



Wirral University Teaching Hospital

NHS Foundation Trust

# COUNCIL OF GOVERNORS



# COUNCIL OF GOVERNORS



28 October 2024



14:30 GMT Europe/London



## AGENDA


1. Council of Governors .....	1
0 Council of Governors Agenda.pdf .....	3
3 Council of Governors Minutes - 29 Jul.pdf .....	5
4 Action Log.pdf .....	13
7 Wirral System Review Cover Report MS Governors - 211024.pdf .....	14
7.1 Value Circle - Phase 2 Report Summary - for governors - 211024.pdf.....	18
7.2 Wirral Review Phase Two Report_thevaluecircle -report.pdf.....	27
8.1 Audit and Risk Committee.pdf .....	87
8.2 People Committee.pdf .....	89
8.3 Reseach and Innovation Committee.pdf .....	92
8.4 Quality Committee.pdf .....	94
9 Integrated Performance Report.pdf.....	96
9.1 Integrated Performance Report - Dashboard.pdf.....	98
9.2 CFO - Integrated Performance Report - Dashboard.pdf.....	99
9.3 CFO - Integrated Performance Report - Commentary.pdf.....	100
9.4 CIO - Integrated Performance Report - Dashboard.pdf.....	105
9.5 CIO - Integrated Performance Report - Commentary.pdf.....	106
9.6 CPO - Integrated Performance Report - Dashboard.pdf.....	108
9.7 CPO - Integrated Performane Report - Commentary.pdf.....	109
9.8 CNO - Integrated Performance Report Dashboard.pdf.....	113
9.9 CNO - Integrated Performance Report - Commentary.pdf.....	115
9.10 COO - Integrated Performance Report - Dashboard.pdf.....	119
9.11 MD - Integrated Performance Report - Dashboard.pdf.....	123
10 Annual Review of Terms of Reference.pdf .....	124
10.1 Nominations Committee.pdf.....	126
12 Board of Directors in Public Minutes - 3 Jul.pdf.....	130
12.1 Board of Directors in Public Minutes - 4 Sep.pdf.....	140


## 1. COUNCIL OF GOVERNORS


### REFERENCES


Only PDFs are attached


-  0 Council of Governors Agenda.pdf
-  3 Council of Governors Minutes - 29 Jul.pdf
-  4 Action Log.pdf
-  7 Wirral System Review Cover Report MS Governors - 211024.pdf
-  7.1 Value Circle - Phase 2 Report Summary - for governors - 211024.pdf
-  7.2 Wirral Review Phase Two Report\_thevaluecircle -report.pdf
-  8.1 Audit and Risk Committee.pdf
-  8.2 People Committee.pdf
-  8.3 Reseach and Innovation Committee.pdf
-  8.4 Quality Committee.pdf
-  9 Integrated Performance Report.pdf
-  9.1 Integrated Performance Report - Dashboard.pdf
-  9.2 CFO - Integrated Performance Report - Dashboard.pdf
-  9.3 CFO - Integrated Performance Report - Commentary.pdf
-  9.4 CIO - Integrated Performance Report - Dashboard.pdf
-  9.5 CIO - Integrated Performance Report - Commentary.pdf
-  9.6 CPO - Integrated Performance Report - Dashboard.pdf
-  9.7 CPO - Integrated Performane Report - Commentary.pdf
-  9.8 CNO - Integrated Performance Report Dashboard.pdf


 9.9 CNO - Integrated Performance Report - Commentary.pdf


 9.10 COO - Integrated Performance Report - Dashboard.pdf

 9.11 MD - Integrated Performance Report - Dashboard.pdf

 10 Annual Review of Terms of Reference.pdf

 10.1 Nominations Committee.pdf

 12 Board of Directors in Public Minutes - 3 Jul.pdf

 12.1 Board of Directors in Public Minutes - 4 Sep.pdf

<b>Meeting</b>	Council of Governors
<b>Date</b>	Monday 28 October 2024
<b>Time</b>	14:30 – 16:30
<b>Location</b>	Boardroom, Education Centre, Arrowe Park Hospital

