



Wirral University Teaching Hospital


NHS Foundation Trust


COUNCIL OF GOVERNORS



COUNCIL OF GOVERNORS

 15 April 2024

 14:30 GMT+1 Europe/London



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1. COUNCIL OF GOVERNORS

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Meeting	Council of Governors
Date	Monday 15 April 2024
Time	14:30 – 16:30
Location	Boardroom, Education Centre, Arrowe Park Hospital

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Sir David Henshaw

Closing Business

16. Meeting Review

Sir David Henshaw

17. Any other Business

Sir David Henshaw

Date and Time of Next Meeting

Monday 29 July 2024, 14:30 – 16:30

Meeting	Council of Governors
Date	Monday 26 February 2024
Location	Boardroom, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SH	Sheila Hillhouse	Lead Public Governor
RT	Robert Thompson	Public Governor
PP	Peter Peters	Public Governor
PI	Paul Ivan	Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
PD	Paul Dixon	Public Governor
NW	Neil Wright	Public Governor
JB	John Brace	Public Governor
AK	Anand Kamalanathan	Staff Governor
GB	Gary Bennett	Appointed Governor

In attendance:

SI	Steve Igoe	Deputy Chair & SID
SR	Dr Steve Ryan	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer

Apologies:

CH	Christine House	Public Governor
TC	Tony Cragg	Public Governor
KJ	Keith Johns	Public Governor
PB	Philippa Boston	Staff Governor
AT	Ann Taylor	Staff Governor
JM	Julie McManus	Appointed Governor
CC	Chris Clarkson	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
JH	Janelle Holmes	Chief Executive
DM	David McGovern	Director of Corporate Affairs

Agenda Item	Minutes	Action
1	<p>Welcome and Apologies for Absence</p> <p>DH welcomed everyone to meeting. Apologies are noted above.</p>	
2	<p>Declarations of Interest</p> <p>JB stated he was an applicant for a car parking permit.</p> <p>No additional new interests were declared and no interests in relation to the agenda items were declared.</p>	
3	<p>Minutes of Previous Meeting</p> <p>JB commented his initials in the table were JC and this needed correcting to JB.</p> <p>Subject to the amendment, the minutes of the previous meeting held on 30 October 2023 were APPROVED as an accurate record.</p>	James Jackson-Ellis
4	<p>Action Log</p> <p>The Council of Governors NOTED the action log.</p>	
5	<p>Chair's Business and Strategic Issues</p> <p>DH highlighted it was mentioned in the Private Meeting that NHS Cheshire and Merseyside was commissioning a review into the collaboration and integration opportunities across health and care in Wirral. DH added further updates would be provided to the Council of Governors when necessary.</p> <p>The Council of Governors NOTED the update.</p>	
6	<p>Lead Governor Feedback</p> <p>SH thanked Governors for their continued attendance at Board and Committee meetings and encouraged Governors to participate in the Patient Experience Strategy Promise Groups. SH highlighted she had been involved in a wayfinding exercise for Women and Children's with other patients.</p> <p>SH stated Governors who observed Committee meetings had fed back it would be useful to have access to a laptop during the meeting to read meeting papers.</p> <p>The Council of Governors NOTED the update.</p>	Cate Herbert/ Mark Chidgey
7	<p>Patient Experience Strategy Story</p>	

	<p>Due to technical problems the video story was not played, and it was agreed that the link would be shared with Governors separately.</p>	James Jackson-Ellis
8	<p>WUTH Strategy 2021/26 Update</p> <p>MS gave a presentation focussing on Q1-Q2 progress of the 2023/24 annual priorities against the six strategic objectives. MS summarised the key achievements made in year so far and outlined the next steps for Q3-Q4. MS encouraged Governors to attend the end in May that focuses on year-end update.</p> <p>SH commented it was important for all staff to hear about the good progress being made. SH queried what was biggest challenge for the Trust.</p> <p>NS highlighted there were several challenges, notably unscheduled care demand, the financial position, estates, and wider staffing problems relating to retention and burnout.</p> <p>RT noted the progress made so far and queried if there were success measures for each strategic priority.</p> <p>MS explained each strategic priorities had a detailed project plan that included key deliverables and success measures. MS added this was reviewed at year-end each year.</p> <p>JB queried about the Just and Learning Steering Group.</p> <p>DS highlighted the Group was established and meeting regularly.</p> <p>JB noted the Chief Nurse was no longer in post and queried who was responsible for this portfolio in the interim.</p> <p>NS stated this was herself.</p> <p>JB enquired about the recruitment of Director of Communications and Engagement position.</p> <p>DS stated the recent interviews for this position were unsuccessful.</p> <p>JB also enquired about assurance regarding the digital agenda.</p> <p>MC highlighted Digital Healthcare updates were provided to the Finance Business Performance Committee and cyber security to Audit and Risk Committee.</p> <p>The Council of Governors NOTED the report.</p>	
9	<p>Car Parking Update</p>	

MS gave a presentation and provided an overview of the car parking capacity at Arrowse Park and Clatterbridge, noting at Arrowse Park there are 1565 spaces allocated to staff and 522 spaces to visitors with operating capacity regularly above 100%. MS summarised the current staff car parking policy and the standard operating procedure used to allocate staff car parking fobs.

MS explained the changes to car parking arrangements that have been implemented since September 2023, notably a revised fee structure to improve turnover of car parking, increased number of a fobs issued and two new staff shower areas.

MS reported a business case for automatic number-plate recognition (ANPR) would be presented to the Board of Directors in Mach for approval with expected implementation from November 2024.

JB commented about the challenges of the using the car parking machines, explaining one had been out of order, only accepted cash and had been difficult to use.

MS highlighted to invest in a card machine was assessed as too expensive which meant cash was the only method of payment. A member of staff was available between 10am – 3pm to provide support to members of the public.

NS acknowledged car parking was a challenging situation and the Trust continued to try and provide the best solution. NS added public transport was also difficult in the area in comparison to hospitals based in city centres.

RT queried if the Trust charged for car parking to limit the number of people parking or if it is required to supplement income.

MC explained NHSE (NHS England) assume Trusts will receive a level of income from car parking and that this is reinvested into the Trust.

MS also noted that charging for car parking to limit those parking generally doesn't work, but that it has helped to improve turnover of spaces.

JB commented he had petitioned to extend the 418 bus service until April.

MS added the Trust had also petitioned to extend this bus service as well.

Members discussed the limited public transport opportunities getting to Arrowse Park and Clatterbridge. GB suggested

	<p>approaching the Metro Mayor of the Liverpool City Region for greater investment in public transport for both hospitals.</p> <p>The Council of Governors NOTED the report.</p>	
<p>10</p>	<p>Committee Updates</p> <p>10.1) Finance Business Performance Committee</p> <p>MC highlighted financial performance to month 8 had deteriorated with a deficit of £16.4m achieved against a planned deficit of £15m, an adverse variance of £1.4m, which was driven by industrial action and under-utilisation of the Cheshire and Merseyside Surgical Centre by NHS partners.</p> <p>MC explained the Committee received an update on Laboratory Information Management Systems business case being led by Cheshire and Merseyside as well as an update on the use of Limited Liability Partnership (LLP) for additional activity.</p> <p>MC reported the Committee noted that performance on elective activity and cancer targets remained good.</p> <p>DH commented it was a great achievement to deliver a £26.2m CIP target and noted the Trust compared well to other Trusts in the region regarding CIP delivery.</p> <p>HK agreed and stated good delivery of CIP made strong cases for investment and redevelopment opportunities.</p> <p>SH agreed regarding the CIP programme and queried the new and emerging risks regarding the elective performance and achievement of waiting times targets for Colorectal and Gynaecology.</p> <p>HK explained due to the industrial action a significantly reduced amount of elective activity was undertaken and demand for these two specialities had also increased in comparison to others.</p> <p>The Council of Governors NOTED the report.</p> <p>10.2) Charitable Funds Committee</p> <p>MC reported the Committee received the Finance Report, noting the Charity was reporting an increase in funds at the end of month 7 of £9k after costs and now had access to the Barclays Bank account. MC added the Committee also received a presentation on mitigating actions to enable the Charity to make good some of the shortfall in funds raised to date.</p> <p>MC explained the Committee received an update on the plans for the Neonatal Unit which would be funded from the Tiny Stars</p>	

appeal and Incubabies. The Committee also approved the 2022/23 Annual Report and Accounts for the Charity and external audit had found no issues with the report.

MC highlighted the Committee had been made aware the Head of Fundraising and Director of Communications and Engagement were leaving the Trust.

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

10.3) Quality Committee

SR reported the Committee received a deep dive into unscheduled mental healthcare provision, noting the significant capacity and demand challenges. Several recommendations were proposed to change the pathways and increase staffing models to improve the provision.

SR explained the Committee received the quarterly Care Quality Commission (CQC) action plan and were assured on action progress to date, noting there was one outstanding action that related to estate limitations in the Neonatal Unit.

SR highlighted the Committee also received good assurance regarding Year 5 of the Maternity Incentive Scheme, the Equality Diversity and Inclusion Report, Cancer Services as well as Learning from Deaths.

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

10.4) People Committee

RM highlighted the Committee received the Safe Staffing Report and acknowledged the ongoing challenges due to the Clinical Support Worker industrial action. There have been no patient safety issues identified as a result and this continued to be closely monitored.

RM also highlighted the Committee noted the Substance Misuse Team and HR Business Partner were supporting three employment relations cases regarding alcohol misuse.

RM reported the Committee received good assurance regarding the Equality Diversity and Inclusion Annual Report (including the Gender Pay Gap Report), Employee Relations Report and Guardian of Safe Working Report.

RM highlighted the Committee received an update on workforce planning and was given good assurance against the actions to support this and commended the joint working between different directorates to ensure an integrated approach.

JB queried the sickness absence rate as this was above threshold.

DS explained sickness absence remained static and had not increased throughout Christmas and New Year. DS added short term sickness remained the key driver.

RT enquired about the use of agency staff to fill unfilled positions.

DS reported agency spend increased in December in the Medicine and Acute Divisions due to industrial action. DS added People Committee received a deep dive in November and had been assured plans were in place to address long term challenges in certain medical specialities.

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

10.5) Audit and Risk Committee

SI reported the Committee received a deep dive into the Estates risks and mitigations, noting there would remain a level of residual risks in several areas and the Trust was managing this on a prioritised approach.

SI highlighted the Committee received good assurance regarding the Procurement Spend and Waivers Report and the Financial Assurance Report, noting the Trust performed strongly against NHS procurement benchmarks and a further update on unpaid debt by Wirral Council would be provided at the next Committee meeting.

SI explained the Committee received a digital maturity and cyber security update, noting the new Information Assurance Group would report directly into the Audit and Risk Committee moving forward.

SI highlighted the Committee also received detailed updates on anti-fraud progress, internal audit, and the closure of audit recommendations on the tracker.

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

10.6) Estates and Capital Committee

DH reported the Committee received good assurance on performance against key metrics and indicators, such as maintenance, financial performance, and statutory compliance. DH also reported the Committee were encouraged to hear about the delivery estates recovery plan across Q3 and the improvements made to the financial position.

DH explained the Committee heard about the capital programme financial position at month 9, noting the underspend due to

	<p>UECUP, with consideration given to bringing forward schemes from 2024/25. DH added the Committee received a detailed progress update on the capital programme schemes completed and in progress for 2023/24.</p> <p>DH stated the Committee discussed the approach in relation to the Frontis Building and Your Housing Group, including the recent independent valuation of the building. The Committee also heard about the Green Plan and noted this would be presented to a future Council of Governors meeting.</p> <p>JB queried about the Urgent and Emergency Care Upgrade Programme (UECUP) costs and the completion period.</p> <p>DH stated there was a costed risk register in place and this was closely monitored to ensure cost pressures were kept to a minimum.</p> <p>HK commented due to the delays with the contractor phase 2 was planned to be completed in April 2024 and the entire programme in September 2025.</p> <p>The Council of Governors NOTED the report.</p> <p>10.7) Research and Innovation Committee</p> <p>DH highlighted the Committee heard about the management changes within the Research and Innovation Team and key focus for upcoming period.</p> <p>DH explained the process for approving research studies has been revised and there was a drive to increase in the number of studies that aligned with the four priority disease areas in relation to the departmental strengths of the Trust.</p> <p>DH added the Research and Innovation Team had relocated to Clatterbridge and plans were in progress for the refurbishment of the Hub using funds from two successful bids.</p> <p>The Council of Governors NOTED the report.</p>	
<p>11</p>	<p>Integrated Performance Report</p> <p>HK highlighted both the 4-hour A&E and 12-hour target were challenged due to winter pressures and a UEC improvement plan was in place with a series of actions to improve this and ambulance handovers.</p> <p>HK added the Trust planned to have 0 breaches by end of March and cancer performance was strong when compared with regional Trust's. HK stated the Trust was also on track to achieve the Faster Diagnosis Standard by end of March.</p>	

NS reported the number of formal complaints was above threshold and the Trust remained focused on robust complaint management and high-quality timely responses.

NS explained the number of C Diff cases had exceeded the threshold set by NHSE and the Trust was waiting on the new threshold for 2024/25. NS added the Trust continued to have a C Diff strategy to ensure continual awareness of robust infection prevention and control. NS further explained the Friends Family Test for Maternity had reduced below threshold and the Women and Children's Division had been asked to investigate this.

JB queried if there were any themes emerging from Never Events.

NS stated due to the small number there were no consistent themes, but the majority had occurred within the Surgery Division given the risk for Never Events in that area. NS added each Never Event was reported to the CQC (Care Quality Commission) and was put through the Patient Safety Incident Response Framework to identify learning and improve patient safety.

RT queried if the Trust had signed up to implement Martha's Rule.

NS said the Critical Care Outreach Team planned to express an interest to be part of the first phase of the programme. NS added it was important to ensure any implementation of Martha's Rule did not further widen health inequalities.

DS highlighted appraisal, mandatory training and staff turnover in month met Trust target, however sickness absence remained above target although performance was stable. DS added short term sickness absence remained the driver for this and the focus remained on strong management oversight and encouraging wellbeing.

RT commented the continued reduction in staff turnover was reassuring.

MC explained the I&E position was worse than plan due to continued industrial action and under-utilisation of elective capacity by NHS partners. MC added the cash position was within the expected range due to a deficit position and the Trust was not currently anticipating any underspend against plan at year end regarding capital expenditure.

JB queried the budget planning process for 2024/25 and the assumptions regarding industrial action.

MC stated the Trust had begun the annual planning exercise for the next financial year. MC added the Trust would follow NHSE planning guidance regarding industrial action.

	The Council of Governors NOTED the report.	
12	<p>NED Recruitment and Tenure Renewal</p> <p>CH provided the Statement of Composition of the Board and a proposed succession plan to retain that composition over the coming years. CH further highlighted the current tenure of the Non-Executive Directors on the Board and requested approval for a recruitment exercise to replace Sue Lorimer, and for a tenure extension for Chris Clarkson.</p> <p>The report had been provided to and approved by the Nominations Committee.</p> <p>DH stated since the report had been circulated Sue Lorimer had indicated she may wish to continue for a further 12 months, but this had to be confirmed. DH also added Rajan Madhok had indicated he would step down after this 1st term finishes in 2025.</p> <p>CH acknowledged there was an error in the report and that Sir David Henshaw's 2nd tenure should finish in February 2025 and not September 2025.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • APPROVED the statement of composition of the Board; and • APPROVED the recruitment exercise to replace Sue Lorimer, and a tenure extension for Chris Clarkson; and • AGREED that the Chair and Lead Governor would review the position of the recruitment exercise following confirmation of Sue Lorimer's intentions; and • NOTED and ADOPTED the proposed succession plan, with the caveat that all tenure extensions or recruitment exercises will be taken through due process and approval as they fall due. 	
13	<p>NED Annual Appraisal Process</p> <p>CH set out the approach for the NED appraisals for 2023/24 and explained there were no proposed amends to the process. CH added there was an enhancement to ensure that the NEDs meet without the Chair present to appraise the Chair in line with the requirements of the Code of Governance.</p> <p>The Council of Governors APPROVED the proposed approach for the NED annual appraisals.</p>	
14	<p>Board of Directors' Minutes</p> <p>The Council of Governors NOTED the Board of Directors' Minutes.</p>	

15	Any other Business No other business was raised.	
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(The meeting closed at 16:00)

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	26 February 2024	3	To amend the minutes of the previous meeting	James Jackson-Ellis	Complete.	April 2024
2	26 February 2024	6	To provide a laptop to Governors to use during meetings to read meeting papers	Cate Herbert/Mark Chidgey	In progress. A verbal update will be provided at the meeting.	April 2024
7	26 February 2024	7	To share the video story link with Governors	James Jackson-Ellis	Complete. Link to video story shared via email.	April 2024

Employee Experience

Employee Experience

When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best patient care.

To achieve excellent staff experience employers must create an environment where staff can succeed, feel valued, supported, and encouraged.

Employee Experience

We view employee experience through the lens of the NHS People Promise. This provides a framework to understand the various data sources that describe the employee experience at the Trust.

People Promise



Employee Experience

Compassionate & Inclusive

Staff Survey Data
NQPS Data
WRES / WDES
Gender Pay Gap
Equality Delivery System
ER cases
Accreditations
Turnover rates

Staff Engagement

Staff Survey data
NQPS data
Divisional event uptake

We are a Team

Staff Survey data
NQPS data

Work Flexibly

Flexible working requests / patterns
Staff Survey
NQPS Data
Special leave requests*



Employee Experience

Reward & Recognition

Staff Survey Data
NQPS Data
Together Awards
National and local awards
Monthly recognition schemes
e-cards

A Voice that Counts

FTSU Data
Staff Survey
NQPS
Exit surveys
New starter surveys*
Appraisals & check ins
Divisional event uptake

Safe and Healthy

Attendance levels
Staff Survey Data
NQPS
Incident reporting
ER cases

Always Learning

Staff Survey Data
NQPS
Uptake of development



We are compassionate and inclusive

- There has been an increase in the number of staff who would be happy with the standard of care provided if a friend or relative needed treatment in our Trust. (NSS 2003)
- There is a compassionate culture in the Trust, with more compassionate leaders. (NSS 2023, EDS)
- In particular, line managers are more caring, supportive and encouraging. (NSS 2023)



We are recognised and rewarded

- Staff feel more recognised and rewarded this year. (NSS 2023)
- There is greater satisfaction with the level of pay, although this is not the case amongst our medical workforce. (NSS 2023)
- Staff and managers are recognising one another more both in their day-to-day practice and through formal recognition schemes (WUTH Ecard, award nominations).
- Staff working in some divisions are experiencing localised recognition initiatives. These are improving retention and boosting morale. (Turnover, staff stories, divisional NSS)
- Staff with disabilities or staff that are Black, Asian or Minority Ethnic do not feel they have the same career opportunities as their non-disabled or white colleagues (NSS 2023)



We each have a voice that counts

- Staff feel more able to make improvements happen in their area of work and have a greater choice in how they do their work. (NSS 2023)
- There is work to do to build on this and provide greater opportunity for staff to show initiative in their role and feel involved in changes that affect them. (NSS 2023, FTSU data)
- There have been positive improvements in staff who report issues such as bullying and increase in the number of staff who are confident that they will be treated fairly if they are involved in an error or a near miss.
- There is work to do to build on this in terms of staff feeling secure to speak up about clinical issues and feeling confident that their concerns will be addressed. (NSS 2023, FTSU data)



We are safe and healthy

- There is a good health and safety climate, with staff reporting above more positive experiences relating to musculoskeletal problems, work related stress and presenteeism. (NSS 2023, absence data)
- Immediate lines managers take a positive interest in the wellbeing of their teams, although staff feel that more could be done at an organisational level to support health and wellbeing. (NSS 2023)
- Following publication of the survey, the NHS Staff Survey Coordination Centre notified Trusts of a problem with the quality of the data relating to questions 13A-D and questions 14A-D. These questions relate to physical violence in work and bullying in work. This issue may have also impacted the WRES and WDES data. The associated results cannot therefore be utilised. A potential solution is being tested nationally and it is expected that that the results, along with the with the People Promise sub-scores they feed, will be published, by the end of May.



