Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors (CoG) (Public)

Monday, 19 July 2021

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS (CoG)

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

AGENDA

Item	Item Description	Presenter	Purpose
OPENING BUSINESS			
CoG 21/22-016	**Apologies for Absence**	Chair	For Noting
CoG 21/22-017	**Declaration of Interests**	Chair	For decision
CoG 21/22-018	**Minutes and actions of previous meeting:** 19th April 2021	Chair	For Approval
CoG 21/22-019	**Matters Arising**	Chair	For Assurance
CoG 21/22-020	**Chair's Business**	Chair	For noting
CoG 21/22-021	**Key Issues**	Chair	For discussion
GOVERNANCE			
CoG 21/22-022	**Feedback from Board Assurance Committees: Chairs Reports:** • **Workforce** • **Audit** • **Quality** • **Finance** • **Safety**	Non- Executive Directors	For Assurance
CoG 21/22-023	**Governor Elections update / Appointments to Board Assurance Committees**	Interim Board Secretary	For assurance
CoG 21/22-024	**Nominations Committee terms of reference**	Interim Director of Corporate Affairs	For Approval
CoG 21/22-025	**Nominations Committee membership (verbal)**	Interim Director of Corporate Affairs	For Approval
STRATEGY AND QUALITY			
CoG 21/22-026	**Quality & Performance Dashboard**	Executive Directors	For Assurance
CoG 21/22-027	**COVID- 19 Update (verbal)**	Medical Director	For Noting
CoG 21/22-028	**Strategy update**	Director of Strategy and Partnerships	For assurance
CoG 21/22-029	**ICS and ICP update**	Director of Strategy and Partnerships	For Noting
OTHER ITEMS FOR INFORMATION / CLOSING BUSINESS DISCUSSION BY EXCEPTION			

CLOSING BUSINESS			
CoG 21/22-030	**Any Other Business**	All	For information
CoG 21/22-031	**Date, Time and Location of Next Meeting** Monday 18th October 2021, 4.30pm via Teams unless otherwise notified	Chair	For Information

Wirral University Teaching Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

Unapproved minutes of meeting held on Monday, 19th April 2021, 4.30pm - 6.30pm via Microsoft Teams

Present	Sir David Henshaw Angela Tindall Paul Dixon Steve Evans Eileen Hume Richard Latten Allen Peters Sheila Hillhouse Pauline West Ann Taylor Alison Owens Robert Thompson	The Chairman Public Governor (Lead Governor) Public Governor Public Governor Public Governor Staff Governor Staff Governor Public Governor Staff Governor Staff Governor Public Governor Public Governor
In attendance	Janelle Holmes Dr Nikki Stevenson John Sullivan Hazel Richards Claire Wilson Anthony Middleton Matthew Swanborough Christopher Clarkson Steve Igoe Jacqui Grice Oyetona Raheem Dr Steve Ryan Sally-Ann Sykes Nigel MacLeod	Chief Executive Officer Medical Director Non-Executive Director Chief Nurse Chief Finance Officer Chief Operating Officer Director of Strategy & Partnerships Non-Executive Director Non-Executive Director Director of Workforce Interim Deputy Board Secretary Non-Executive Director Director of Communications & Engagement EA to Chair and CEO [Minutes]
Apologies	Jane Coulson Sue Lorimer	Non-Executive Director Non-Executive Director
*Denotes attendance for part of the meeting		

Ref	Minute	Action
COG 21/22-001	**Apologies for Absence** Apologies for absence were noted as above.	
COG 21/22-002	**Declarations of Interest** Mr Robert Thompson apprised the Council that he held the position as a Clinical Tutor at Aintree Hospital. Furthermore, Mr Thompson advised the Council that a family member was an existing employee of Wirral University Teaching Hospital [WUTH].	

COG 21/22-003	**Minutes of the Previous Meeting** The minutes of previous meeting held 11 January 2021 were agreed as a true and accurate record.	
COG 21/22-004	**Matters Arising** There were no matters arising, noting that activity pertaining to the Trusts' current focus would be provided in line with the agenda.	
COG 21/22-005	**Chair's Business** The Chair proposed items 21/22-005, 21/22-006 and 21/22-007 were taken collectively as these items were a natural amalgamation of current focus and performance. The Chair and the Chief Executive provided the Council with an update, commencing with Covid-19. It was reported that Covid-19 cases continued to abate, supported by a decreasing prevalence trajectory, with the Trust currently reporting two Covid-19 positive inpatients. To support this improved positon, the Trust's Clinical Advisory Group had realigned the Clinical pathways accordingly and the Chief Nurse reported the Trust was currently reviewing processes to slowly reintroduce a degree of patient visiting, following a carefully managed and balanced approach. It was reported that one of Trust's key area of focus was to support elective recovery and reducing back log of patients whose treatment had been postponed during the Pandemic response, known coequally as 'Reset and Recovery'. The Council learned that WUTH was currently delivering against the revised set of trajectories that had been agreed, in line with national guidance. Other salient updates for the Council included: • The ongoing recruitment of circa 120 international nurses, collaboration across the wider NHS Cheshire and Mersey footprint. From a financial perspective, the Lead Governor was assured that whilst the Trust would incur a degree of cost, the positions being taken up are already established and funded positons, currently vacant. Furthermore, the Trust had secured circa £700K of central funding to support the recruitment programme. Having also undertaken modelling, across the workface, it was anticipated the reliance on bank and agency staff would dissipate. • It was noted that the CQC had published the report from the recent unannounced CQC IPC inspection, the outcome of which had been very positive with no regulatory notices or 'must do' actions identified. Reference was made to the positive press and media coverage following publication of the report. • The Chief Nurse, in recognising the positive outcome of the CQC unannounced visit, noted a correlation to this result and the improved culture that has been embedded across the organisation. On behalf of the Council, Sheila Hillhouse wished to thank Hazel Richards, Chief Nurse, and the wider Nursing Team, for the work undertaken to improve and implement Infection Prevention Control measures. • Covid-19 vaccinations continued, demonstrating strong System collaboration borne out by the current % of the Wirral population who had received a combination of their first and second dosses. In seeking assurance as to the number of WUTH staff vaccinated, having noted a recent study that alluded to health worker vaccination at circa 81%, Mr Thompson was assured that the Trust	

	continues to encourage all members of staff to come forward for their vaccination. It was noted that the vaccination very much remained an individual's personal choice and was not a mandatory requirement for staff. The Trust is also supporting those cohorts of staff who had concerns, to alleviate any worries, for example those related to pregnancy or fertility. It was noted that WUTH had not been identified as an outlier, when being compared with peers re staff Covid-19 vaccination rates. • The Trust is regularly promoting staff vaccination and undertaking a number of channels to raise awareness; for example internal WUTH communications, general team discussions and text / social media messaging. • The CEO is concurrently reviewing the long term approach for the Vaccination Hub at Clatterbridge, in line with System Partners and national guidance; noting the current media coverage that an autumn booster vaccination programme is likely. **Action – Governors to be updated in regards to the % of staff who had received their vaccination.** • Staff currently shielding are being supported to return to work with addional guidance being provided by the Infection Prevention Control and Workforce Teams.	
COG 21/22-006	**Key Issues** As outlined above, the Chair had proposed items 21/22-005, 21/22-006 and 21/22-007 are taken collectively as these items were a natural amalgamation of current focus and performance.	
COG 21/22-007	**Quality & Performance Dashboard** The Council of Governors was asked to note performance to the end of February 2021. Of the 45 indicators, 21 are currently off target with 24 indicators on target. Members were asked to recall that during the current Covid-19 pandemic some metrics had been suspended from national reporting. Whilst noting the Council had been briefed on a number of specific metrics, within Item COG 21/22-005**,** the Chief Finance Officer and Chief Operating officer provided two further updates. The Chief Finance Officer provided a finance update, in particular the strong financial position of both the Trust and wider health economy. It was noted that at the financial year end, the Trust would likely have achieved a break event position. The current financial regime was likely to continue for H1 2021/2022 with a return to the previous landscape of financial modeling, based around performance, for H2 2021/2022. Once H2 proposals have been received, a further update would be provided. The Chief Operating Officer provided the Council with a brief resume of current operational performance. Whilst the Trust continues to manage an increasing number of A&E attendances, a key metric is to embed and improve further the restart and recovery activity with specific focus on P2 Cancer patients and 52 week waiters. Reset trajectories have been agreed, whilst taking into account the likelihood of a further Covid-19 surge in the Autumn. The Council was apprised that A&E performance noted an improvement when comparing March 2021 with February 2021. Furthermore, a sustained performance in	

	achieving outpatient appointments is starting to emerge, having seen an improvement of achieving 70% of the trajectory, to circa 81% in March 2021. **The Council of Governors:** • **Received and noted the briefings on the Quality & Performance Dashboard.**	
COG 21/22-008	**Feedback from Board Assurance Committees – Chairs Reports** Chairs reports were provided from the following Committees: **Workface Assurance Committee** John Sullivan, Chair, provided an overview of a range of matters considered by the Workforce Assurance Committee held 24 March 2021, this included: • Workforce Steering Boards • Workforce Performance Report • Pandemic and Wellbeing Provision • International Nurse Recruitment • Communication and Engagement Since the meeting, Mr Sullivan apprised Council members that whilst the International Nurse recruitment continued, the current emergence of a new Covid strain, emanating from India, may impact the arrival of future cohorts of international nurses. Furthermore, the Council was apprised that having now resumed the Committees' normal cycle of business, a number of Workforce priorities had been agreed to support staff health and wellbeing, in line with the NHS People plan. These included: • Overall Staff wellbeing • Local community links for future recruitment • Learning and development for first time middle managers, along with the wider triumvirate team's development. • Medical engagement aligned to job planning for Acute and ED staff. Finally, the council was advised that the Committee had agreed the updated Workforce Strategy road map, including organisational resilience, would likely be ready in its first draft by August 2021. **Audit Committee** Steve Igoe, Chair, provided a brief summary of topics discussed at the Audit Committee on the 15 January 2021: • Having commissioned a range of reports, to ascertain resilience aligned to the Trusts IT infrastructure and Cyber Security Controls, the IT Director and Chief Finance Officer had been able to establish a baseline to inform further work required to address key weaknesses. The Audit Committee had been assured that work was progressing well in resolving the matters raised. • Anti-Fraud; work was continuing in line with the normal cycle of business. Having focussed on a number of HR matters, the Auditor had confirmed some further work aligned to payroll and recruitment. In view of the improving position, and progress made, the Council was advised that it was anticipated any residual items would be migrated back to the Workforce Assurance Committee to review and receive assurance on. • Code of Governance gap analysis and action plan. Mr Igoe informed the Council that the Audit Committee had received a report from the Risk Management Committee, of which the contents had been expected. The report had included some comment aligned to the inconsistent use of the WHO checklist. It had subsequently been agreed that the completion of this would be enforced. A further update would be provided to the Trust Board of Directors.	

Finally, Mr Igoe noted that Trust is continuing to cement its relationship with the newly appointed Auditors and working collaboratively in regards to production of the Annual Report and Accounts.

Quality Committee

Dr Steve Ryan, Chair of the Committee, provided an overview of items considered at the Quality Committee held 25 November 2021, including:

- Learnings from Deaths report. The Committee noted good progress being made to improve the scope and quality of the report.
- CQC Compliance and Action Plan. It was noted that a small number of outstanding 'must do' items related to areas of high focus and complexity. As such, it was confirmed that the Trust is taking strategic action on these area as part of its Change Programme.
- The CLIPPE Report (Complaints, Claims, Incidents, Patient-Concerns and Experience) was noted.
- Emergency Department Safety; the Patient safety Quality Board had reported that further improvements had been seen in metrics of coverage of components of the digital patient safety checklist in the Emergency Department.

Dr Ryan assured the Council that the Committees key focus, going forward, would reflect on overall Quality and had noted an overwhelming desire, from members and Trust wide colleagues, to get things right first time.

Finance Committee

The Chief Finance Officer provided members with an update from the meeting held 31 March 2021, including:

- The report annotated that having received the month 11 finance report; the overall positon had been a deficit of £3.5M. As the Chief Finance Officer had already alluded to, the anticipated year end positon had subsequently been revised to a breakeven positon. This was attributed, somewhat, to the Trust receiving accruals pertaining to unused annual leave.
- Update pertaining to the System Funding envelopes, issued 29 March 2021.
- It was noted that the NHS will be required to deliver on efficiency requirements again in the second half of 2021/22.
- The Committee had received a presentation form the Director of Strategy aligned to the proposed Capital Plan for 2021/22 and had received assurances, that the process undertaken to prioritise requirements had been undertaken with the Divisions.
- The Quality Performance Dashboard; had noted a continued pressure being evidenced regarding A&E performance. It had been recognised that the Elective programme recovery performance was going well and performance in February and March, against expected trajectories, was strong.

Safety

Dr Steve Ryan provided an overview of items considered at the Safety Committee held 22 March 2021, including:

- The meeting had been the first of the re-convened meetings, with the schedule agreed to now meet bi-monthly.
- The Committee had noted work was continuing in terms of ensuring appropriate PPE and fit testing as necessary.
- Reports had been received and discussed in relation to water safety and ventilation.
- An update had been received by the Committee on relevant data and progress against actions previously identified.
- The appointment of a new Deputy Director of Patient Safety and Governance has enabled a detailed review of the original Health & Safety Audit. It was noted that this appointment had already led to demonstrable positive engagement and traction with the action plan.

	Council members were assured that progress had been made, aligned to the completion of Staff Covid-19 Health Assessments and the reported figure of 494 outstanding assessment's (as at 22.3.2021) had reduced. The Trust continues to encourage all staff to complete the assessments as required. Furthermore, assurance was given that any associated Legionella Risks are being reviewed and managed by the Safety Management Committee. Having noted the report referenced both RIDDOR events and clinical incidents relating to violence and aggression, Mr Thompson received assurance that these are being reviewed, with plans in place to manage trends or common themes that become evident. **The Council of Governors:** • **Received and noted the Board Assurance Committee Chairs reports.**	
COG 21/22-009	**Governor Representatives of Board Assurance Committees** The Interim Deputy Trust Secretary advised Council members of the vacancies for Governor representation for the Board Assurance Committees. Current membership was confirmed as: • Quality Committee – Angela Tindall • Audit Committee - Governor representative required • Workforce Assurance Committee – Sheila Hillhouse • Finance Business Performance Assurance Committee - Eileen Hume plus one Governor Representative required. • Charitable Funds – Paul Dixon • Safety Management Committee - Governor representative required • Capital Committee – Governor representative required Mr Peters advised the Council that he had had to step down from attending the Finance Business Performance and Assurance Committee, in the short term, having been approached to undertake some additional work for the Community during the current pandemic. Once restrictions begin to lift, and Mr Peters resumes his normal schedule of volunteering, Mr Peters felt he would be able to resume his membership of the Finance Business Performance and Assurance Committee. **The Chair asked that the Interim Deputy Trust Secretary to formally apprise the Council of the current positon and circulate the current membership and vacancies to the Council.** **Action – Interim Deputy Trust Secretary to circulate membership details to the Council of Governors.**	
COG 21/22-010	**Covid-19 Update** The Medical Director noted that there was nothing further to add, having updated the Council during the preceding agenda items.	
COG 21/22-011	**NHS Staff Survey 2020 Results** The Director of Workforce and OD and Director of Communications provided the Council with a summary of the NHS Staff Survey for 2020 for Wirral University Teaching Hospital. The Director of Communications also shared a presentation with the Council, providing finer detail in regards to the findings for 2020.	

