval.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Scheme of Reservation and Delegation; and • APPROVED the Board Code of Conduct; and • APPROVED and the complete Corporate Governance Manual inclusive of the introductory document. 	
13	<p>Committee Chairs Reports</p> <p>13.1) Finance Business Performance Committee</p> <p>MC highlighted in the absence of SL that Committee noted further improvement to the 2023/24 financial plan was required and the risk around elective performance and achievement of cancer targets continued for certain medical specialities.</p> <p>The Board NOTED the report.</p> <p>13.2) Audit and Risk Committee</p> <p>SI explained there were no new risks or items for escalation identified and that the Committee was discussed and approved a number of key reports in relation to year end.</p> <p>The Board NOTED the report.</p>	

	<p>13.3) Quality Committee</p> <p>SR reported no new risks or items for escalation had been identified but Committee considered it would be useful to understand the potential impact, likelihood and mitigation for patient quality and safety related to restricted capital allocations for medical equipment.</p> <p>The Board NOTED the report.</p> <p>13.4) People Committee</p> <p>LD highlighted the Committee had been made aware induction compliance and apprenticeship levy spend had been areas of risk for the Trust. LD added good progress had been made and plans were on track to close the induction compliance risk by March 2024 and work continued to implement apprenticeships across the Trust.</p> <p>The Board NOTED the report.</p>	
14	<p>Questions from Governors and Public</p> <p>No questions were raised.</p>	
15	<p>Meeting Review</p> <p>No comments were raised.</p>	
16	<p>Any other Business</p> <p>No other business was raised.</p>	

Meeting	Board of Directors in Public
Date	Wednesday 1 May 2024
Location	Hybrid

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
CC	Chris Clarkson	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
SH	Sheila Hillhouse	Lead Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
JB	John Brace	Public Governor
TC	Tony Cragg	Public Governor

Apologies:

SI	Steve Igoe	SID & Deputy Chair
JH	Janelle Holmes	Chief Executive
JM	Julie McManus	Appointed Governor – Local Authority

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed everyone 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 April were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>DS clarified she anticipated providing an update in July when the NHS Staff Survey Coordination Centre had resolved the data issue.</p> <p>The Board NOTED the action log.</p>	
5	<p>Patient Story</p> <p>The Board received a video story from a bereaved husband whose wife passed away at Arrowe Park Hospital. The video story described his bereavement journey, which was both positive and negative.</p> <p>NS commented there had been significant learning following this video story and explained that in the new building there will be individual resus rooms. Ward folders had also been implemented to provide comprehensive information for patients and their families.</p> <p>DH queried the family leaving through ED instead of the main entrance once she had passed away.</p> <p>NS stated the main entrance shuts at 10pm and were unable to leave through this door after that time. NS added this would be the same when the new building was complete.</p> <p>SL queried if the concerns regarding GP misdiagnosis had been fed back to GPs.</p> <p>NS stated the Deputy Medical Director attended the local Medical Committee which included representatives from primary and secondary care, and this was raised there.</p> <p>LD suggested that charitable funds could be used to improve the patient relatives' experience.</p> <p>Members commented the patient story had been impactful and agreed to write a letter to the husband.</p> <p>The Board NOTED the video story.</p>	
6	Chairs Business and Strategic Issues	