We are always learning

- There is greater satisfaction with the appraisal process, with more staff reporting they have received one and that it is helping to improve how they do their job. *(Appraisal quality feedback survey & NSS 2023)*
- More colleagues are able to access the right learning and development opportunities when needed. *(NSS 2023)*
- More staff are accessing leadership development programmes and qualifications via the apprenticeship levy than in past five years; programmes are impacting positively and are enhancing staffs' ability to undertake their role. *(Leadership programme feedback, Apprenticeship Annual report 2023)*
- There is more work to do to promote career development opportunities in the Trust, building on some very successful work in certain staff groups, such as AHPs. *(NSS 2023, turnover)*



We work flexibly

- Staff feel that the organisation is more committed to helping staff balance work and home life. (NSS 2023)
- More staff report that their balance between their work life and home life is improving (NSS 2023)
- More staff feel able to approach their line manager about flexible working (NSS 2023)
- More staff are satisfied with their opportunities for flexible working and feel able to talk openly to managers about their flexible working options. (NSS 2023)



We are a team

- Staffs experience of working in a team has declined over the past 12-months with staff reporting a decline in respect, understanding of one another's roles and enjoyment in team working. (NSS 2023)
- Staff are reporting the impact of industrial dispute and systems pressures as being a particular factor a decline in team working culture. Staff are reporting more inappropriate behaviours (typically incivility) via FTSU (NSS 2023, FTSU Data)
- However, more staff feel that any disagreements within teams are dealt with constructively and more teams are working well together to achieve Trust objectives. (NSS 2023)
- Whilst staff feel there has been a decline in teamwork with colleagues, they report an improving working relationship with their immediate line managers, who they feel encourages them and provides clear feedback and take a positive interested in their wellbeing (NSS 2023)



Engagement

- More staff would be happy with the standard of care provided by this organisation, if a friend or relative needed treatment. This has increased by over 2.5% and is above average (NSS 2023)
- More staff would recommend the Trust as a place to work. (NSS 2023)
- More staff are choosing to stay and work at WUTH. (Turnover)
- There is increased opportunity for staff to participate in engagement activities, however an increasing number of staff are choosing to not participate, mostly citing pressures of work as being the reason. (NQPS, NSS 2023, Divisional Engagement events)

Divisional Staff Experience Against the People Promise

- Although the experience of staff in **Acute division** is below that of colleagues across the Trust, this year they have achieved an improving experience across all seven areas of the People Promises.
- Staff in **Clinical Support & Diagnostics** also report an improving experience across all seven of the People Promises, with many areas above average.
- Experience of staff in **Corporate Division** remains higher than that of staff from the wider organisation.
- The experience of staff in **Estates, Facilities & Capital** has improved across all seven of the promises, with '*We are safe and healthy*' and '*Morale*' above average when compared to the rest of the organisation.

Divisional Staff Experience Against the People Promise

- Staff experience has declined across all seven of the People Promises in **Surgical Division** and their experience is poorer when compared to the organisation average.
- Staff in **Medical Division** report an experience which reflective of the organisation average, with the exception of '*We are safe and healthy*' in which they report a below organisation average experience. They have improved across two and declined across four of the People Promises.
- Experience of staff working in **Womens and Childrens Division** continues to be higher than the organisation average across all areas with the exception of '*We are safe and healthy*' which aligns to the organisation average. The division has improved across all areas of the People Promise.

Utilising Employee Experience Information

1. Trust Level: Shaping Trust level plans by mapping results to enabling strategies and existing programmes of work, ensuring improvements are celebrated and priorities for 2024/25 are identified and embedded into plans.
2. Divisional Level: Workshops to cascade intelligence and identify priority areas to be addressed. Priority areas to inform Divisional workforce priorities for 2024/25.
3. Ongoing Temperature Check: Results to be used to inform comparator data for Quarterly Pulse Survey, to be used to indicate shifts in staff experience.

Green and Sustainability Plan Update

Council of Governors
April 2024

Green Plan Update

Context

In October 2020, NHSE published the Delivering a Net Zero NHS guidance (image, right).

All NHS Trusts in England were subsequently required to develop and publish their own local Green Plans; a document that would outline how they intend to deliver a reduction in **Carbon Footprint to Net Zero** against a 1990 baseline, by 2040 (80% by 2028-32).

The WUTH Green Plan was submitted to the ICS ahead of the 14th January 2022 deadline, this contributed to the development of system plans (C&M Green Plan [Green Plan - NHS Cheshire and Merseyside](#)), and the national guidance was updated in July 2022.

[Green Plan | Wirral University Hospital NHS Foundation Trust \(wuth.nhs.uk\)](#)

The WUTH Green Plan (baseline data 2020/21) contains several actions which are tracked and monitored via the Sustainable Development Group. The carbon footprint data is collected annually (last updated with 2021/22 data, 2022/23 update has 90% data collated).



Green Plan Update

Our Progress

Green Plan Action Progress

2020/21

79 Not Started/Limited
Progress

30 Started or Partially
Completed

10 Complete or Ongoing

2021/22

51 Not Started/Limited
Progress

61 Started or Partially
Completed

16 Complete or Ongoing

The data collection for the 2022/23 Green Plan refresh will be taking place from January 2024. The first draft of the 2023 refreshed Green Plan should be ready for mid-Q1 2024/25.

Green Plan Video

A promotional video of the Green Plan was communicated to staff on World Environment Day in June 2023, <https://youtu.be/mLCptJGpLIc>

World Environment Day today

Today is World Environment Day which is celebrated annually to encourage awareness and action for the protection of the environment.

To find out how WUTH will be taking action to reduce our impact on the environment, please watch our [WUTH Green Plan video](#).

If you would like to be part of WUTH's Green Journey, why not join our [Green Champions Network](#)?

For more information or any questions please contact the WUTH Sustainability Team on wuth.sustainability@nhs.net and be sure to follow us on Twitter @GreenerWUTH.

Sustainability Update

Key Updates – Staff engagement

Sustainable Development Group (SDG)

A Sustainable Development Group has been set up which meets bi-monthly and is attended by various departmental representatives such as; Workforce, Digital Healthcare Team, EF&C (inc. Travel & Transport and Waste representatives), Infection Prevention Control, Pharmacy, Finance/Procurement, Catering and Communications. The purpose of the meeting is to provide a structured and open forum for key sustainability stakeholders within the Trust to ensure there are robust arrangements in place to effectively and proactively manage all aspects of sustainability and is a tracking and monitoring forum for the Trust Green Plan. A formal governance reporting route has yet to be established.

Green Champions Network

The Green Champions Network was introduced to WUTH in May 2023 it is a low-cost initiative to drive down our carbon footprint and deliver efficiencies spread across the organisation through monitoring things like waste, energy and behaviours. The Network brings together like-minded individuals to discuss ways of changing behaviours and practices at a local level. Relevant items raised by the champions are discussed at the Sustainable Development Group.

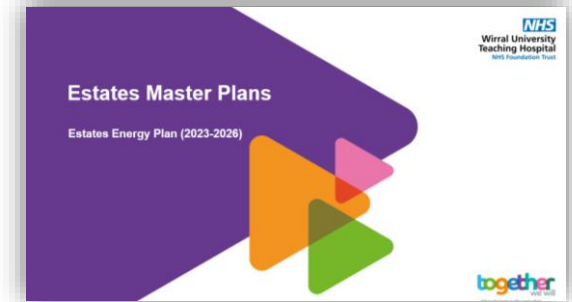


Sustainability Update

Key Updates – Energy

Estates Energy Plan (2023-2026)

In May 2023 the WUTH Sustainability Team launched an Energy Plan which aligns to our Estates Strategy and addresses key themes such as integration, data benchmarking, assurance and sustainability. The plan outlines our three-year approach, setting out our ambitions to adapt our energy philosophies from one of sole import to a hybrid model of import and self-generation whilst maintaining business continuity for service users.



WUTH Heat Decarbonisation Plan (HDP)

It is an NHSE requirement for all Trust's to develop a HDP by March 2024, in addition to this many of the grants within the Public Sector Decarbonisation Scheme are conditional on a HDP being produced. A HDP has been drafted for WUTH which sets out how the Trust intends to replace fossil fuel reliant heating systems with low carbon alternatives such as heat pumps. The HDP will be a living document and as part of the plan we commissioned a heat distribution survey at Arrowe Park Hospital (November 2023). The next steps will be to formalise the draft plan with the Estates team and seek approval through Trust governance.

Insite Pilot

WUTH has completed a Letter of Authorisation (November 2023) to take part in the InSite pilot which is a project between NHSE and the Energy Systems Catapult to build a new national energy database. InSite aims to address sector challenges, many of which burden Trusts. These include evidence gaps on real costs and outcomes of decarbonisation and energy efficiency interventions, as well as non-automated, inconsistent and isolated data.

Sustainability Update

Key Updates – Travel & Transport/ Medical Gases

Active Travel - Dr Bike Sessions

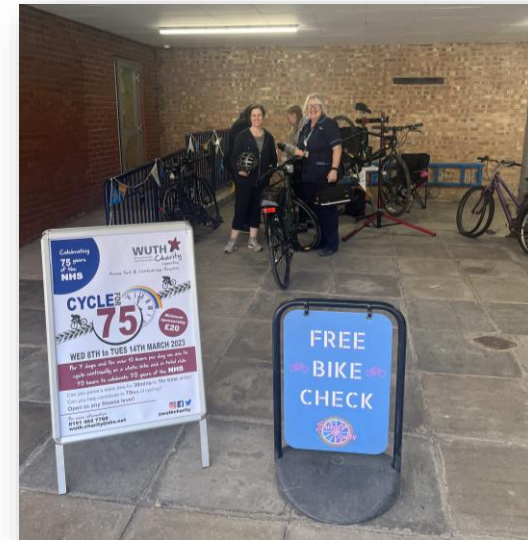
In February 2023 we hosted two Dr Bike Sessions; one at Arrowe Park Hospital which was ran by Energise Cycles and one at Clatterbridge Hospital (including partner organisations on the Clatterbridge site) which was ran by Just Riding Along. The sessions included a free bike maintenance service and were popular with our staff, we will be hoping to arrange more sessions for Summer/Autumn 2024.

Active Travel - Liverpool City Region (LCR) Combined Authority, Big Bus Consultation, APH

In July 2023 a member of the LCR Combined Authority reached out for our support in promoting a public consultation into the franchising of bus services. They held a stall in the main reception of APH to gather feedback from passing members of staff, patients and visitors.

Anaesthetic Gases - Nitrous Oxide Reduction, CGH

In April 2023 the WUTH Sustainability Team collaborated with the Estates Department in addition to Clinical Leads to switch off a Nitrous Oxide Manifold at our Clatterbridge site which will reduce the amount of Nitrous Oxide that is wasted, it is estimated to reduce our carbon footprint by 100 tonnes CO₂e per year. Nitrous Oxide is a gas commonly used as an anaesthetic and analgesic agent that has an environmental impact 300 times that of Carbon Dioxide.



Tatton Flower Show 2023 Garden



In October 2023 WUTH Charity received an award-winning show garden from the 2023 Tatton Flower Show which has been installed on the Clatterbridge site, the garden's theme "Constructing Minds" is based on the hidden issues of mental health for construction workers and has been designed as a calming space to help those struggling with their mental health.

No Mow Campaign

In July 2023, a "No Mow" Campaign was introduced at our Clatterbridge Site in certain areas to support Biodiversity. A member of our Grounds Team also noticed that we had Wild Bee Orchids growing on site which are uncommon and a protected species, so we placed signage in this area also.



Sustainability Update

Key Updates – External Engagement

Wirral Place Sustainability Group

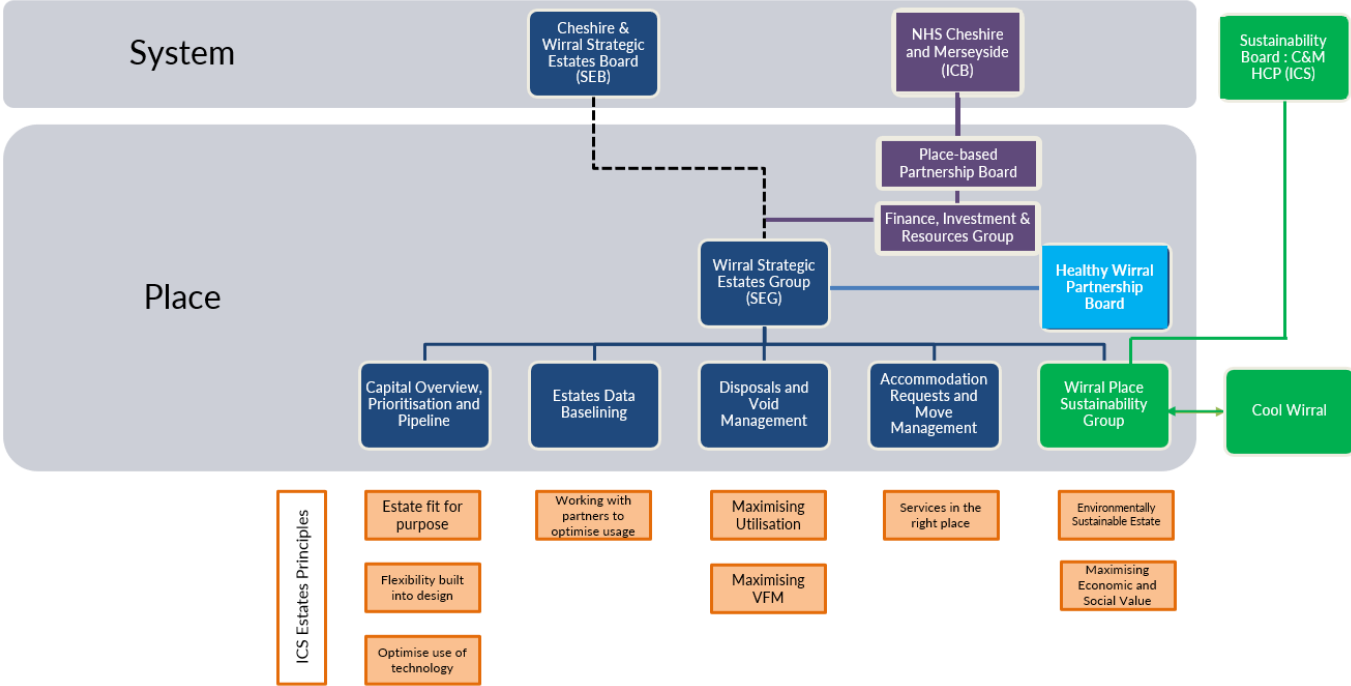
WUTH Chairs the Wirral Place Sustainability Group which was established in October 2022 to bring together Sustainability Leads across Wirral from the NHS and Local Authorities.

C&M Sustainability Board

Established to promote delivery of the Greener NHS programme, enable collaborative system green planning and to inform the ICB Estates Strategy. Reports into the Health and Care Board which in turn feeds into NHS C&M's Executive Board.

Cool Wirral

WUTH is part of the Cool Wirral Partnership which co-ordinates local action on climate change. The partnership is supported by Wirral Council and meets three times a year.



NHSE Climate Change Risk Assessment (CCRA) Tool

WUTH was one three C&M NHS organisations to pilot the NHSE’s CCRA tool, a number of improvements were recommended. It is hoped that a revised version of the tool will be published 2024/25 which will be used to support Climate Adaptation Planning at WUTH.

Tree Planting at Clatterbridge Site

There is a requirement as part of the CDC project to plant 41 extra-heavy standard native trees on the Clatterbridge Site to achieve Biodiversity Net Gain. The WUTH Sustainability Team are working with the Wirral Council to implement this, as it ties in with their Biodiversity Strategy commitment to plant 210,000 trees by 2030 increasing the Wirral “Green Canopy”.

Waste Management Research, Liverpool John Moore’s University (LJMU)

LJMU contacted the WUTH Sustainability Team with an opportunity to get involved in a research project focused on improving sustainable healthcare waste management within NHS Trust’s in the Northwest. LJMU attended Arrowe Park on 21st March 2024 and visiting WUTH’s Catering, Facilities Dept., Theatres, and the Maternity Ward to conduct a waste audit and understand the Trust’s waste practices through interviews with key leads and Heads of Departments. The results of this research will be extremely useful to feed into the Trust Waste Management Plan that is currently being drafted.

Sustainability Update

Plan for 2024/25



Wirral University
Teaching Hospital
NHS Foundation Trust

April
2024

Heat Decarbonisation Plan

To be developed in April and launched in May 2024

May
2024

Waste Management Plan

WUTH Sustainability Team is working with Facilities & Support Services to conduct a gap analysis between our current waste disposal practises and the new NHS Clinical Waste Strategy and HTM 07-01: Safe & sustainable management of healthcare waste. To be launched in May 2024.

Sept
2024

Energy Campaign

WUTH Sustainability Team to work with Estates to develop a “Switch it off” campaign for staff engagement, this is to be launched in September 2024

Dec 2024 –
March
2025

WUTH Green Travel Plan

Develop a WUTH Green Travel Plan following on Liverpool City Region consultation work.

WUTH Climate Adaptation Plan

Develop a WUTH Climate Adaptation Plan using NHSE Climate Change Risk Assessment Toolkit

Council of Governors
15 April 2024













Item No 10.1

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

This report updates on the work of the Finance Business Performance Committee at its meeting on 28 February 2024.

Executive Summary/Current Position

- The Trust is forecasting a significant risk of at least £4.50m to achievement of the 2023/24 financial plan. This is wholly attributable to the unfunded costs of Industrial Action and under-utilisation of CMSC by partners. All other key risks of maximising elective activity, CIP achievement and overspends within Estates have mitigation plans in place. Failure to achieve the financial plan would place significant pressure on both the Trust’s cash position and compliance with the Public Sector Payment Policy (PSPP).
- As the Trust annual plan is a deficit of £18.9m, management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance strategy approved by the Board in April 2023. Quarterly updates are provided to the Board on progression of the strategy and the underlying financial position.
- The risk ratings for delivery of statutory targets in 2023/24 are:

Statutory Financial Targets	RAG (M10)	RAG (Forecast)	Section within this report / associated chart
Financial Stability			I&E Position
Agency Spend			I&E Position
Financial Sustainability			N/A (quarterly update)
Financial Efficiency			Cumulative CIP
Capital			Capital Expenditure
Cash			Cash Position

New/Emerging Risks

- Further improvement to the financial plan is required.
- The risk around elective performance and achievement of Cancer waiting times targets for Colorectal, Gynaecology and Urology are now significant due to continued industrial action.

Overview of Assurances Received and Committee Activity

- The Committee noted that financial performance to month 10 had continued to deteriorate with a deficit of £21.5m achieved against a planned deficit of £17m, an adverse variance of £4.5m. The unmitigated risks are industrial action and continued under-utilisation of surgical capacity by C&M partners. The Committee was informed that the COCH has improved its utilisation in the current quarter and agreed in principle an SLA with the trust which should

ensure better utilisation of their allocated theatre sessions for the remainder of 2023/24 and beyond.

CIP is forecast to underachieve by £3m in year with full achievement in a full year.

The adverse variance from plan for the year is forecast at £4.5m but this would be impacted by further industrial action.

In response to questions from the Committee regarding medical agency staff. The Chief Operating Officer said that a review of all agency medical staff was planned to be undertaken by the Trust Management Board and would be brought to the next meeting of the Committee.

- The Committee noted that capital expenditure was £5m behind plan. UECUP spend is forecast to remain behind plan at year end but schemes have been brought forward from 2024/25 to bridge the gap and the Committee was assured that the capital expenditure plan would be achieved in full. The cash balance was higher than plan at £15m but this continues to require close monitoring.
- The Committee received a presentation on progress of development of the 2024/25 financial plan. The draft income and expenditure plan remained work-in-progress and showed a potential deficit of £27.9m. Cheshire and Merseyside ICB have stipulated that all plans comply with the following:
 - Improved performance on 23/24 plan – deficit would need to be £20m or lower to comply.
 - Reduction in staffing WTE – trust plan shows a 1% reduction in WTE's.
 - Increased productivity - trust plan shows increased productivity of 2.7%

Inflation assumptions were 2.1% for pay and 1.9% for non-pay and a 5% CIP was included. The Committee gave its approval to the direction of travel of the plan but noted that it needed further improvement before final submission.