<b>Page</b>	<b>Agenda Item</b>	<b>Lead</b>	<b>Exec Lead</b>
	1. Welcome and Apologies for Absence	Sir David Henshaw	
	2. Declarations of Interest	Sir David Henshaw	
5	3. Minutes of Previous Meeting	Sir David Henshaw	
13	4. Action Log	Sir David Henshaw	
	5. Chair's Business and Strategic Issues – <b>Verbal</b>	Sir David Henshaw	
	6. Lead Governor Feedback – <b>Verbal</b>	Sheila Hillhouse	
	<b>Items for Discussion and Decision</b>		
14	7. Wirral System Review	Matthew Swanborough	
	8. Committee Updates		
87	8.1) Audit and Risk Committee	Steve Igoe	Mark Chidgey
89	8.2) People Committee	Lesley Davies	Debs Smith
92	8.3) Research and Innovation Committee	Dr Steve Ryan	Dr Nikki Stevenson
94	8.4) Quality Committee	Dr Steve Ryan	Dr Nikki Stevenson
	8.5) Finance Business Performance Committee – <b>Verbal</b>	Sue Lorimer	Mark Chidgey
96	9. Integrated Performance Report	All NEDs	Executive Directors
124	10. Annual Review of Nominations Committee Terms of Reference	Sir David Henshaw	David McGovern
	11. Appointment of Joint Chair of WCHC and WUTH – <b>Verbal</b>	David McGovern	

### **Wallet Items for Information**

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

### **Closing Business**

13. Meeting Review	Sir David Henshaw
--------------------	-------------------

14. Any other Business	Sir David Henshaw
------------------------	-------------------

### **Date and Time of Next Meeting**

Monday 17 February 2025, 14:30 – 16:30

<b>Meeting</b>	Council of Governors
<b>Date</b>	Monday 29 July 2024
<b>Location</b>	Boardroom, Education Centre, Arrowe Park Hospital

**Members present:**

DH	Sir David Henshaw	Non-Executive Director & Chair
SH	Sheila Hillhouse	Lead Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
RT	Robert Thompson	Public Governor
PP	Peter Peters	Public Governor
TC	Tony Cragg	Public Governor
PD	Paul Dixon	Public Governor
AK	Anand Kamalanathan	Staff Governor
GB	Gary Bennett	Appointed Governor

**In attendance:**

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
SW	Sam Westwell	Chief Nurse
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
RC	Robbie Chapman	Deputy Chief Finance Officer
DM	David McGovern	Director of Corporate Affairs
JJE	James Jackson-Ellis	Corporate Governance Officer

**Apologies:**

PI	Paul Ivan	Public Governor
NW	Neil Wright	Public Governor
JB	John Brace	Public Governor
CH	Christine House	Public Governor
KJ	Keith Johns	Public Governor
PB	Philippa Boston	Staff Governor
AT	Ann Taylor	Staff Governor
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer
SI	Steve Igoe	Non-Executive Director
LD	Lesley Davies	Non-Executive Director



Agenda Item	Minutes	Action
1	<p><b>Welcome and Apologies for Absence</b></p> <p>DH welcomed everyone to meeting. Apologies are noted above.</p>	
2	<p><b>Declarations of Interest</b></p> <p>No new interests were declared and no other interests in relation to the agenda items were declared.</p>	
3	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on 15 April were <b>APPROVED</b> as an accurate record.</p>	
4	<p><b>Action Log</b></p> <p>The Council of Governors <b>NOTED</b> the action log.</p>	
5	<p><b>Chair's Business and Strategic Issues</b></p> <p>DH provided an update on recent matters and highlighted the Wirral System Review was progressing as planned and the Council of Governors would be provided with an update once the review had finished.</p> <p>DH explained he had become aware that the Governor for Bidston &amp; Claughton had recorded and transcribed a Committee meeting without informing anyone. DH added this was inappropriate and it would be stipulated to the Governor for Bidston &amp; Claughton that permission needed to be sought in future for this.</p> <p>DH further explained it had been discussed in the Council of Governors in Private about the role of the Governor and the difference between a Non-Executive Director. DH added he was keen to retain positive Governor involvement in Committees and Board walkabouts, but this may be reviewed in future.</p> <p>The Council of Governors <b>NOTED</b> the update.</p>	
6	<p><b>Lead Governor Feedback</b></p> <p>SH highlighted a Cheshire and Merseyside Lead Governor Network had been established and she was a member of this. SH added this was a good network to engage with other Lead Governors and share best practice.</p> <p>SH reported Governors continued to observe Committee meetings and take part in walkabouts of hospital areas with other Board members during Board each month.</p>	