	<p>DH provided an update on recent matters and highlighted the Wirral System Review continues to progress and the Trust had received positive feedback from the ICB regarding performance and recovery.</p> <p>The Board NOTED the update.</p>	
7	<p>Chief Executive Officer's Report</p> <p>NS reported the dispute with UNISON in relation to the Clinical Support Worker (CSW) banding has been resolved and that there will be no further strike action. NS added the dispute with Unite in relation to Theatre Recovery regrading remains ongoing and meetings continue to be held with Unite.</p> <p>NS explained from 1 April there had been specialised commissioning delegation changes resulting in certain services now being delegated to NHS Cheshire and Merseyside Integrated Care Board (ICB). NS added for the Trust this meant an additional 5% of services would be contracted by the ICB.</p> <p>NS stated in April there were no Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework and no Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive.</p> <p>NS highlighted NHSE wrote to the Trust in April confirming that the undertakings imposed in 2018 and 2015 on the Trust's provider licence, relating to financial sustainability, controls, and A&E performance, will be removed.</p> <p>NS reference the guidance published in April for Trusts on assessing the CQC well-led key question under the new single operating framework.</p> <p>NS summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board (CMASST) on 5 April.</p> <p>SL queried the changes to the commissioning and if this was a risk or opportunity for the Trust.</p> <p>MC stated it was an opportunity for Cheshire and Merseyside to ensure certain pathways were aligned to population needs and the proximity of the ICB to services was a better position.</p> <p>Members commented the removal of the licence undertakings was extremely positive and a good sign of credibility for the Trust.</p> <p>The Board NOTED the report.</p>	
8	<p>Board Assurance Reports</p>	

8.1) Chief Finance Officer Report

MC highlighted at the end of month 12 the Trust was reporting a deficit of £24.1m for 2023/24, an adverse variance against plan of £5.1m. MC explained the adverse variance relates to the unmitigated impact of industrial action and all other risks have been fully mitigated.

MC reported this forecast variance to plan has been included within the Cheshire and Merseyside ICS forecast position to NHSE at M11 and has been maintained in M12.

MC provided an update on the statutory responsibilities and key financial risks for month 12, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency was amber, and agency spend, capital and cash were green. MC summarised the key drivers of variance to plan and corrective actions.

SL commented it was a significant achievement to deliver a £23m cost improvement programme, noting the Trust was one of the highest performance in the region and a reason for the Trust had a strong underlying financial position.

The Board **NOTED** the report.

8.2) Chief Operating Officer Report

HK highlighted in March the Trust attained an overall performance of 105.80 against plan for outpatients and an overall performance of 104.47 against plan for elective admissions. HK explained underperformance against plan continues for inpatients offset by an overperformance in day case procedures, and there continues to be an underutilisation of the Surgical Centre by NHS partner organisations.

HK summarised referral to treatment, cancer performance and DM01 performance against the relevant trajectories.

HK reported type 1 unscheduled care performance was 46.53% and attendances remained high during the month. HK explained performance remains challenging but during April improvements have been made related to the UEC improvement plan.

HK stated compliance with the national standard for 15-minute ambulance handovers continued to improve and averaged 43 minutes.

HK highlighted there had been a significant increase in demand for patients attending the ED with mental health conditions. This concern continues to be escalated to the ICB.