- The Committee received an update report on productivity and efficiency. The year to date achievement for CIP was £18.5m delivered with a further £4.7m forecast to the year-end giving a total achievement of £23.2m against a plan of £26.2m. The Chief Finance Officer informed the Committee that while the trust's agency position was better than threshold it was an outlier for using off-framework agencies and this was an area for improvement.
- The Committee received a presentation from the Divisional Manager (DM) for Medicine on the divisional approach to delivery of CIP. The forecast for the division was achievement of £4.5m in-year and £5.1m full year which is 5% of the divisional budget. The Committee congratulated the DM on the good performance despite the challenges within the division. The DM stated that it will be more difficult to achieve this level of savings next year but the areas to be focussed on will be bed capacity, agency spend and medicines.
- The Committee noted the strong performance achieved in elective activity. Performance to reduce 65-week waiters was ahead of plan for all specialties except Gynaecology. Diagnostic performance was slightly behind the 95% target due to challenges in Cystoscopy but is on plan to achieve 95% by the year end. Colorectal, Urology and Gynaecology remain the primary areas of concern across the cancer standards. The Committee was pleased to see the use of the trust's own infrastructure in delivering additional activity.
- The Committee were pleased to welcome the Chief Information Officer (CIO) to his first meeting. The CIO provided a set of KPIs for measuring the performance of the Digital Healthcare Team and the Committee noted that KPIs to measure strategic delivery were under development. The CIO informed the Committee that a Chief Clinical Information

Officer (CCIO) had recently been appointed and this should help significantly with clinical engagement in developing the use of digital systems. The Committee looked forward to the continued attendance of the CIO at FBPAC meetings and to supporting them in the ongoing development of the digital agenda.

- The Committee received a preliminary report on private patient activity within the trust and noted progress on implementing previous internal audit recommendations. The Committee noted the new documentation and processes developed and looked forward to a further update in due course.
- The Committee gave retrospective approval to a contract with Wirral Community NHS Foundation Trust for MSK services.
- The Committee approved the award of a 2 year contract to Mersey Healthcare LLP under the Most Suitable Provider process.
- The Committee reviewed the Board Assurance Framework with no recommendations for change.

Other comments from the Chair

- The Committee continue to be assured by the quality of information received and the forward planning undertaken despite the continued operational pressures.
- Financial performance remains in line with commitments given to the ICB for H2
- Elective activity is performing well in general.
- The Medicine Division is well engaged in the CIP agenda.

Statement of Assurance

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

Council of Governors
15 April 2024

Item No 10.2

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

Executive Summary/Current Position

- This report updates on the work of the Audit and Risk Committee at its meeting on 29 February 2024. The work of the Audit and Risk Committee as well as being documented in its terms of reference is prescribed by Accounting/Auditing Standards and Regulatory requirements.

Items for Escalation/Action

- There are no items for escalation from the Committee. The action log confirmed all matters previously discussed at the Committee had been closed.

New/Emerging Risks

- There are no new/emerging risks.

Overview of Assurances Received and Committee Activity

- **Internal Control and Risk Management**

The Committee discussed the Chair's report from the Risk Management Committee.

The medical Director briefed the Committee on the ongoing management of risks and key issues being discussed and managed at an operational level. Following the previous Audit Committee meeting which discussed infrastructure issues, this time further discussion took place on capital equipment and the challenges of replacing old but key items such as the CT scanner. It was accepted that despite mitigations there was inevitably a degree of residual risk that remained with such items.

The Medical Director also highlighted challenges related to staffing and capacity. It was recognised that managing such issues was challenging and that whilst there was a command structure in place to deal with escalations, mitigating the risks from unscheduled care was often at the expense of elective activity which in turn has its own repercussions.

It was however noted that there is a strong risk management culture in the Trust, and this was evident in the report and responses.

The Committee reviewed the latest version of the Trust's Risk Management Strategy. The Strategy was last refreshed in November 2022, and at that point, it was noted that the refresh would be

changed to April to April. There were no substantial changes to the Strategy, nor to the risk appetite statement. The Committee discussed the risks relating to Research and Innovation and where they would best be recorded alongside a discussion on place-based risks, noting these may well come more to the fore over the next 12 months. The Committee approved the Risk Management Strategy.

The Committee reviewed the latest version of the Board Assurance Framework noting this will be subject to a substantial review and refresh for the coming year.

A deep dive took place into Finance risks noting that Finance issues ran through many items on the BAF and Risk Registers.

The Deputy Director of Finance gave an overview of the four key high scoring risks, including the mitigations in place, the actions, and the monitoring process for each. The Director of Finance added that assurance can also be found via the internal audits which have been undertaken in year, and the accreditation which the team have achieved.

The Committee discussed the detailed Corporate Governance Manual which brings together a number of key documents in a single repository. The Committee approved the scheme of delegation and reservation, the Board code of conduct and recommended the same to the Board for final approval.

- **Procurement control and waivers**

The Committee was updated on procurement spend controls and waivers. It was noted that the Trust continues to perform strongly against NHS benchmarks. Work is ongoing to create a robust procurement work plan to identify and reduce ad-hoc expenditure, and further efforts are being made to ensure awareness of the no PO, no pay policy.

The Deputy Director of Finance confirmed that the Procurement team are looking at changing the language in the SFIs to move away from “retrospective waivers” and start using “breach of SFIs.” Improvement in this area has stalled, and it is felt that there is a culture of simply using a waiver instead of having proactive conversations. There was some discussion about the cultural impact of such a change however the Committee agreed that this should be considered but that there should be a balance with the understanding that some retrospective waivers may not be in the individual’s control.

- **Financial Losses and Special payments**

The Committee scrutinised the standing report on financial losses and special payments. Much of these losses were immaterial. The Committee was updated on the ongoing discussions with WBC relating to a substantial amount of unpaid debt. The current position would appear to be that a number of these invoices will require to be written off although there will be no current year financial impact and they had been provided for in full.

The Committee noted the risk of salary overpayments during the payroll transition, and that drug costs seem to be increasing, both of which should be monitored.

- **Anti-Fraud Progress Report**

MIAA provided their regular update on Anti-Fraud issues and work being undertaken. The AFS highlighted the strategic governance elements, including the Counter Fraud External Reporting Suite published by NHSCFA, and the review of the Anti-Fraud Policy. She also noted the investigations and referrals, including those carried forward from the previous period. The AFS introduced the 24/25 Anti-Fraud Plan which was approved by the Committee.

- **Internal Audit**

MIAA provided an overview of recent activity undertaken across the Trust.

Two reviews were reported to the Committee, one in relation to Consultant incremental pay and the second relating to financial processing controls. The latter report receiving an opinion of substantial assurance.

- **Tracking Outstanding Audit Actions**

Both the MIAA Audit Tracker and the Trust's own tracker report demonstrated good engagement with, and closure of, issues arising from Internal Audit reviews.

- **Internal Audit Plan 24/25**

MIAA reported on the process undertaken to draft the internal audit plan, including the risks that have been considered, and indicated the proposals at section 6 and 7. It was noted that the process for approving the plan includes NEDs, and that this has worked well. The Committee approved the draft Internal Audit Plan 2024/25.

- **External Audit Plan for the Audit of the Trust accounts to 31 March 2024**

Azets explained the auditor's responsibilities, as outlined in the report, and noted the general approach that will be undertaken to discharge these responsibilities. It was noted that there have been no major changes to the audit standards, unlike last year. The Auditor provided an overview of the significant risks that have been identified and the methods by which these would be reviewed and reported back to the Audit Committee. The Committee also noted the review of the Value for Money arrangements, which the auditors must also consider and assess. The Committee approved the External Audit Plan 2023/24 along with the proposed fees of £130,560 for the Trust and £4,800 for the Charitable Fund.

- **Year-end matters**

A number of year end matters were then discussed and approved by the Committee. Specifically, the proposed going concern disclosure subject to any further requirements of the Foundation Trust Accounting and Reporting Manual 2023/24 (which is yet to be published) and the Accounting Policies to be used in constructing the year end accounts.

Other comments from the Chair

- No other comments.

Statement of Assurance

- I confirm that the Committee are assured on the processes being monitored by the Committee. All such matters are included in the body of the report on the deliberations of the Audit and Risk Committee as set out above.

Council of Governors
15 April 2024

Item No 10.3

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

Executive Summary/Current Position

This report updates on the work of the Quality Committee at its meeting on 14 March 2024.

Executive Summary/Current Position

- The Trust continues to implement oversight of quality through the existing governance structures including Quality Committee as the subcommittee of the Board of Directors and Patient Safety and Quality Board as the Executive Director led assurance group.
- Assurances have been received in relation to a range of quality indicators through a variety of reports to the Committee which are detailed further in this report.

Items for Escalation/Action

- The annual trajectory for prevention of Clostridioides difficile cases for 2024/25 has been agreed with the Integrated Care Board at 108 cases. This upper limit is not now “artificially suppressed” by previous lower case levels, seen during the height of the pandemic. The number of cases seen in 2023/24 stands at 101 cases (with an annual trajectory of 71), a reduction of over 30 cases compared to the previous year. The Committee are assured of the continued diligence and oversight and leadership in place to prevent and control C diff. The relative lack of isolation facilities remains a challenge for the organisation.
- It was positively noted that there were trends in reduction of patients on the total open pathway waiting list from last summer, as well as the elimination of greater-than 78 week waits for patients. Given the fact that referral levels remain high, this is testament to the work undertaken to improve access for scheduled care in the face of disruption due to industrial action.

New/Emerging Risks

- No new risks were identified. However the Committee felt it would be useful to have a greater understanding of the potential impacts on, likelihood of and mitigations for, quality and safety related to restricted capital allocations for medical equipment. Relevant areas of the Board Assurance Framework were considered.

Overview of Assurances Received and Committee Activity

- The implementation of the Patient Safety Incident Reporting Framework (PSIRF) continues, and the Committee was assured of an active process with good clinical engagement and appreciation of the just and learning aims of this approach. Numbers of rapid evaluations of

care proposed in month were higher than initially anticipated (65). Of these 35 showed no evidence of significant error or admission. Of these latter 35 reported 17 were stood down before panel consideration. This does indicate a culture of a high level of reporting of concerns, consistent with a health safety culture. Thematic learning around falls, tissues ulcers and infection control was identified.

- The Committee received assurance it had previously sought, that the Trust's patients seeking in-vitro fertilisation services could access such services, following a risk noted in the Quality and Patient Safety Intelligence report previously. The Trust is working with the regional lead service at Liverpool Women's Hospital to future-proof these services.
- The Committee were assured that appropriate monitoring of key quality indicators (e.g. for falls, tissue ulcers and deterioration) was in place and that any adverse trajectories were identified in outcomes or processes. In the case of an adverse trajectory, divisions, supported by the central governance team took appropriate action.
- Through the work of a group of trainee doctors, a digital out-of-hours task list had been developed and implemented. This task list ensures that, particularly where other clinicians are needed to complete tasks, there is a robust system to support scheduling and completion of tasks. This ensures continuity of care. It also demonstrates an innovative and collaborative approach to quality and safety.

Other comments from the Chair

- The reports provided to the committee were high quality and contained the necessary detail for the committee to test the assurances that were provided. Additionally authors and area leads were able to respond to enquiries to assist the committee in formulating its opinion on assurance.

Statement of Assurance

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

Report Title	People Committee Update
Author	Lesley Davies, Chair of People Committee

This report updates on the work of the People Committee at its meeting on 21 March 2024.

Executive Summary/Current Position

- The Integrated Performance Report demonstrated continued improvement in relation to many of the workforce indicators. Despite seasonal pressures and strike action, the Trust's People KPIs for mandatory training and turnover remain on target and continues to be achieved, at 92% and 0.81% respectively. Appraisal compliance has been adversely impacted by strike action and remains slightly below target at 87.85%. Sickness absence also remains above target at 5.64%, although there has been a significant improvement in month.
- Below is a summary of 'People' activity, which addresses the issues above and relates to the delivery of the People Strategy 2022-2026.

New/Emerging Risks

- The Committee received the annual report on Workforce Education and Training. Focus was given to the two areas of risk highlighted in the paper, Induction Compliance and Apprenticeship Levy Spend. Assurance that induction compliance was now in target for both Corporate Induction and Local Induction was provided, and plans are on track to close this risk by end of March 2024.
- Significant progress has been made to maximise the apprenticeship levy. Following a series of successful initiatives levy funding returned to HMRC has reduced from £45k (on average) in April 23 to £3k in March 24. Long-term plans were outlined in the paper which will mitigate return of apprenticeship levy to HMRC, and work continues to implement apprenticeships at WUTH and maximise all available apprenticeship levy funding. The greatest obstacle remains inability to fund backfill for apprentices. Apprenticeship Levy risk has reduced from 12 to 9 following progress.

Overview of Assurances Received and Committee Activity

- The Committee received an update on the ongoing dispute with Unison relating to the retrospective re-grading of Clinical Support Workers and which has been reported to the Board previously. Discussion between Unison and the Trust have resulted in an agreed resolution and an end to the dispute. The committee took good assurance of the management of safe working practices.
- The Equality Delivery system (EDS) has been part of the NHS contract since 2015 and a new framework was launched in 2022. The EDS is based on 11 outcomes and the last EDS

assessment took place in February 2023 when the Trust agreed an overall rating of 'developing'. The Committee was assured to the progress made against the framework since 2023. This year the Trust has re-assessed its rating and has agreed an 'achieving' rating. The self-assessment findings are based on feedback from Health Watch, staff networks, trade union representatives, divisional triumvirates and the Executive Team.

- The Committee received good assurance on the progress being made against the year 2 deliverables of the People Strategy. Some progress has been hampered by industrial action but assurances were received that currently there are no areas of concern regarding non-delivery. Of note is the work being undertaken and the activities supporting the engagement of staff, continued work on the Just and Learning Culture and the roll out of the Leadership training programme. At the end of the year the Committee will review the impact of this work.
- The Committee discussed the recent Staff Survey and although there are many positives to celebrate the response rate overall has dropped by 10% this year which is disappointing given the range of engagement activities being undertaken by the team. Local intelligence suggests that this is due to the impact of Industrial Action. The next steps include the dissemination of the responses at divisional team meetings in order to feedback directly to staff that their opinion matters and to discuss action the Trust is taking to address any concerns raised.
- The Committee was provided with a deep dive into Estates as this has been an area of ongoing concern with regard to the level of short-term sickness and lower levels of satisfaction demonstrated through staff feedback. This deep dive provided richness to the data that has been consistently reviewed and it was brought to the committee attention the lack of digital processes and the labour-intensive processes that staff carry out and also the structure of the division which relies on very few managers with a very wide span of control. The committee was assured that the division was reviewing ways of improving its processes, providing more support for appraisals and monitoring sickness absence and staff welfare and that work was being undertaken to review the structure of the division. The division is also looking at the opportunities of taking on apprentices.

Other comments from the Chair

- The Committee thanked the staff for their continued work and for providing good assurance on the areas reviewed.

Statement of Assurance

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

Council of Governors

Item 11

15 April 2024

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

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

Key Risks
<p>This report relates to the key risks of:</p> <ul style="list-style-type: none"> Quality and safety of care Patient flow management during periods of high demand

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

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

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

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

Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	4	19	23
Well-led	2	1	3
Use of Resources	2	3	5
All Domains	15	28	43

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

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

Integrated Performance Report - February 2024

Approach

The metrics for inclusion have been reviewed with the Executive Director team. Performance is represented in SPC chart format to understand variation, and a summary table indicating performance against standards. The metrics are grouped into Executive Director portfolios, with individual metrics showing under their CQC Domain. Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	4	19	23
Well-led	2	1	3
Use of Resources	2	3	5
All Domains	15	28	43

Key to SPC Charts:



Issues / limitations

SPC charts should only be used for 15 data points or more. Some of the reported metrics only apply from 2022, so will take time to build up. SPC format does not support including a target where it is variable over time, eg a reducing trajectory for long waiters. Alternative formats of charts are included where they are more appropriate.

Changes to Existing Metrics:

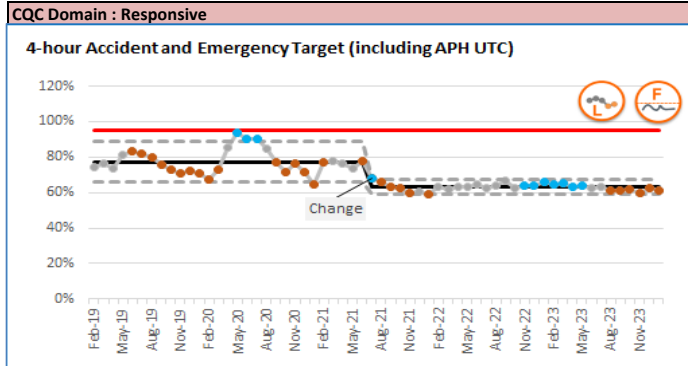
Metric

Clostridioides difficile (healthcare associated)
 % Appraisal compliance
 Ambulance handover

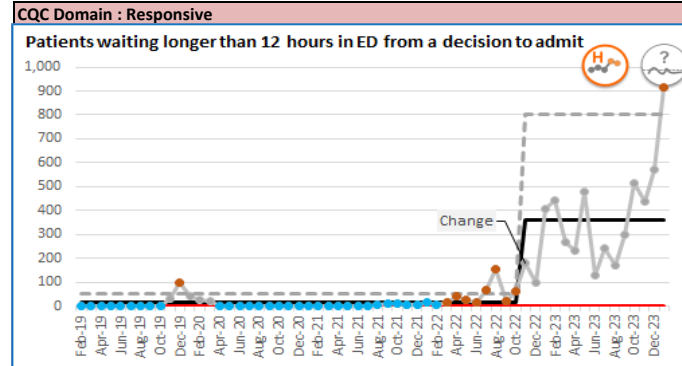
Amendment

Threshold target for 2023/24 is now confirmed - maximum 71 cases for the year.
 Likely change of the target threshold to 90% from Q3 2023/24
 Metric calculation amended to show % within time-band

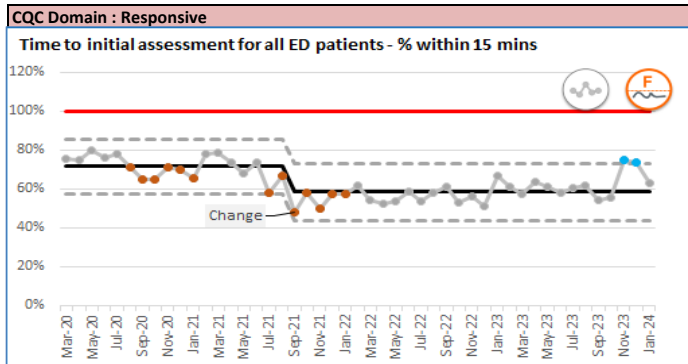
Chief Operating Officer (1)



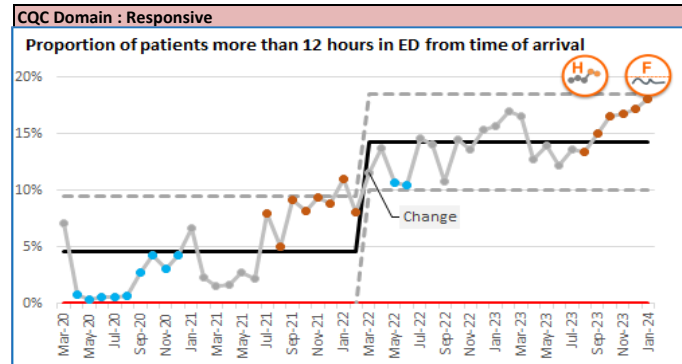
Jan-24
61.2%
Variance Type
 Special cause
 variation - concerning
Threshold
 ≥95%
Assurance
 Performance consistently
 fails to achieve the target



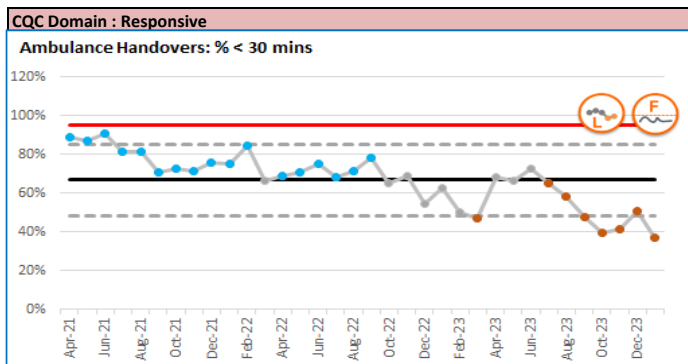
Jan-24
915
Variance Type
 Special cause
 variation - concerning
Threshold
 0
Assurance
 Hit & miss target subject
 to random variation



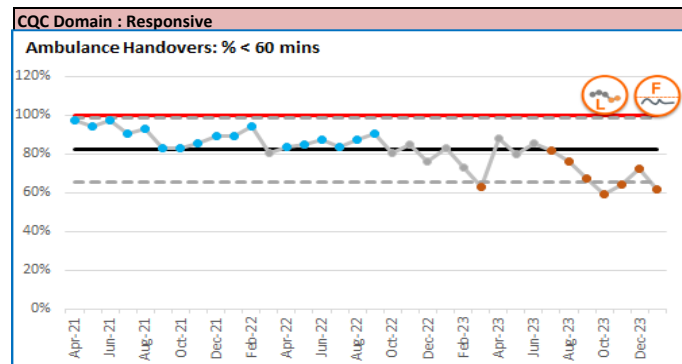
Jan-24
63.0%
Variance Type
 Common cause
 variation
Threshold
 100%
Assurance
 Performance consistently
 fails to achieve the target