	<p>SH reminded Governors about the upcoming Governor Focus conference in July and encouraged Governors to attend.</p> <p>The Council of Governors <b>NOTED</b> the update.</p>	
<b>7</b>	<p><b>Trust Strategic Priorities 2024/25</b></p> <p>MS gave a presentation detailing the numerous highlights of delivery in 2023/24 across the 6 strategic objectives.</p> <p>MS summarised the year ahead and the key strategic considerations impacting from Government, NHSE, Wirral Place and Cheshire and Merseyside ICB. MS referenced the 2024/25 operational planning guidance and how the Trust had triangulated this across the strategic priorities for the forthcoming year.</p> <p>MS explained the 2024/25 strategic priorities across the 6 strategic objectives and specific actions to support delivery of these. Notably, to deliver the various enabling strategy priorities and other key pieces of work to provide the best care for patients, staff, improvement, partnership working and across infrastructure.</p> <p>SH queried about the implementation of the Patient Portal and ease of access for patients.</p> <p>MS stated registrations for the Patient Portal had been strong as well as usage of the self-check-in feature. MS added staff remained available to support patient check-in in the event they hadn't registered for the Patient Portal.</p> <p>NS stated the Trust had received positive feedback regarding the Patient Portal and had been approached by NHSE to understand lessons learnt.</p> <p>PP queried the Trust's engagement with Wirral Place.</p> <p>MS stated the Trust had been actively involved in developing Place governance for Wirral and was a key member at all the relevant forums to support robust Wirral system partnership working.</p> <p>RT queried about pathology services integration with the Countess of Chester, referencing another Trust as an example and how this resulted in delayed turnaround of results.</p> <p>MS stated the Trust had delivered a pathology test improvement programme which resulted in a reduced number of tests ordered and an improved use of test sets. MS added an outline of the support requirements for delivery of integration had been developed and was supported by a strong project team.</p>	

	<p>SH commented it was positive the Trust had received a CQC Good rating for both Maternity Services at Arrowe Park and Seacombe Birth Centre.</p> <p>NS agreed and stated the Trust was awaiting the draft report following the unannounced visit to the ED recently.</p> <p>The Council of Governors <b>NOTED</b> the report.</p>	
<b>8</b>	<p><b>2024/25 Capital Programme Update</b></p> <p>MS provided an overview of the various capital projects delivered across 2023/24, noting the Trust had a £31m capital programme and the capital schemes included the Cheshire and Merseyside Surgical Centre Theatres Phase 2, the Clatterbridge Community Diagnostic Centre and the Junior Doctors Mess at Arrowe Park Hospital.</p> <p>MS reported the capital funding for 2024/25 was £19.5m and there was a strong need to prioritise against clinical and patient risk and staff safety and wellbeing. MS added some of the planned schemes included lift replacements at Arrowe Park Hospital, fire compartmentation and pipework and ventilation.</p> <p>RC explained the Trust had a significant backlog maintenance and replacement risk, noting this totalled £47m for infrastructure and £19m for medical equipment.</p> <p>RT queried if the infrastructure and medical equipment risks were documented to evidence good risk management.</p> <p>NS stated all the risks were documented robustly by Divisions and regular discussions on the risks and mitigation took place at Risk Management Committee. NS added the Trust also had strong business continuity plans in place in event of infrastructure and medical equipment failure.</p> <p>RT also queried about the utilisation of the Cheshire and Merseyside Surgical Centre.</p> <p>JH stated the Centre was operating at 60% currently and the Trust continued to support Trusts across the North West by offering mutual aid to treat very long waiting patients through the Centre. JH added if utilisation remained at this level, a review of the original business case would need to be considered to adjust activity levels.</p> <p>SH queried if GPs were encouraging patients to access the Centre for treatment.</p> <p>JH stated the Centre had lower waiting times compared to other NHS providers in the region and patients had the option to book directly through the patient choice option.</p>	