	<p>RM noted the number of inpatients not meeting the criteria to reside had plateaued and queried the progress to achieve 75 inpatients by July.</p> <p>HK stated the focus was now on pathway 2 and 3 patients which were more complex to make improvements. A new permanent Discharge Director was now leading the Discharge Hub to deliver this.</p> <p>SR queried if there were still problems with children and young people residing at the hospital longer than necessary.</p> <p>HK stated the children and young people concerns previously reported had reduced and was currently not an issue.</p> <p>Members discussed the care of mental health patients and the impact this has on performance and the safety of staff and patients.</p> <p>Members acknowledged that following a CQC inspection of the local mental health provider, their staff had been requested to provide care for patients at the provider and this was significantly impacting on the delivery of mental health services at WUTH.</p> <p>DH queried how mental health services could be provided in a different way and if possible alternative solutions could be explored.</p> <p>DH requested HK provide data on ED performance when attendances of mental health patients was high and to quantify the impact this has.</p> <p>The Board NOTED the report.</p> <p>8.3) Integrated Performance Report</p> <p>NS explained the total number of C Diff cases in 2023/24 was an overall reduction compared to the previous year. NS added the Service Improvement Team would be providing support to embed actions from the IPC improvement plan. NS highlighted the method used to classify category 3 pressure ulcers had changed nationally and this was metric was likely to increase over the coming months.</p> <p>DS highlighted sickness absence continued to improve towards Trust target, although there had been a small increase in absences related to mental health. DS added appraisal compliance continued to be below Trust target which was key focus for Divisions. DS explained staff turnover continued to be below Trust target and this was evidence of a good employee experience.</p> <p>CC noted mandatory training compliance had been reducing since September and queried if this was an area of concern.</p>	<p>Hayley Kendall</p>
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	<p>DS stated this was due to the impact of industrial action, but the compliance is above target (positive) and that Education Governance Group of Workforce Steering Board had a tight grip of this with no concerns being raised.</p> <p>SR commented certain training, notably level 4 CPR and PVP can take longer to deliver due to the in person delivery it required.</p> <p>NS agreed and explained each Division through Divisional Performance Reviews had a high level of focus on this due to medical compliance.</p> <p>CM reported for Digital Healthcare staff vacancies remained low and the Trust's cyber position remained strong, noting WUTH continued to play an active role in the relevant forums across Cheshire and Merseyside. CM added a recovery trajectory was in place to reduce the subject access requests (SARs) waiting list.</p> <p>LD noted the SAR position was challenged and queried the timescale to reduce this and if there were any emerging themes.</p> <p>CM stated the specific vacancy to respond to SARs had been filled and these would be expected to reduce within 3 months. CM added there had been no change in the themes emerging from SARs but there was a greater amount received.</p> <p>MC added the Information Assurance Group had a specific action to reduce the SAR waiting list. MC added Digital Healthcare assurance (including SARs and operational delivery) was provided to Finance Business Performance Committee and cyber security to Audit and Risk Committee.</p> <p>CC enquired if SAR themes should be provided to Quality Committee.</p> <p>It was agreed that the governance route for SAR reporting would be reviewed again and clarified.</p> <p>DH queried if the Surgical Centre still had additional capacity after NHS partner organisations had used the Centre.</p> <p>HK stated there was capacity and this had been offered to all providers in Cheshire and Merseyside. HK added at the point of referral for treatment patients were given the option to choose a location but waiting times were not shown. HK highlighted this had been raised with the ICB and communication about this was being improved.</p> <p>DH requested the Trust review how it could more widely publicise the lower waiting times at the Surgical Centre in comparison to other providers.</p>	<p>Mark Chidgey/ David McGovern</p> <p>Debs Smith/Hayley Kendall</p>
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	<p>The Board NOTED the report.</p> <p>8.4) Board Assurance Framework (BAF)</p> <p>DM explained that, following the annual review of the BAF, the Board approved in April the strategic level risks that will be monitored for the year 2024/25. Work has commenced to update previous risks and populate newer risks, which will be completed over the coming month. DM added the frequency of BAF reporting will revert to the previous pattern.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the proposed changes to the BAF; and • NOTED the current position in regard to Risk Appetite and Risk Maturity. • NOTED the amendments to the frequency of BAF reporting which will be implemented from this meeting. <p>8.5) Monthly Maternity and Report</p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month. JL added one emerging area of concern related to midwifery staffing due to leavers, retirements, and maternity leave, noting the service would be reliant on newly qualified midwives in September 2024. Recruitment campaigns were ongoing for Band 5 and Band 6 Midwives.</p> <p>JL referenced the thematic review carried into the six neonatal deaths in the postnatal period, summarising the findings and recommendations for the Trust and Wirral system partners.</p> <p>JL provided the Maternity Incentive Scheme (MIS) Year 6 guidance for information and the Trust’s position in achieving Saving Babies Lives Version 3.</p> <p>SR commented he recently undertook a maternity safety walkabout and noted the strong leadership and positive cultural within maternity services. SR added midwifery staffing was a national issue and the Trust was not an outlier.</p> <p>NS explained that the thematic review was a good example of learning, which had been shared with Wirral system partners and included recommendations to reduce health inequalities.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Health Inequalities Operating Model</p> <p>DM and MS gave an overview of the presentation, summarising the rationale for the operating model and proposed governance</p>	