Jan-24
18.1%
Variance Type
 Special cause
 variation - concerning
Threshold
 0%
Assurance
 Performance consistently
 fails to achieve the target

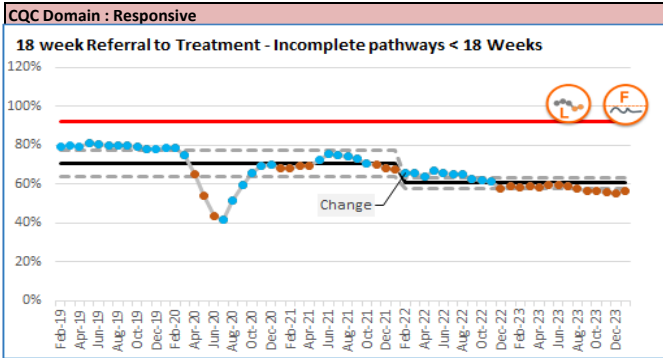


Jan-24
36.8%
Variance Type
 Special cause
 variation - concerning
Threshold
 ≥95%
Assurance
 Performance consistently
 fails to achieve the target

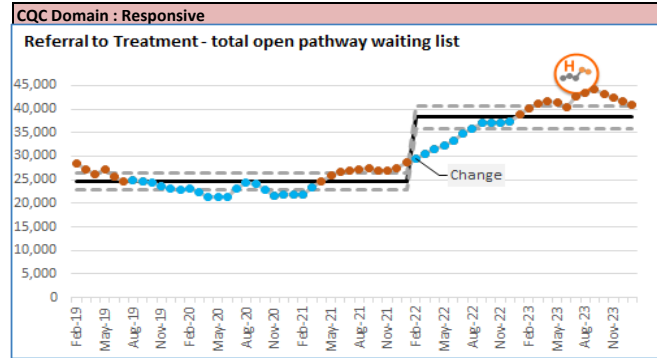


Jan-24
61.4%
Variance Type
 Special cause
 variation - concerning
Threshold
 100%
Assurance
 Performance consistently
 fails to achieve the target

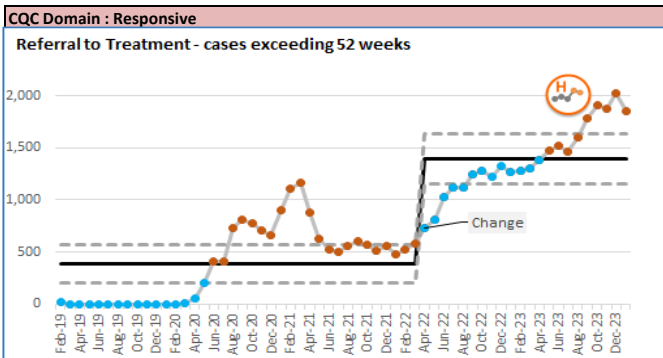
Chief Operating Officer (2)



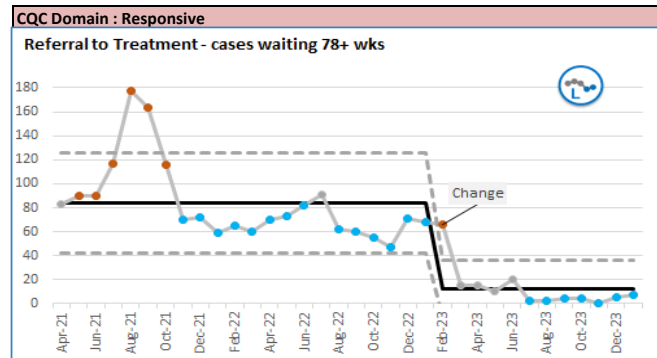
Jan-24
56.58%
Variance Type
Special cause variation - concerning
Threshold
≥92%
Assurance
Performance consistently fails to achieve the target



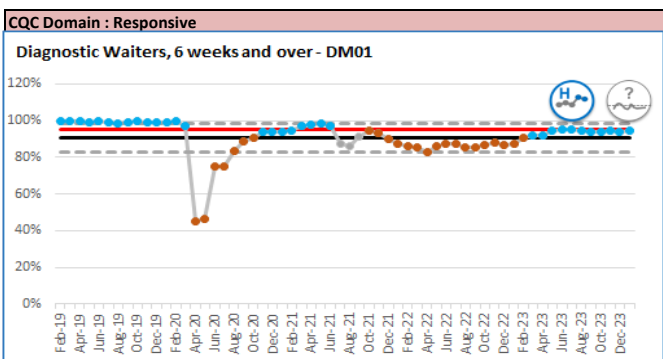
Jan-24
40930
Variance Type
Special cause variation - concerning
Threshold
≤ 37322
Assurance
Trajectory target not appropriate for SPC Assurance reporting



Jan-24
1855
Variance Type
Special cause variation - concerning
Threshold
1330
Assurance
Trajectory target not appropriate for SPC Assurance reporting

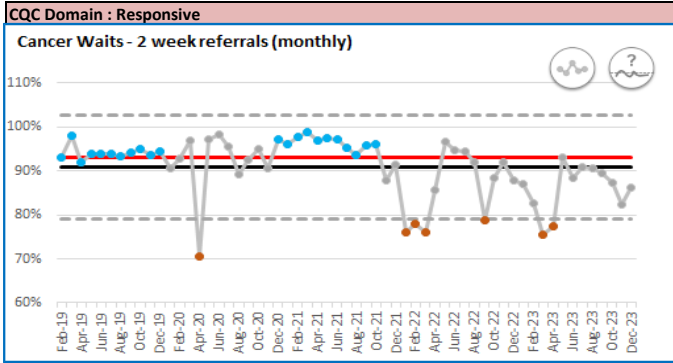


Jan-24
7
Variance Type
Special cause variation - improving
Threshold
0 (exc choice / complex)
Assurance
Trajectory target not appropriate for SPC Assurance reporting

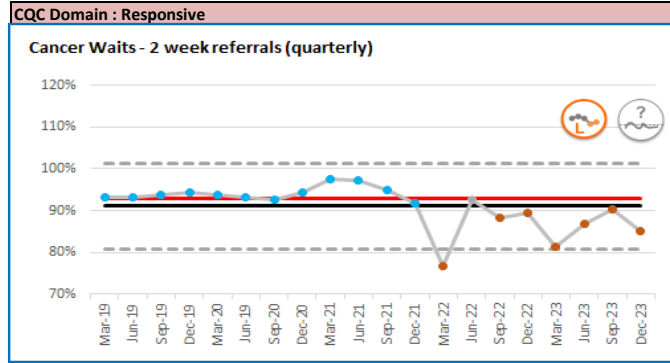


Jan-24
94.4%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

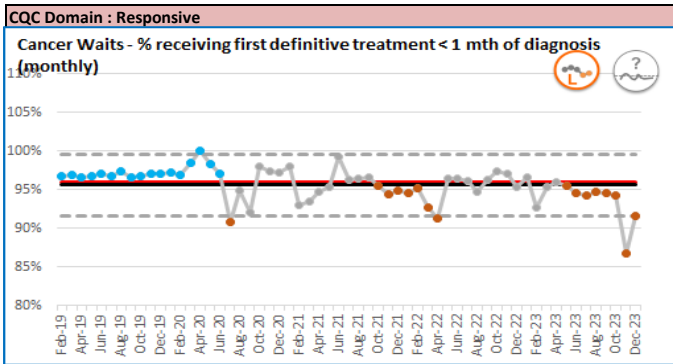
Chief Operating Officer (3)



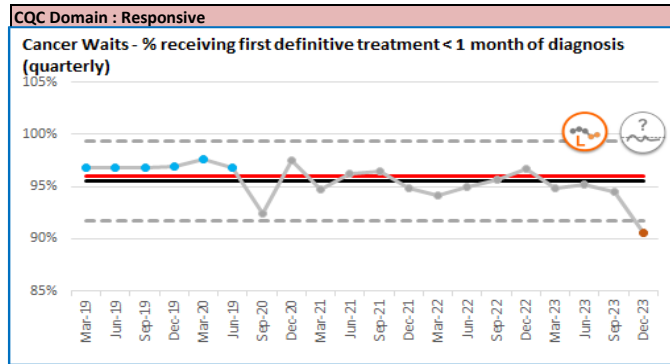
Dec-23
86.1%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



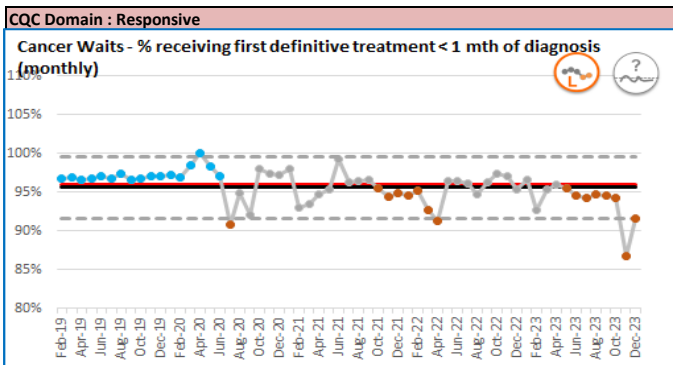
Dec-23
85.1%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation



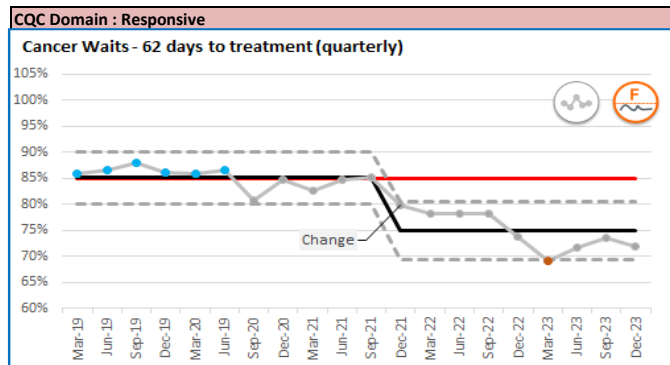
Dec-23
90.6%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation



Dec-23
90.6%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

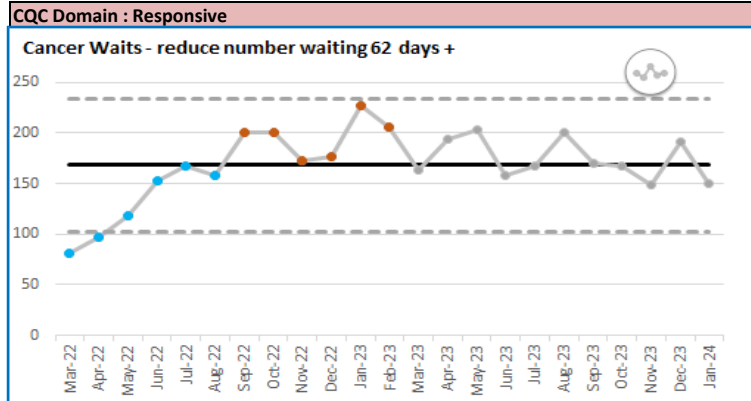


Dec-23
74.7%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

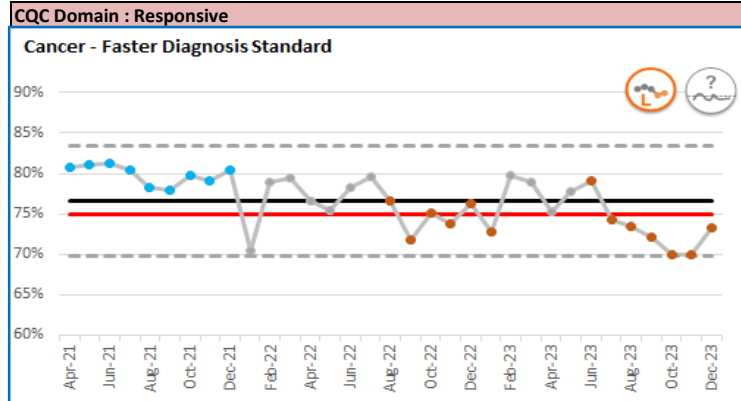


Dec-23
71.8%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

Chief Operating Officer (4)

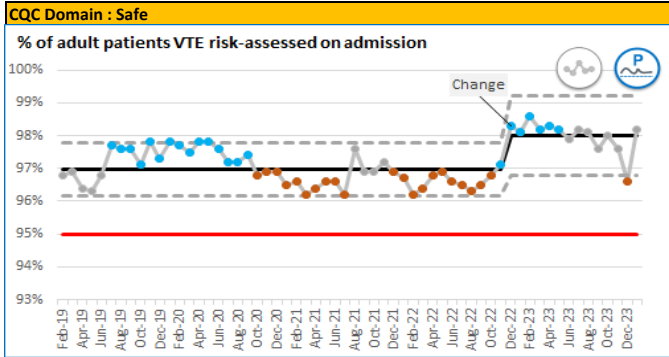


Jan-24
150
Variance Type
Common cause variation
Threshold
156
Assurance
Trajectory target not appropriate for SPC Assurance reporting

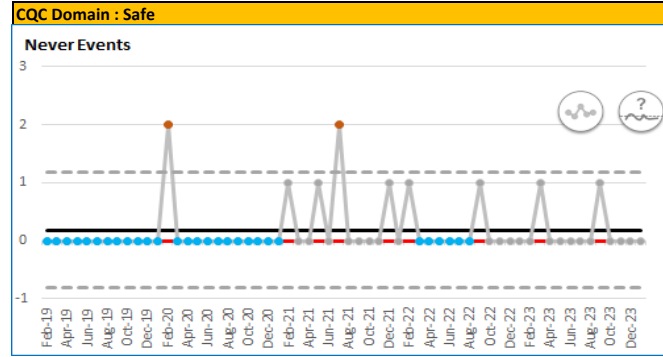


Dec-23
73.4%
Variance Type
Special cause variation - concerning
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

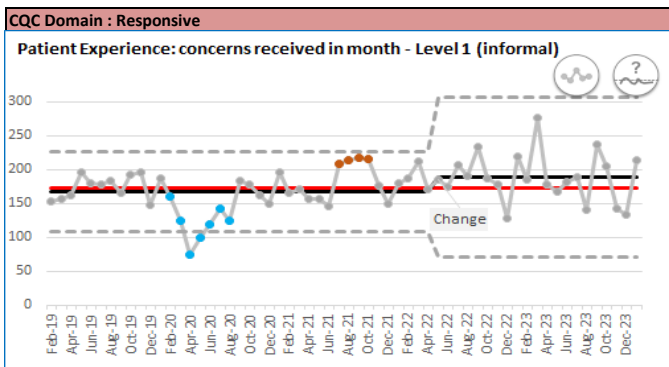
Medical Director (1)



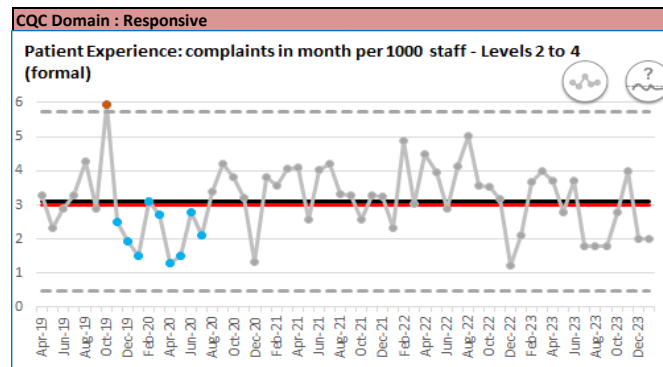
Jan-24
98.2%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target



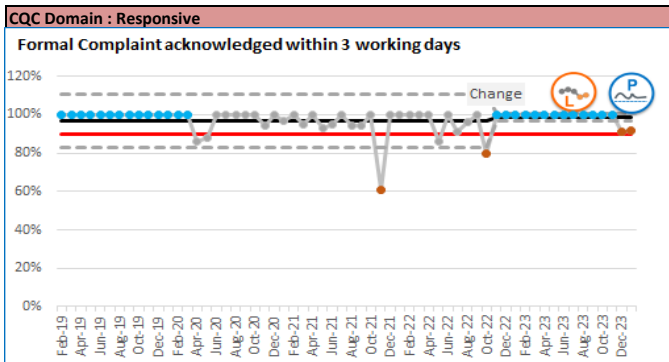
Jan-24
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation



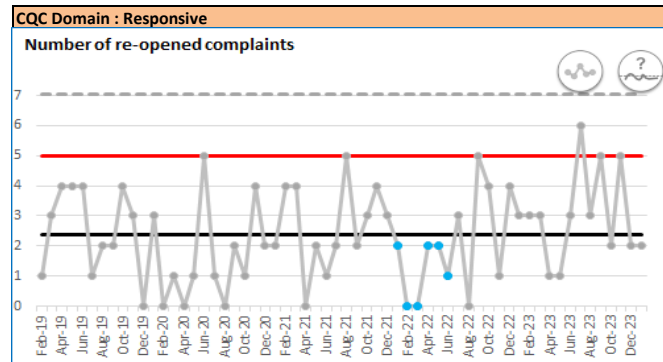
Jan-24
214
Variance Type
Common cause variation
Threshold
≤173
Assurance
Hit & miss target subject to random variation



Jan-24
2.0
Variance Type
Common cause variation
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation



Jan-24
92%
Variance Type
Special cause variation - concerning
Threshold
≥90%
Assurance
Performance consistently achieves the target

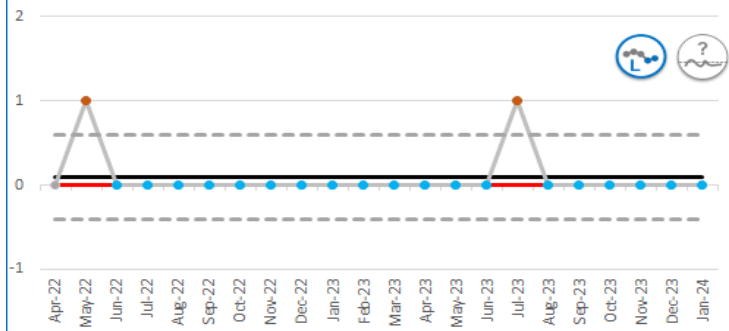


Jan-24
2
Variance Type
Common cause variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

Medical Director (2)

CQC Domain : Well-led

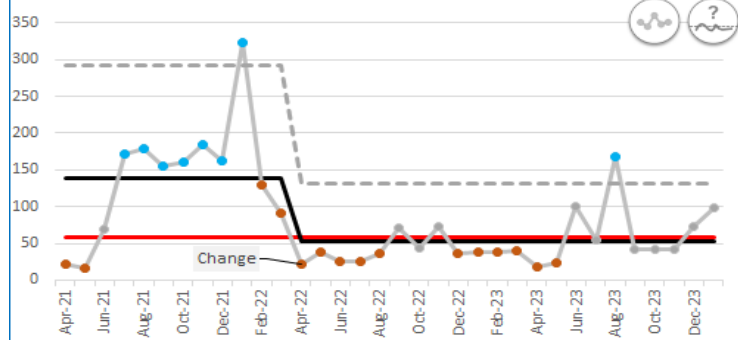
Duty of Candour compliance - breaches of DoC standard for Serious Incidents



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

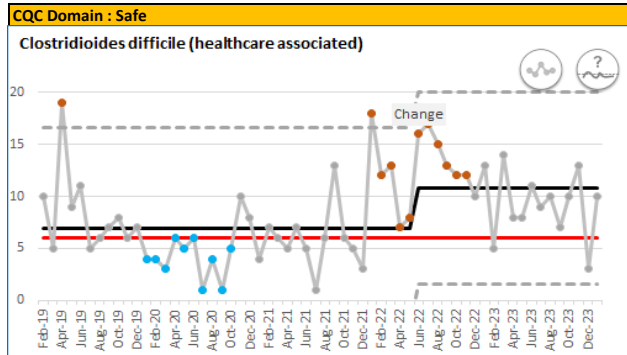
CQC Domain : Well-led

Number of patients recruited to NIHR studies

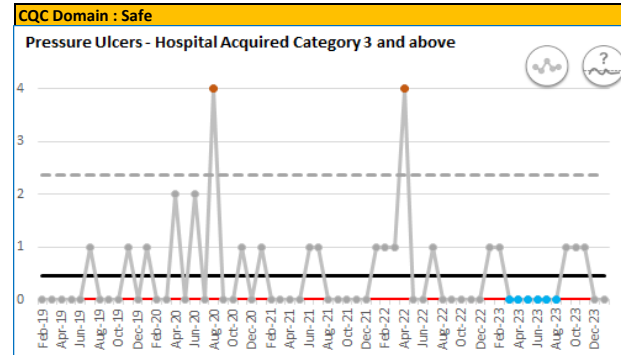


Jan-24
98
Variance Type
Common cause variation
Threshold
700 pa (trajectory)
Assurance
Hit & miss target subject to random variation