	The Council of Governors <b>NOTED</b> the report.	
<b>9</b>	<p><b>Committee Updates</b></p> <p><b>9.1) Finance Business Performance Committee</b></p> <p>SL highlighted the Committee received the Finance Report for Month 2 (May) and this showed an adverse variance to plan of £1.3m. The Trust reported a deficit of £5.9m against a plan of £4.6m.</p> <p>SL added the Committee were pleased to note that of the target CIP of £29m, £26m has been identified and £7m has been transacted in the year to date. Committee received a presentation from the Surgery Division on their CIP which provided good assurance on delivery.</p> <p>SL explained the Committee also received a presentation from the Chief Information Officer on digital transformation and the Committee approved a 3 month extension to the Limited Liability Partnership.</p> <p><b>9.2) Charitable Funds Committee</b></p> <p>SL provided a verbal update on the most recent meeting and highlighted the Committee received a presentation on the neonatal unit redevelopment options and looked forward to receiving a final proposal in due course.</p> <p>SL added the Committee also considered the budget for the financial year and received the draft Charity Annual Report and Accounts for 2023/24.</p> <p>SL explained there was a good pipeline of fundraising events taking place throughout the year.</p> <p><b>9.3) Audit and Risk Committee</b></p> <p>SI commented there had been two Audit and Risk Committee meetings in June to focus on scrutinising the 2023/24 Annual Report and Accounts, which Committee recommended to the Board for approval and had subsequently approved.</p> <p>SI reported the Committee received the Audit Findings Report, which provided an unqualified opinion on the financial statements. Committee thanked the external auditors and the finance team for their hard work during the audit.</p> <p>SI added the Committee also approved the 2023/24 Quality Account and a new Procurement Strategy.</p>	

#### **9.4) Quality Committee**

SR highlighted the Committee received an update on the refreshed mental health priorities of which there were now 3 instead of 7 to help address the issues the Trust itself can deal with proactively.

SR explained the Committee discussed the NHSE Northwest Regional Report into C Diff and the Committee requested a dedicated action plan to address the recommendations in the report.

SR stated the Committee received and recommended the 2023/24 Quality Accounts for approval and received good assurance in relation to Mortuary Services and Learning from Deaths.

SH queried about children and young people presenting to ED in mental health crisis and if there remained high demand.

SW stated there remained demand for a mental health bed and there continued to be delays accessing a bed. SW added the Trust has re-launched the mental health improvement group which includes partners from the local mental health provider to improve mental health provisions.

#### **9.5) People Committee**

DS reported the Committee discussed the Equality Diversity and Inclusion Bi-Annual Report, noting there was a range of activity being undertaken but a key area of focus was improving the employee experience of Black, Asian and Minority Ethnic Staff.

DS added the Committee also received good assurance in relation to the Guardian of Safe Working Report and Safe Staffing Report.

DS highlighted the Committee also discussed the 2023/24 Annual Submission to NHS England North West: Appraisal and Revalidation, noting this was comprehensive and identified areas of focus for 2024/25.

#### **9.6) Estates and Capital Committee**

DH highlighted the Committee had met earlier in the day and received good assurance in relation to estates statutory compliance figures, reactive maintenance performance, facilities compliance and health and safety reporting.

DH reported the Committee received a presentation in relation to understanding the future backlog maintenance and replacement risk, noting through projections the Trust expected backlog maintenance and replacement costs to reach between £95m and £275m by 2029/30.