	<p>structures to optimise the Trust's efforts in addressing health inequalities.</p> <p>DM and MS explained the key next steps included endorsing and embedding the Health Inequality Model, engaging in health inequality initiatives with specific named leads, embedding tools for health inequality reduction and setting up a Health Inequality Committee.</p> <p>DM and MS added the Health Inequality Committee would report through to Quality Committee and Board.</p> <p>SL noted one of the CORE20PLUS5 priorities was to pay a real living wage to enhance workforce health and wellbeing. SL queried how feasible this was given the financial constraints.</p> <p>DS stated this would pose a challenge due to the requirements of Agenda for Change, and additional funding for pay could only be awarded by NHSE.</p> <p>RM commented about the regeneration of Birkenhead and the opportunities for the Trust to engage in health inequality reduction initiatives through the regeneration.</p> <p>LD queried the impact and commented about the importance of identifying 2 or 3 key areas of focus for the year. LD also commented about the timeliness of delivery and the impact of this by setting up governance structures.</p> <p>MS stated the impact would be measured similarly to other strategic priorities through twice yearly updates to Board.</p> <p>DH commented about ensuring Wirral system partners were also involved in the Trust's effort to reduce health inequalities. DH suggested the Health Inequality Committee identify 2 or 3 key areas of focus for the year and report these back to the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> • ENDORSED the WUTH Health Inequality Model • ENDORSED the Health Inequality Initiatives with Designated Leads • ENDORSED the tools for Systematic Health Inequality Reduction 	<p>David McGovern</p>
<p>10</p>	<p>Declarations of Interest and Fit and Proper Persons Annual Update</p> <p>CH provided the year-end updates on the register of interests, the register of gifts and hospitality, and the fit and proper persons regime compliance, noting this had been provided to Audit and Risk Committee in April.</p>	

	<p>CH added an internal audit review had been conducted earlier in year on Managing Conflicts of Interest and received substantial assurance.</p> <p>DM noted the new requirement to submit a return providing detail on the successful completion of the Fit and Proper Persons annual tests and added that the self-assessments would be sent round shortly.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the Register of Interests at Appendix 1 and 2, the Register of Gifts at Appendix 3 and Hospitality at Appendix 4; and • NOTED the update on Fit and Proper Persons. 	
<p>11</p>	<p>Committee Chairs Reports</p> <p>11.1) People Committee</p> <p>LD explained she provided a verbal update at the last meeting and that the report summarised the meeting.</p> <p>The Board NOTED the report.</p> <p>11.2) Council of Governors</p> <p>DH gave a verbal update and explained the meeting had been positive with a good number of Governors attending. DH added there were had been detailed discussions on the Green and Sustainability plan and the employee experience of staff.</p> <p>The Board NOTED the report.</p> <p>11.3) Estates and Capital Committee</p> <p>DH highlighted at the last meeting an approach was discussed to develop a site control plan for Arrowse Park Hospital, providing a plan for future developments on the campus.</p> <p>DH added Committee also received an update on UECUP (Urgent and Emergency Care Upgrade Programme) and received assurance on the performance of estates function and capital programme financial/plan performance.</p> <p>The Board NOTED the report.</p> <p>11.4) Audit and Risk Committee</p> <p>DH noted SI had provided his apologies and that a report had been provided summarising the meeting.</p>	