	On March 11th, together with the rest of the NHS, WUTH received its results from the 2020 NHS Staff Survey, undertaken by independent external organisation, Quality Health. The survey took place between September and November 2020. The Trust response rate was 41% (2,492 completed surveys) which is an improvement on the 2019 survey response rate of 38%. The questions had been grouped into ten theme areas, which gave insight into staff experience of working at Wirral University Teaching Hospital. Those themes were outlined as: • Safe Environment – Violence • Equality, Diversity & Inclusions • Safe Environment Bullying & Harassment • Quality of Care • Staff Engagement • Immediate Managers • Safety Culture • Team Working • Morale • Health & Wellbeing **Key headlines for 2020 survey were:** • WUTH had a stable set of results in a challenging year, with no theme areas declining significantly. • Pleasing progress in staff experiences on the theme of bullying and harassment. • Improvements in the Equality, Diversity and Inclusion theme, reflecting our focus in this area. • Recognition of the Trust's zero tolerance approach to violence against staff • Improvements in 'Safety Culture' theme. • Areas for improvement in teamwork and line management. • Support for continuing focus on staff health and wellbeing. Changes in the 10 themes since 2019 survey compared to the sector: • 2 have scored significantly better than the sector - Equality, Diversity and Inclusion and Safe Environment (Bullying and Harassment)) • 7 show no significant difference to the sector average • 1 scored significantly worse than the sector - Team Working. Changes in the 10 themes compared to the previous survey in 2019: • 2 themes have scored significantly better in the 2020 survey (Safe Environment Bullying and Harassment and Safe Environment – Violence). • There are no significantly worse themes Considering the year the Trust had experienced, due to the Covid-19 pandemic and its ongoing work to modernise many aspects of how and where we work, the set of results represented a stabilised and improving picture for the Trust. It was reported that the Executive were pleased to see the significantly increased confidence from staff that bullying and harassment is tackled at the Trust and that the clear stance that has been taken on zero tolerance for violence directed at our staff was reflected in the results. It was acknowledged that there is more to do aligned to teamwork and immediate line management; it was anticipated that some of the action taken in regards to recruiting additional nurses, such as the international cohort, will also begin to help with work and time pressures for staff going forward. Having concluded the presentation, the Council was apprised of the proposed next steps that the trust would implement. Some of which included:	

	• Analysing the detailed results and identify areas for improvement. • Divisional Triumvirates and Corporate Heads of Service will receive more detailed information for their areas to support development of appropriate action plans. • Continuation of collaborative working with the Royal College of Nursing to embedded further the work undertaken to improve overall Bullying and Harassment. Having posed a question pertaining to staff participation, especially by staff members who did not regularly access e-mail; for example domestics, Mr Thompson was assured that the Trust had taken various steps to encourage staff participation of the survey. In particular, it was noted that Hotel Services had had one of the highest participation rates across the Trust. Furthermore, it was noted that WUTHs participation rate of 42% was deemed as statistically valid; noting the national mean average for participation was 46%. Finally, the Council was assured that the Trust is incorporating within the action plans, aspects to ensure ongoing safety and security of staff. **The Governors noted the contents of this report, presentation and next steps.**	
COG 21/22-012	**Governor Elections 2021 Update** The Interim Deputy Trust Secretary advised Council members of the Governor vacancies from the end of September 2021, noting that the formal process for Governor elections would commence 1st July 2021. The Governors outlined as concluding their current term of office in September 21 were advised as: • Allen Peters • Eileen Hume • Angela Tindall • Paul Dixon • Rohit Warikoo • Ann Taylor • Dr Richard Latten • Pauline West The Chair asked the Interim Deputy Trust Secretary to prepare a letter to the Governors, outlining the membership vacancies and those Governors due to conclude their term of office. **Action – Interim Deputy Trust Secretary to prepare letter for Sir David Henshaw, Trust Chair, to send to the Council of Governors.**	
COG 21/22-013	**Annual Review of Declarations of Interest** Having received the report, in advance of the meeting, presenting the Declarations of Interests as confirmed by the Governors, the report was taken as read and noted.	
COG 21/22-014	**Revised Governor Code of Conduct** The Interim Deputy Trust Secretary advised Council members that a number of Governors were still to confirm they had received and read the revised Governor Code of Conduct. **Action – The Chair asked the Interim Deputy Trust Secretary to prepare a written update, that could be sent to the Governors, seeking their confirmation**	

	of receipt and that Governors had read the revised Code of Conduct.	
COG 21/22-015	**Board of Directors' Minutes** No matters were raised in relation to the minutes of from the Board of Directors meeting held 27 January 2021, 3 March 2021.	
COG 21/22-016	**Board of Directors's Meeting Update (April)** The Chair apprised the Council that the salient points from the Board meeting had been articulated and shared with members, either by way of verbal update during the Council meeting of by way of the written reports.	
COG 21/22-017	**Review of Governor Attendance** The report was taken as read and noted.	
COG 21/22-018	**Any Other Business** There were no additional items to report.	
COG 21/22-019	**Date. Time and Location of Next Meeting** The next Council of Governors meeting would be held on Monday, 19 July 2021, 4.30pm, via Microsoft Teams or face to face, subject to national guidance at the time of the meeting.	

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Chairman

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Date

Agenda Item: CoG21/22 – 022a

COUNCIL OF GOVERNORS

19 July 2021

Title:	Report of Workforce Assurance Committee
Author:	John Sullivan, Non-Executive Director
Responsible Director:	Debs Smith, Interim Director of Workforce
Presented by:	John Sullivan, Non-Executive Director

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

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

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
PR2 – 'Critical shortage of workforce capacity & capability'
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA
Specific communications and stakeholder /staff engagement implications
NA

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

Wirral University Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS
19 July 2021

Report of Workforce Assurance Committee

Purpose

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

Please note that the May WAC was cancelled due to the unexpected, prolonged absences of both the Workforce Executive Director and her Deputy. The next WAC meeting is on 23 July 2021.

Introduction / Background

1. Chair's business

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

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

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

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

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

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

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Risk to the organisation with regards to Employee Relations cases.

3. Workforce Performance Report

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

The progress on sickness absence management processes and staff COVID vaccination roll out was noted. The comprehensive and detailed reporting now in place was commended.

4. Pandemic Health & Wellbeing Provision Update

The Committee requested a future report on how the impacts of staff well-being programmes are being measured. The interest of CQC in this area was noted.
Further employee feedback activities were agreed to support direction of travel and to ensure activities have the maximum positive impact on staff.

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

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

6. International Nurse Recruitment update.

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

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

7. Communications and Engagement report

The report covered the Trust's communications and engagement activities since the last Committee meeting, including media relations, campaigns, marketing, social media, employee communications and staff engagement.
The recent positive coverage of WUTH in local and national media was noted. The committee thanked all those involved in the projection of the positive external image of WUTH.

8. Workforce Priorities.

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

- Staff wellbeing (NHS People Plan)
- Local community links for future recruitment
- Workforce planning as a system (ICS and Wirral)
- Legacy controls and extraordinary Audit Committee action plans
- Diversity and inclusion, BAME patient access and employer behaviours

- Learning and development for first line and middle managers and triumvirate teams development
- Medical engagement e.g. job planning and Acute / ED staff.
- It was agreed that the updated Workforce Strategy road map is required before August 2021. Building organisational resilience will be included in the strategy work.

9. Flexible Workforce

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

10. Board Assurance Framework (BAF).

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

11. Items for the Risk Register

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

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

12. Any Other Business

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

Conclusions

N/A

Recommendations to the Board

The Board is asked to note the report

Wirral University Teaching Hospital
NHS Foundation Trust

Agenda Item: BM21/22 – 022b

COUNCIL OF GOVERORS
19th July 2021

Title:	Chair's Report - Audit Committee
Author:	Steve Igoe, Chair of Audit Committee
Responsible Director:	Claire Wilson, Chief Finance Officer
Presented by:	Steve Igoe, Chair of Audit Committee

Executive Summary
To provide an update on the Audit Committee meeting held on 22nd April 2021. A Special Audit Committee had been held on 7 July at which Annual Accounts related matters had been reviewed. The Committee had at that meeting recommended the Annual Accounts for Board Approval. Extraordinary Audit Committees had been taking place on monthly basis to provide oversight on the action plans to address workforce related issues.

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

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Across all BAF priorities
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA

Specific communications and stakeholder /staff engagement implications		
NA		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
NA		
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)		
NA		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees		
Background papers / supporting information		

COUNCIL OF GOVERNORS
19 July 2021

Report on the Audit Committee meeting held on 22 April 2021

1. Introduction

This report provides updates on the details considered at the Audit Committee meeting on 22 April 2021. As usual at this time of the year much of the work was done in preparation for the completion of the financial statements to 31 March 2021 and the consideration of the associated External and Internal Audit work and opinions accompanying the accounts and references in the Annual Governance Statement (AGS).

2. Internal control and risk Management

The Committee received reports on losses and special payments and a summary of outstanding debts. It also received the most recent quarterly report on procurement spend controls and waivers through Q4 2021. 55 cases of waiver were reported amounting to 3.478m in Q4. This compared with the previous quarter of 34 cases and £1.038m. In this final quarter, 70% of the waivers are from 12 transactions of which one of the largest was for the multi-year contract with External Auditor, Azets.

The Committee at an earlier meeting asked for an update to the Trust's credit control procedures and a detailed bad debt policy to be presented which they were at this meeting and they were approved.

An update to the Going Concern considerations to be included in the accounts based on the updated guidance from NHS (I) / (E) was discussed. The new guidance states that:

"While management in NHS bodies will still need to document their basis for adopting the Going Concern basis, their assessment should solely be based on the anticipated future provision of services in the public sector. This means that it is highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose."

"This also means that auditors' work on Going Concern is now equally straightforward with limited audit work necessary ".

The revised Going Concern statement was approved as was an updated schedule of accounting policies which were in line with the latest guidance in the Department of Health and Social Care Group Accounting Manual.

As in all accounts the issues of judgement and valuation are always the most difficult issues for auditors to deal with. In this year's set of accounts there are two material estimates impacting the results.

Firstly as previously discussed at Audit Committee and the Board, the impact of the pandemic has meant that individuals are carrying forward significantly increased levels of leave having been unable to take their time off during the pandemic. A detailed exercise has been undertaken to cost this out and based on a substantial sample size

and extrapolated across the entire workforce, this gives an accrual of £4.975 million. The Committee was comfortable both with the estimation methodology and the amount and were therefore content to approve the inclusion in the accounts.

Secondly, the Trust has made provision for a specific set of circumstances relating to the resolution of claims linked to overtime payments in respect of holiday pay, the so called "Flowers" case. Whilst funding from the centre to cover this liability has been made available for two years of the liability period, the Trust has made a prudent assessment of any potential liability at 6 years reflecting the statute of limitations on claims at a figure of £2.9m. This will reduce in future years as the years fall away at c: £450k pa.

3. Internal Audit

This section of the agenda covered a range of both business as usual reporting i.e. on ongoing audit reports and also annual reporting matters such as the Head of audit opinion, Internal Audit report for 2021/22, Anti-Fraud Work plan and Anti-Fraud annual report.

Audit reports were received and discussed for:

Sickness and absence - Limited Assurance
Key financial systems – Substantial Assurance
Data protection & security toolkit – No opinion was given. A detailed audit will be undertaken in Q1 (2021/22).
Managing conflicts of interest – No opinion given but in terms of system design, 4 areas of 5 rated fully compliant and 1 rated partially compliant. In relation to operating effectiveness 3 areas (of 5) rated fully compliant and 2 rated partially compliant.

Follow up of recommendations previously raised – A detailed report was presented of issues previously raised in Internal Audit reports. It was noted by the Audit Committee that there had been some slippage in resolving these issues during the pandemic and it was agreed that efforts would be re doubled to clear these outstanding issues as a matter of urgency

Internal Audit annual report and head of Audit opinion – "The overall opinion for the period 1 April 2020 to 31 March 2021 provides moderate assurance that there is an adequate system of Internal Control."

This is at the lower end of substantial assurance. The Committee discussed the nature of the Opinion and were informed that this was due to 2 issues. Firstly, the slippage in resolving previous issues raised (see above) and secondly due to the limited assurance reports received in year, specifically related to the Workforce issues of which the Board is aware. The Committee was clear that it was vital that where issues are identified by the Executive they should be fully investigated and resolved regardless of the potential impact on the annual opinion.

A draft Internal Audit plan for 2021/22 was received and approved by the Committee as was the Anti-Fraud Work plan for the same period.

A positive Anti-Fraud annual report was received and in terms of self-assessment against the standards for providers the following ratings were included in the report:

Strategic Governance -7 Green ratings out of 7
Inform and Involve-3 Green ratings out of 4 and 1 Amber rating
Prevent and Deter -10 green ratings out of 12 and 2 ratings of Neutral

4. External Audit

A copy of the Auditor's letter of engagement was noted given that the appointment of Auditors is a matter for the Board of Governors.

The Auditors presented their Audit strategy and plan for the Audit of the Financial Statements for the year to 31 March 2021.

Key audit risks were highlighted as follows:

Fraud in revenue recognition – A Technical Auditing requirement
Management override of controls - A Technical Auditing requirement
Valuation of Land and Buildings – An annual valuation consideration
Going Concern-See earlier
Impact of COVID 19 -Specific to current and previous period circumstances
Employee Remuneration – Technical disclosure requirement
Holiday pay accrual -See earlier

5. Annual Governance statement

A draft of the AGS was discussed. It was recognised that at this time it is a work in progress and that whilst comments are welcome now, the Board will get a number of opportunities over coming weeks to review the detail in advance of the signing of the Financial Statements.

6. Governance matters

The Committee received reports in relation to:

- Tracking the resolution of recommendations from previous Internal Audit reports (see earlier).

- Register of interests and declarations of gifts and hospitality (report noted).

- Audit Committee self-assessment – A number of helpful suggestions were made through the self-assessment process to enhance the work of the Committee over the coming year. The Interim Deputy Trust Secretary was asked to prepare a brief action plan and amend the Committee work schedule as necessary to enable the Committee to respond to the items raised.

7. Risk management

It was agreed that all key risk areas discussed in the meeting are already being dealt with either through the Risk Management Committee or in the BAF and the Board is therefore sighted on them.

8. NED's meeting with Internal and External Auditors

NED's met in private session with both External and Internal Audit.

Wirral University Teaching Hospital NHS Foundation Trust

Agenda Item: CoG21/22 – 22c

COUNCIL OF GOVERNORS

19 July 2021

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

Executive Summary
This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 20th May 2021.

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

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

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

<table>
<tr><td colspan="3">significant transactions)</td></tr>
<tr><td colspan="3">N/A</td></tr>
<tr><td rowspan="3">FOI status</td><td>Document may be disclosed in full</td><td>Yes</td></tr>
<tr><td>Document includes FOI exempt information</td><td>No</td></tr>
<tr><td>Entire document is exempt under FOI</td><td>No</td></tr>
<tr><td>Previous considerations by the Board / Board sub-committees</td><td colspan="2">Quality Assurance Committee / Trust Board</td></tr>
<tr><td>Background papers / supporting information</td><td colspan="2"></td></tr>
</table>

COUNCIL OF GOVERNORS
19 July 2021

Report of the Quality Assurance Committee

Purpose

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 20th May 2021.

Introduction / Background

1. **Detecting and reducing risk of harm from extended waiting times**
The Committee received a detailed report into the work undertaken to reduce the risk of extended waiting times in ophthalmology. This is a national issue. Strong clinical engagement, oversight and the implementation of failsafe processes & the engagement of private sector partners gave assurance that appropriate action was in place.

   Harm reviews of 1946 patients waiting longer than 52 weeks had identified 14 cases of moderate harm. Work is on-going regionally to agree a uniform approach so as to ensure that resources are most effectively used.

2. **Learning from incidents – developing safer systems**
A never-event incident in radiology and an incident in dermatology patient who was lost to follow-up prompted investigations, each asking the question – could this happen elsewhere? Subsequent actions looked for similar risks & issues across the Trust. In another incident a patient admitted with mental health crisis was accompanied by a mental health worker from another organisation. This highlighted a risk of communication error and a differential approach to managing risk. So we have approached commissioners about the increasing numbers of patients with such crisis and liaised with the mental health provider to agree an approach to such circumstances.

   The Committee received a maternity serious incident investigation into an incident that resulted in serious harm to a baby. The Committee noted the detailed full report and the actions proposed. The full report will be presented to the next private meeting of the Board of Directors.

3. **Assurance in infection control and prevention**
Following the recent external assurance from the CQC the Committee received detailed and significant assurance on the relevant 10 national Board Assurance Framework indicators plus our own 11th indicator on leadership. The assurance of effectiveness of the measures in place was supported by an annual reduction of between 18% and 64% for infections subject to mandatory surveillance and a 30% decrease in *clostridium difficile* infections. The approach to maintain these gains post-*Covid* was outlined.

4. **Quality Strategy 2019-2022**
The Committee agreed that the programme would continue in its current guise but that in its next iteration it would be a part of a more comprehensive strategy alongside patient experience and patient safety. In regard to the latter, a task-and-finish group

with an engagement from Wirral CCG is looking at our readiness for the new National Incident Response Framework. We will however review our current basket of quality indicators for their relevance and utility (currently 13 under-review or *Covid*-suspended, 10 green, 8 amber and 10 red).

5. Quality Improvement Programme

The Committee received a report on the Quality Improvement Priority Programme for 2021/2022. Following a period of baseline analysis using multisource data wide and engagement, the agreed priorities are:

- Deteriorating patients
- Falls
- Infection Prevention and Control
- Tissue viability
- Nutrition

The first of these will use a "Breakthrough series collaborative" using the Institute of Healthcare Improvement (IHI) validated method with a Faculty, collaborative wards employing PDSA cycles and statistical process control reporting. For the others we will build-on established programmes and target unwarranted variation. Our methodology "WUTH Improvement" has been launched on the Trust intranet. We will be supported by the Advancing Quality Alliance. As part of the way we work Non-executive board members will have the opportunity to engage with frontline colleagues to see and support teams engaged in improvement. The Committee recommends that this engagement should be systematic. This would also be a great opportunity for governors. Next steps will include bringing the patient voice more fully into our work.

6. Review of terms of reference

The Committee considered its terms of reference (ToR). Key points were that the core terms of reference should be the same for each of the Board's sub-committees. An updated ToR will be brought back to the Committee alongside its annual work programme and a review of the Committee's effectiveness.

7. Care Quality Commission (CQC) Core Service Reviews

The Committee heard that as part of its transitional programme (prior to completing development of its strategy and assessment methodology) the CQC had undertaken reviews of radiology and maternity. We would like to thank the colleagues who worked hard to prepare for the reviews. The outcome will be received in due course. Such reviews do not result in change to the overall rating of a Trust.

Summary

The Committee received appropriate and detailed documentation in relation to the items it considered on 20th May and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care.

Agenda Item: CoG21/22-22d

COUNCIL OF GOVERNORS
19th July 2021

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

Executive Summary
This report provides a summary of the work of the FBPAC which met on the 24th June 2021.

Recommendation:
For noting

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
No new risks identified.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
Supports assurance processes in relation to financial performance.
Specific communications and stakeholder /staff engagement implications

<table>
<tr><td colspan="3">NA</td></tr>
<tr><td colspan="3">Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)</td></tr>
<tr><td colspan="3">NA</td></tr>
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<tr><td>Previous considerations by the Board / Board sub-committees</td><td colspan="2">Paper reports on the activities of Board sub-committee.</td></tr>
<tr><td>Background papers / supporting information</td><td colspan="2">NA</td></tr>
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COUNCIL OF GOVERNORS
19th July 2021

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

This report provides a summary of the work of the FBPAC which met on the 24th June 2021.