	<p>DH explained the Committee reviewed the 2024/25 capital programme and the various schemes planned for the year, noting there had been a strong start to the year with all major schemes advanced in design, tendered or in construction.</p> <p>DH stated the Committee also received an update on the Urgent &amp; Emergency Care Upgrade Programme (UECUP) and the work ongoing in relation to the Frontis Building.</p> <p><b>9.7) Research and Innovation Committee</b></p> <p>DH highlighted the Committee received a presentation which outlined the proposed layout for the Research and Innovation Hub at the Clatterbridge site and heard that it was scheduled to open in early September.</p> <p>DH explained there had been good discussion around the new Research and Innovation target operating model which would provide a framework for delivery of the Research and Innovation Strategy.</p> <p>DH added there was a strong focus on recruiting to research studies to demonstrate the Trust's commitment to research as well as a focus on new commercial studies.</p> <p>The Council of Governors <b>NOTED</b> the Committee Updates.</p>	
<b>10</b>	<p><b>Integrated Performance Report</b></p> <p>DH queried how the Trust compared regionally in regard to the referral to treatment targets.</p> <p>JH stated the Trust compared well and was one of the highest performing Trust's in Cheshire and Merseyside for elective care. JH added gynaecology was the biggest risk to delivering 65 week compliance by the end of September.</p> <p>SH queried the about the gynaecology risk.</p> <p>JH stated this specialty has taken the longest to recover from the pandemic due to continually high demand which exceeded capacity.</p> <p>The Council of Governors <b>NOTED</b> the report.</p>	
<b>11</b>	<p><b>NED Tenure Extension</b></p> <p>DH requested approval to extend Steve Igoe's tenure for a 12-month period, which is due to complete 6 years in October 2024.</p>	

	<p>DH added the Nominations Committee had met earlier in the day to consider the extension and recommended the Council of Governors approve the extension.</p> <p>The Council of Governors <b>APPROVED</b> the extension of Steve Igoe's tenure for a 12-month period.</p>	
<b>12</b>	<p><b>Annual Review of Terms of Reference</b></p> <p>DM presented the Terms of Reference, noting these had been created last year as part of the wider corporate governance review and consolidates information already set out in the Trust Constitution.</p> <p>DM added at this time no amends had been proposed this year and the Terms of Reference remain unchanged.</p> <p>The Council of Governors <b>NOTED</b> the Terms of Reference.</p>	
<b>13</b>	<p><b>Board of Directors' Minutes</b></p> <p>The Council of Governors <b>NOTED</b> the Board of Directors' Minutes.</p>	
<b>14</b>	<p><b>Meeting Review</b></p> <p>Members commented the meeting had been positive and presentation of reports was clear. Members also commented the meeting had been transparent in the issues the Trust faces and how these were being dealt with.</p>	
<b>15</b>	<p><b>Any other Business</b></p> <p>DH explained EH, CH and PI Governor tenures were ending in September and thanked them for their contributions to the Trust.</p> <p>No other business was raised.</p>	

*(The meeting closed at 16:00).*

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1			No actions from July meeting			



**Council of Governors**

**Item 7**

**28 October 2024**

<b>Title</b>	Wirral System Review Phase 2 Report
<b>Area Lead</b>	Janelle Holmes, Chief Executive
<b>Author</b>	Matthew Swanborough, Chief Strategy Officer
<b>Report for</b>	Information

<b>Executive Summary and Report Recommendations</b>
<p>The Wirral System Review Phase 2 Report was completed by Value Circle LLP in September 2024. The Report details the findings from the Phase 1 Report and assess options for collaboration across the Wirral System. Based upon the assessment process undertaken the recommended model suggested by the Review is a shared leadership model.</p> <p>It is recommended that the Council of Governors:</p> <ul style="list-style-type: none"> <li>• Note the Wirral System Review Phase 2 Report and Report Recommendations.</li> <li>• Note the requirements for approval of the recruitment of a Joint Chair and CEO and required approvals as set out in section 1.2 of this report.</li> </ul>

<b>Key Risks</b>
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> <li>• BAF 10 - Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and a long term threat to service sustainability.</li> </ul>