	<p>The Board NOTED the report.</p> <p>11.5) Charitable Funds Committee</p> <p>SL gave a verbal update and highlighted at the last meeting it had been agreed to end the Tiny Stars appeal and once the Committee had oversight of the capital schemes being developed for the neonatal unit and confirmation on final costs/available funds, a recommendation would come back to Board.</p> <p>SL added Committee also agreed a process for the appointment of restricted fundholders and was given an update on the Charity activity and financial plans for the next financial year.</p> <p>11.6) Finance Business Performance Committee</p> <p>SL gave a verbal update and explained at the last meeting a review of consultant agency spend was discussed and exit plans in place each medical speciality. A Digital Healthcare update was now provided to each meeting and Committee heard about the plans for the Patient Portal.</p> <p>SL added the Committee also received a deep dive into backlog maintenance challenges, risk, and business continuity challenges.</p> <p>CC noted the long term financial risk of backlog maintenance and the impact of this on the Trust's long term financial position. CC queried if this could be discussed at the next Estates and Capital Committee meeting.</p> <p>MS agreed and indicated that he could develop projections on future backlog maintenance cost for the next ten years.</p> <p>The Board NOTED the report.</p>	<p>Matthew Swanborough</p>
<p>12</p>	<p>Questions from Governors and Public</p> <p>JB queried if there had been any nominations received for new monthly staff recognition awards.</p> <p>DS stated nominations opened today and the team were anticipating a good response.</p> <p>JB also queried if it was routine to conduct a thematic review into neonatal deaths.</p> <p>NS stated there had been a small increase in neonatal deaths within a short period and other nearby Trusts experienced similar increases. NS added it was national guidance that any neonatal deaths are reported to Board, which did not apply to other adult deaths.</p>	

	No questions were raised.	
13	<p>Meeting Review</p> <p>Members commented there had been good and transparent discussions. Members also commented that the patient story had been impactful.</p>	
14	<p>Any other Business</p> <p>No other business was raised.</p>	

Meeting	Board of Directors in Public
Date	Wednesday 5 June 2024
Location	Hybrid

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair (Meeting Chair)
CC	Chris Clarkson	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
AA	Dr Alice Arch	Guardian of Safe Working – item 8.7
SH	Sheila Hillhouse	Lead Public Governor
TC	Tony Cragg	Public Governor
JB	John Brace	Public Governor
PB	Phillipa Boston	Staff Governor

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence SI welcomed everyone to the meeting, noting he was chairing the meeting as DH joined remotely. No apologies were received.	
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 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 had been referred from their GP to the Assessment Medical Unit for repeat blood tests resulting in blood cancer diagnosis. The video story described her positive experience as a patient on ward 30.</p> <p>NS stated she was pleased to see this story because it was a good example of excellent patient centred care and that learning had been identified for other wards.</p> <p>RM stated it was positive to hear treatment was started promptly after the detection of cancer in the blood was made.</p> <p>SR commented during the walkabout last month he visited ward 30 and agreed with the comments made by the patient. SR also commented the patient story was a good example of joint patient decision making resulting in good patient centred care.</p> <p>SI commented it was a positive story with some specific learning identified to improve the patient experience of others.</p> <p>The Board NOTED the video story.</p>	
6	<p>Chairs Business and Strategic Issues</p> <p>DH provided an update on recent matters and highlighted the Wirral System Review continues to progress at pace and the recommendations were expected in the summer. DH added there was a workshop in July for Executive Teams of each Trust to contribute towards the outputs of the review.</p> <p>The Board NOTED the update.</p>	
7	<p>Chief Executive Officer's Report</p> <p>JH reported the national pay dispute relating to Specialty and Associate Specialist (SAS) Doctors and Junior Doctors is on-going. The BMA are currently balloting SAS doctors on the most recent pay offer. The ballot closes on 14 June 2024. The BMA has announced Junior Doctors strike action to take place beginning on Thursday 27 June and ending Tuesday 2 July.</p>	