1. Finance Report for the period ending May 2021

The Committee received the Month 2 finance report and noted the overall position of a surplus of £0.268m at M2, a positive variance against plan of £0.360m.

The Committee was pleased to note the recruitment into five consultant posts including in Ophthalmology and Cardiology which had previously been staffed through high-cost locum arrangements.

The Committee noted the slippage in capital funding and the expectation that the capital programme would be delivered in line with original forecast. The Committee received explanations on how COVID-19 related costs were treated in the accounts and recognition of temporary changes in the cost base.

The Committee requested for a separate report on productivity loss as a result of the pandemic and to keep in view how that is regained, as part of long term financial strategy.

2. Operational and Financial planning for 2021/22 (H1)

The Committee received detailed explanations on the planning process for the first half of the financial year and the requirement for Cheshire and Merseyside to break-even as a system.

The Committee reviewed the redistribution of monies within the system and a reduction of funding for WUTH of approximately £8.6m, £4.6m of which was offset against the Trust's original planned surplus. The Committee also reviewed the plan to offset the balance of the reduction in funding against an increased CIP target and ERF income for a break-even budget for the H1.

The Committee raised questions about the statutory powers for enforcing financial discipline on individual organisations, and incentives for good performance and there was a discussion about the drivers of the gap and approach to sharing the shortfall.

3. CIP Planning 2021/22

The Committee received an update report on identification and implementation of CIP through PM3, and confirming next steps.

The Committee noted that the provisional 2% CIP Target of £8.5m FYE would likely increase once the H2 planning regime was known. The Committee also noted that £4.4m of opportunities had been identified against the target, leaving a gap of £4.1m as at 18th June 2021.

The Committee was advised that a comprehensive RAG rated report from the Project Management system will be presented on a monthly basis to provide further assurance.

The Committee requested further assurance about the cash releasing nature of the CIP savings across the divisions. The Committee was informed that the Financial Business Partners had been supporting the divisions and that the clinical divisions had been held to account for the delivery of CIP as well as delivery of a balanced budget.

4. Patient Flow Team Investment – Benefits Analysis

The Committee received a presentation on the benefit analysis of the investment to enhance the patient flow team and provide a 24/7 cover.

The Committee noted the delivery against the key metrics for success of the £431K investment as including:

- Re-designed Patient Flow team, with an integrated service covering both Medicine and Surgery
- 24/7 Senior Nurse patient flow cover
- Development of patient flow toolkit
- Released senior nursing team from patient flow work back to day-to-day activity, to act as a point of escalation only.
- Reduction in ambulance handover delays
- Zero 12 hour breaches from DTA seen in the last 12 months
- A reduction in the average time from bed request to departure from 227 minutes in January 2021 to 149 minutes in May 2021, a reduction of 34%

The Committee received detailed explanations on how the exercise had supported ED waiting times and achieving high rates of direct admission into assessment units. The Committee noted however that more work was needed to translate the patient flow work into improved ED performance data.

Agenda Item: BM21/22-022e

COUNCIL OF GOVERNORS
19 July 2021

Title:	Chair's Report – Safety Management Assurance Committee (SMAC)
Responsible Director:	Hazel Richards, Chief Nurse
Author:	John Sullivan, Non-Executive Director
Presented by:	John Sullivan, Non-Executive Director

Executive Summary
A summary of the issues discussed at the Safety Management Assurance Committee held on report 14 May 2021

Recommendation: (e.g. to note, approve, endorse)
The meeting was quorate; however, both Estates and Workforce directorates were not directly represented. This necessitated the postponement of some agenda items to the next meeting.

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

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

FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	NA	
Background papers / supporting information	NA	

COUNCIL OF GOVERNORS
19 July 2021

Report of Safety Management and Assurance Committee

Purpose

Chair's report from the 14 May 2021 meeting of the Safety Management and Assurance Committee.

Introduction / Background

The Safety Management Assurance Committee (SMAC) met 14th May 2021 and the following reports were received.

Divisional H&S Dashboards and Exception Reports

The reports were received with a request that the Divisional Leaders provide more insights into the data presented and provide their own executive summary of their Division H&S performance based conclusions and recommendations.

It was noted that Incident numbers had decreased due to the Covid Pandemic.

H&S Committee Chair's Report and Effectiveness and Terms of Reference review. H&S Annual Work Plan.

These were received and the amalgamated H&S Annual Work Plan was presented and commended for its clarity and definition of statutory and non improvement actions.

Waste Management H&S Report.
The report was received.

Conclusions

The committee's meeting content and discussions are too often at an operational rather than assurance level.

H&S actions completion has been adversely impacted by the Covid-19 Pandemic.

The central H&S team is resourced appropriately, but to successfully deliver requires the support of the entire line management organisation.

Recommendations to the Board

To support and expedite the planned review of Trust Assurance Committees as a means of improving H&S assurance and preventing recurrence of the recent H&S statutory compliance issues. .

To support a root cause analysis of the recent H&S compliance issues in Estates to distil lessons learned and why assurance processes in place had not been effective.

Agenda Item: 21/22-023

COUNCIL OF GOVERNORS
19 July 2021

Title:	Governor Elections Update / Appointments to Board Assurance Committees
Responsible Director:	Molly Marcu, Interim Director of Corporate Affairs
Author:	Oyetona Raheem, Board Secretary
Presented by:	Molly Marcu, Interim Director of Corporate Affairs

Executive Summary
To update the Council of Governors on the progress of the 2021 Governor elections and appointment of Governors to Board Assurance Committees.

Recommendation: (e.g. to note, approve, endorse)
To note and approve

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
To ensure that governor vacancies are filled as soon as possible in line with the Trust's constitution. To give governors the opportunity to observe and comment on discussions at Board Assurance Committees.
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Trust's Constitution and NHSI FT Code of Governance
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA
Specific communications and stakeholder /staff engagement implications
NA
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)
NA
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)

To strengthen the CoG to perform its statutory roles as provided in the Trust's constitution.		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	NA	
Background papers / supporting information	NA	

COUNCIL OF GOVERNORS
19 July 2021

Governor Elections Update / Appointments to Board Assurance Committees

Purpose

To update the Council of Governors on the progress of the 2021 Governor elections process and appointments of Governors to Trust Board Assurance Committees.

Introduction / Background

1. Governor Elections

As governors are aware, there are 4 vacancies on the CoG for which valid nominations were not received during the 2020 governor recruitment exercise as follows:

Public: Bebington & Clatterbridge
Public: Liscard & Seacombe
Public: West Wirral
Staff: Other Healthcare Professionals

8 governor tenures are due to expire by 30 September 2021 as provided below:

Public: Bidston & Claughton
Public: North West & North Wales
Public: Greasby, Frankby, Irby & Upton
Public: Leasowe, Moreton & Saughall Massie
Public: Oxton & Prenton
Staff: Medical & Dental
Staff: Nurses & Midwives (APH)
Staff: Nurses & Midwives CBH & other sites
Public: Birkenhead, Tranmere and Rock Ferry (incumbent resigned 29/6/21 due to relocation to outside of her appointing constituency.

The Electoral Commission has been requested to commence the appointments process to the 13 vacancies following the timetable below:

ELECTION STAGE	
Trust to send nomination material and data to CES	Thursday, 1 Jul 2021
Notice of Election / nomination open	Thursday, 15 Jul 2021
Nominations deadline	Thursday, 12 Aug 2021
Summary of valid nominated candidates published	Friday, 13 Aug 2021
Final date for candidate withdrawal	Tuesday, 17 Aug 2021
Electoral data to be provided by Trust	Friday, 20 Aug 2021
Notice of Poll published	Thursday, 2 Sep 2021
Voting packs despatched	Friday, 3 Sep 2021
Close of election	Tuesday, 28 Sep 2021
Declaration of results	**Wednesday, 29 Sep 2021**

2. Appointments to Trust Board Committees

As directed at the 19 April CoG, governors were requested to indicate which of the Trust Board Assurance Committees they would like to attend as observers. Responses received are tabulated below:

Quality Committee	Angela Tindall (no change) Robert Thompson
Audit Committee	Eileen Hume
Workforce Assurance Committee	Sheila Hillhouse (no change)
Finance & Business Performance Committee	Allen Peters Eileen Hume
Charitable Funds Committee	Paul Dixon (no change)
Safety Management Assurance Committee	Robert Thompson
Capital Committee	None

Conclusions

NA

Recommendations to the Council of Governors

To note the progress on the 2021 governor recruitment exercise.
To approve the appointments to Trust Board Assurance Committees

Agenda Item: CoG2122 024

COUNCIL OF GOVERNORS
19th July 2021

Nominations Committee terms of reference

Title:	Nominations Committee Terms of office
Responsible Director:	Sir David Henshaw, Chairman
Author:	Molly Marcu, Interim Director of Corporate Affairs
Presented by:	Molly Marcu, Interim Director of Corporate Affairs

Executive Summary
The terms of reference of the Nominations committee were originally discussed at the February meeting of the Nominations Committee, where it was agreed that they would be updated and then approved by the Council of Governors. They have now been revised to fall more in line with a foundation nominations committee, whilst also incorporating good practice from the Foundation Trust Code of Governance, which is incorporated accordingly. Consideration is also currently being given to development requirements for Nominations Committee members, in line with best practice across the NHS and in listed companies. Both of these items will be presented at the next meeting of the Nominations Committee and subsequently approved by the Council of Governors. These terms of reference have also taken into account updates from the version presented to the previous meeting. It is worth noting that the director of workforce and CEO are not required in a nominations committee meeting (unless it is a hybrid nominations and remuneration committee), therefore these roles have been removed in line with best practice such as the Code of Governance. In addition, the Committee is recommended to incorporate an 'equal weighting' status to governor members in order to ensure the quorum is not adversely affected. The terms of reference were endorsed for Council of Governors approval by the Nominations Committee on the 5th of July 2021.

Recommendation:
The Council of Governors is asked to: • Note and approve the revised terms of reference of the Nominations Committee

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
Outdated terms of reference may expose the committee to the risk of missing core parts of their role, resulting in decisions that may affect the Council of Governors and also the Trust Board.		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
The revised terms of reference		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
Not applicable at this current stage		
Specific communications and stakeholder /staff engagement implications		
Not applicable		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
Not applicable		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
Not applicable		
FOI status	Document may be disclosed in full	Yes
	Document includes FOI exempt information	No
	Entire document is exempt under FOI	No
Previous considerations by the Board / Board sub-committees	Not applicable	
Background papers / supporting information	Not applicable	

Wirral University Teaching Hospital
NHS Foundation Trust

NOMINATIONS COMMITTEE
TERMS OF REFERENCE

Version:	1.2
Ratified by:	Council of Governors
Date ratified:	TBC
Name of originator/author:	Interim Director of Corporate Affairs
Name of responsible committee:	Nominations Committee
Name of executive lead:	Interim Director of Corporate Affairs
Date issued:	TBC
Review date:	TBC

Nominations Committee Terms of Reference

1. Authority

1.1 The Nominations Committee is constituted as a Standing Committee of the Council of Governors. Its Constitution and Terms of Reference shall be as set out below. Any changes to these Terms of Reference must be approved by the Council of Governors.

1.2 The Committee is authorised by the Council of Governors to investigate any activity within its Terms of Reference. The Committee can request information, reports, and assurances from any employee in relation to those areas within these Terms of Reference and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain (at the foundation trust's expense at a limit agreed by the board) outside legal or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise, if it considers this necessary. The Committee can commission reports and/or surveys necessary to fulfil its obligations.

1.4 The Committee derives its powers from the Council of Governors and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Overview and Purpose

2.1 The role of the nomination committee is to be responsible for identifying and nominating non-executive directors to join the board of the foundation trust.

3. Membership and attendance at meetings

3.1 The Trust Chairman will chair the nominations committee. At the discretion of the committee, another Non-Executive Director can chair the committee in the absence of an identified deputy chair, or in the case of appointments of the chairman.

3.2 The committee membership will consist of five governors (including the lead governor), the Trust chairman and an additional non- executive director, who will act as vice committee chair. The governors will consist of:

- Three Elected Public Governors
- One Elected Staff Governor
- One Appointed Governor

3.3 Appointments to the committee shall be for a period of up to three years, which may be extended for a further three-year period, provided the committee member remains a member of the NHS foundation trust, an elected or appointed Governor, and satisfies the 'fit and proper person test'.

3.4 Governor members of the committee shall be appointed by the Council of Governors to investigate any activity within its Terms of Reference. The Committee can request

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information, reports, and assurances from any employee in relation to those areas within these Terms of Reference and all employees are directed to cooperate with any request made by the Committee.

3.5 The Director of Corporate Affairs or their nominated deputy will attend the meeting in an advisory capacity on a regular basis.

4. Quorum

4.1 The quorum necessary for the transaction of committee business shall be four members, the majority of whom must be governors.

4.2 A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

5. Frequency of meetings

5.1 The Committee shall meet at least twice a year and otherwise as required. The Chair may request an additional meeting if it is required.

5.2 All members are required to attend all meetings during their period of office; however exceptions can be made with the prior agreement of the Chairman.

6. Notice of Meetings

6.1 Meetings of the committee shall be summoned by the secretary of the committee at the request of the chairman of the committee.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other governors, no later than five working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

7. Minutes of meetings

7.1 The Board Secretary or their nominated deputy will undertake the role of secretary of the Nominations Committee.

7.2 The Secretary shall minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance.

7.3 The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly.

7.4 Draft minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once finalised they will be submitted to the Council of Governors as part of the Nomination Committee Chair's report.

8. Reporting responsibilities

8.1 The committee chairman shall report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities

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8.2 The committee shall make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.

8.3 The committee shall make a statement in the annual report about its activities, the process used to make appointments and explain if external advice or open advertising has not been used. Where an external search agency has been used, it shall be identified in the annual report and a statement made as to whether it has any other connection with the NHS foundation trust.

8.4 The Report shall include a statement of the NHS Foundation trust's policy on board diversity, including gender, any measurable objectives that it has set for implementing the policy and progress on achieving those objectives

8.5 The committee shall make available upon request, in a format they deem appropriate, information regarding the attendance of all members at committee meetings.

9. Duties

9.1. The committee should carry out the duties below for the foundation trust, and any subsidiary undertakings, as appropriate.

9.2 The committee shall:

9.3 Regularly review the structure, size and composition (including the skills, knowledge and experience) required of non-executive directors of the board of directors compared to its current position and make recommendations to the Council of Governors with regard to any changes;

9.4 Give full consideration to succession planning for all non-executive directors in the course of its work, taking into account the challenges and opportunities facing the NHS foundation trust, and what skills and expertise are therefore needed on the board of directors in the future;

9.5 Be responsible for identifying and nominating, for the approval of the Council of Governors at general meeting, candidates to fill non-executive director vacancies, including the position of chairman, as and when they arise;

9.6 Before any appointment is made by the board of governors, evaluate the balance of skills, knowledge and experience on the board of directors, and, in the light of this evaluation prepare a description of the role and capabilities required for each non-executive appointment. The committee will seek assurance that the full range of eligibility checks (including reputational damage risk assessments) has been performed and references taken and found to be satisfactory,

9.7 In identifying suitable candidates the committee shall:

- use open advertising or the services of external advisers to facilitate the search;
- consider candidates from a wide range of backgrounds;
- consider candidates on merit and against objective criteria, with due regard for the benefits of diversity on the board including gender, other protected

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characteristics, and clinical backgrounds, taking care that appointees have enough time available to devote to the position;

9.8 For the appointment of the chairman, the committee should prepare a job specification, including the time commitment expected.

9.9 A proposed chairman's other significant commitments should be disclosed to the council before appointment and any changes to the chairman's commitments should be reported to the board and the council as they arise.

9.10 Prior to the appointment of a non-executive director, the proposed appointee should be required to disclose any other business interests that may result in a conflict of interest and be required to report any future business interests that could result in a conflict.

9.11 Ensure that on appointment to the board, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board meetings.

9.12 Review the results of the board performance evaluation process that relate to the composition of the board

9.13 Review the job descriptions of the non-executive director role and that of the chair on an on-going basis to ensure they accurately reflect the role undertaken within the Trust.

9.14 Keep under review the leadership needs of the organisation and keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates, for the purpose of ensuring the skills of the non-executive directors are appropriate.

9.15 Review annually the time required from non-executive directors to perform their roles effectively. Performance evaluation should be used to assess whether the non-executive directors are spending enough time to fulfil their duties.

9.16 The committee, having consulted the Council of Governors, will make recommendations to the governors on the appropriate process for evaluating the chairman.

9.17 Ensure there are a majority of governors on the interview panel when recruiting a new chairman, and non-executive director, and ensure that on appointment to the board of directors, non-executive directors receive a formal letter of appointment setting out clearly:

- what is expected of them in terms of the fit and proper persons test,
- time commitment,
- committee service
- involvement outside board meetings,
- that the respective non-executive director has confirmed that they have the time to serve

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9.18 The committee shall also make recommendations to the board of governors concerning:

- formulating plans for the succession of non-executive directors and in particular for the key role of chairman
- suitable candidates to fulfil the role of senior independent director
- proposals for the position of vice-chairman, where appropriate and with due regard for the opinions of the board of directors
- the re-appointment of any non-executive director at the conclusion of their term of office having given due regard to their performance and ability to continue to contribute to the board of directors in the light of the knowledge, skills and experience required
- the re-election by governors of any non-executive director under the 'retirement by rotation' provisions in the NHS foundation trust's governing document, having due regard to their performance and ability to continue to contribute to the board of directors in the light of the knowledge, skills and experience required
- any matters relating to the continuation in office of any nonexecutive director at any time including the suspension or termination of service
- any recommendation to the Council of Governors pertaining to the removal of any non-executive directors, including the chairman of the board of directors, shall be subject to a ¾ vote in favour by all governors at a general meeting
- work and liaise as necessary with all other board and council committees

10. Other Matters

10.1 The committee shall:

10.2 Have access to sufficient resources in order to carry out its duties, including access to the Corporate Affairs team for assistance as required

10.3 Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members as well as the appointment panel process.