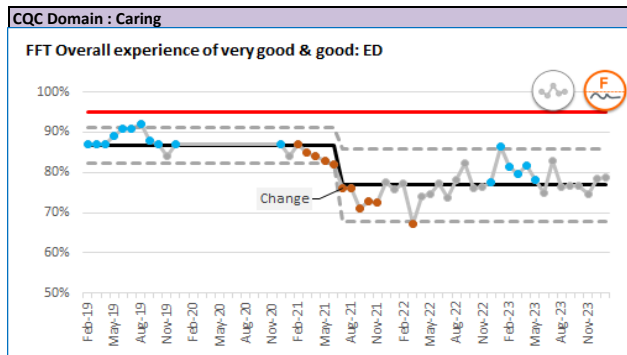
Chief Nurse



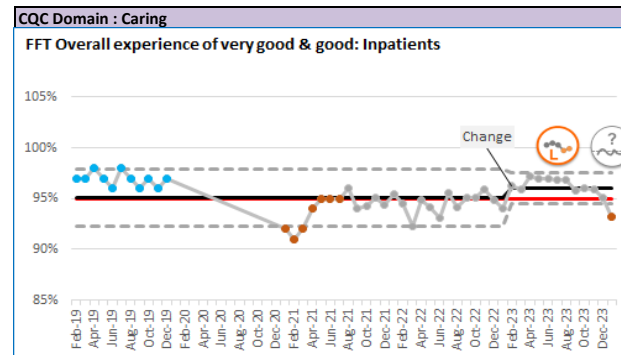
Jan-24
10
Variance Type
Common cause variation
Threshold
≤6
Assurance
Hit & miss target subject to random variation



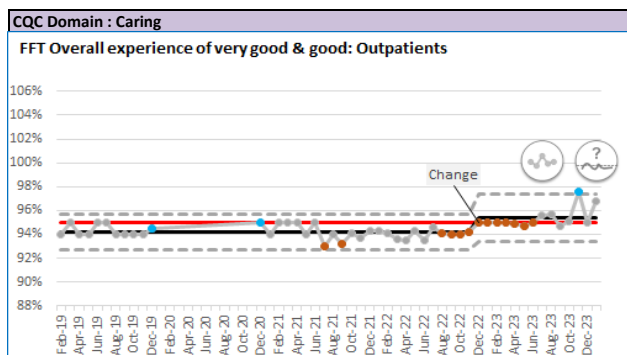
Jan-24
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation



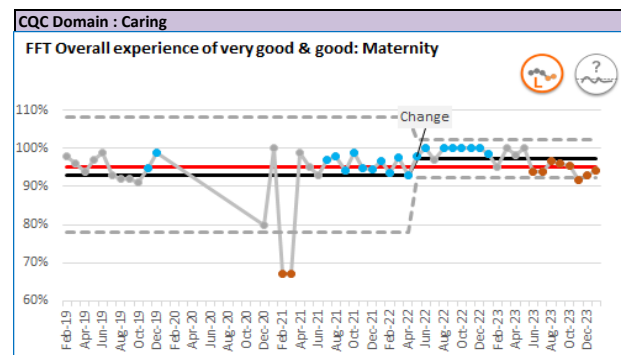
Jan-24
78.8%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target



Jan-24
93.2%
Variance Type
Special cause variation - concerning
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



Jan-24
96.8%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation



Jan-24
94.1%
Variance Type
Special cause variation - concerning
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Chief Nurse – Jan 2024 data

Overall position commentary

In order to meet the year end objective of 71, the Trust set a local threshold of 6 *Clostridioides difficile* per calendar month and whilst we exceeded this by 18 at the end of January 2024 we have seen an overall decrease of 34 when compared to the same period in 2023/24. The downward trend in the number of positive cases reported over the past 12 months continues. In line with the IPC annual plan, the 5 key priorities identified that underpin the CDT improvement work continue to be communicated weekly in The Trust bulletin with monthly related themes and newsletters to improve awareness to staff as per the agreed IPC communication and engagement strategy.

During January Outpatients was the only area to achieve the local target of $\geq 95\%$ for the Friends and Family Test (FFT). The three remaining areas did not achieve this target with Inpatients scoring 93.2%, Emergency Department (ED) 78.8% and Maternity at 94.1%. A comparison with the latest available NHSE benchmarking data (December 2023) demonstrates that WUTH were in line with or above the National average.

Clostridioides difficile (healthcare associated)

Narrative:

The NHS standard contract for 2023-24 identifies the *C. difficile* threshold for each trust; our threshold for 2023-24 is 71. To meet this, we have set internal monthly threshold of 6 each month with 1 month having 1. In January 2024 there were 10 patients diagnosed with CDT, exceeding the monthly threshold by 4.

Actions:

- The Bi-weekly DIPC MDT CDT improvement group continues with learning from *C difficile* rapid evaluations of care discussed and learning disseminated to the divisions.
- Priority focuses continue to concentrate on Decluttering to enhance effective cleaning of the environment, education regarding cleaning of medical devices, prompt isolation of patients with symptoms, Sampling in a timely manner and robust hand hygiene.
- Use of newly developed IPC dashboard that incorporates local intelligence to highlight priority areas where targeted work can be focused to improve patient outcomes.

Risks to position and/or actions:

- Annual threshold has been exceeded by 18.
- Bed occupancy has inhibited the ability to implement the HPV proactive and reactive cleaning schedule and the rapid isolation of infected patients.

FFT Overall experience of very good and good.

Narrative:

The Trust monitors FFT experience across a range of care settings, with a target rating of a minimum 95% for good or very good.

Analysis of the patient comments for inpatient services indicates that their reasons for providing a negative response is linked to their initial experience within ED, highlighting waiting times, delays and communication.

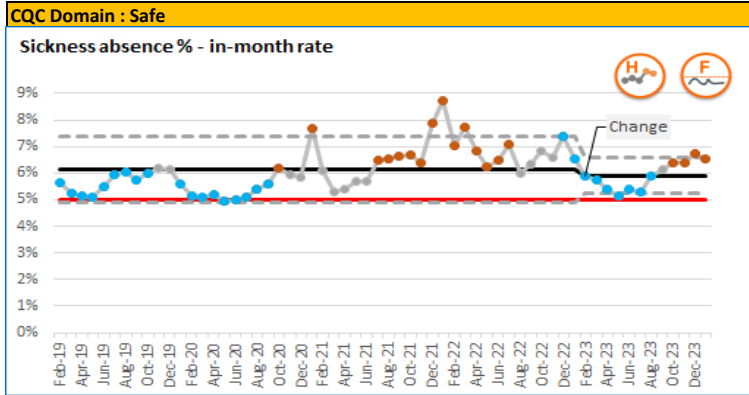
Actions:

- Continued focus on providing people with access to provide feedback via FFT: volunteers are visiting ED and out-patient areas at varied times and days.
- Monitor FFT performance against national average: we perform similar or above the national average since December 2022.
- Proactively respond to feedback, making immediate rectifications when able to and encourage patient and carer participation through Patient Experience Promise groups.
- Continue coproduction with patients via patient experience strategy

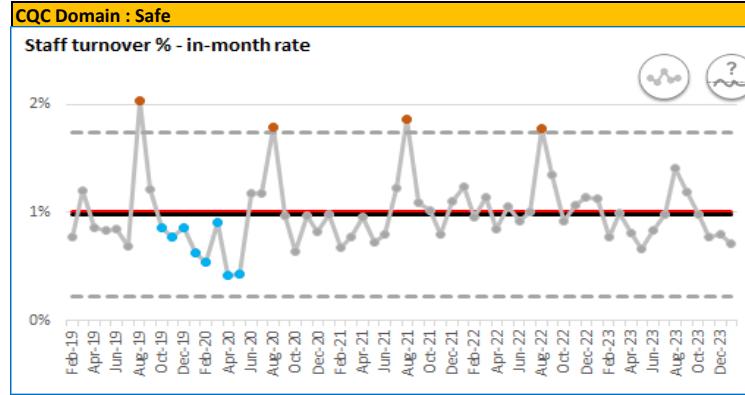
Risks to position and/or actions:

- Bed occupancy impacting on the length of time patients remain within ED: Processes are in place operationally to prevent this where possible.
- Whilst car parking continues to be a theme of negative feedback this has shifted from a subcategory of the inability to find a car parking space to frustrations related to pay machines and parking charges. These comments have been shared with the Capital Estates and Facilities Division

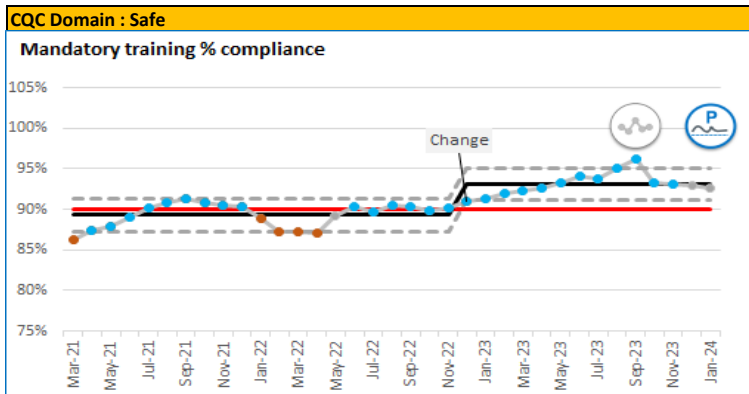
Chief People Officer



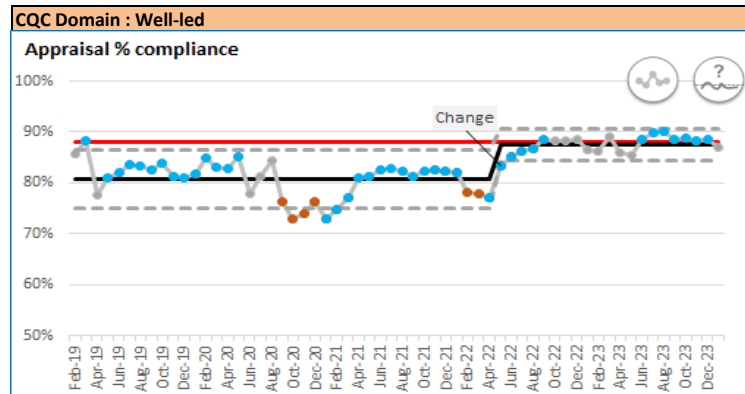
Jan-24
6.53%
Variance Type
Special cause variation - concerning
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target



Jan-24
0.71%
Variance Type
Common cause variation
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation



Jan-24
92.59%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Performance consistently achieves the target



Jan-24
87.05%
Variance Type
Common cause variation
Threshold
≥88%
Assurance
Hit & miss target subject to random variation

Chief People Officer – for Feb 2024 BoD

Overall position commentary

Despite winter pressures and formal industrial action, the Trust's People KPIs for mandatory training remains on target and continues to be achieved.

Work continues through the Strategic Retention Group. Staff turnover has continued to improve and is within target at 0.71%.

Sickness absence remains above target and is an area of concern. Industrial action is adversely affecting the ability of line managers to manage sickness absence, and this is most challenging in Medicine and Surgery Divisions.

Appraisal compliance has dipped this month to 87.05% and is now below the KPI for the first time since May 2023.

Sickness absence % in month rate

Narrative:

The Trust threshold for sickness absence is 5%. For January 2024 the indicator remained at 6.53%, demonstrating special cause variation.

The position is mainly driven by short term sickness absence, which accounts for 77% of absences across the Trust. Cold / flu, gastrointestinal problems and chest / respiratory problems are the most commonly occurring reasons for short term sickness absence which is reflective of seasonable variation. The most commonly occurring reason for long-term absence is anxiety/stress/depression.

Focus remains on supporting the health and wellbeing of our workforce.

Actions:

- As part of our ongoing commitment to staff wellbeing, and as a proactive supportive intervention, enhanced access to counselling was made available to staff during early February, via an onsite 'drop in' approach.
- Additional sessions for both counsellors and physicians have been made available.
- The Trust facilitated telephone counselling calls to almost 200 staff during January 2024.
- Professional Nurse Advocate 'wellbeing walkabouts' continue during ongoing Industrial Action to support staff.
- New Employee Assistance Programme Health Assured Wisdom (Learn, grow, thrive) – app has been launched. The app is designed to help staff track their wellness, improve their mental health and stay resilient during tough times.
- Appraisal and Check-In Meetings for Reviewers course is being delivered in February, focusing on the importance of having regular and meaningful conversations with team members about their wellbeing.
- The impact of the seasonal absence pattern work has been undertaken and it highlights that circa 70% staff that were written to have not had a period of absence this year during the winter period.

- Additional Psychoeducation sessions have been launched for 2024 commencing in March 2024 delivered by OH Clinical Psychotherapist focusing on 'Building Personal Resilience and Wellbeing', 'Treatment of Low Mood', 'Awareness & Treatment Options for Social Anxiety', 'Awareness & Treatment Options for PTSD' and 'Introduction & Treatment Options for Health Anxiety'.

Risks to position and/or actions:

The management of sickness absence is primarily management led as they are responsible for monitoring employee attendance addressing sickness absence and ensuring that the policy is applied consistently, supported by the HR team. Sickness is multifaceted and adversely impacted by a range of factors including vacancy levels and staff morale / engagement. Effective attendance management is critical and contributes to productivity and patient care. The Trust continues to promote a positive attendance culture by investing in, and focusing on, employee health and wellbeing initiatives to help mitigate this risk by preventing ill-health and supporting people to balance work whilst minimising the impact of any ill-health symptoms, where possible. Managing attendance can also help control costs related to overtime, absenteeism and temporary staffing.

Work continues on the agreed year 2 deliverables within the People Strategy with a number of workstreams that will support attendance across the Trust, this includes promotion of the new flexible working brochure, which is available to all staff, and the implementation of WUTH Perfect Start as part of the Trust-Wide Strategic Retention Group. Work has commenced on refining year 3 deliverables which will include delivering against the Grow OH and Wellbeing strategy as set out in the NHS People Plan to improve the health and wellbeing services for our people, to keep them safe and healthy and able to provide good care to our patients.

Appraisal % compliance

Narrative:

The threshold for Appraisal compliance is 88% and for the month of January' 24 compliance dropped below the threshold by to 87.05%, demonstrating common cause variation.

Appraisals have dipped below the Trust target for the first time since May 2023. Corporate Division (90.19%) and Women & Children Division (92.51%) remain above target.

Clinical Support Division dropped to 87.99% and Estates and Facilities Division dropped to 87.92% in January 2024, both were above target prior to this. Surgery Division remains below target but has improved in-month from 86.18% to 87.05%. The lowest performing division is Medical Division who have dropped by over 5% in month from 86.77% to 81.63%. Acute Division have dropped by over 3% in month from 86.81% to 83.51%; both have been particularly affected by winter pressures and ongoing industrial action.

Whilst the introduction of the new appraisal approach (launched in April 2023) has had a positive impact upon appraisal compliance, a drop in compliance in January 2024 can be attributed to the impact of industrial action.

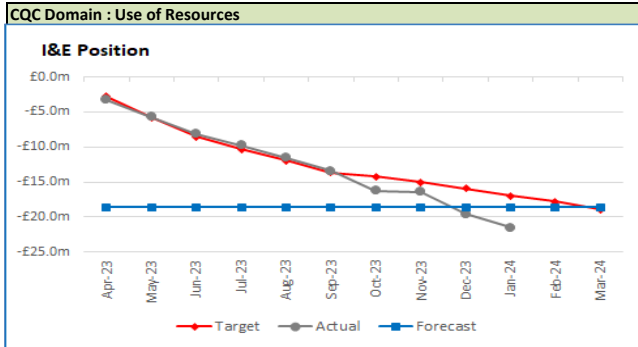
Actions:

- Divisional leaders and HR continue to identify areas of lower performance and work with service leads to address compliance gaps.
- The Learning and Development (L&D) Team contacts all individuals that are out of compliance and due to become out of compliance with details about the appraisal process. Contact is also made with all line managers each month to actively highlight gaps in compliance and provide information and guidance on the process.
- Development for managers continues with online resources and guidance made available together with formal management training.
- The intranet has a comprehensive suite of guidance and 'on-demand' learning resources that brief staff and managers on the new process.
- A new appraisal 'portlet' has been developed in collaboration with the national ESR Team. This makes recording appraisal easier for managers with a short step by step video to assist them in recording appraisals.
- The L&D Team have offered short-term interim support to divisions to support with recording of appraisals during periods of significant system pressures and ongoing industrial action.
- Planning is underway to roll out a series of 'Appraisee' awareness sessions which will run alongside manager training to brief staff and help further embed the new approach.

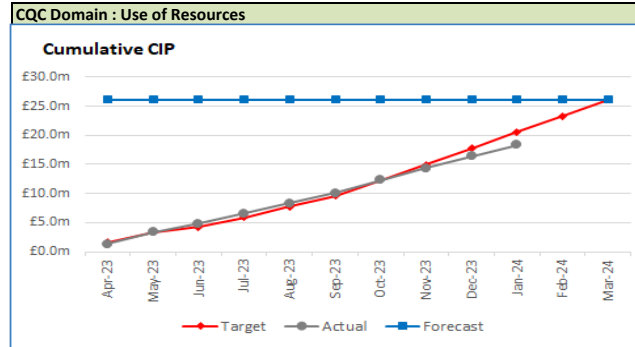
Risks to position and/or actions:

- Ongoing system pressures and industrial action continues to be a risk to capacity for managers and staff to have quality appraisal discussions. To help mitigate this, the OD Team will work in collaboration with HR to provide targeted awareness sessions for teams / services that are particularly lower in compliance.

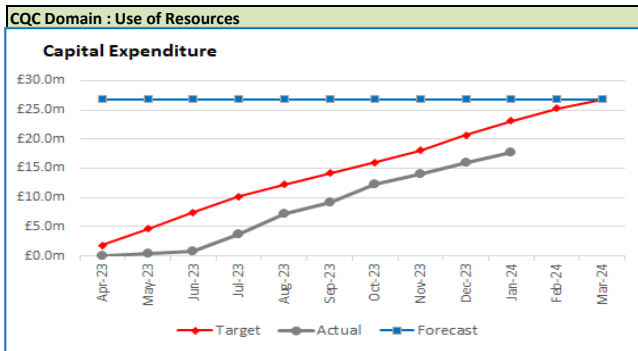
Chief Finance Officer



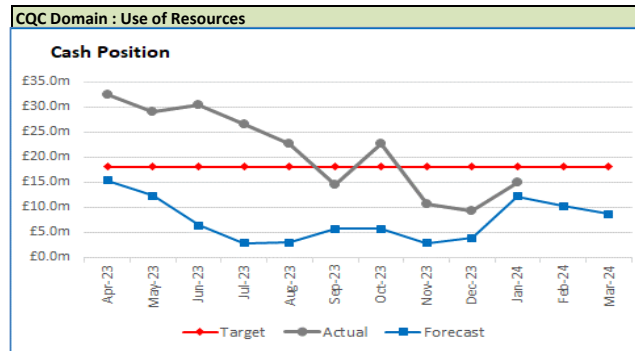
Jan-24
-£21.5m
Variance
Position worse than plan
Target
-£17m



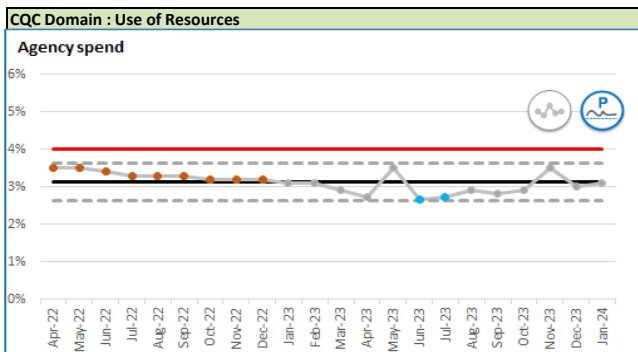
Jan-24
£18.31m
Variance
Position worse than plan
Target
£20.56m



Jan-24
£17.76m
Variance
Position not worse than plan
Target
£23.1m



Jan-24
£14.99m
Variance
Position worse than plan
Target
£18.0m



Jan-24
3.1%
Variance
Position better than threshold
Threshold
3.7%













Chief Finance Officer

Executive Summary

In summary, the Trust is forecasting a significant risk of £4.50m to achievement of the 2023/24 financial plan. The key internal risks are maximising elective activity, CIP achievement and overspends within Estates, mitigation plans are in place to manage these risks. The main external risks are the impact of continued strike action and under-utilisation of elective capacity by NHS partners. As these risks fall outside of national planning assumptions they are unmitigated. Failure to achieve the financial plan would place significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP).