	<p>JH added the dispute with Unite in relation to Theatre Recovery regrading remains ongoing with further planned strikes in June. Further meetings are planned with Unite with the aim to resolve the dispute.</p> <p>JH highlighted in April there were no Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework and two Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive.</p> <p>JH explained the Wirral Community Diagnostic Centre at Clatterbridge Hospital opened in April. The new Centre will support diagnostic tests for hospital patients and provide direct access for primary care.</p> <p>JH highlighted the Trust had been selected by NHSE to be a pilot site for the implementation of Martha's Rule. Further information was expected shortly regarding the next steps.</p> <p>JH referenced the publication of the Infected Blood Inquiry final report in May and that £19m had been committed over five years to provide a dedicated support service to those impacted.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board (CMASST) on 3 May, noting the CMASST delivery priorities and commitments for 2024/25 were included in the report and summarised the meeting of the Place Based Partnership Board (PBPB) on 7 May.</p> <p>The Board NOTED the report.</p>	
<p>8</p>	<p>Board Assurance Reports</p> <p>8.1) Chief Finance Officer Report</p> <p>MC highlighted this report was based on the draft annual plan which was in the process of being approved.</p> <p>MC explained at the end of April, month 1, the Trust reported a deficit of £3.2m against a plan of £2.7m, a £0.5m adverse variance primarily relating to lower than planned levels of elective activity.</p> <p>MC highlighted the key internal risks to achievement of plan are full delivery of elective activity and the Cost Improvement Programme (CIP).</p> <p>MC provided an update on the statutory responsibilities and key financial risks for month 1, noting the RAG rating for each, highlighting that agency spend, financial efficiency and capital were green, financial stability and cash were amber and financial sustainability was red.</p>	

MC summarised the risks to each position and the actions in place.

SL stated the adverse variance in month 1 was a concern and queried the utilisation of the Cheshire and Merseyside Surgical Centre.

HK stated there had recently been a meeting with Cheshire and Merseyside providers and Professor Tim Briggs regarding the Surgical Centre and the ICB had now requested all providers who had patients over 30 weeks to use the Surgical Centre.

JH stated there was good national awareness of the Surgical Centre and it was expected activity would now increase following support from the ICB.

SI commented it was good to see the Trust's agency costs were below the required target. SI queried if the £750k budget for digital capital programmes was sufficient to drive the efficiencies set out by NHSE.

MC stated this amount was for the replacement of IT equipment and not for efficiencies. MC added the £20m capital programme was being managed on a risk basis and could be re-prioritised if required.

SI also queried about the Trust's cyber security position considering an incident at a London hospital.

CM stated the Trust had a good assurance in place regarding cyber security and the Trust already had several systems in place following the immediate recommendations arising from the London incident.

The Board **NOTED** the report.

8.2) Chief Operating Officer Report

HK highlighted in April the Trust attained an overall performance of 103.5% against plan for outpatients and an overall performance of 98.1% against plan for elective admissions. HK explained elective activity saw an under performance mainly in orthopaedics as well as underutilisation of the surgical centre by NHS partner organisations.

HK summarised referral to treatment, cancer performance and DM01 performance against the relevant trajectories.

HK reported in April type 1 unscheduled care performance was 48.64% and attendances remained high during the month, noting there were regularly between 300-350 attendances on Mondays and Tuesdays.

HK stated the Trust saw a significant improvement in ambulance handover times in April, performing 3rd out of the 9 acute Trusts within Cheshire and Merseyside.

HK reported the demand for patients attending the Emergency Department with mental health conditions remains high and set out the various initiatives in place to reduce conveyances.

CC enquired about improvements in ambulance handover performance and what changes were made to improve this position.

HK stated ensuring there were sufficient nursing staff on corridors and a stronger grip and control had driven these improvements.

RM queried what was driving the increase in Emergency Department attendances over the previous two months.

HK stated this was unclear and a point prevalence exercise was being undertaken to understand who was attending the Emergency Department and why.

RM also queried the fit2sit model.

HK stated this was about identifying patients arriving by ambulance who were well enough to sit in a chair and be treated rather than waiting on a trolley. HK added this is being reviewed as part of the improvement plan.