10.4 Give due consideration to laws and regulations, and the provisions of the NHS Foundation Trust Code of Governance

10.5 At least once a year, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval

10.6 The chairman of the committee shall attend the annual members' meeting and be prepared to respond to any members' questions on the committee's activities.

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Agenda Item: CoG21/22–026

COUNCIL OF GOVERNORS
19 July 2021

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

Executive Summary

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

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

- 23 are currently off-target or failing to meet performance thresholds
- 22 of the indicators are on-target

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

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

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

For noting.

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

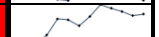
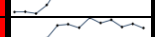
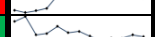
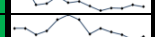
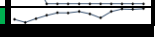
Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
Quality and Safety of Care. Patient flow management during periods of high demand.		
Regulatory and legal implications (e.g.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

Quality Performance Dashboard

June 2021
Upated 22-06-21

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.14	0.29	0.13	0.18	0.21	0.00	0.11	0.21	0.15	0.11	0.16	0.10	0.20	0.20	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	96.4%	95.8%	95.1%	95.3%	95.4%	95.1%	95.3%	94.7%	94.2%	94.9%	94.0%	94.4%	94.5%	94.50%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	97.8%	97.6%	97.2%	97.2%	97.4%	96.8%	96.9%	96.9%	96.5%	96.6%	96.2%	96.4%	96.6%	96.6%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	CN	≥95%	National	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	4	1	4	4	2	3	2	4	4	5	4	5	4	4	
	Never Events	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	1	0	0	1	1	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	≤88 WUTH maximum from 2019-20 retained, with a varying trajectory of a max 6 to 8 cases per month	SOF	5	5	1	4	1	5	10	8	4	7	6	5	7	7	
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 63 for financial year 2021-22, with a varying trajectory of a maximum 5 or 6 cases per month	WUTH	4	6	8	5	3	7	3	1	3	6	6	3	5	5	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	1	0	1	0	0	0	0	0	0	0	0	0	0	0	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	99.1%	99.0%	99.5%	99.0%	99.6%	100.0%	100.0%	100.0%	99.3%	98.9%	100.0%	99.2%	99.2%	99.2%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	2	0	4	0	0	1	0	1	0	0	0	0	0	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	91%	95%	95%	98%	96%	94%	91%	93%	Not avail	Not avail	96%	96%	96%	96%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	88.7%	71.6%	79.3%	75.9%	72.9%	73.2%	75.1%	76.6%	77.9%	79.1%	79.9%	84.3%	85.9%	85.9%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	71.4%	71.8%	73.5%	72.1%	73.9%	74.5%	77.6%	81.3%	82.9%	84.1%	82.3%	83.0%	83.6%	83.6%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	19.7%	19.0%	42.0%	48.3%	53.2%	54.7%	60.9%	77.8%	79.0%	80.1%	67.0%	69.5%	70.8%	70.8%	
	Attendance % (12-month rolling average)	Safe, high quality care	DoW	≥95%	SOF	94.20%	94.25%	94.35%	94.41%	94.40%	93.58%	93.61%	93.66%	93.48%	93.42%	93.48%	93.79%	93.90%	93.90%	
	Attendance % (in-month rate)	Safe, high quality care	DoW	≥95%	SOF	95.04%	95.01%	94.92%	94.63%	94.41%	93.81%	94.04%	94.14%	92.30%	93.91%	94.71%	94.62%	94.32%	94.32%	
	Staff turnover % (in-month rate)	Safe, high quality care	DoW	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.43%	1.17%	1.17%	1.79%	0.97%	0.64%	0.97%	0.82%	0.98%	0.67%	0.77%	0.95%	0.72%	0.72%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	DoW	≤10%	WUTH	10.7%	11.1%	11.7%	11.1%	12.7%	12.6%	13.2%	13.3%	13.7%	13.9%	13.0%	13.5%	13.2%	13.2%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	National reporting suspended	National reporting suspended	National reporting suspended	9.9	8.0	8.5	10.1	9.5	8.1	8.9	9.0	8.7	8.3	8.3	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	96.5%	96.4%	99.1%	99.0%	96.8%	97.4%	97.5%	96.2%	94.1%	95.3%	98.0%	98.4%	98.3%	98.3%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	98%	97%	98%	98%	96%	96%	98%	97%	95%	97%	97%	99%	98%	98.0%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	19.6%	19.5%	18.8%	18.6%	17.8%	17.7%	18.5%	17.9%	18.4%	18.9%	18.0%	18.0%	17.7%	17.7%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	209	210	202	239	309	305	279	319	371	354	341	323	329	329	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	54	48	53	59	92	95	86	112	98	106	88	96	85	85	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	5.5	6.2	3.6	3.8	4.8	3.9	4.1	3.4	2.8	3.2	3.1	3.6	3.3	3.3	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	4.7	4.7	4.2	4.5	5.4	5.8	5.4	4.3	4.7	4.4	4.2	3.8	4.0	4.0	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	870	941	1016	1012	1014	1007	992	1020	1027	938	1097	1149	1131	1131	
	Delayed Transfers of Care	Safe, high quality care	COO	Maximum 3.5% of beds occupied by DTOCs	WUTH	3.3%	2.3%	2.1%	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	69.7%	65.4%	70.9%	75.6%	79.3%	79.2%	81.3%	77.7%	71.9%	81.3%	84.9%	84.5%	85.5%	85.5%	

CoG2122 026 Quality Performance Dashboard - July 2021

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	0	2	3	5	1	0	0	3	2	0	0	2	2	2	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	87.0%	84.0%	87.0%	85.0%	84.0%	83.0%	83.0%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	TBC	92.0%	91.0%	92.0%	94.0%	95.0%	95.0%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	95.0%	94.0%	95.0%	95.0%	95.0%	94.0%	94.0%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended	80.0%	100.0%	67.0%	94.0%	99.0%	95.0%	95.0%	

CoG2122 026 Quality Performance Dashboard - July 2021

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	93.7%	90.0%	90.4%	85.0%	76.9%	71.6%	76.2%	71.8%	64.6%	76.8%	77.8%	76.1%	73.5%	73.5%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	80.1%	76.4%	78.0%	71.4%	64.8%	64.9%	71.4%	69.6%	65.3%	77.8%	78.8%	73.4%	68.1%	68.1%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	0.4%	0.6%	0.6%	0.7%	2.7%	4.3%	3.1%	4.3%	6.7%	2.3%	1.6%	1.7%	2.6%	2.6%	
	Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	3.8%	3.5%	3.2%	4.2%	8.3%	13.8%	9.2%	13.2%	18.0%	8.7%	9.1%	11.0%	13.0%	13.0%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	54.05%	43.29%	41.67%	51.30%	59.76%	65.66%	69.16%	69.81%	68.40%	67.89%	69.26%	69.61%	72.57%	72.57%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,980 for WUTH by March 2021	National	21288	21383	23034	24486	24212	22945	21633	21792	21880	21955	23444	24774	25873	25873	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	200	413	616	733	806	777	704	666	899	1108	1168	874	633	633	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	46.5%	74.9%	78.8%	83.5%	88.8%	90.5%	93.7%	94.9%	94.0%	94.3%	97.4%	97.7%	98.5%	98.5%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	97.2%	98.3%	95.5%	89.3%	92.6%	94.9%	90.5%	97.2%	96.0%	97.6%	98.8%	96.9%	97.6%	97.6%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	90.2%	-	-	92.48%	-	-	94.20%	-	-	97.64%	-	-		
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	98.3%	97.1%	90.7%	94.8%	92.1%	98.0%	97.4%	97.2%	98.0%	93.0%	93.5%	94.7%	93.9%	93.9%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	98.6%	-	-	92.44%	-	-	97.55%	-	-	94.73%	-	-		
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	86.2%	82.1%	80.7%	78.6%	82.6%	82.9%	85.3%	85.4%	80.9%	82.1%	84.1%	84.5%	87.4%	87.4%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	85.3%	-	-	80.68%	-	-	84.60%	-	-	82.56%	-	-		
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	99	119	143	124	183	178	161	150	196	165	170	157	156	156	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	1.50	2.80	2.10	3.40	4.20	3.80	3.20	1.32	3.80	3.56	4.07	4.09	2.56	2.56	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	88%	100%	100%	100%	100%	100%	94%	100%	97%	100%	95%	100%	93%	93%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	1	5	1	0	2	1	4	2	2	4	4	0	2	2	

CoG2122 026 Quality Performance Dashboard - July 2021

Quality Performance Dashboard

June 2021
Upated 22-06-21

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 20/21. Threshold for 21/22 TBC	National	181	152	86	31	126	329	215	163	599	206	87	15	18	33	
	% Appraisal compliance	Safe, high quality care	DoW	≥88%	WUTH	85.1%	77.9%	81.3%	84.3%	76.3%	73.0%	74.1%	76.2%	72.9%	74.7%	77.0%	81.0%	81.3%	81.3%	

	Indicator	Objective	Director	Threshold	Set by	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	2021/22	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.8	0.7	0.5	-0.2	-5.4	3.5	0.8	-0.5	0.3	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.4	0.5	0.3	-0.1	-5.4	3.9	0.8	-0.4	0.4	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	
	NHSI Agency Performance (monthly % variance)	Effective use of Resources	CFO	On Plan	NHSI	25.9%	27.4%	25.0%	34.5%	22.3%	12.1%	0.5%	10.2%	18.5%	-22.5%	-21.9%	-50.5%	-27.7%	-27.7%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-98.4	-98.2	-98.0	-97.9	-16.3	-15.0	-15.6	-17.4	-28.0	-17.8	-16.9	-15.0	-15.5	-15.5	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	100.4%	61.1%	53.0%	44.6%	42.1%	41.8%	46.2%	66.3%	67.5%	-74.8%	100.0%	52.8%	62.9%	62.9%	

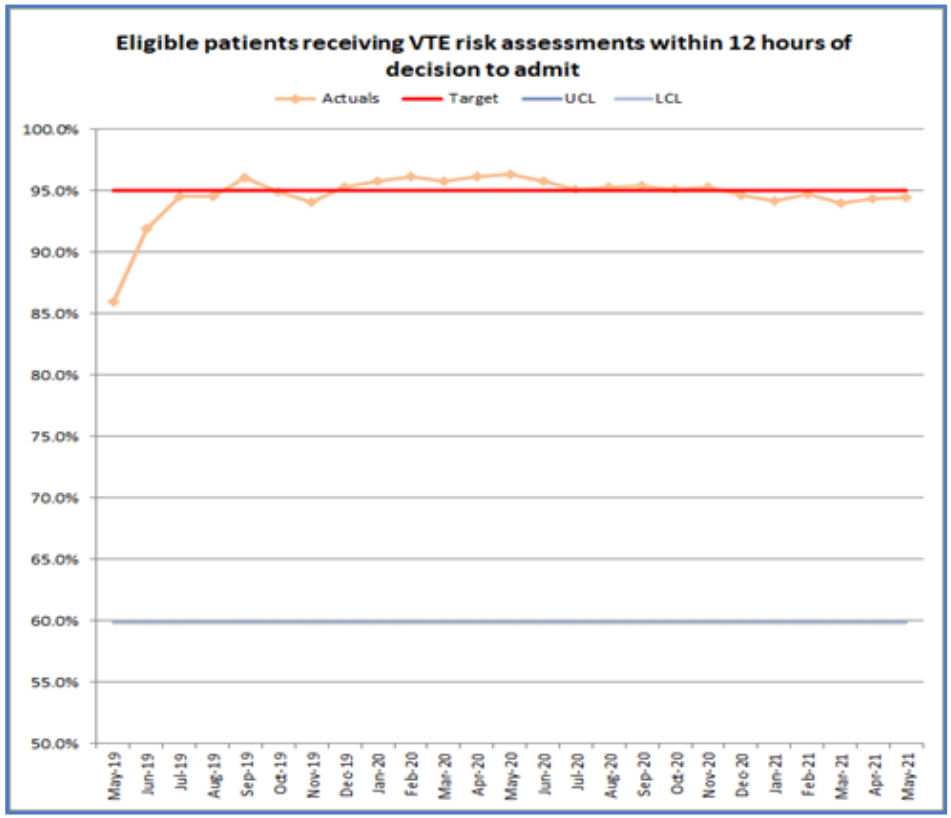
(*) Updated Metrics

(**) Updated Thresholds

Safe Domain

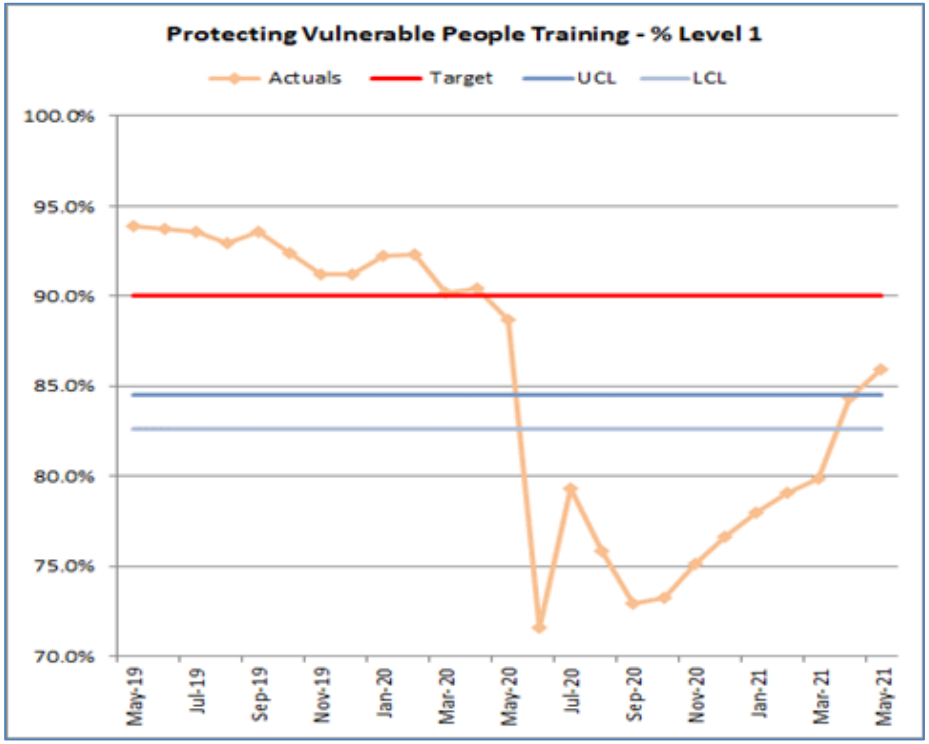
Eligible patients having VTE risk assessment within 12 hours of decision to admit

Executive Lead: Medical Director
Performance Issue: A WUTH target has been set that at a minimum 95% of eligible patients will have a VTE risk assessment performed within 12 hours of the decision to admit. May performance was again slightly below at 94.5%. The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital has been consistently met.
Action: VTE compliance in each division is tracked through divisional governance reports to PSQB. Performance will continue to be closely monitored to ensure that there is not a significant nor sustained deterioration in assessment and that there are no patient safety issues.
Expected Impact:



Protecting Vulnerable People Training - % Compliant Level 1

Executive Lead: Chief Nurse
Performance Issue: WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard has been improving in recent months, with May at 85.9%.
Action: A monthly breakdown report of non-compliance is available to divisions to enable a proactive approach to improve compliance. Divisions are holding targeted conversations and are scheduling protected time for staff to complete the online training. The Trust Safeguarding Team continue to monitor staff knowledge via the Perfect Ward Audits and are offering additional support and training in wards with identified risks.
Expected Impact: There is an expectation that PVP level 1 training compliance will continue to increase further during Q2.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard had been improving, with a further increase in May 2021 to 83.6%.