As the Trust annual plan is a deficit of £18.9m, management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance strategy approved by the Board in April 2023. Quarterly updates will be provided to the Board on progression of the strategy and the underlying financial position.

The risk ratings for delivery of statutory targets in 2023/24 are:

Statutory Financial Targets	RAG (M10)	RAG (Forecast)	Section within this report / associated chart
Financial Stability			I&E Position
Agency Spend			I&E Position
Financial Sustainability			N/A (quarterly update)
Financial Efficiency			Cumulative CIP
Capital			Capital Expenditure
Cash			Cash Position

Note – Financial stability is an in-year measure of achievement of the (deficit) plan whereas financial sustainability reflects the longer-term financial position of the Trust and recovery of a break-even position.

The Board is asked to:

- Note the assurance that mitigations are in place to achieve all statutory financial targets other than Financial Stability. This is a national issue with discussions ongoing at ICS and national level as to mitigations and consequence.
- Note that through pre-existing contracts the Trust has adopted the new national energy framework.

I&E Position

Narrative:

At the end of January 2024, M10, the Trust has reported a deficit of £21.5m against a plan of £17.0m, the resultant variance of £4.5m is a deterioration on the M9 position. The position includes all expected mitigations against additional costs and reduced income as a result of industrial action. Any further costs incurred or income lost will result in a corresponding deterioration in our financial position.

The table below summarises this I&E position at M10:

Month 10 Cost Type	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income from Patient Care Activities	£37.6m	£36.2m	-£1.3m	£370.0m	£360.4m	-£9.6m
Other Operating Income	£3.7m	£5.0m	£1.3m	£33.3m	£34.2m	£0.9m
Total Income	£41.3m	£41.3m	-£0.0m	£403.3m	£394.6m	-£8.8m
Employee Expenses	-£29.9m	-£30.7m	-£0.8m	-£295.7m	-£296.9m	-£1.2m
Operating Expenses	-£14.7m	-£14.3m	£0.4m	-£139.7m	-£138.1m	£1.6m
Non Operating Expenses	-£0.5m	-£0.2m	£0.4m	-£5.3m	-£3.4m	£1.9m
CIP	£2.8m	£2.0m	-£0.8m	£20.5m	£18.5m	-£2.0m
B/S Release	£0.0m	£0.0m	£0.0m	£0.0m	£3.9m	£3.9m
Total Expenditure	-£42.3m	-£43.2m	-£0.9m	-£420.2m	-£416.0m	£4.2m
Total	-£1.0m	-£1.9m	-£0.9m	-£16.9m	-£21.5m	-£4.5m

Key variances within the position are:

Clinical Income – £9.6m adverse variance relates to planned-care activity cancelled due to strike action, capacity at the CMSC not taken up by ICS partners and underperformance against the elective plan in Surgery. There has also been a reduction in PbR excluded drugs which is offset by operating expenses.

Operating expenses – The £1.6m underspend is partially due to the corresponding reductions in elective activity. However, this is offset by adverse variances in Estates.

Non-operating expenses –PDC dividend payable was lower than expected and interest payable has increased.

CIP – CIP is £2.0m behind plan at M10 and outturn is forecast to be £3.0m below plan. The forecast full year effect of CIP is in line with plan but this is dependent on full delivery of remaining schemes in M11 and M12.

It is confirmed that the Trust's agency costs were 3.4% of total pay costs compared to a maximum target of 3.7%. This is in line with M9 but agency spend has continued to increase in value.

Risks to position:

The main risks to the I&E position are:

- The Trust fails to fully deliver the recurrent Cost Improvement Programme (see below and separate agenda item).
- Continuation of strike action, with a consequential impact on both expenditure and income (elective activity).
- The overspend in Estates continues and failure to implement mitigations.

- That the reducing trajectory of patients with no criteria to reside is either not maintained and/or reverts to previous levels.

Actions:

- Full identification and delivery of CIP schemes.
- Maximising elective capacity and recovery.
- Minimising the financial consequences of strike action whilst maintaining the safety of services.

Cumulative CIP

Narrative:

The Trust delivered £2.0m CIP in M10 which is an adverse variance to plan of £0.9m. The YTD position is £18.5m against a target of £20.5m and the forecast for in year effect of CIP is £23.2m, £3.0m below target. The full year effect of the schemes remain in line with target but this is dependent on a number of schemes being implemented in M11 and M12.

Risks to position:

- That the momentum on delivery of schemes is not sustained.
- That the capacity of the Trust is not sufficient to deliver across all improvement agendas.

Actions:

- Continuation of the Productivity and Improvement Programme.
- Non recurrent measures to mitigate the recurrent shortfall.

Capital Expenditure

Narrative:

There have been no further changes to the capital plan since the Board approved variations resulting from new funding in M9:

Description	Approved Plan @ 18 October 23	Proposed Variations	New funding	Revised budget
Internally Generated	£3.965m			£3.965m
Urgent Maintenance (ICB)	£2.920m			£2.920m
UECUP	£5.800m			£5.800m
UECUP - PDC	£10.000m			£10.000m
CDC - PDC	£4.108m			£4.108m
CDC - PDC P2	£0.106m		£0.040m	£0.146m
Diagnostics Digital - PDC	£0.049m			£0.049m
LIMS - PDC			£3.258m	£3.258m
Endoscopy			£0.775m	£0.775m
Breast screening			£0.072m	£0.072m
Confirmed CDEL	£26.948m	£0.000m	£4.145m	£31.093m
Total Funding for Capital	£26.948m	£0.000m	£4.145m	£31.093m
Capital Programme				
Backlog maintenance	£1.366m			£1.366m
Medical equipment	£1.916m			£1.916m
Heating and chilled water pipework replacement	£2.020m	-£0.598m		£1.422m
Additional fire prevention works	£0.900m			£0.900m
IT equipment	£0.750m	£0.060m		£0.810m
Contingency		£0.471m		£0.471m
UECUP - Trust funding	£5.800m			£5.800m
Approved Capital Expenditure Budget	£12.752m	-£0.067m	£0.000m	£12.685m
UECUP	£10.000m			£10.000m
CDC	£4.214m		£0.040m	£4.254m
Diagnostics Digital	£0.049m			£0.049m
LIMS - PDC			£3.258m	£3.258m
Endoscopy			£0.775m	£0.775m
Breast screening			£0.072m	£0.072m
Confirmed PDC	£14.263m	£0.000m	£4.145m	£18.408m
Total Anticipated Expenditure on Capital	£27.015m	-£0.067m	£4.145m	£31.093m

At M10 the capital programme is £5.3m behind plan and is forecast to be on plan by year end:

Scheme	Plan spend @ M10	YTD spend	Variance
Backlog maintenance	1,064	403	-661
Medical equipment and corporate scheme	1,729	973	-756
Heating and chilled water pipework	2,380	2,510	130
IT equipment	550	208	-342
UECUP - Trust funding	3,216	-	-3216
UECUP - PDC	10,000	9,790	-210
CDC	4,108	3,703	-405
Diagnostics Digital	49	-	-49
CDC - equipment	-	98	98
PDC - Ultrasound equipment	-	72	72
NHSE/I TOTAL CAPITAL PLAN 23/24	23,096	17,757	- 5,339

We do not currently anticipate any underspend against plan at year end.

The level of capital available for equipment replacement and infrastructure update is very limited and could be committed many times over. As a consequence there is continued review of both schemes and prioritisation decisions. Monitoring of risks associated with delivery of capital schemes and the overall programme will continue to be reported through the Estates and Capital Committee.

Risks to position:

- That delays and increased costs of significant schemes, such as UECUP, result in the diversion of funding from equipment replacement and the update of infrastructure with a consequential impact on quality of care.

Actions:

- CFO, with executive team to continue to work with divisions to manage re-prioritisation of schemes within the agreed budget.
- Estates and Capital Committee to continue to monitor progress and risks from capital projects.

Cash Position

Narrative:

The underlying deficit position places increasing pressure on the Trust's ability to maintain a positive cash balance. At the end of January the cash balance was £15.0m. The large capital programme and a planned deficit of £18.9m means that a positive cash balance is only possible by active daily management of the level of debtors and creditors. This arrangement is not sustainable but does mean the Trust does not need to draw upon additional borrowing from NHSE in 2023/24.

Risks to position:

- Achievement of the cash trajectory will place delivery of the Public Sector Payment Policy at risk.
- Failure to achieve the full recurrent CIP plan would mean that the cash trajectory cannot be achieved.

- The low level of cash headroom that the Trust is working within increases the impact of any delayed payment of income due to the Trust.

Actions:

- Continued daily monitoring and forecasting of the Trust cash position and PSPP performance.
- Monitoring and escalation of any aged debt delays.
- Confirmation of NHSE process should the Trust be required to request additional cash resource.

Energy Contract

Narrative:

NHSE has worked alongside Crown Commercial Service (CCS), to develop a new national approach to buying energy. They believe that this will result in greater value for money, price stability and efficiencies in procurement. The aim is to eventually align all NHS Trusts' energy contracts to this one bespoke NHS Basket. NHSE expects all Trusts to commit to this Framework whilst not yet mandating it. Within the Cheshire & Merseyside ICS, WUTH is one of 7 Trusts currently procuring energy from CCS Framework Agreement and there will be an expectation that all remaining Trusts sign up to the NHS Basket.

The Trust Board has already approved contracts with CCS for the provision of both Gas and Electricity. It is anticipated that the new NHSE basket through CCS for Cheshire & Merseyside ICS should realise significant savings from 1st April 2025.

Existing customers are the first tranche of Trust who are able to access the new CCS NHS basket. It is confirmed to that the CFO has authorised the relevant variations within existing contracts to enable the Trust to access the national scheme.

Council of Governors

Item 12

15 April 2024

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

Report Purpose and Recommendations
<p>The purpose of this report is to request approval for the revised Board Effectiveness Policy, which has been amended following the release of the NHS Leadership Competency Framework. This Framework mainly impacts the appraisal of the Chair, and therefore the policy has been updated to reflect this.</p> <p>It is recommended that the Council of Governors:</p> <ul style="list-style-type: none"> • Approves the amended policy for implementation in this year's appraisals.

Key Risks
<p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> • Compliance with the NHS Code of Governance, and the NHS Leadership Competency Framework.

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

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision

26 th February 2024	Nominations Committee	NED Annual Appraisal Process	Approval
26 th February 2024	Council of Governors	NED Annual Appraisal Process	Approval

1 Narrative	
1.1	<p>At the last Council of Governors’ meeting, a report was approved outlining the appraisal process and noting that the Board Effectiveness Policy would be followed, as approved the previous year.</p> <p>However, since this meeting, NHSE has released the Leadership Competency Framework (LCF), which requires further forms for the Chair’s appraisal, and that all NEDs self-assess against the LCF. The Board Effectiveness Policy has therefore been updated to include these amends to the Chair’s appraisal and is submitted to the Council of Governors for approval.</p>
1.2	<p>The process outlined by the LCF is very similar to the process previously outlined in the Board Effectiveness policy. The substantive changes are amends to the appraisal forms, and the requirement for the Chair’s appraisal to include feedback from key stakeholders, including external stakeholders.</p> <p>The SID usually collates views from key stakeholders, but this year, will enhance the process to include key external stakeholders from the ICB.</p>
1.3	<p>It should also be noted that NHSE have stated another iteration of the LCF will be published in Autumn 2024, which will provide updates to the NED appraisal process. This policy will therefore likely require updating again next year, in order to reflect those changes.</p>
1.4	<p>The Council of Governors are therefore requested to approve the amended policy and in turn, the amended appraisal process, following the publication of the LCF.</p>

2 Implications	
2.1	<p>Patients</p> <ul style="list-style-type: none"> No direct impact on patients.
2.2	<p>People</p> <ul style="list-style-type: none"> This process is important for ensuring a high performing Board, and there is sufficient time and capacity to carry out these requirements.
2.3	<p>Finance</p> <ul style="list-style-type: none"> No financial implications
2.4	<p>Compliance</p> <ul style="list-style-type: none"> This process supports compliance with the Code of Governance and the Leadership Competency Framework, and with the requirements for annual skills appraisals from NHS England.

Policy Reference: POL393

Board Evaluation and Effectiveness Policy

Version: 1

Author(s) Name:	David McGovern	Author(s) Designation:	Director of Corporate Affairs
Author(s) Dept	Corporate Governance		
Co-Author(s) Name:	Catherine Herbert	Co-Author(s) Designation:	Board Secretary
Co-Author(s) Dept	Corporate Governance		
Approval Date:	24 April 2023	Approval Group:	Council of Governors
Ratification Date:	24 April 2023	Ratification Group:	Council of Governors
Published Date:	April 2023	Review Date:	April 2025
Target Audience:	Board of Directors		
Links to other Policies, Strategies, Procedures etc.			

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1 Introduction & Purpose

This policy sets out the processes in place for the annual appraisal of Non-Executive Directors of the Board, including the Chair, and includes the skills matrix as an appendix/aide for that appraisal. It also notes that appraisal of the Council of Governors will also be undertaken.

2 Definitions

No definitions required.

3 Duties & Responsibilities

Chair of the Board	To carry out the appraisal of each Non-Executive Director, including the Senior Independent Director (SID), complete relevant forms, and submit them to the Nominations Committee of the Council of Governors. The Chair will also have responsibility for constant monitoring of NED performance and raise any issues or concerns during the year as/if they arise.
Senior Independent Director (SID)	To carry out the appraisal of the Chair of the Board, complete relevant forms, and submit to the Nominations Committee of the Council of Governors.
Non Executive Directors	To participate in the skills assessment and appraisal process undertaken annually in line with both the requirements of NHSE and best practice within the Code of Governance.
Governors	To approve annually, either in Council or via Nominations Committee, the process for Board appraisal, and to participate in a review of performance once every three years.

4 Skills Assessment and Appraisal Processes

4.1 Non-Executive Director and Chair Appraisals

In line with the Code of Governance for NHS Provider Trusts 2022 (Section C.4.5), there should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. Therefore, every year, the Non-Executive Directors of WUTH will be required to participate in an annual appraisal process, reviewing their participation and performance over the past year, completion of any objectives, and identifying future objectives along with any areas for development.

This process will be underpinned by a suite of appraisal forms, including a self-assessment against objectives, self-assessment of skills against the skills matrix, and 360 degree feedback.

The Leadership Competency Framework (as published February 2024) provides further forms for the Chair's appraisal, and states that all NEDs should self assess against the Leadership Competency Framework. The framework therefore also

provides an optional self-assessment template for NEDs (further guidance for NEDs is due in late 2024).

The forms for the Chair's assessment, as well as the optional scoring form for NEDs, can be found on the links below, and all will be included in the suite of appraisal forms issued to Board (as described in section 4.1.1.)

- [NHS England » Framework for conducting annual appraisals of NHS chairs \(CAF\)](#)
- [NHS England » NHS leadership competency framework for board members](#)

4.1.1 Appraisal Process

The process for appraisal of the Board should be agreed by the Council of Governors (Section C.4.5 of the Code of Governance), and therefore the approval of this policy by the Council of Governors will serve to fulfil that requirement. Notwithstanding that approval, a report will be taken each year to Governors proposing that the process outlined in this policy is undertaken. The Governors will therefore reserve the right to amend the process in this policy if circumstances require it.

Appraisals will be commenced with the issuance of the forms described in section 4.1, (also found in the appendices). The NED will fill out these forms, and take them to the appraisal meeting, during which time the Chair (or the SID if the Chair is being appraised) will discuss the findings of those forms and identify any areas for development. The outcomes of the forms and meetings will be forwarded to the Board Secretary and then to the Nominations Committee before a summary is provided to the Council of Governors.

The NEDs will be assessed by the Chair, and the Chair will be assessed by the SID.

The Chair's appraisal, as dictated by the Leadership Competency Framework, will include views from key stakeholders.

NOTE – the Executive Board Members will be appraised through the Trust appraisal mechanisms for employees, rather than through this process. Executive Directors will however be included in the evaluation of the Board processes outlined at 4.2.

4.1.2 Using the Outcomes of the Appraisals

The outcomes of the appraisals will be used to create a formalised Board Development Plan for the year, and to create an amalgamated skills profile of the Board, which can be used in future recruitment exercises or in determining areas for development for the Board as a whole.

Personal plans for development will also be created and implemented for each NED if required.

4.2 Evaluation of the Board

At least annually, the Board will undertake an exercise to consider its own effectiveness. The approach and delivery of this shall be decided by the Chair and approved by Council of Governors and may differ depending on the challenges or

environment at the time, i.e. using an external moderator or to be conducted internally.

The Code of Governance states in C.4.7., “All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances.”

Depending on the method used, the Board should expect to fill in self assessment forms, and to provide feedback on any areas for improvement that they have identified since the last evaluation. The outcomes of this evaluation should be provided to the following Board meeting as soon as possible, and be forwarded to the Council of Governors (this may be via the Nominations Committee depending on the timeframe and process agreed).

4.3 Evaluation of Committees

In order to produce an annual statement of effectiveness, towards the end of each financial year, each Committee will complete a self-assessment of effectiveness. This will consist of questions and reflections on how the Committee has operated and how it can be improved. This does not preclude any Committee from requesting changes to either its administration or operation during the year.

Additionally, an assessment of the activity undertaken against the duties delegated to each Committee in its Terms of Reference will be completed by the Board Secretary. This assessment, along with the Committee’s consideration of its effectiveness, will form the basis of an annual report. This report will be forwarded to each Committee for consideration, and then to the subsequent Board of Directors meeting.

4.4 Evaluation of the Council of Governors

The Code of Governance also recommends that the Council of Governors should periodically assess its collective performance and communicate the results of this to members and the public.

The method of assessment should be determined with the Chair and Council of Governors, and the period between these evaluations will also be determined in the same manner, though should not exceed once every three years.

5 References

NHS Providers Code of Governance 2022
Leadership Competency Framework 2024

Appendix 1

NED appraisal summary

Name	
Organisation	
Year	

1. Overall assessment of performance

The performance of the individual has been assessed as *(indicate with an 'x')*

2.	Strong performance	Fully competent	Needs development	Poor performance

Assessment of performance against agreed objectives

3. Specific strengths and aspirations

4. Learning and development needs

5. Any further comments, including any actions agreed to improve performance

6. Suitability for appointment

The appraisee has confirmed they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details.

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

Appendix 2

WUTH NED 360 Feedback

For each appointed NED, please consider each statement and indicate the score that most adequately meets your views.

4 – Very satisfied

3 – Satisfied

2 – Somewhat dissatisfied

1 – Very dissatisfied

0 – Unsure/do not know

No	Statement	Name	Name	Name	Name	Name
1	Contributed and provided effective scrutiny to Board/Committee meetings					
2	Participated in opportunities to continually update their skills and knowledge to fulfil their duties					
3	Continued to develop and sustain relationships with all the Trust's stakeholders					
4	Been visible within the Trust as appropriate for their role					
5	Continued to work with the Board as part of a high performing team with a culture of high challenge and high support.					
6	Demonstrated commitment to the values and ethos of the Trust					

Please provide any further commentary or insight on each NED's performance throughout the year as observed in meetings and your interactions with that individual. Areas to consider may include contribution, performance in Committee meetings (or of Chairing Committees if relevant), collaboration/team working, and relationship management.