NS highlighted patient outcomes for those not on a trolley was more positive, noting a patient was more likely to be discharged if in a chair instead of a trolley.

The Board **NOTED** the report.

8.3) Integrated Performance Report

NS reported there was a high prevalence of C Diff, and the Service Improvement Team were carrying out a review of the relevant patient pathways and mattress usage to identify improvements. NS added the number of pressure ulcers was beginning to increase in line with the updated guidance on reporting.

NS reported the Friends and Family Test for ED was below threshold but above the national average, and the Friends and Family Test for Maternity was also below threshold and related to a low sample size.

DS highlighted sickness absence remained slightly above Trust target but there had been improvements in recent months. DS highlighted an emerging risk relating to an increase in absence

related to anxiety and stress. DS added Occupational Health continued to provide proactive support to reduce this.

CM reported service desk responses had increased due to staff failing to close service desk requests correctly as set out in procedures. CM added the total subject access request waiting list was above the target waiting list in month.

LD enquired about the subject access requests and if any trends had been identified relating to specific themes of requests.

CM stated the Information Governance Team carry out an analysis of subject access request themes and no trends have been identified.

The Board **NOTED** the report.

8.4) Productivity and Efficiency Update

HK summarised the 2024/25 Cost Improvement Programme position for Trust, highlighting the target for the year was £28.8m and the forecast delivery identified so far was £12.9m. The amount transacted as at month 1 was £6.3m. HK also gave an update on the nine workstreams and summarised the RAG delivery status for each.

SI queried what the main drivers were to achieve the target in following years.

HK stated the main drivers related to digital solutions, non-core improvements and estates and facilities efficiencies.

SR commented about the importance of monitoring the cost of care for mental health patients and the financial impact of this on the Trust.

HK stated this was not tracked routinely but agreed to ensure it was monitored through the WAVE programme.

The Board **NOTED** the report.

8.5) Quarterly Maternity Report

JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month. JL added there were no Patient Safety Investigation Incidents (PSII's) declared in April 2024 for maternity services.

JL gave an update on MIS Year 6, explaining compliance was being monitored monthly via the Women and Children's Divisional

Quality Assurance meeting and that a gap analysis had been produced to identify areas for improvement were necessary.

JL also gave an update on the Saving Babies Lives, noting the Trust achieved 97% compliance against the 6 elements based on evidence submitted in March 2024.

JL referenced the Ockenden gap analysis and the 15 immediate and essential actions, noting the Trust remains in the same RAG rated position as fully complaint.

JL also gave an update on progress regarding implementing a Continuity of Carer Model with an update on the 2024/25 Maternity and Neonatal Voices Partnership annual plan.

SR stated there were various methods of assurance for maternity services and the Trust had robust mechanisms in place regarding this. SR queried about the Continuity of Carer Model at the Trust.

JL stated the original default model had been withdrawn nationally due to challenges with staffing. JL added the Trust was working on a dedicated bespoke model for Wirral and staff engagement was ongoing regarding this in Maternity Services.

The Board:

- **NOTED** the report; and
- **NOTED** the Perinatal Clinical Surveillance Assurance report; and
- **NOTED** the position of Patient Safety Incident Investigations (PSSI's) & Maternity and Newborn Safety Incidents (MNSI); and
- **NOTED** the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3; 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 update to the Continuity of Carer model of maternity care and the Trusts position to implement this model as a default model of care subject to approval to improving the midwifery establishment; and
- **NOTED** the 24/25 Maternity and Neonatal Voices Partnership (MNVP) annual plan.

8.6) Learning from Deaths Report Q3 2023/24

NS summarised the report, highlighting the Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) continued to be within the expected range of mortality data.