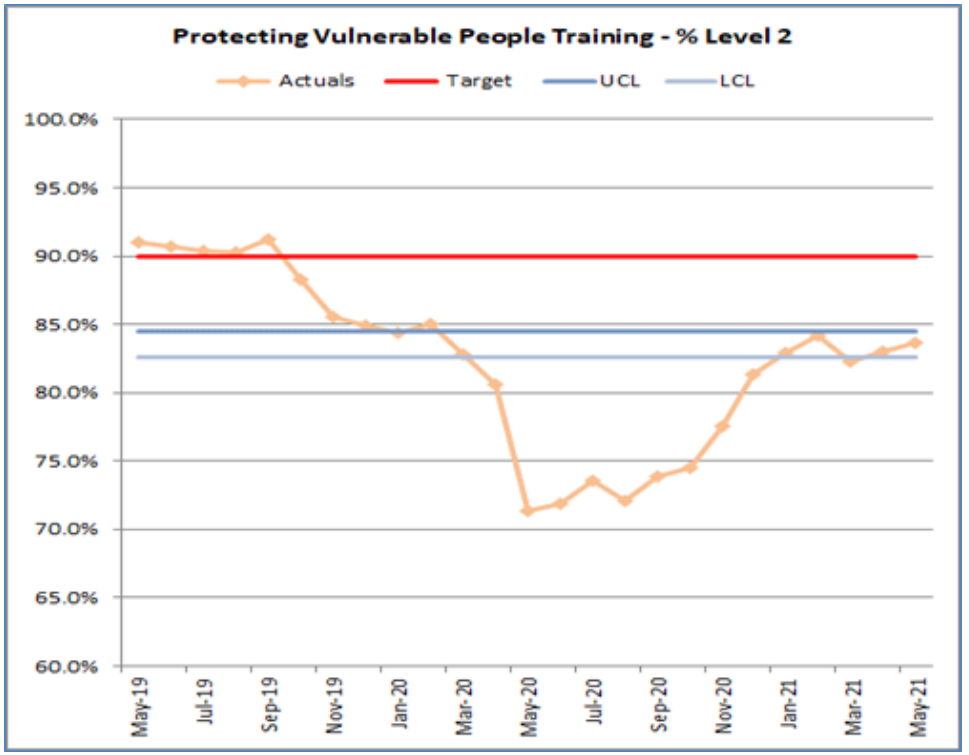
Action:
PVP level 2 is an E-Learning package that can accessed directly by staff at any time.

Monthly detailed non- compliance reports are provided to all divisions to enable targeted conversations to occur to improve compliance.

The Safeguarding Team continues to monitor risks and staff knowledge gaps through the use of Perfect Ward Audits, quality monitoring of MCA applications and the Wise Accreditation Programme. Additional support and bespoke training are provided where necessary to support staff where areas of risk are identified.

Expected Impact:

PVP level 2 training compliance is expected to increase further during Q2.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

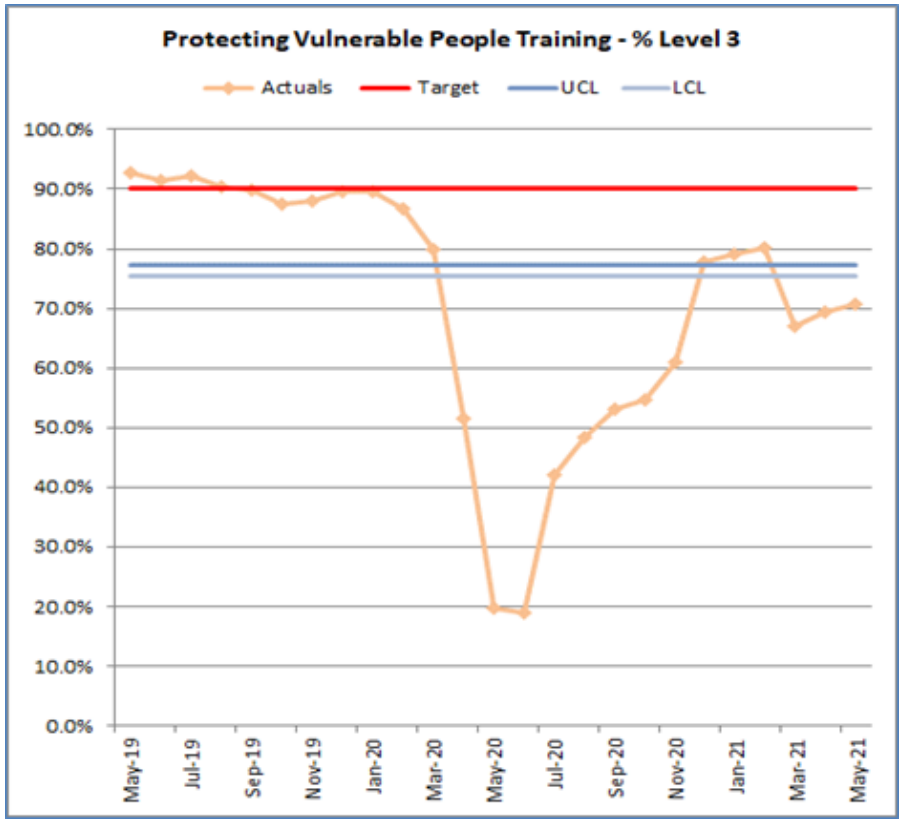
WUTH has a target set at a minimum 90% of relevant staff being compliant with training. Performance against this standard had been steadily improving, with Mays compliance increasing to 70.8%.

Action:
There has been a continued increase in the number of staff accessing Level 3 training providing a steady improvement in compliance to the E-Learning element of Protecting Vulnerable Adults Level 3 (PVP) training.

The face to face element of level 3 for identified staff continues to remain a challenge. Session sizes are currently limited to 33 people due to social distancing requirements and the limited availability of large venues. Divisions are prioritising staff to undertake the E-Learning element of the course to enhance their knowledge in the anticipation of face to face training availability. Due to the standards outlined in the Safeguarding Intercollegiate Document staff will not be considered fully compliant until face to face training has also been completed. All available venue space has been booked for the forthcoming year to enable Divisions to plan training sessions accordingly. Other external venues are currently being explored.

Expected Impact:

There is an expectation that PVP level 3 training compliance will continue to increase slowly further during Q2.



Staff attendance % (in-month rate)

Executive Lead: Director of HR / OD

Performance Issue:
The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period.

In-month sickness in May 2021 was 5.68% compared to 5.44% in April 2021 and 5.36% in March 2021. This is a significant improvement from the position in January 2021, which was 7.82%.

The rolling 12-month figure in April 2021 was 6.10% which was an improvement on last month from 6.21%.

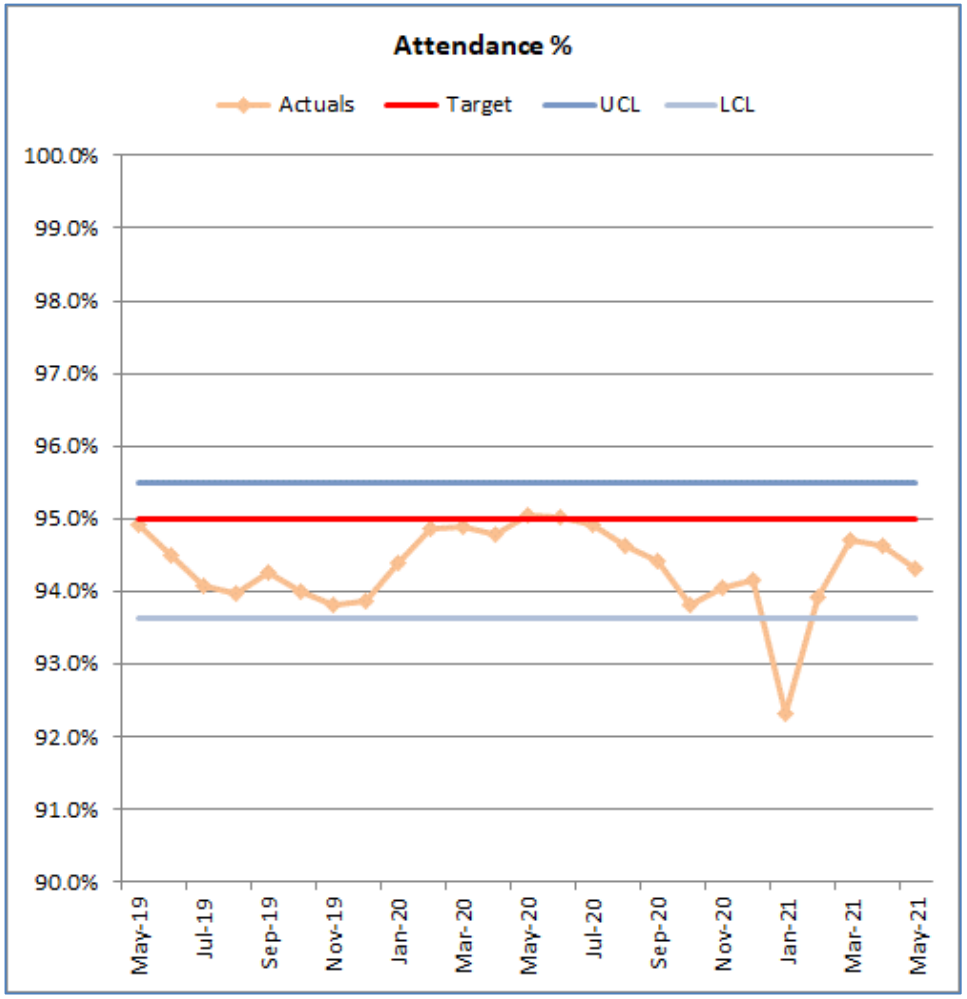
4 Divisions have exceeded the 5% KPI in May 2021;

- Estates and Hotel Services (7.33%)
- Medicine and Acute (6.78%)
- Surgery (6.27%)
- Women and Children's (5.48%)

In May 2021 there were 295 episodes of long-term sickness (28 days+) across the Trust which accounted for 28.84% of total sickness. There were 728 episodes of short-term sickness which accounted for 71.16%.

Anxiety, Stress and Depression remains the highest reason for long term sickness absence at 33.56% (99 episodes), followed by Musculoskeletal Health at 12.20% (36 episodes).

Gastro problems was the highest reported reason for short term sickness absence at 18.52% (135 episodes) followed by Anxiety, Stress and Depression at 13.05% (95 episodes).



Action:

Supporting and Promoting Wellbeing

Divisional Triumvirates with support from their HR Business Partners have developed Divisional specific improvement plans with a heavy focus on Health, Wellbeing and Attendance. These will help improve sickness absence levels whilst also appropriately aligning with the results of both the Trust staff survey and their respective Divisional reports.

Weekly communications related to wellbeing have been included in the InTouch Bulletin and a leaflet attached to pay slips to highlight support available. Wellbeing will be a focus of the Leaders in Touch session in June 2021. During May we used Mental Health Awareness week to remind the Trust of the Health & Wellbeing folders and sign post Public Health England's 'Every Mind Matters' platform, tools and free online plan.

There are a series of Executive Engagement Meetings with staff in key areas week commencing 14th June 2021 as part of COVID wellbeing support.

The Trust is working with NHS England and NHS Improvement (NHSEI) North West People Team to pilot a leadership development program aimed at supporting first line managers in creating a wellbeing culture and managing attendance.

Managing Sickness Absence

Work continues strategically and operationally from HR to support Divisions and Managers to manage sickness absence effectively. HRBPs and HR Managers are focusing on supporting managers to conclude a number of complicated protracted long-term sickness cases.

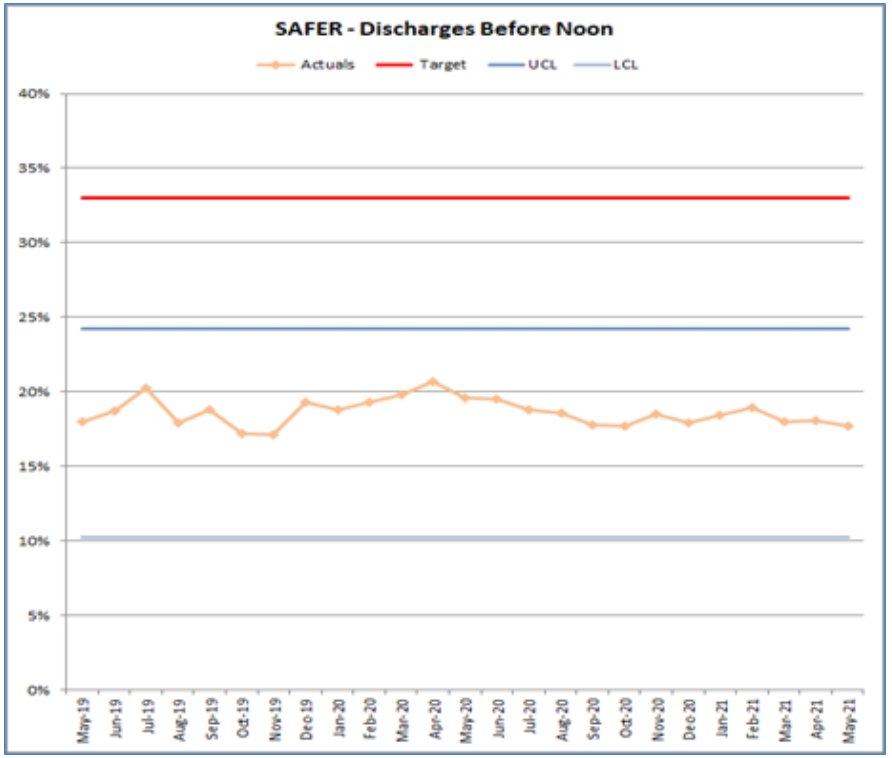
RTW interviews for all episodes of sickness remains a priority and performance against this indicator is improving. It is now 77.10% for May 2021 compared to 74.19% last month (April). This focus will remain a priority for the foreseeable future.

North West Attendance Deep Dive Initial engagement work has begun on the pilot in place with the NHSEI North West People Team to take forward a range of recommendations following a deep dive into sickness absence across the North West.
Expected Impact: Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over the next quarter.

Effective Domain

SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. The pattern of delivery has improved over the long term but is short of the optimum figure of 33%.
Action: The patient flow improvement programme contains a key workstream around ward processing and has been implemented across a number of medical wards and has begun roll out in surgery. Operational controls have been put into place to ensure ward rounds have commenced as planned and is comprehensively staffed by senior decision makers.
Expected Impact: During May 33% of discharges were delivered by 1.55pm.



Caring Domain

Same sex accommodation breaches

Executive Lead: Chief Nurse

Performance Issue:

The national standard is set that providers should not have mixed-sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

WUTH mixed sex breaches are largely due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 2 such breaches in May 2021.

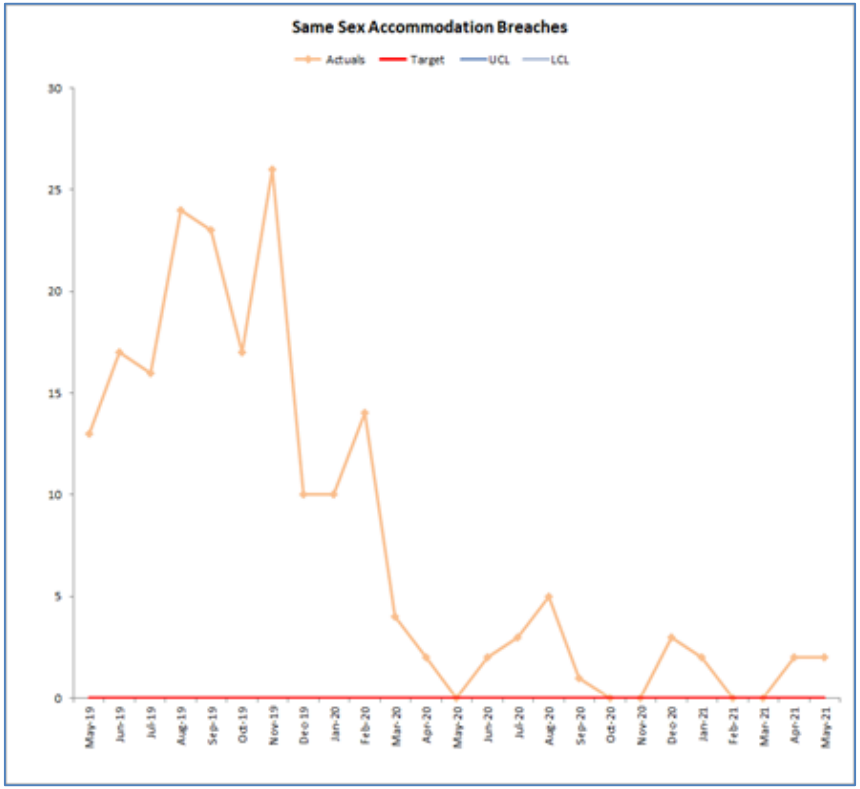
Action:

This month due to unexpected increases in ED attendances and admissions there were 2 mixed sex breaches. The management of mixed sex breeches is considered as high priority and is managed via Bed Capacity and Bronze Command Meetings to ensure actions are taken to address these timely. The Critical Care Matron attends the bed meetings to ensure focus remains high on any patients that are at risk or reported as mixed sex breaches.

These two reported breaches did not cause any delays or refused admissions to the Critical Care Unit as sufficient critical care bed capacity was available at this time. Patient's privacy and dignity needs are met whilst in critical care and the team ensures their specialty care is not compromised due to a lengthened critical care stay.

Expected Impact:

There will be a reduction in same sex accommodation breaches.