	Comments
Name	
Name	
Name	
Name	
Name	

Appendix 3

WUTH Skills Matrix

Board Competencies Profile

Competency	Areas that contribute to this skill	Rating (using key below)
Strategic Leadership <i>Board members should be able to determine strategic vs operational issues, understand high level trends and issues, and look to work with partners/networks, etc.</i>	Strategic Understanding	
	Stakeholder management	
	Influencing Skills	
	Understanding of Organisational Change	
	Analytic thinking	
Behaviours <i>Board members should conduct themselves professionally, and with respect towards others.</i>	Interpersonal Skills / Communication/ Listening	
	Maintaining professional relationships	
	Good team working	
	Able to communicate and interact respectfully even when challenging	
Ethics and Maintaining Independence <i>Board members should demonstrate high ethical standards and follow all requirements to maintain independence and ensure they are not unduly influenced by outside interests.</i>	Personal Integrity	
	High ethical standards	
	Commitment to Trust values	
	Ensuring no circumstances or relationships create conflicts of interest	
Board Level Skills <i>Board members should have an awareness of the areas which are key to Board reporting and understanding the Trust and understand their responsibilities as Board members.</i>	Governance	
	Legal awareness	
	Risk management	
	Performance management/understanding	
	Experience of NED roles	
Financial Knowledge <i>Board members need a working financial understanding, and at least one should have a formal qualification/specific and relevant financial experience.</i>	Financial experience/qualifications	
	Understanding of Financial reports	
Other technical/ vocational knowledge <i>Board members should have an understanding of several areas of operation and the priorities which form a part of the Board's work.</i>	Procurement and tendering	
	People/HR	
	Digital	
	Estates/property management	
	Communications/Media	
	Research/Innovation	
Sector Specific Knowledge <i>Board members need to understand the sector specific challenges, and the operating environment specific to the NHS.</i>	Industry (NHS/health) knowledge and experience	
	Clinical qualification/experience	
	Government legislation/public policy	

Board Skills Profile

Skills	Rating (using key below)
Finance, particularly in NHS and public sector	
Legal/Regulation	
Governance and Risk	
Procurement	
Strategic Planning/Change Management	
People/Human Resources/Wellbeing	
Clinical	
Healthcare/Social Care/Public Health	
Stakeholder management	

Ratings Key

4	Extensive experience and knowledge	A recognised expert or leader in the field with significant understanding and ability to articulate/explain. Can lead discussions and is recognised as an expert by peers.
3	High levels of experience and knowledge	Significant understanding and experience in this area. Able to articulate challenges, understand mitigations. Continuously contributes at a high level with well-considered insight.
2	Good levels of experience and knowledge	Able to articulate challenge, demonstrates understanding and can explain this area to others. Can contribute at most discussions on this topic.
1	Working experience or knowledge	Able to understand at a basic level. Can read and understand reports but may not be able to provide detailed challenge. Some development required in this area.
0	No experience or knowledge	Requires development in this particular area.

Appendix 4

Committee Effectiveness Self Assessment

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
1. Does the Committee have written terms of reference, and have they been approved by the Board?					
2. Are the terms of reference reviewed annually?					
3. Do NED and Executive members of the Committee work effectively together in a professional and constructively challenging manner?					
4. Are the outcomes of each meeting and any internal control issues reported to the next Board meeting?					
5. Does the Committee prepare an annual report on its work and performance for the Board of Directors?					
6. Has the Committee established a plan of matters to be dealt with across the year?					
7. Are Committee papers distributed in sufficient time for members to give them due consideration?					
8. Is the Committee receiving sufficient quality of reports and information to make the decisions and recommendations asked of them?					

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
9. Is the frequency of meetings sufficient to enable members to discharge their duties?					
10. Is the discussion at the meeting at the right level?					
11. Are members of the Committee prepared, and able to provide scrutiny and challenge?					
12. Does the Committee have the appropriate skillset to provide robust scrutiny and make sound decisions?					
13. Is the meeting chaired effectively with clarity of purpose, allowing both members and attendees the opportunity to discuss and question?					
14. Is there anything that the Committee could do to make the meeting more effective?					

DRAFT

Equality Analysis

The Equality Analysis (EA) form should be completed in the following circumstances:

- All new policies
- All policies subject to renewal
- Business cases submitted for approval to hospital management impacting on service users or staff
- Papers submitted to hospital management detailing service redesign/reviews impacting on service users or staff
- Papers submitted to Board of Directors for approval that have any impact on service users or staff

Title	Board effectiveness policy		
Policy Reference	POL393		
Lead Assessor	Catherine Herbert		
Date Completed	20/03/23		
What groups have you consulted with? Include details of involvement in the EA process	Staff in area concerned	<input checked="" type="checkbox"/>	Staff side colleagues <input type="checkbox"/>
	Service users	<input type="checkbox"/>	HR <input type="checkbox"/>
	Other	<input type="checkbox"/>	Other <input type="checkbox"/>
	Please Give Details The Board reviewed and approved the content of this policy.		
What is being assessed? Please provide a brief description and overview of the aims and objectives			
The impact of the effectiveness/appraisals of the Board, Committees, and Council of Governors			
Who will be affected (Staff, patients, wider community?)			
Non Executive Directors, and Governors though Governors will not be individually impacted.			

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations

Section 1 should be completed to analyse whether any aspect of your proposal/document has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed overleaf.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, local consultations or direct engagement activity. You should also consult available published research to support your analysis. For further support with this, please refer to the Library and Knowledge Service accessible via the Trust’s intranet site or switchboard.

Section 1 – Initial analysis

What is the impact on the equality groups below?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> • Advance equality of opportunity • Foster good relations between different groups • Address explicit needs of equality target groups 	<ul style="list-style-type: none"> • Unlawful discrimination, harassment and victimisation • Failure to address explicit needs of equality target groups 	<ul style="list-style-type: none"> • It is quite acceptable for the assessment to come out as Neutral impact • Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Group	Any potential impact? Positive, negative or neutral	Comments / Evidence (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)
Disability (inc physical and mental impairments)	Neutral	
Age	Neutral	
Race (all ethnic groups)	Neutral	
Religion or belief	Neutral	
Sexual Orientation	Neutral	
Pregnancy & Maternity	Neutral	
Gender	Neutral	
Gender Re-assignment	Neutral	
Human Rights	Neutral	
Mental Health	Neutral	
Other e.g. Carers	Neutral	

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/policy document detailing what the negative impact is and what changes have been made.

If you have identified any **negative** impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

In all cases - you should submit this document with your paper and / or policy in accordance with the governance structure with copies to wih-tr.EqualityWUTH@nhs.net for monitoring purposes.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

Who and how have you engaged to gather evidence to complete your full analysis? (List)	
Name & Job Title	Name & Job Title
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the risk register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper and or policy in accordance with the governance structure.

You should also send a copy of this document to wih.tr.equalityWUTH@nhs.net for monitoring purposes.

Consultation, Communication and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Equality Analysis	David McGovern	20/03/23	This document is embedded within the Policy template
Policy Author Checklist	David McGovern	20/03/23	Checked for workforce / development, medicines, finance or wider corporate implications.
Other Stakeholders / Groups Consulted as Part of Current Version Development	The Board and specifically Non Executive Directors		
Trust Staff Consultation via Intranet	To be completed by the Governance Support Unit (GSU)		

Date notice posted in the News Bulletin.	N/A	Date notice posted on the intranet	To be completed by the GSU
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Describe the Implementation Plan for the Policy / Procedure (Considerations include; launch event, awareness sessions, communication / training via DMTs and other management structures, etc)	By Whom will this be Delivered?
Managed by the Board Secretary at year end	Board Secretary

Version History

To be completed by the author

Date	Ver	Author Name and Designation	Summary of Main Changes
1/3/23	1	Catherine Herbert, Board Secretary	Initial Drafting of policy

Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
NED appraisals to be completed in year	100%	Reports to the Nominations Committee /Council of Governors	Council of Governors/ Nominations Committee	Annually	Board Secretary
Board evaluation to be completed once every 3 years	100%	Reports to the Board/Council of Governors	Board, Council of Governors	Every 3 years	Board Secretary
Council of Governor evaluation to be completed no more than once every 3 years.	100%	Reports to the Council of Governors	Council of Governors	No more than every 3 years	Board Secretary

Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
Board Secretary	Board/Council of Governors depending on the KPI	

Safety of Patients and Public To be completed by the author

Confirm the content of this policy does not risk the safety of patients or the public if it is uploaded to the public facing website	<input checked="" type="checkbox"/>	To be completed by the author ✓ or x
<i>If the content does affect the safety of patients or the public if it is uploaded to the public facing website please contact the Policy Coordinator or Risk Management Team for advice</i>		

Council of Governors

Item 13

15 April 2024

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

Report Purpose and Recommendations
<p>The purpose of this report is to request approval from the Council of Governors to extend Sue Lorimer’s tenure by 12 months, following recommendation from the Nominations Committee.</p> <p>It is recommended that the Council:</p> <ul style="list-style-type: none"> Approve the extension of Sue Lorimer’s tenure for a further period of 12 months from 30th June 2024 to 29th June 2025.

Key Risks
<p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> Ensuring compliance with the provisions of the Code of Governance; Ensuring the Board has skilled NEDs, particularly in high risk areas such as finance.

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

Governance journey
This is the first report on this subject.

1	Narrative
1.1	Sue Lorimer’s second term of 3 years expired on the 30 th June 2023, and was extended for a further 12 months to the 29 th June 2024.

	Sue currently is a member of the Board of Directors and the Estates and Capital Committee and serves as Chair of both the Finance Business Performance Committee and the Charitable Funds Committee.
1.2	<p>Section C.4.3 of the 2022 NHS Code of Governance stipulates the following:</p> <p>“Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any decision to extend a term beyond six years should be subject to rigorous review.”</p> <p>Sue has extensive financial understanding as well as NHS experience and has been part of the Trust for six years. Her appraisals have consistently demonstrated her high performance both in her role as a Board/Committee Member and as Committee Chair. In the current financial situation and given the acute operational pressures that the Trust is managing, and the recently instigated Wirral Review, Sue’s skills and experience remain both relevant and required throughout this period of change.</p>
1.3	It is therefore recommended that Sue’s tenure is extended to the 29 th of June 2025, and that a decision be reviewed next year whether to extend for a final 12 months, in line with the provisions of the code.

2	Implications
2.1	<p>Patients</p> <ul style="list-style-type: none"> • No direct impact on patients
2.2	<p>People</p> <ul style="list-style-type: none"> • No direct impact on people
2.3	<p>Finance</p> <ul style="list-style-type: none"> • No financial impact.
2.4	<p>Compliance</p> <ul style="list-style-type: none"> • Given the current operating environment and the financial challenges facing the Trust, retaining Sue both for her corporate memory and her financial skills will ensure continuity and a strong financial presence on the Board. • This extension is allowed within the Code of Governance and therefore will not affect the Trust’s compliance with that Code.

Council of Governors

Standing Items	Report Title	Lead
	Staff/Patient Story	Chief People Officer/Chief Nurse
	Chair's Business and Strategic Issues - Verbal	Chair
	Lead Governor Feedback - Verbal	Lead Governor
	Integrated Performance Report	Executive Directors
	Committee Updates	Committee Chairs
	Board of Directors' Minutes	Chair
15 April 2024	Green and Sustainability Plan	Chief Strategy Officer
	Employee Experience	Chief People Officer
	Cycle of Business	Board Secretary
29 July 2024	2024/25 Capital Programme Update	Chief Strategy Officer
	Terms of Reference	Board Secretary
28 October 2024	TBC	
17 February 2025	WUTH Strategy 2021/26 Update	Chief Strategy Officer
	Proposal for Rajan's Replacement - Recruitment Exercise	

Meeting	Board of Directors in Public
Date	Wednesday 24 January 2024
Location	Hybrid

Members present:

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

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.6
MSa	Mustafa Sadiq	Consultant – item 8.6
SLa	Sharon Landrum	Workforce Engagement and Inclusion Lead – item 9
RC	Richard Crockford	Deputy Director of Quality Governance – item 10
SS	Sally Sykes	Director of Communications and Engagement
SH	Sheila Hillhouse	Lead Public Governor
AT	Ann Taylor	Staff Governor
PB	Phillipa Boston	Staff Governor
DG	Debby Gould	LMNS Quality and Safety Lead – item 8.6

Apologies:

RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed everyone to the meeting. Apologies are noted above.	

2	<p>Declarations of Interest</p> <p>No interests were declared and no interests in relation to the agenda items were declared.</p>	
3	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting held on the 6 December were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Staff Story</p> <p>The Board received a video story consisting of a compilation of staff who work across Estates, Facilities and Capital focussed on ‘Hello, my name is’ The video story also described some of the staff’s main tasks, why people should work at the Trust and an interest fact out their role.</p> <p>DS commented the video story demonstrated a sense of team work and a variety of roles that was not commonly known about outside of the NHS. DS added the video would also be used for recruitment opportunities across social media.</p> <p>The Board NOTED the story.</p>	
6	<p>Chairs Business and Strategic Issues</p> <p>DH provided an update on recent matters and highlighted the local MP for Wallasey, Dame Angela Eagle and Wirral Council CEO, Paul Stuart visited the Cheshire and Merseyside Surgical Centre at Clatterbridge on 12 January.</p> <p>The Board NOTED the update.</p>	
7	<p>Chief Executive Officer’s Report</p> <p>JH gave an industrial action update and explained three days of junior doctor strike action took place in December 2023, followed by a further 6 days in early January 2023. The UNISON industrial action dispute relating to retrospective re-banding for Clinical Support Workers (CSWs) continues. Talks have stalled because parties are unable to agree on what constitutes the difference between a band 2 CSW and a band 3 CSW.</p> <p>JH reported the Trust's Occupational Health Service had continued to maintain the standards to meet the Safe Effective Quality Occupational Health Service (SEQOHS) annual re-accreditation requirements.</p>	

	<p>JH stated there were no Patient Safety Incident Investigations (PSIIs) opened in the months of November and December 2023 under the Patient Safety Incident Response Framework (PSIRF). JH added there was one Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) reported to the Health and Safety Executive in the months of November and December 2023.</p> <p>JH highlighted that the Board of Directors in in December approved a business case to invest in the Aseptic Support Unit (ASU) to provide greater efficiency and resilience of supply for the Trust and to other North West Trusts.</p> <p>JH referenced the public hearings for module 2 of the UK Covid-19 Inquiry and summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board on 1 December and the Place Based Partnership Board (PBPB) on 21 December.</p> <p>SR queried the impact of the CSW industrial action on clinical areas.</p> <p>JH stated the impact so far had been creating operational pressures only, particularly combined with winter pressures and staff taking annual leave post-Christmas and New Year before the end of the financial year.</p> <p>The Board NOTED the report.</p>	
<p>8</p>	<p>Board Assurance Reports</p> <p>8.1) Chief Finance Officer Report</p> <p>MC highlighted the Trust was forecasting a significant risk of £4.50m to achievement of the 2023/24 financial plan. The key internal risks related to maximising elective activity, CIP achievement and overspends within Estates, mitigation plans are in place to manage these risks. The main external risks are the impact of continued strike action and under-utilisation of elective capacity by NHS partners. As these risks fall outside of national planning assumptions, they are unmitigated.</p> <p>MC provided an update on the month 9 statutory targets and the RAG rating for each, highlighting that financial stability and financial sustainability were red, while agency spend, capital, cash and financial efficiency were green.</p> <p>MC added at a future meeting he would present a revised financial forecast following coordination with the ICB and other providers.</p> <p>DH queried whether the Trust would have achieved its annual deficit plan if there had been no continued strike action or under-utilisation of elective capacity by NHS partners.</p>	

MC stated this was correct.

DH also queried if other providers could use the Cheshire and Merseyside Surgical Centre instead.

HK stated the Trust was using the available space and accepting mutual aid patients from other providers.

SL queried if the NHS partner had delivered their sessions as planned for January.

HK stated the agreed rota had been delivered and projected to until March.

MC stated an agreement for 2024/25 was being sought with the ICB to ensure the Trust was not financially impacted due to lost activity by other NHS partners.

SI queried the reforecast process.

MS stated the reforecast position was done internally in line with a national guidance that all Trusts within Cheshire and Merseyside needed to follow in respect of the regional financial position.

The Board **NOTED** the report.

8.2) Chief Operating Officer Report

HK highlighted in November the Trust attained an overall performance of 105% against plan for outpatients and an overall performance of 98% for elective admissions. HK explained underperformance continued to be related to the impact of large-scale cancellations for industrial action, and underutilisation of Cheshire and Merseyside Surgical Centre by other regional Trusts.

HK reported type 1 unscheduled care performance was 45.55% which was below the 4hr improvement trajectory. HK explained there was an improvement plan in place for each of the urgent and emergency care quality standards.

HK stated compliance with the national standard for 15-minute ambulance handovers had deteriorated towards the end of the November. Compliance with ambulance handover continues to be reviewed daily to ensure that delays to crew handover are kept to a minimum.

HK highlighted there continued to be challenges for patients with mental health needs notable for children and young people.

SL queried the instance involving a patient being cared for on the Children's ward for over a month awaiting a community placement.

HK stated this specific case related to a young person who had presented with mental health concerns, and this was now being dealt with through legal routes. HK added that the Trust has made it clear that the additional behavioural support on the ward will not be covered by the Trust.

The Board **NOTED** the report.

8.3) Integrated Performance Report

NS highlighted the number of C Diff cases had exceeded the yearly threshold and the Trust was seeking clarity regarding the 2024/25 threshold. NS added Friends and Family Test for ED had reduced, noting this was likely due to increased Emergency Department attendances and car parking complaints.

DS highlighted appraisal, mandatory training and staff turnover in month met Trust target, however sickness absence remained above target although stable. DS added Workforce Steering Board in December discussed the controls already in place to manage sickness absence and considered a number of additional controls to reduce this further. DS explained the revised Attendance Management Policy had been approved and a comprehensive training programme would be rolled out to support managers to understand the new policy.

JH stated the Executive Team met with the ICB on Tuesday regarding the NHS Oversight Framework and proposed an update be provided to a future meeting regarding the assurance process.

The Board:

- **NOTED** the report; and
- **APPROVED** an increase in the capital programme of £4.145m, which reflects additional funding and a net reduction of £0.067m which reflects rephasing of approved schemes.

8.4) Board Assurance Framework (BAF)

DM summarised the BAF covering current high level and strategic risks within the Trust for January, explaining following the last report changes have been incorporated where scorings have changed, or actions been completed/added.

SI queried the refresh of risk maturity and if there was an evidence base for ensuring existing risks remained appropriate.

DM stated BAF would be subject to full annual refresh to ensure the strategic risks remained appropriate. DM added this refresh will take place in March for approval in April along with the Risk Management Strategy that includes risk maturity.