	<p>NS explained some of the upcoming changes, noting the main change in 2025 related to palliative care coding and that this would likely result in the Trust SHMI increasing. NS added an impact analysis would be provided to the Mortality Review Group later in the year.</p> <p>NS also explained from September 2024 the medical examiner would undertake scrutiny of all deaths in the community as well as inpatient deaths. NS added plans are in place to ensure adequate capacity for the additional workload.</p> <p>SR stated he attends the Mortality Review Group and was assured that processes were followed correctly and completed in a timely manner.</p> <p>The Board NOTED the report.</p> <p>8.7) Guardian of Safe Working Annual Report</p> <p>AA summarised the number of exception reports covering the previous financial year, noting the majority of these were from the Medicine Division and particularly at F1 level.</p> <p>AA added several exception reports had been raised due to covering the hour change in October 2023, as advised by the British Medical Association and the Guardian of Safe Working was seeking guidance on this matter.</p> <p>AA highlighted the Junior Doctors' Forum continues to be attended well and the Doctors' Mess was being refurbished to improve the experience for junior doctors.</p> <p>LD commented the report had been considered at People Committee in May and members had requested if the total number of hours could be provided in future reports to provide context.</p> <p>NS stated the transition from the Guardian of Safe Working to the Education Supervisor signing off exception reports had been positive.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Modern Slavery Statement</p> <p>CH provided the annual update of the Modern Slavery Statement as required by the 2015 Act for approval.</p> <p>The Board APPROVED the updated statement for 2024/25.</p>	
<p>10</p>	<p>Annual Report of the Board of Directors, including Effectiveness Review</p>	

	<p>CH provided an overview of the outcome following the effectiveness review, noting all responses to the survey returned positive results and the self-assessment of the Terms of Reference found no areas recommended for amendment.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the statement of effectiveness found at section 1.3; and • NOTED both the outcomes of the effectiveness survey, and the self-assessment against the Terms of Reference. 	
<p>11</p>	<p>Committee Chairs Reports</p> <p>11.1) Finance Business Performance Committee</p> <p>SL explained she provided a verbal update at the last meeting and that the report summarised the meeting.</p> <p>11.2) People Committee</p> <p>LD reported the Committee considered and agreed the year 3 People Strategy priorities which would have a positive impact on the operational capacity and culture of the Trust. LD highlighted good progress continues to be made in the development of workforce planning across the Trust. LD stated the Committee heard about the delivery of the NHS Sexual Safety Charter and Anti-Racism Framework.</p> <p>11.3) Quality Committee</p> <p>SR highlighted the Committee received an update on the refreshed mental health priorities of which there were now 3 instead of 7. SR explained the Committee discussed the NHSE Northwest Regional Report into C Diff and the Committee requested a dedicated action plan to address the recommendations in the report. SR stated the Committee received and recommended the 2023/24 Quality Accounts for approval.</p> <p>The Board NOTED the reports</p>	
<p>12</p>	<p>Questions from Governors and Public</p> <p>SH stated the patient story played in the meeting was from a previous Governor and commented it was positive to hear she had received a good patient experience.</p> <p>JB queried if there was a timescale for rolling out the pilot of Martha’s Rule at the Trust.</p> <p>NS stated the timescale was unknown and the Trust was waiting for further information from NHSE.</p>	

	<p>JB also queried about the provision of mental health beds at the Trust.</p> <p>NS stated in Wirral the number of people requiring hospital admission for mental illness continued to be above the national average. NS added the Trust was not a mental health provider and continued to work closely with Cheshire and Wirral Partnership regarding bed provision for patients attending the Emergency Department with mental health challenges.</p> <p>JB enquired if any SARs that had exceeded the required timescale had been referred to the Information Commissioner's Office or if the Trust had been issued a court notice.</p> <p>CM stated the Trust was making applicants for SARs aware of the timescale at the point of applying to manage expectations. CM added there had been no referrals from the Information Commissioner's Office of any court notices.</p> <p>TC commented about his experience of the cancer pathway, highlighting his experience had been positive.</p>	
13	<p>Meeting Review</p> <p>No comments were made.</p>	
14	<p>Any other Business</p> <p>No other business was raised.</p>	