Responsive Domain

4-hour Accident and Emergency Target (including Arrowe Park Walk in Centre)

Executive Lead: Chief Operating Officer

Performance Issue:

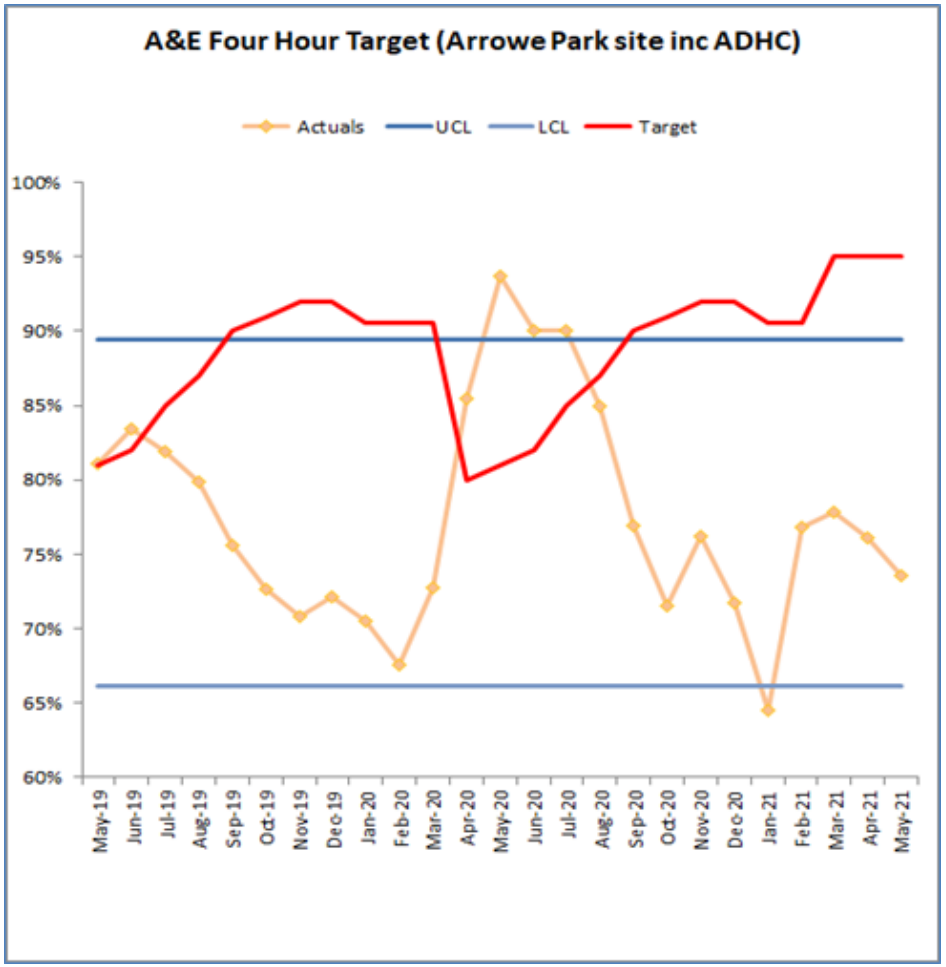
Performance during the first wave of COVID resulted in much reduced attendances, lower bed occupancy due to faster discharge and reduced elective activities creating better flow. During the third wave of Covid from January 2021, ED attendances again reduced but the number of Covid inpatients were greatly increased and so occupancy levels remained high despite the elective programme again being reduced. Since late March attendances have continued to exceed pre-covid levels.

Action:

There have been demonstrative improvements in breaches related to bed availability and the focus is now on delays within the ED itself.
A focus on triage times and the time taken for initial assessment is the focus of the improvement plan and is tracked through the transformation agenda.
The weekly performance framework is now focused on ED and there are weekly Exec led meetings with the Department and a further trust wide meeting to address issues and track progress.

Expected Impact:

The above measures are targeted to improve performance and maintain a zero approach to 12-hour trolley waits.



Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead: Chief Operating Officer

Performance Issue:

The Trust had a trajectory agreed with NHSI for 2020-21 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks.

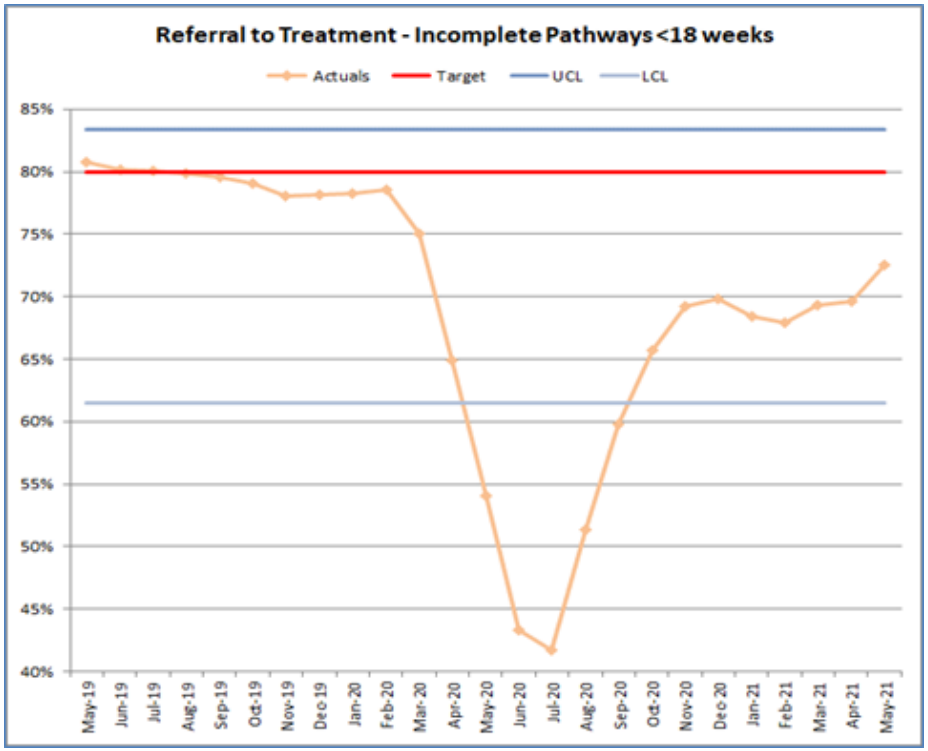
Following the directive to cease all non-urgent elective activities as part of the COVID response this metric sharply declined. The subsequent resumption of elective activity from July saw performance improve, until the onset of the Covid third wave from January 2021.

Action:

From March 8th the Trust has restarted non urgent activities and has developed activity and performance trajectories.

Expected Impact:

It is expected that the performance will improve moderately month on month but scenarios around referral growth will be monitored closely.



Diagnostic Waiters, 6 weeks and over

Executive Lead: Chief Operating Officer

Performance Issue:

There is a national standard that patients awaiting diagnostic investigations should wait a maximum of six weeks. This is measured based on a specific subset of investigations, and with an expected tolerance that 99% or more patients waiting will be under six weeks.

The position at the end of May 2021 was 98.5%. The improvement previously seen from Summer 2020 is now continuing following the third Covid wave experienced at the beginning of 2021.

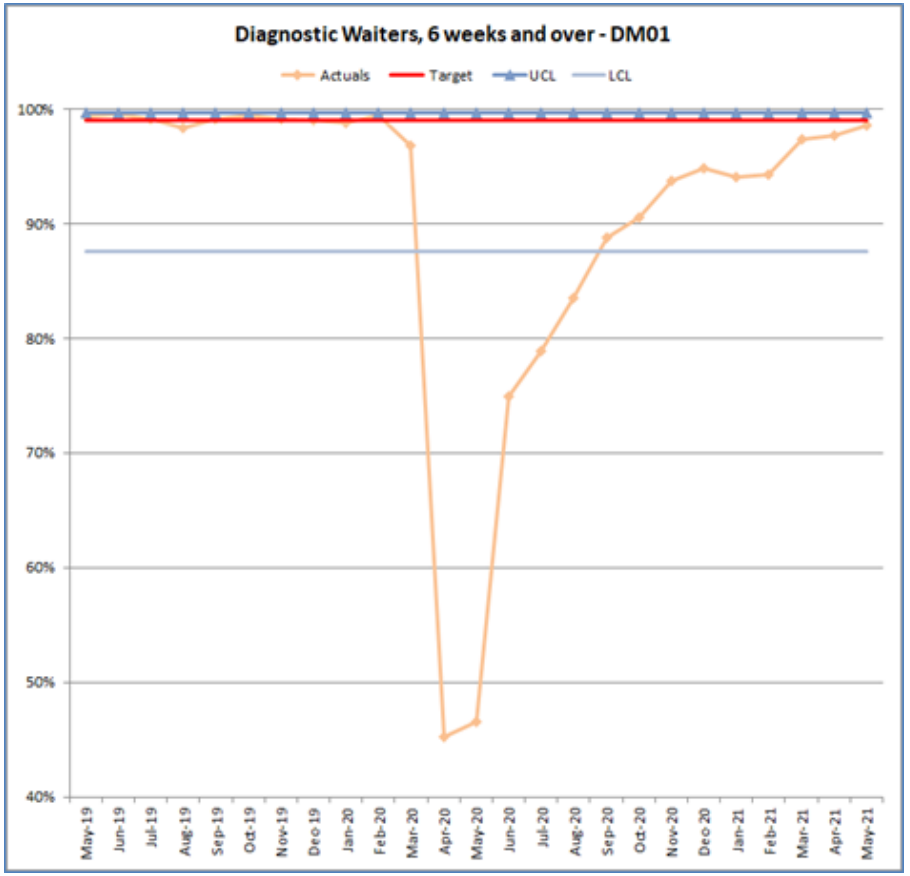
Action:

During the third wave access to diagnostics was clinically prioritised with a negative impact on clinically triaged routine waiting times.

The recovery of diagnostic backlogs is part of the overall reset and recovery programme and trajectories, and the variance from plan is now limited to routine endoscopy where a recovery plan is in place.

Expected Impact:

A return to delivery of the standard is expected by the end of August.



Well-led Domain

Appraisal compliance %

Executive Lead: Director of HR / OD

Performance Issue:

The target for annual appraisal compliance is 88%. Compliance at the end of May 2021 was 81.27%. Although this standard has not been achieved, there has been sustained improvement since February 2021.

There was significant improvement in 4 divisions in May 2021:

- Clinical Support 81.61% (+6.47%)
- Estates and Facilities 87.82% (+4.74%)
- Surgery 79.43% (+8.37%)
- Women's and Children's 88.95% (+4.94%)

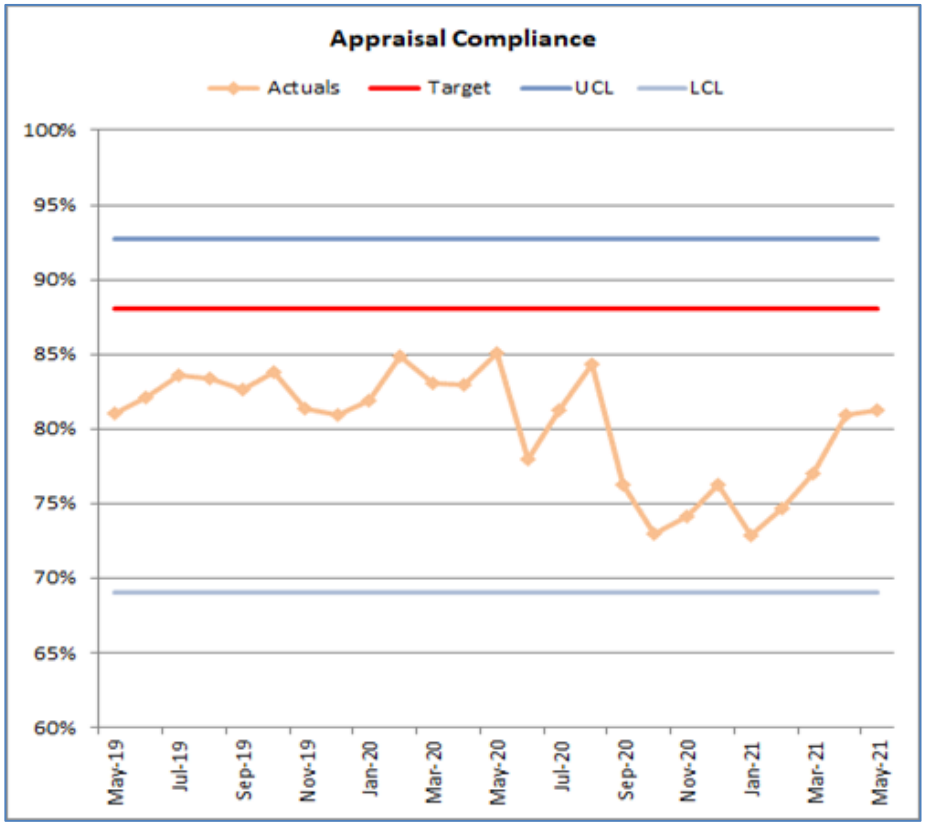
Medicine and Acute Division and Corporate Division are both areas of challenge at 78.93% and 68.56% respectively.

Action:

Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas and alerts of appraisals due are generated via the ESR system.

Detailed compliance reports are received by the Education Governance Group and the OD team and HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of compliance in specific areas.

Managers within the Corporate Support Division are developing improvement plans against the detailed compliance reports. Within the Medicine and Acute



Division, further analysis has identified specific areas of challenge and additional review meetings are in place with the HR Manager. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.
Expected Impact: Improvement in trajectory as the Trust returns to business as usual.

Agenda Item: 21/22- 28

COUNCIL OF GOVERNORS
19 July 2022

Title:	Trust Strategies Development
Responsible Director:	M Swanborough, Director of Strategy & Partnerships
Author:	M Gibbs, Head of Strategic Planning
Presented by:	M Swanborough, Director of Strategy & Partnerships

Executive Summary
This presentation sets out the approach for the development of the enabling strategies for the Trust, following the development and launch of the 21-26 Trust Strategy in January 2021.

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

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
PR 6: Fundamental loss of stakeholder confidence Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
NA
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)
NA
Specific communications and stakeholder /staff engagement implications

NA		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
NA		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
NA		
FOI status	Document may be disclosed in full	x
	Document includes FOI exempt information	
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	Approved by Trust Board in March 2021	
Background papers / supporting information	Attached paper	

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

2021-2026 Our Strategy:
Strategies Update

July 2021

together we will

Introduction and Background

Developing Our 2021-2026 Strategy

Wirral University Teaching Hospital NHS Foundation Trust

The journey to develop our new strategic direction began early 2020, through a robust process of research and engagement.

We reviewed national, regional and local context as well as carrying out strategy development workshops to engage with over 2500 staff, patients and visitors who told us what matters most to them.

The aim was to develop a clear and concise vision, values all are expected to uphold and specific strategic objectives which will guide the development of the detailed strategy.

Our 2021-2026 Strategy launched January 2021 and will be delivered through seven enabling strategies.

Our 2021-2026 Objectives and Priorities

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

- Our six strategic objectives and priorities demonstrate our intension to provide outstanding care across the Wirral through our hospital sites and units, as a lead provider within the Wirral system.

- We will be a Hospital Trust that patients, families and carers recommend and staff are proud to be part of.

together we will

Our 2021-2026 Objectives and Priorities

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Provide the best care and support

- Empower patients through their care journey
- Improve patient flow, ensuring the patient is in the right place at the right time
- Strive to deliver intimate and personal patient experience
- Provide services in the most appropriate and accessible setting
- Embed a culture of safety improvement that improves outcomes

Be a great place to work

- Develop and maintain a healthy organisational culture based on our values
- Retain, attract and recruit high calibre and skilled staff
- Support our staff to enjoy the best health and wellbeing
- Invest in our staff's continuous learning, education and innovation

Maximise our potential to improve and deliver best value

- Embed a culture of improvement and transformation
- Reduce variation in care pathways to improve outcomes
- Use our resources effectively and sustainably, so we can improve our services
- Create the conditions for clinical research to flourish

together we will

Our 2021-2026 Objectives and Priorities

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Provide seamless care working with our partners

- Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population
- Deliver system partnerships which improve outcomes for our patients
- Lever our clinical expertise to drive clinical quality and influence system working
- Build partnerships with academic institutions to develop research and education capability

Be a digital pioneer and centre for excellence

- Use digital technology to reduce waste, automate processes and eliminate bottlenecks
- Empower patients with the data and tools to manage their own health and wellbeing
- Allow business intelligence to drive clinical decision making
- Use health information to enable population health management for the Wirral

Improve our infrastructure and how we use it

- Effectively use our estate to support the delivery of care
- Delineate the role and functions of the hospital sites
- Develop the case for the upgrades of the hospital campuses
- Improve travel and transport to our hospital campuses
- Promote sustainability and social value

together we will

Strategic Framework
Clinical Service Strategies

Our 2021-2026 Strategy will be delivered through seven enabling strategies as shown.

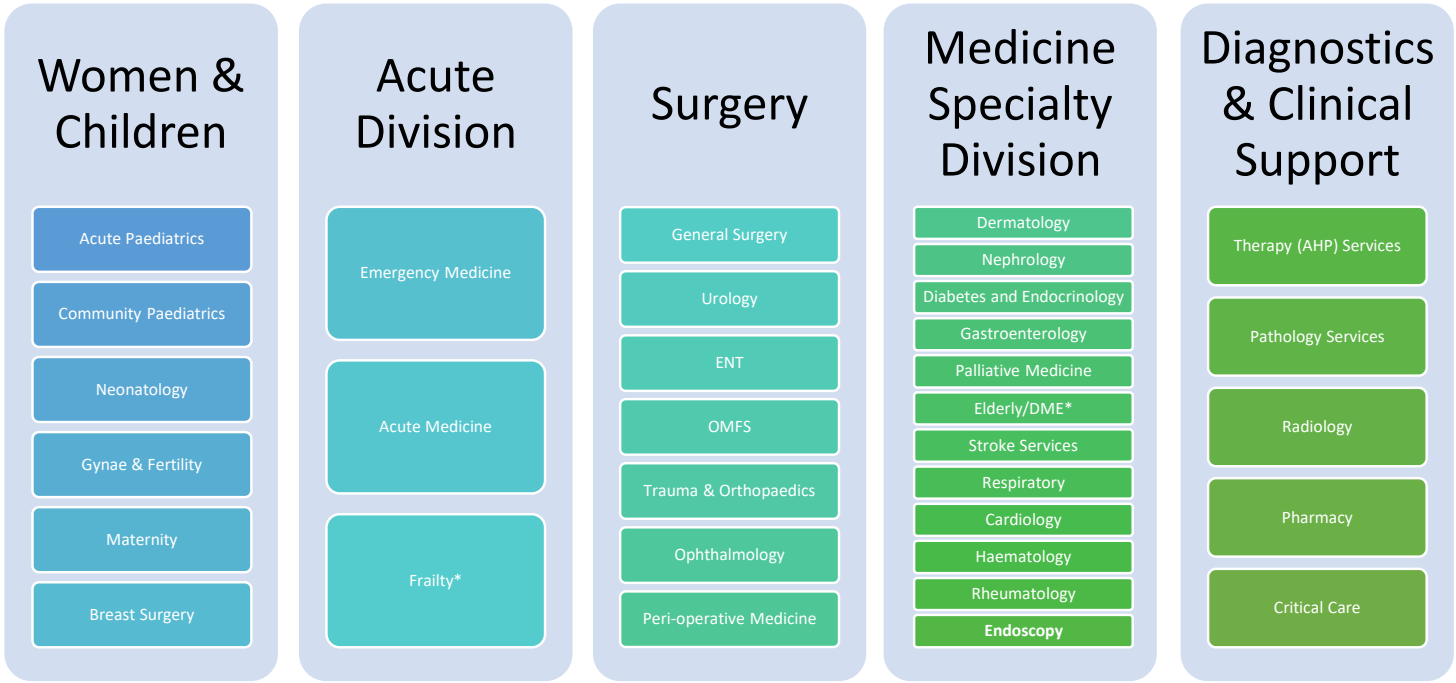
This Clinical Service Strategy details the clinical service priorities for the next five years aligned to our strategic objectives, to ensure we are all working towards the same goal in delivering our vision.