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

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
24 <sup>th</sup> January 2024	Board of Directors (Private)	<b>Wirral System Review</b>	NOTED the terms of reference for the review; and NOTED the proposed governance structure for the review
19 <sup>th</sup> August 2024	Board of Directors (Private)	<b>Wirral System Review</b>	NOTED the Phase 1 Report Recommendations

1	Narrative
1.1	<p><b>Background</b></p> <p>In April 2024, The Value Circle LLP commenced the independent Wirral System Review, on behalf of Cheshire and Merseyside Integrated Care Board (C&amp;M ICB).</p> <p>The Review initially focused on collaboration and integration opportunities across NHS provider services on Wirral, including identifying priorities for clinical, operational and financial integration between Wirral University Teaching Hospital NHS FT (WUTH) and Wirral Community Health and Care NHS FT (WCHC). The review also set out the integration delivery mechanisms and implementation roadmap for WUTH and WCHC, as part of the second phase.</p> <p>Following a range of interviews, analysis and workshops with key stakeholders, The Value Circle LLP completed the first phase of the Wirral System Review and presented the report to the C&amp;M ICB as well as the key stakeholder organisations participating in the Review.</p> <p>This first phase report highlighted that the Wirral system had a good understanding of opportunities for improving service delivery and productivity, with some significant delivery across Urgent and Emergency Care. The report also indicated that there was consensus on the opportunities for integration between WUTH and WCHC and detailed some of the benefits, particularly to patients and the Wirral population.</p> <p>The Report further detailed the historic barriers to effective collaboration and integration across NHS providers on Wirral and recommendations to address, going forward.</p> <p>The ICB accepted the Phase 1 Report and requested that Value Circle LLP undertake Phase 2, delivering to the terms of reference requirements, with a focus on:</p> <ul style="list-style-type: none"> <li>Describing a set of options for collaboration and integration between Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) that have been developed using the outputs from Phase One of the Review.</li> </ul>

	<ul style="list-style-type: none"> <li>• Explaining how the options have been assessed against the top success criteria for defining future arrangements agreed in Phase One, and against a set of implementation criteria.</li> <li>• Propose a recommended model of collaboration and integration between WUTH and WCHC, and accompanying governance and leadership arrangements including supporting arrangements that need to be put in place to enable delivery.</li> <li>• State a high-level roadmap for implementation which includes priority actions.</li> <li>• Provide a set of recommendations for consideration by the NHS Cheshire and Merseyside ICB</li> </ul>
1.2	<p><b>Phase 2 Report</b></p> <ul style="list-style-type: none"> <li>• Following the completion of the Phase 1 Report, Value Circle LLP worked with a number of key stakeholders to develop success and implementation criteria, to allow for the evaluation of future strategic options. These criteria included: <ul style="list-style-type: none"> <li>Unified Leadership <ul style="list-style-type: none"> <li>• Shared Vision and Values</li> <li>• Shared identity and purpose</li> <li>• Shared accountability and governance</li> <li>• Timescales</li> <li>• Scale and complexity</li> <li>• Partnership and flexibility</li> <li>• Resilience</li> <li>• Resources</li> <li>• Health of the local population</li> </ul> </li> </ul> </li> <li>• Value Circle LLP also examined a range of guidance and good practice for collaboration, identifying seven models for collaboration across NHS providers. These formed the basis of the assessment of options. Based upon the assessment process undertaken the recommended model is shared leadership between WUTH and WCHC.</li> <li>• The Review then recommends that a Joint Chair and a Joint Chief Executive Officer (CEO) are appointed to lead WCHC and WUTH, working on behalf of the two Foundation Trust Boards. The appointment process should ensure the Chair, and the CEO have credibility and the confidence of both Boards, and that the Chair has the support of both sets of governors. The Council of Governors are asked to note that consideration of the Chair appointment will take place under separate report to this meeting and the prior meeting of the Nominations Committee. Furthermore that the process for appointment of the Joint CEO will be initially carried out by the Trusts Remuneration Committee there will be a subsequent request to the Council for approval of the outcome of that process.</li> </ul>