Janelle Holmes

	<p>The Board NOTED the current version of the BAF.</p> <p>8.5) Freedom to Speak Up (FTSU) Reflection and Planning Tool</p> <p>DS gave an overview of the tool, explaining it has been designed to help identify strengths and areas of work that require further work. DS stated two notable actions related to improving the identification of individuals reporting detriment and evaluating FTSU training/awareness sessions.</p> <p>SI queried whistleblowing and prescribed disclosures and if there had been any to ensure appropriate triangulation with FTSU concern.</p> <p>DS stated there had been no formal prescribed disclosures. DS added there were a number of mechanisms in place for staff to raise a concern.</p> <p>DH suggested it would be beneficial to produce a visual diagram of the mechanisms available for staff to raise a concern.</p> <p>The Board NOTED the report.</p> <p>8.6) Monthly Maternity and Neonatal Services Report (including Maternity Incentive Scheme Year 5 Annual Declaration)</p> <p>JL and MSa gave an overview of the ten Clinical Negligence Scheme for Trusts (CNST) Safety Actions as part of the Maternity Incentive Scheme Year 5. The presentation outlined how the ten safety actions, which have all been assessed as compliant, had been met and provided details of the evidence.</p> <p>JL also informed members of the rigour of the review process, explaining assurance had been provided from Quality Committee, as well as the LMNS who had observed both Quality Committee and were observing this section of the meeting.</p> <p>SR commented as NED Maternity Safety Champion he had been assured regarding the evidence and that there was good leadership as well as positive culture within Maternity Services.</p> <p>HK queried the neonatal medical workforce action, specifically the requirement for a Neonatologist.</p> <p>JL stated a statement of case had been submitted and was progressing through the appropriate approval routes.</p> <p>DH queried what was next for Maternity Services, specifically how to design a future maternity pathway to address health</p>	<p>Debs Smith</p> <p>Jo Lavery</p>
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	<p>inequalities that could be used as an exemplar. DH proposed this be considered and an updated provided.</p> <p>JL commented full implementation of the Continuity of Career model would provide better outcomes for babies and mothers.</p> <p>NS stated the local area neonatal service provision remained unclear, specifically for providing level 3 services following the independent Liverpool acute service review. NS added there were also capital and estate limitations for the existing neonatal unit.</p> <p>DG commented she had enjoyed working with JL, MSa and the team and stated the submission was well deserved and an accurate reflection.</p> <p>Members thanked JL and MSa for the presentation and their involvement in collating evidence as well as everyone in Maternity Services for their continued hard work.</p> <p>The Board:</p> <ul style="list-style-type: none"> • NOTED the report; and • APPROVED the compliance document for the submission of the declaration form to NHR, following a positive recommendation from Quality Committee on 18 January 	
<p>9</p>	<p>Equality Diversity and Inclusion (EDI) Bi-Annual Report (including Gender Pay Gap Report)</p> <p>SLa gave an overview of the report, explaining all regulatory reporting requirements were up to date with forthcoming parts on track for completion. SLa also gave an update on the EDI activities undertaken so far within 2023/24 as part of the principles and objectives of the Trust's People Strategy and EDI Strategic Commitment.</p> <p>SLa referenced the Gender Pay Gap Report, which was also included, and this would be submitted by no later than 30 March in line with national reporting guidance.</p> <p>DS commented People Committee met on 22 January to review the EDI Bi-Annual Report and Committee members had fed back about the importance of measuring impact. DS confirmed that this is covered in the second bi-annual report but would be covered in both going forwards.</p> <p>The Board NOTED the report.</p>	
<p>10</p>	<p>Complaints Annual Report</p> <p>RC gave an overview of the report, explaining 95% of complaints were acknowledged within the national target of 3 working days.</p>	

	<p>However, only 25% of complaints received a response within 40 working days.</p> <p>RC highlighted to support Divisions KPIs would be reviewed including moving to a web-based system that will facilitate the use of real-time dashboards.</p> <p>RC added the key themes related to communication as well as treatment/procedures and learning took place through either Divisional shared learning and individual feedback and reflection.</p> <p>NS commented the Trust compared well to other Acute Trusts, explaining complaints per 1000 staff averaged 10 per quarter whereas the national average was 20.</p> <p>SL noted medication featured in 18% of complaints and queried this.</p> <p>NS stated this related to prescribing delays around pain relief due to overcrowding in the Emergency Department and when corridor care was provided. NS added there was now an identified doctor on each shift to ensure pain relief was prescribed and administered in a timely manner.</p> <p>DH queried the current backlog of complaints and the trajectory for ensuring this was reduced.</p> <p>RC stated there had been circa 100 residual complaints open following the pandemic and these had been resolved. Typically the Trust has 40 complaints at any one time and presently there were 48. RC added the Governance Support Unit continued to work proactively with Divisions to ensure the number of open complaints did not increase due to operational pressures.</p> <p>DS queried the reporting on complaints, specifically if any equality monitoring data was captured, and if so, had there been any evidence of different outcomes for specific inclusion groups.</p> <p>RC stated this was data was not captured currently.</p> <p>DH requested this be reviewed to consider capturing equality monitoring data as part of the complaints process.</p> <p>The Board NOTED the report.</p>	<p>Dr Nikki Stevenson</p>
<p>11</p>	<p>Governance Update</p> <p>CH provided the annual review of the Research and Innovation Committee's Terms of Reference, and the refreshed Statement of Purpose for approval.</p>	

	<p>CH indicated there was a statutory requirement for NHS bodies to designate a NED or non-officer member to promote security management work at Board level. Lesley Davies currently holds this role, and it was proposed that Sir David Henshaw, as Chair of Estates and Capital Committee, was appointed to this Champion role to provide alignment with portfolios.</p> <p>CH provided an update on the walkabout schedule and explained from April prior to each Public Board meeting, each NED would be paired with an Exec for a walkabout to a different area of the hospital.</p> <p>The Board:</p> <ul style="list-style-type: none"> • APPROVED the Statement of Purpose; and • APPROVED the Research and Innovation Committee's Terms of Reference; and • APPROVED Sir David Henshaw as NED Champion for Security Management; and • NOTED further arrangements for NED visibility and engagement. 	
12	<p>Committee Chairs Reports</p> <p>12.1) People Committee</p> <p>The Board NOTED the report.</p> <p>12.2) Finance Business Performance Committee</p> <p>The Board NOTED the report.</p> <p>12.3) Research and Innovation Committee</p> <p>The Board NOTED the report.</p>	
13	<p>Questions from Governors and Public</p> <p>SH commented about further developing relationships between Governors and NEDs.</p> <p>DH proposed Governors join NEDs on hospital walkabouts from April when the new programme begins and a networking event.</p> <p>No questions were raised.</p>	
14	<p>Meeting Review</p> <p>Members commented the meeting went well and covered a variety of topics.</p> <p>No comments were made.</p>	

15	Any other Business No other business was raised.	
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(The meeting closed at 10:45)

Meeting	Board of Directors in Public
Date	Wednesday 6 March 2024
Location	Hybrid

Members present:

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

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.6
RMe	Dr Ranj Mehra	Deputy Medical Director – item 8.7
AA	Dr Alice Arch	Guardian of Safe Working – item 8.8
PM	Paul Mason	Director of Estates, Facilities & Capital Planning – item 9
CJ	Clare Jefferson	Associate Director of Estates, Facilities and Capital Governance and Sustainability – item 9
EH	Eileen Hume	Deputy Lead Public Governor
RT	Robert Thompson	Public Governor
TC	Tony Cragg	Public Governor

Apologies:

LD	Lesley Davies	Non-Executive Director
SI	Steve Igoe	SID & Deputy Chair

Agenda Item	Minutes	Action
1	Welcome and Apologies for Absence DH welcomed everyone to the meeting. Apologies are noted above.	

2	<p>Declarations of Interest</p> <p>No interests were declared and no interests in relation to the agenda items were declared.</p>	
3	<p>Minutes of Previous Meeting</p> <p>The minutes of the previous meeting held on the 24 January were APPROVED as an accurate record.</p>	
4	<p>Action Log</p> <p>The Board NOTED the action log.</p>	
5	<p>Staff Story</p> <p>Due to offsite technical problems the video story was not played.</p>	
6	<p>Chairs Business and Strategic Issues</p> <p>DH provided an update on recent matters and highlighted NHS Cheshire and Merseyside had commissioned a Wirral System Review into the collaboration and integration opportunities across health and care in Wirral. DH added there was a Steering Group meeting to review progress every 2 weeks.</p> <p>SR highlighted he attended the national Chairs' meeting on behalf of DH and provided a summary of key points discussed, notably the increase on productivity, the introduction of NHS IMPACT and Martha's Rule.</p> <p>MS highlighted members of the team had attended NHS IMPACT events and proposed presenting the Trust's improvement approach following the launch of NHS IMPACT.</p> <p>NS explained one of the requirements to participate in the trial of Martha's Rule was access to a 24/7 Critical Care Outreach Team. NS added the Trust had this and planned to express an interest to be part of the first phase of Martha's Rule programme.</p> <p>The Board NOTED the update.</p>	Matthew Swanborough
7	<p>Chief Executive Officer's Report</p> <p>JH gave an industrial action update and explained Junior Doctor strike action had taken place from 24 to 28 February 2024. The UNISON industrial action dispute relating to retrospective re-banding for Clinical Support Workers (CSWs) continues. Following a ballot, UNSION have received a further mandate for strike action.</p> <p>JH stated in January there was one Patient Safety Incident Investigations (PSIIs) opened under Patient Safety Incident Response Framework (PSIRF) and one Reporting of Injuries,</p>	

	<p>Diseases and Dangerous Occurrences (RIDDOR) reported to the Health and Safety Executive.</p> <p>JH noted the Leadership Competency Framework had been launched on 28 February and would be used in the 2023/24 Board member appraisal.</p> <p>JH explained the Together Awards for staff would take place on 22 March and would be an opportunity to celebrate the outstanding work of staff and teams throughout the past year. JH thanked everyone who nominated colleagues for awards and congratulated those who were nominated.</p> <p>JH highlighted phase 2 of the Fuller Inquiry has been launched and the Trust would comply with all requests made by the Inquiry.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board on 2 February and the Place Based Partnership Board (PBPB) on 22 February.</p> <p>SL noted UNISON was asking the Trust to step outside of the Agenda for Change framework and queried the implications of this.</p> <p>DS stated one implication was that it sets an expectation for future claims. DS added NHSE (NHS England), and NHS Providers have encouraged individual Trusts to resolve locally resulting in different approaches for each Trust.</p> <p>SL queried the system focus regarding the 3 to 5 factors that had greatest potential to reduce cost, supporting transformation, while improving system flow.</p> <p>JH stated this related to a range of transformational programmes developed and led by CMAST.</p> <p>MC explained an example of one transformational programme was the Cheshire and Merseyside Surgical Centre, which resulted in more patients being treated and reducing the overall system backlog.</p> <p>SL requested an update be provided regarding the transformational programmes at Wirral Place and Cheshire and Merseyside level.</p> <p>The Board NOTED the report.</p>	Matthew Swanborough
8	<p>Board Assurance Reports</p> <p>8.1) Chief Finance Officer Report</p> <p>MC highlighted at month 10 the Trust was reporting a deficit of £21.470m, an adverse variance against plan of £4.494m, and was</p>	

forecasting an outturn variance to plan of £4.494m which was subject to deterioration should there be further industrial action.

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

MC explained there were discussions at the ICB (Integrated Care Board) regarding the availability of funds to cover costs incurred by industrial action and this was to be determined. MC added the Trust was also not proposing to change the forecast position yet as any changes would be co-ordinated at ICB level.

SL commented it was positive NHS partners were now utilising their sessions at the Cheshire and Merseyside Surgical Centre.

HK agreed and explained clinical leads from both Trusts were meeting in March to discuss 2024/25 and a long-term plan.

DH enquired about the structural deficit position.

MC reported the amount of recurrent CIP transacted has been fundamental to improving the underlying position, but continued work involving transformation at Place and ICB level was required to improve this further.

SR queried the underspend on backlog maintenance and medical equipment.

MC stated it was expected spend would catch up by year end and the Estates, Facilities and Capital team had provided assurance regarding completion of planned projects.

The Board **NOTED** the report.

8.2) Chief Operating Officer Report

HK highlighted in January the Trust attained an overall performance of 101% against plan for outpatients and an overall performance of 98% against plan for elective admissions. HK explained underperformance continued to be related to the impact of large-scale cancellations for industrial action. HK summarised referral to treatment and cancer performance.

HK reported type 1 unscheduled care performance was 46.82% which was below the 4hr improvement trajectory. HK explained there was an improvement plan in place which was being monitored closely.

HK stated compliance with the national standard for 15-minute ambulance handovers continued to remain a challenge with an average daily handover of 92 minutes. HK added there was also an increase in the number of patients receiving corridor care.

HK highlighted in January the Trust saw an increase in demand for patients attending the ED (Emergency Department) with mental health conditions. Although demand increased, there was not as long a wait for admission to a specialist mental health bed as last winter.

SR noted one of the main areas of concern in delivering 65 weeks by the end of March 2024 was in gynaecology and referenced the launch of Women's Health Hubs as a mechanism to reduce the backlog for non-cancer patients.

HK stated the Trust was ensuring the prompt triage of new referrals was being undertaken so that patients did not need to wait unnecessarily for treatment. HK added some patients had been referred to their GP with appropriate guidance.

Continuous flow had also been implemented, with a three times daily push of patients through the hospital, which has initially made significant improvements, and Aqua has been engaged to further support the department. A feedback report on this, and the impact on unscheduled care risks, will be provided to Quality Committee.

DH noted ambulance handover time had initially started to improve and queried if this was being sustained.

HK stated improvements were being sustained for ambulance handovers under 30 minutes. HK added the Trust was also working closely with NWS to ensure the appropriate procedures were being conducted in a timely manner.

The Board **NOTED** the report.

8.3) Integrated Performance Report

NS highlighted there had recently been a Never Event, the patient did not suffer any harm and an investigation had started under the Patient Safety Incident Response Framework.

NS explained C Diff remained a focus, as the Trust had exceeded the national threshold, and outlined the number of hospital and community acquired C Diff cases. NS added FFT was in line with or above average but had requested Women and Children provide an update in their Divisional Performance Review regarding the reduced score for Maternity.

SR queried the Never Event and if there was any feedback from the rapid evaluation.

NS stated initial findings indicate the event occurred because of process error.

SR commented it was positive the Trust achieved its target for the number of patients recruited to NIHR studies.

NS agreed and reported the Trust continued to focus on recruiting to commercial studies.

DS reported mandatory training continued to meet threshold as well as staff turnover. DS explained there were also fewer staff who left in the last financial year compared to previously. DS highlighted appraisal compliance had not met Trust target and there had been a focus on the improving the quality of discussions, a new approach had been implemented and an update would be provided to People Committee in March. DS highlighted sickness absence continued to be driven by short term sickness absence and the new Attendance Management Policy launched on 1 March.

DH queried how the Trust was progressing tracking the retirement of staff.

DS explained there was a new workforce planning tool that Divisions have undertaken as part of 2024/25 operational planning which would include upcoming workforce changes. DS explained an update on this would be provided to People Committee in May.

The Board **NOTED** the report.

8.4) Productivity and Efficiency Update

HK highlighted the year to date position was £18.483m delivered against a year to date target of £20.556m. HK added CIP had an adverse variance against plan of £2.083m and was now forecasting under delivery of £2.992m in year against target of £26.172m. HK explained that the full year effect of the schemes will be in line with the target.

SL congratulated the team for delivery of CIP schemes. SL commented the Finance Business Performance Committee received a presentation on CIP schemes from the Divisional Director for Medicine and it was noted about the positive and engaging process. SL queried how the Trust had lower turnover, but more was being spent on pay costs.

DS stated this related to premium costs on agency/bank staff and the Executive Team had asked Trust Management Board Divisional Directors to provide an update on their individual agency spend for the next meeting.

CC queried how the CIP target for 2024/25 would be allocated to each Division.

HK stated that it was instead based on the areas of opportunity and that it was open to discussion with triumvirates.

RM queried if there were any new schemes for 2024/25 or if schemes were continuous.

HK stated some themes in workforce would continue into 2024/25 and there were some new schemes, for example admin and clerical and the implementation of digital dictation and voice recognition.

JH commented some schemes were part of a multi-year programme and the Trust was a key player driving forward transformational schemes across Wirral Place.

The Board **NOTED** the report.

8.5) Board Assurance Framework (BAF)

DM summarised the BAF covering high level and strategic risks within the Trust for February, explaining the annual refresh of strategic risks was being undertaken in March for Board of Directors approval in April with the Risk Management Strategy.

The Board **NOTED** the current version of the BAF.

8.6) Quarterly Maternity and Report

JL introduced the report and gave an update on Year 6 of the Maternity Incentive Scheme (MIS), noting guidance was expected in the spring.

JL also gave an update on the Saving Babies Lives, the three-year delivery plan for the service and progress regarding implementing a Continuity of Carer Model.

JL referenced the 2023 Maternity CQC (Care Quality Commission) Survey, explaining overall results indicate Maternity Services have been providing quality care to expectant and new mothers.

JL summarised the maternity and neonatal research and innovation opportunities, noting there were several initiatives in progress.

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

NS thanked JL for the report and commented about the large amount of work required to provide assurance to the Board and other regulators. NS added the Trust continued to receive good feedback from the LMNS regarding this.

DS queried the perinatal culture and leadership programme as part of MI5 Year 5 and how this triangulated with the staff survey results for Women and Children's Division.

JL stated workshops with staff were being organised to understand this further.

The Board **NOTED** the report.

8.7) Learning from Deaths Report Q2 2023/24

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

RMe reported deaths in the diagnostic groups for pneumonia and sepsis had increased during the quarter and work was ongoing around these deaths to better understand and improve care. RM also reported Wirral had a higher percentage of deprivation.

NS highlighted she, RMe and the Deputy Director of Quality Governance meet regularly with the coroner who is satisfied with the Trust's approach to coroners referrals and death certification.

SL noted only 30% of patients in the diagnostic group for pneumonia were believed to have pneumonia and queried this.

RMe stated this related to the initial coding on arrival at the hospital and the patient will have subsequently died from another illness. RMe added it was important to ensure clinicians code correctly and that this may impact on the overall SHMI.

SR queried the upcoming changes to the coding.

RM explained the changes including removing palliative care coding and adding deprivation and comorbidities. RMe added because Wirral had greater level of deprivation, it is expected that HSMR may increase.

The Board **NOTED** the report.

8.8) Guardian of Safe Working Report Q3 2023/24

AA highlighted the number of exception reports and vacancies covering the period 30 September to 31 December 2023, noting

	<p>many exception reports were in Medicine and from junior doctors regarding working hours.</p> <p>DH noted several junior doctors raised exception reports due to covering the hour change on 27 October and queried this. DH also queried the fines.</p> <p>NS stated when the hour changes again this was an additional hour worked and fines money received from fines were used towards projects to improve environment for junior doctors.</p> <p>DS noted the number of exception reports relating to training/academic issues was zero and queried this.</p> <p>NS stated there had been challenges rostering in training/academic time but agreed to speak with the Deputy Medical Director regarding this.</p> <p>The Board NOTED the report.</p>	
<p>9</p>	<p>Green and Sustainability Plan</p> <p>CJ gave an overview of progress to date, noting the action plan progress between 2022/21, 2021/22 and data for 2022/23 would take place in January 2024. In 2021/22 16 actions were complete or ongoing, 61 start or partially completed and 51 not started/limited progress.</p> <p>CJ also provided a summary of the key updates across staff engagement, energy, travel and transport/medial gases, greenspace/biodiversity, and external engagement. CJ highlighted the plan for 2024/25 which included the launch of heat decarbonisation plan and waste management plan.</p> <p>Members thanked CJ for the presentation and commented on the good progress so far.</p> <p>The Board NOTED the report.</p>	
<p>10</p>	<p>Accountable Officer Controlled Drugs Annual Report</p> <p>NS explained she was presenting the report on behalf of the Director of Pharmacy & Medicines Management.</p> <p>NS gave an overview of the report, highlighting there were 211 incidents involving controlled drugs in 2022-23 and that no patients came to harm. NS added the Trust was considered by the Controlled Drug Local Intelligence Network team to be a high number, low harm reporter indicative of an open reporting culture.</p> <p>NS summarised the recommendations to continue to support improvements in compliance with legislation, patient experience,</p>	

	<p>and safety, and monitoring of usage trends to highlight potential diversion.</p> <p>CC commented about the continued increase in controlled drug incidents and queried if there was an improvement plan to reduce the number of incidents.</p> <p>NS stated there was a set of recommendations put in place to reduce the number of incidents along with enhanced scrutiny of controlled drugs.</p> <p>DH commented about the importance of sharing lessons learnt as the type of incident related were avoidable.</p> <p>NS stated lessons learnt were captured routinely by the Medicines Safety and Optimisation Group and discussed at Patient Safety Quality Board.</p> <p>The Board NOTED the report and recommendations.</p>	
11	<p>Transfer of Care Discharge Hub</p> <p>HK outlined the pathway improvements that have been delivered through the Transfer of Care Hub, noting there has been a significant improvement in reducing the number of patients occupying a hospital bed who do not have a criteria to reside.</p> <p>DH commented about the good progress made and suggested including a Housing Officer in the Hub. DH also explained there were several lessons learnt that would be a valuable for other NHS providers.</p> <p>HK agreed that a Housing Officer would be considered.</p> <p>JH stated members from the Department of Health and Social Care had used Wirral to pilot the new categorisation framework around discharge and fed back how impressed they were with the teams integrated approach to reducing discharge delays.</p> <p>SR queried how the Hub would be operated moving forward.</p> <p>HK explained the Hub had now transferred to a Division and a permanent Discharge Director had been recruited. HK added the next step was to ensure there were below 50 patients in the hospital who did not have criteria to reside and ensuring all patients had a ready for discharge date.</p> <p>The Board NOTED the demonstrable progress made in the development of the Transfer of Care Hub and receive future updates as required.</p>	
12	<p>Committee Chairs Reports</p>	

	<p>12.1) People Committee</p> <p>The Board NOTED the report.</p> <p>12.2) Quality Committee</p> <p>The Board NOTED the report.</p> <p>12.3) Estates and Capital Committee</p> <p>The Board NOTED the report.</p> <p>12.4) Council of Governors</p> <p>The Board NOTED the report.</p>	
13	<p>Questions from Governors and Public</p> <p>Governors commented the meeting was positive and the reports were comprehensive.</p>	
14	<p>Meeting Review</p> <p>Members commented there was a variety of discussions with a good mix between operational and strategic business.</p>	
15	<p>Any other Business</p> <p>DH thanked Edge Hill University for their hospitality.</p> <p>No other business was raised.</p>	