The Clinical Service Strategy will act as a thread running through each of the remaining enabling strategies. This approach is designed to empower clinical teams to direct the future of their services and provide the best acute hospital services to the communities we serve.

Strategic Framework
Clinical Service Strategies

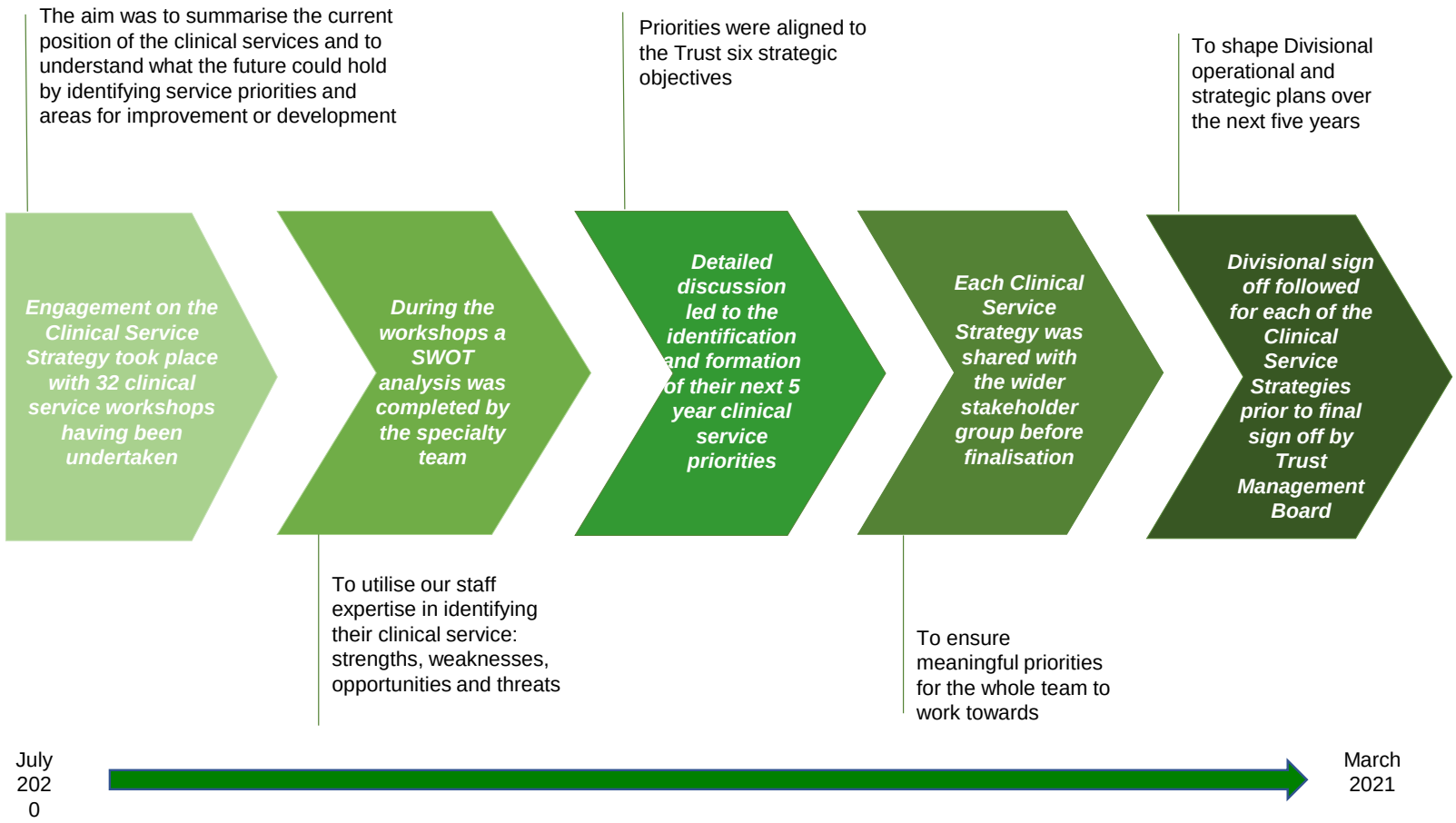
Clinical Services are provided within specialty Directorates, each led by a triumvirate comprising a Clinical Director, Associate Director of Nursing and Divisional Manager. The Directorates form 5 Clinical Divisions, each led by a triumvirate comprising a Associate Medical Director, Divisional Director of Nursing and Divisional Director.

The below table presents our 5 Divisions and the 32 clinical specialties identified by our Divisional triumvirates to develop individualised specialty level Clinical Service Strategies. Our smaller specialised clinical teams have been considered under the umbrella of their wider Divisional clinical specialties.



Strategic Framework
Clinical Service Strategies

Wirral University Teaching Hospital NHS Foundation Trust



Strategic Framework
Clinical Service Strategies

Wirral University Teaching Hospital NHS Foundation Trust

Clear key themes arose from the 32 specialty level Clinical Service Strategies. Here we reveal the key themes to form the overarching Clinical Service Strategy which details our clinical service priorities for the next five years, aligned to our strategic objectives.

All 32 specialty level Clinical Service Strategies can be found on the Trust intranet

CoG2122 028 Trust Strategies Development

Outstanding Care Priorities

To provide the best care and support we will:

Wirral University Teaching Hospital NHS Foundation Trust

- Explore and review our patients' journey across the healthcare system to improve the quality and efficiency of patient pathways.
- Assess and review models of care, as required, to ensure patients receive outstanding care at the right place, at the right time.
- Empower patients in their care journey and involvement in future service developments.
- Achieve clinical accreditations and high performing KPIs.
- Embed a proactive population health approach.

Compassionate Workforce Priorities

To be a great place to work we will:

Develop a Trust wide Workforce Plan encompassing new roles, new ways of working, upskilling, future supply and leadership.

- Improve recruitment and retention by becoming the employer of choice.
- Embed WUTH's vision and values to support culture within the team and improve staff experience and wellbeing.
- In line with the Workforce Plan and Competency Frameworks, review the Learning and Development Plan and Talent Management Plan.

CoG2122 028 Trust Strategies Development

Continuous Improvement Priorities

To maximise our potential to improve and deliver best value we will:

Wirral University Teaching Hospital NHS Foundation Trust

Build and embed a culture of learning and improvement to continuously enhance the services and care we provide to our population.

- Strengthen our research culture, capacity and capability, through investment, specialist workforce and partnerships with academic and corporate institutions.
- Produce and implement a Transformation and Improvement Plan aligned to Estates and Capital Plans and driven by accurate data intelligence, including bed modelling.
- Utilise the learning from the response to COVID-19.

Our Partners Priorities

To provide seamless care working with our partners we will:

Wirral University Teaching Hospital NHS Foundation Trust

- the Healthy Wirral partnerships deliver seamless integrated care for patients ensuring they receive high quality care in the right place at the right time.
- Build on existing and develop new education partnerships to develop the workforce and to increase research capacity and capability.
- Work collaboratively with local and regional partners to ensure the population of Wirral receive outstanding care.
- Develop and strengthen our regional and national networks.
- Ensure patient and carer involvement in all clinical transformation programmes.
- Develop a learning and development collaborative approach with key partners.
- Enhance internal relationships to enable high quality care and experience and improve patient flow.

Digital Futures Priorities

To be a digital pioneer and centre for excellence we will:

- Develop business intelligence dashboards with real time data, for each specialty, to drive clinical decision making and improve the care we provide.
- Improve population health, patient outcomes and staff experience through enhanced digital infrastructure.
- Enhance the functionality of the Patient Portal to improve patient outcomes, self care and embed shared decision making.
- Enhance and streamline the digital interface with key partners to improve patient flow in and out if the Trust.
- Increase uptake of virtual clinics, where appropriate, to improve waiting lists.

Infrastructure

To improve our infrastructure and how we use it we will:

Wirral University Teaching Hospital NHS Foundation Trust

- Develop a clinically led long term Estate Master Plan and Capital Plan to modernise and improve our estate and equipment, including the development of Clatterbridge Hospital.
- Maximise capacity and reduce waiting lists through increased theatre space and ring-fenced beds.
- Improve patient and staff experience through high quality clinical environments, including dementia friendly.

CoG2122 028 Trust Strategies Development

Next Steps

Implementation, Monitoring and Review

Our Clinical Divisions are currently translating the 32 specialty level Clinical Service Strategies into their 2021-2022 operational and strategic priorities.

The introduction of the accountability performance framework serves to support the development of Divisional operational and strategic priorities and will monitor quarterly progress against trajectories.

Key to the success of this strategy is the active involvement of our patients and partners to ensure it meets the changing needs of the population we serve.

Clinical Service Strategy priorities will be reviewed as part of annual operational and strategic planning to ensure they remain relevant to our evolving patient needs and maintain delivery momentum.

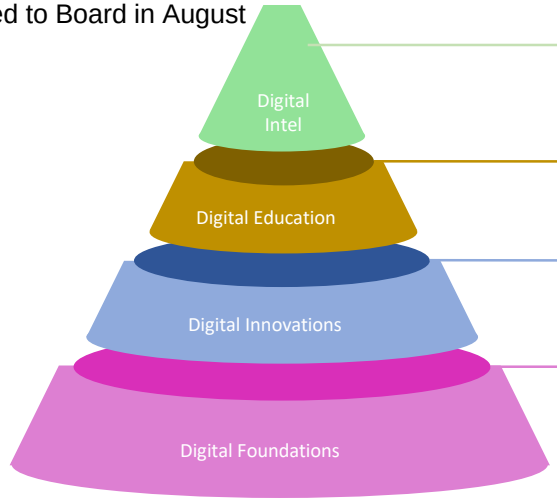
Next Steps
Our Enabling Strategies

NHS Wirral University Teaching Hospital NHS Foundation Trust

a. Estates Master Plans
- Work in underway in developing our Estates Master Plans starting at CGH, working in conjunction with campus partners.
- Infrastructure priorities from each of the 32 Clinical Service Strategies have been grouped into key themes, including: outpatients, theatres, bed base, improving and maintaining facilities/environment and office space.
- Clinical services expressing priorities in relation to CGH have been mapped out, overlaying activity and co-dependencies.

b. Patient Experience, Quality and Safety Strategy
- Engagement with our new Head of Quality is planned for March 2021 with kick start and development from June 2021.

c. Digital Strategy
- Digital Strategy drafted following a range of engagement sessions with clinical and management teams
- Aiming to be presented to Board in August



Embedding Business Intelligence to drive clinical decision making at WUTH & across the wider health economy through collaboration with our healthcare partners.

Enabling staff and patients with the digital skills to utilise our digital tools to their full potential, delivering the highest levels of safe & effective care.

Using Digital Innovation to streamline processes, increase efficiency & improve quality across Clinical & supporting functions within WUTH and as part of the wider health economy

Provision of a safe and secure digital infrastructure, protecting the Trust data and it's assets.

together we will

Agenda Item: 21/22- 29

COUNCIL OF GOVERNORS
19 July 2021

Title:	ICS and ICP Development
Responsible Director:	J Holmes, Chief Executive M Swanborough, Director of Strategy & Partnerships
Author:	M Swanborough, Director of Strategy & Partnerships
Presented by:	M Swanborough, Director of Strategy & Partnerships

Executive Summary
In February 2021, the Department of Health and Social Care (DHSC) published its White Paper, *"Integration and Innovation: working together to improve health and social care for all – Department of Health and Social Care's legislative proposals for a Health and Care Bill.* This followed NHS England's policy document "Next steps to building strong and effective integrated care systems across England" which was released in November 2020. Both these document set out the requirements for the establishment of Integrated Care Systems across England, which includes: a. The establishment of ICSs as statutory bodies, with responsibility for strategic commissioning b. The allocation of funding through ICSs c. The duty to collaborate and delivery of services at Place level, with the establishment of Place based Provider Collaboratives d. The reduction in bureaucracy e. The increased role of Council Health and Wellbeing Boards In June 2021, NHS England published the ICS Design Framework guidance document which provides clearer guidance on the future functioning and role of ICSs' across England as well as the role of 'Place' within Systems. The presentation provides an overview of the ICS Design Framework as well as an update on the approach being taken with the development of Place and a provider collaborative across Wirral.

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

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	No
Continuous Improvement: Maximise our potential to improve and deliver	No

best value	
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.	Yes

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)		
PR 6: Fundamental loss of stakeholder confidence Prolonged adverse publicity or regulatory attention resulting in a fundamental loss of confidence in the Trust amongst regulators, partner organisations, patients, staff and the general public		
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)		
NA		
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)		
NA		
Specific communications and stakeholder /staff engagement implications		
NA		
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)		
NA		
Council of Governors implications / impact (e.g. links to Governors' statutory role, significant transactions)		
NA		
FOI status	Document may be disclosed in full	
	Document includes FOI exempt information	x
	Entire document is exempt under FOI	
Previous considerations by the Board / Board sub-committees	Nil	
Background papers / supporting information	Attached presentation	

ICS and ICP update

July 2021

CoG Briefing

1. Background

1. Background

a. Integrated Care

- An Integrated Care System (ICS) brings together partners across health and care, across a geography. With the central aim to join up hospital and community-based services, physical and mental health, and health and social care at all levels in the system. The guidance from NHS England and NHS Improvement (NHSE/I) sets out that, as part of the development towards becoming an ICS, all areas should consider how they operate and make decisions at the following levels:

  - ***Neighbourhood*** *(populations circa 30,000 to 50,000 people)* - Served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
  - ***Place (ICP****) (populations circa 250,000 to 500,000 people)* - Served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.
  - ***Systems (ICS)*** *(populations circa 1 million to 3 million people)* - In which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. This is the HCP footprint of Cheshire and Merseyside.

b. Development of Integrated Care Systems

- Integrating services continues to be at the heart of the NHS policy. From April 2021, all organisations within the NHS will be required to work together as Integrated Care Systems (ICSs) involving:

  - Stronger partnerships in local 'Places' between the NHS, local government and others with a more central role for primary care in providing joined-up care.
  - Provider organisations being asked to step forward in formal collaboration arrangements that allow them to operate at scale.

- At present, collaboration is on a voluntary basis and ICSs themselves have no statutory status. However, the government's legislative proposals set out in the white paper *Integration and Innovation: working to improve health and social care for all (February 2021)* intends that ICSs become statutory organisations in 2022 through changes to primary legislation.

2. Integrated Care System (ICS) : NHS England Design Framework

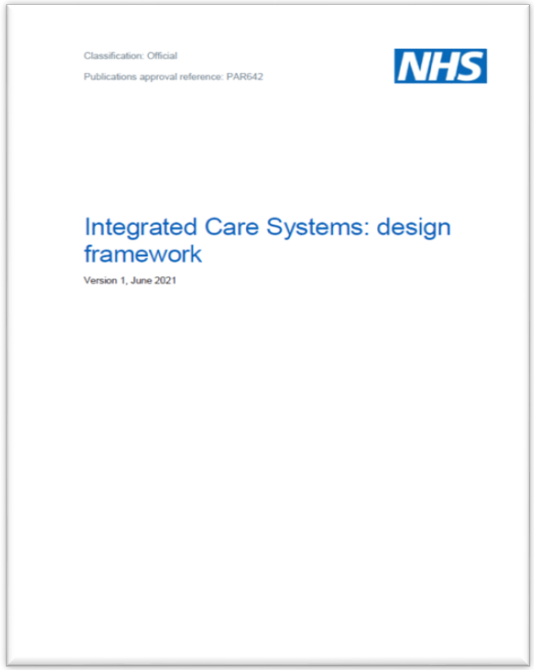
2. Integrated Care Systems : NHS England Design framework

a. Background

NHS England and NHS Improvement has published a new integrated care system (ICS) design framework, to support progression and development. It outlines some of the ways NHS leaders and organisations will operate with their partners in ICSs from April 2022.

It is subject to legislation, which is expected to begin passage through parliament before the end of summer 2021. This paper provides a snapshot of the design framework.

NHS England » Integrated Care Systems: Design framework



b. Overall position

The design framework sets out a clearer vision for how ICSs will develop further this year and how statutory bodies will operate when the health and care bill becomes law. The framework recognises providers central, leadership role in ICSs and commitment to delivering the best possible care for local communities.

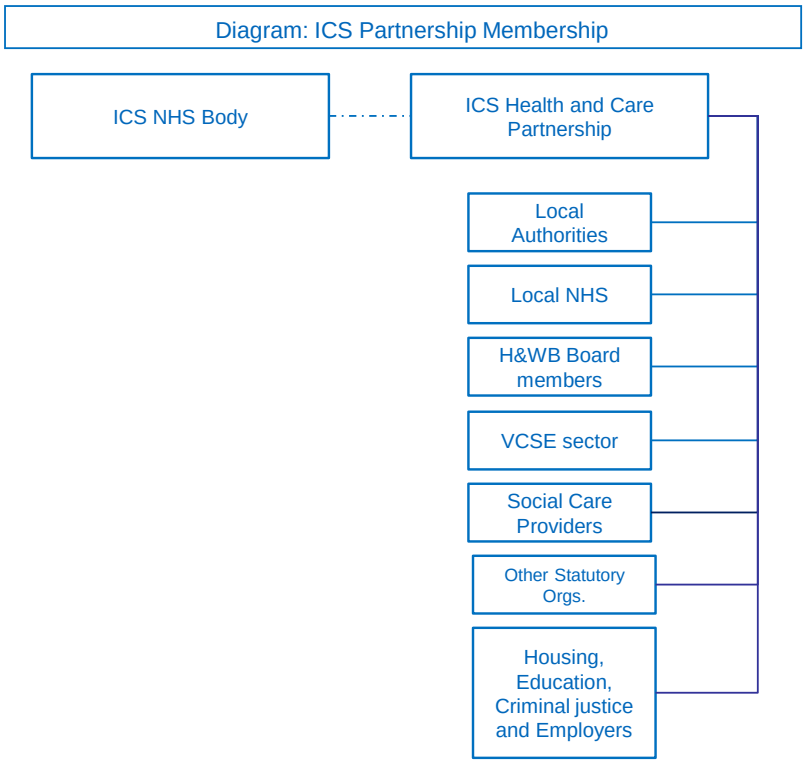
The document builds on previous publications to capture the headlines on how NHS England and NHS Improvement will expect NHS leaders and organisations will operate with their partners in ICSs from April 2022.

2. Integrated Care Systems : NHS England Design framework

The ICS design framework builds on previous publications and sets out the headline ambitions for how NHS leaders and organisations will work with their partners in ICSs from April 2022, as well as the roadmap to implement new arrangements. Current ICS and CCG leadership will be accountable for managing the change process.

1. The ICS Partnership will be a forum to align ambitions with plans to integrate care and improve outcomes

- Facilitate joint action to improve health and care services and influence determinants of health and broader socio-economic development
- Enable collective action and targeting of resources at areas that will have greatest impact on outcomes and inequalities
- Develop an 'integrated care strategy' for whole population, covering health and social and addressing the wider determinants of health
- Locally appointed Chair, agreed by ICS NHS Body and local government
- Provide clear mechanism for engaging with people and communities
- Use distributed leadership model and collective accountability



2. Integrated Care Systems : NHS England Design framework

2. The ICS NHS Body will lead integration within the NHS and establish shared NHS strategic priorities

- Develop plan to meet health needs for population
- Ensure joint working agreements become the norm
- Support collective accountability for whole-system delivery
- Allocate resources to deliver the plan, balancing local-decision making with benefits of scale, and agree long-term outcome-based contracts
- Lead system implementation of the People Plan and action on Digital
- Drive joint work on estates, procurement, supply chain and commercials
- Plan for and lead recovery from incidents
- Deliver all CCG functions and duties, including safeguarding

3. Role of providers in ICS

- Lead delivery and transformation of care
- Success judged on duties and contributions to ICS
- Help establish priorities and shared plans at place and system levels
- Acute and MH Trusts expected to participate in one or more provider collaboratives
- Community, ambulance and non-NHS providers to participate in collaboratives if beneficial
- Primary care should be involved in decision-making at all levels of ICS

4. ICS Body governance

- Unitary Board to include at minimum Chair, CEO, 2 NEDS, and 3 CEO level member from NHS Trusts, GPs and Las
- Process for appointments to be established in each ICS constitution
- Responsible for ensuring the Body helps achieve core purposes of ICSs
- Local determination of arrangements, supported by ‘functions and decisions’ map
- Formal agreement to engage VCSE sector

2. Integrated Care Systems : NHS England Design framework

5. Place-based partnerships

- Locally defined based on meaningful communities and geographies
- Coordinate and improve service planning and delivery
- Forum to drive local integration and address wider determinants of health
- Should involve primary care and PCNs, NHS providers, LAs (include DPHs), and place representatives
- Local flexibility on governance arrangements

6. ICS clinical and care professional leadership

- Acting as key decision-makers, with central role in ICS strategy under distributed leadership model
- Protected time, support (including development), and infrastructure to carry out system leadership roles
- ICSs to use resources to support self-assessment of their leadership model and measure performance.

7. Finance

- Recommendation for Parliament to remove current NHS procurement rules for healthcare services
- NHSE/I will continue to allocate funding based on pop
- Forum to drive local integration and address wider determinants of health
- Should involve primary care and PCNs, NHS providers, Las (include DPHs), and place representatives
- Local flexibility on governance arrangements

8. Role of ICS NHS Body in people and culture

- Deliver specific responsibilities against themes and actions set out in NHS People Plan
- Adopt a ‘one workforce’ approach and develop shared principles and ambitions with all ICS partners (e.g. LAs)
- Drive equality, diversity, and inclusion with named SRO
- Develop new ways of working and delivering care
- Plan the development of the workforce of the future

3. Development of Wirral ICP Operating Model

3. Progress with the development of the ICP across Wirral

NHS Wirral University Teaching Hospital NHS Foundation Trust

a. Development of principles

- Over the winter of 20/21, Chairs and Chief Executives of Healthy Wirral Partner organisations agreed a set of to guide the development and delivery of an Integrated Care Partnership for the Wirral. These are outlined the diagram, right.

b. Outline of the ICP Structure

- Further to the development of the core principles, the Chairs and Chief Executives, in conjunction with C&M ICS colleagues, met to discuss the outline structure for the Wirral ICP.
- This resulted in an agreed structure for the ICP, as outlined in the diagram, right.

Diagram: Proposed Wirral ICP Structure

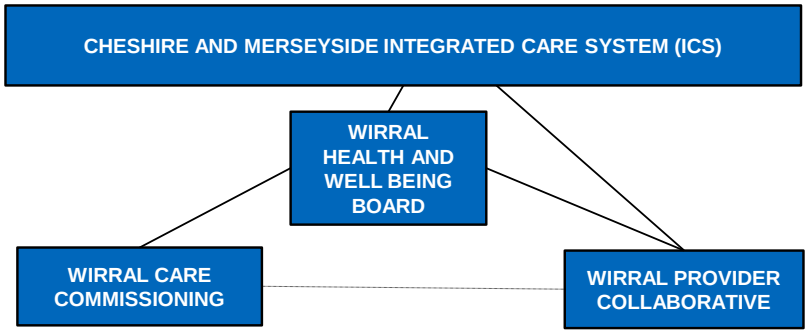
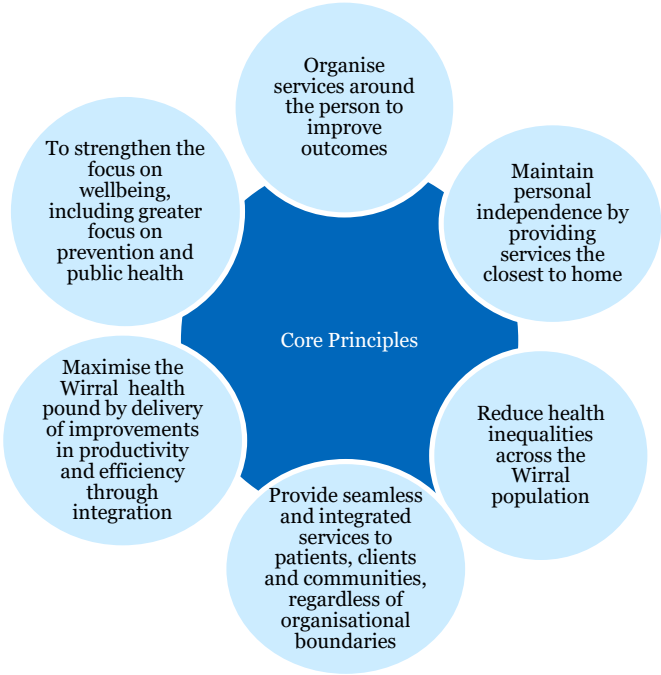


Diagram: Wirral ICP Principles



together we will

3. Proposed Steps in developing and implementing the Integrated Care Partnership

Proposed Steps in developing and implementing the Provider Collaborative

- To support the development and delivery of an Integrated Care Partnership for Wirral, there is a number of proposed steps to be undertaken, allowing the provider organisations to transition to this new way of working over the course of 21/22. This would include:
  - Confirmation of Provider Collaborative type
  - Development of Target Operating Model for ICP – three workstreams
  - Development of Implementation Plan
  - Approval of Target Operating Model and Implementation Plan
  - Formation of the ICP entities – revised H&W Board, care commissioning and provider collaborative
  - Transition and delivery of changes

Diagram: Proposed ICP Delivery Cycle

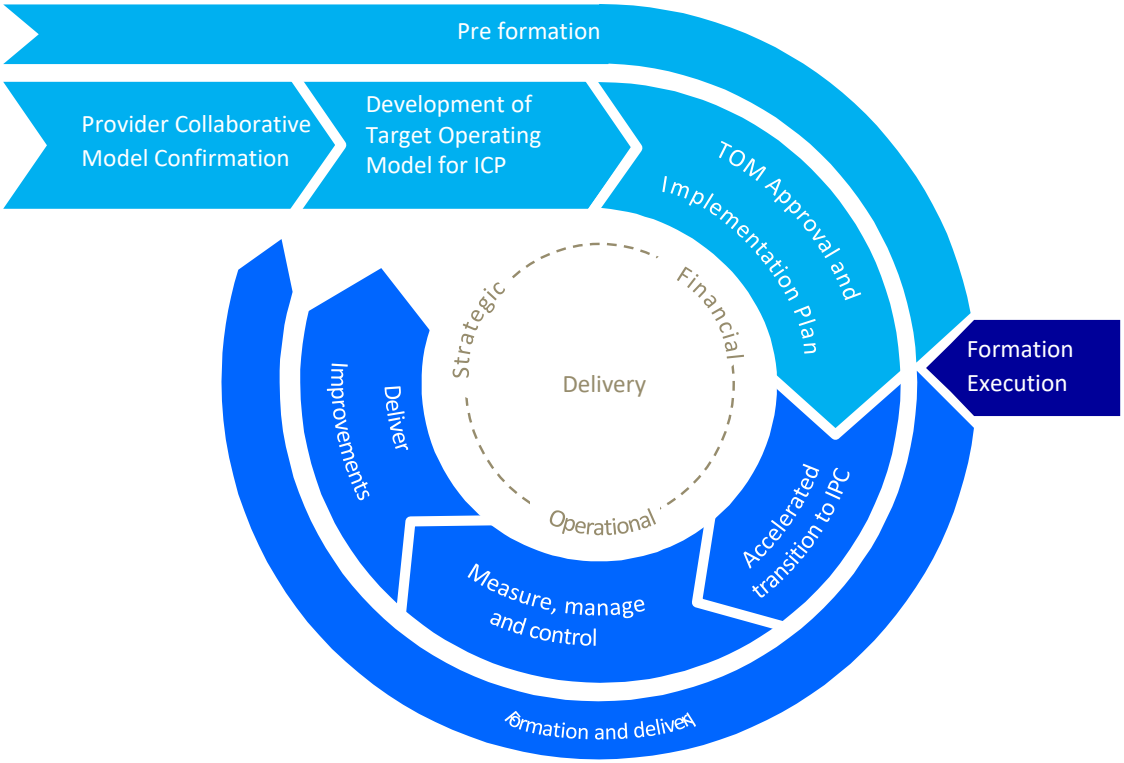
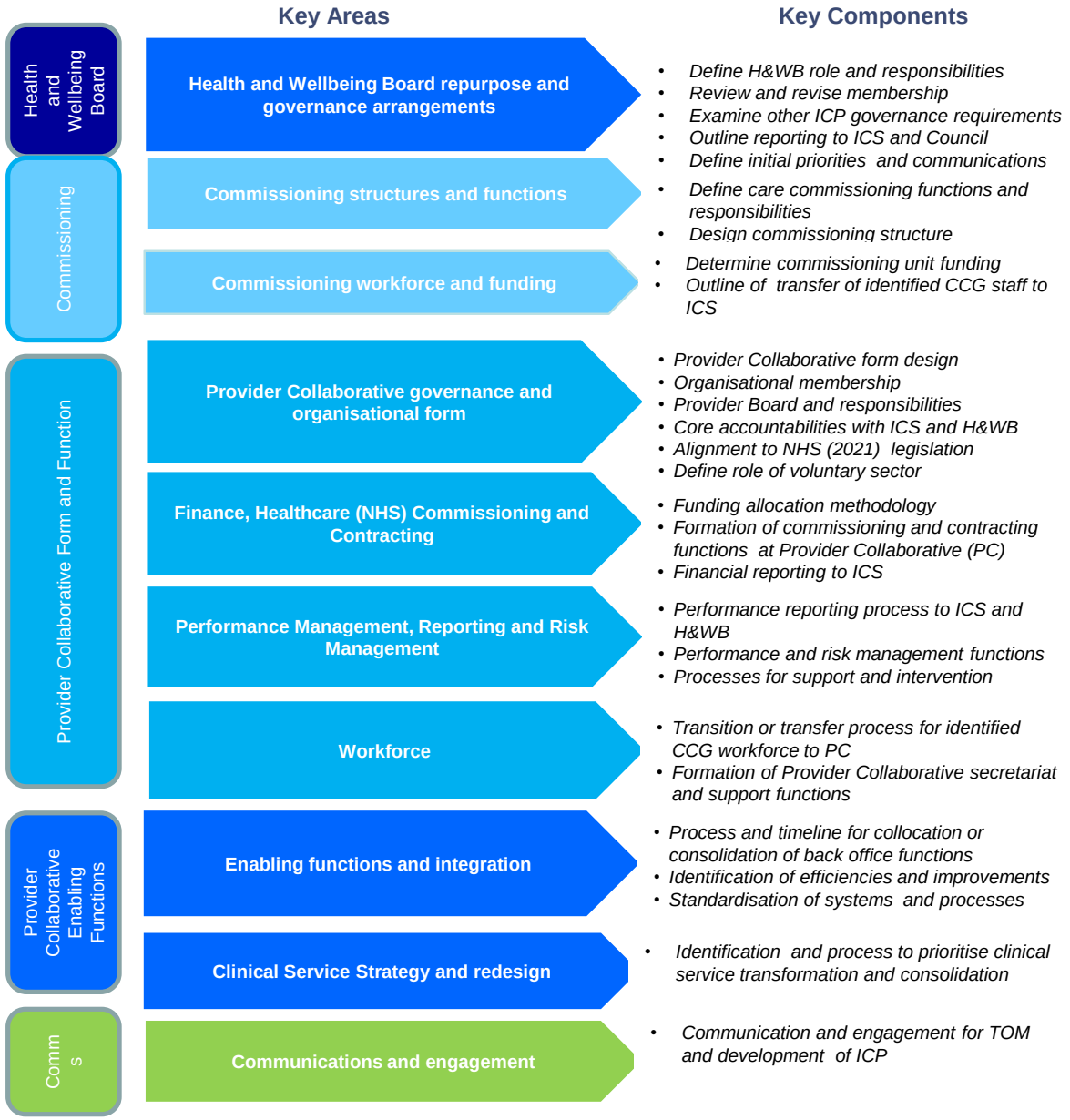


Diagram: Proposed ICP Workstreams

3. Development of a Target Operating Model (TOM) elements

Target Operating Model

- The Target Operating Model (TOM) will enable the application of national ICS policy, setting out the way that the Integrated Care Partnership would operate from inception, across the three constituent parts:
    - Health and Wellbeing Board
    - Provider Collaborative
    - Commissioning
- The TOM would encompass people, processes and technology and focus on a number of key areas as detailed in the diagrams, on this and the following pages.
- As part of the TOM, the team would develop a delivery plan, detailing the key steps for the formation of the ICP across Wirral.



3. Proposed TOM and Implementation Timeline

Project Summary timeline v3												
	Month											
Key Task Description	May	June	July	August	September	October	November	December	January	February	March	April
0. Mobilisation												
TOM and Plan Approach proposal												
Approval of proposal												
Formation of Team and allocation of resources												
1. Development of Target Operating Model												
Provider Collaborative type confirmation												
Drafting of TOM												
TOM Engagement workshops with Wirral Partner Execs												
Review of legislation and alignment to TOM												
Drafting of delivery plan												
Approval of TOM by Wirral Partner Boards												
Approval of TOM by ICS												
3. TOM delivery												
Formation of ICS governance arrangements (in shadow)												
Transfer of identified staff												
Establishment of ICP, commissioning and provider collaborative finance measures and processes												
Set up of performance management and reporting processes; commence performance reporting												
Develop risk management processes and implement												
Communications and engagement plan implementation												
Go Live Date												