	<ul style="list-style-type: none"> <li>The Review also recommends that the Joint Chair and CEO identify which posts would be most beneficial to combine and make joint appointments when opportunities arise when current postholders leave the organisations and where it is possible to do so within the two FT constitutions</li> </ul>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>2</b>	<b>Implications</b>
<b>2.1</b>	<b>Patients</b> <ul style="list-style-type: none"> <li>A full system review will ensure that patients receive the best possible care in the most linear and timely manner.</li> </ul>
<b>2.2</b>	<b>People</b> <ul style="list-style-type: none"> <li>The review is limited to a few key individuals from the Trust, and as it is a priority, capacity from those individuals will be managed appropriately.</li> </ul>
<b>2.3</b>	<b>Finance</b> <ul style="list-style-type: none"> <li>Opportunities for reduced costs through collaboration</li> </ul>
<b>2.4</b>	<b>Compliance</b> <ul style="list-style-type: none"> <li>No compliance considerations</li> </ul>

# Value Circle

# Wirral System Review

## Phase 2 Report Recommendations

**Council of Governors**  
**October 2024**

# Background : Approach to Wirral System Review

- In March 2024, Cheshire and Merseyside Integrated Care Board (C&M ICB) commissioned an independent review of collaboration and integration opportunities across NHS provider services on Wirral.
- Review primarily focussed on WUTH and WCHC, with CWP as a partner
- A number of key objectives from Wirral System Review:
  - To develop a strategy for greater collaboration and integration across acute, community and primary care services in Wirral
  - To identify priorities for collaboration and integration between WCHC and WUTH clinically, operationally and financially.
  - Develop a way forward for the collaborative and integration opportunities for WCHC and WUTH, working with system partners, to be implemented.
  - Articulate the conditions for success, (ii) set out the supporting arrangements that need to be put in place and (iii) produce an implementation roadmap
- Value Circle commissioned by ICB to undertake the review and deliver across two stages, with completion by September 2024
- C&M ICB indicated need for integration between WUTH and WCHC to deliver £5m of efficiencies as well as identify opportunities across the urgent care pathway

# Background: Value Circle Phase 1 Report

## Key Findings:

- Wirral system has a good understanding of opportunities for improving service delivery and productivity. With exception of aspects of urgent care, the system has not proactively addressed them.
- Consensus on the opportunities for integration and barriers to achievement. However, differences between WUTH and WCHC in the preferred extent of integration, especially on the impact on individuals.
- There was inconsistency in relationships between primary care, WCHC and WUTH, as well as with Wirral Council. This was also shown through the protection of organisational sovereignty.
- Future integration will need to address leadership issues and include a clear OD process.

- Identified the role of the ICB and Place Teams to drive collaboration and integration
- Further opportunities for integration across a range of clinical services and corporate functions

## Recommendations:

- The Value Circle Phase 1 Report also makes a number of key integration and improvement recommendations across high priority service areas, that would benefit from further collaboration at pace:
  - Unscheduled care
  - Neuro-diverse pathways
  - Ophthalmology
  - CVD
  - MSK
  - Corporate functions
  - Other services with significant unwarranted variation
  - Neighbourhood Health and Care

# Purpose of the Value Circle Phase 2 Report

- Further to the Phase 1 Report findings and key recommendations, the Phase 2 purpose was to focus on:
  - Describe a set of options for collaboration and integration between Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) that have been developed using the outputs from Phase One of the Review.
  - Explain how the options have been assessed against the top success criteria for defining future arrangements agreed in Phase One, and against a set of implementation criteria.
  - Propose recommended model of collaboration and integration between WUTH and WCHC, and accompanying governance and leadership arrangements including supporting arrangements that need to be put in place to enable delivery.
  - State a high-level roadmap for implementation which includes priority actions.
  - Provides a set of recommendations for consideration by the NHS Cheshire and Merseyside ICB



# Requirements of the Value Circle Phase 2 Report

## Requirements

- Building on the purpose of the Phase 2 Report, a number of requirements were also identified and detailed as part of the Terms of Reference for the Wirral System Review, including:
  - Articulate the conditions for success, setting out what would be needed to deliver on the collaborative and integration opportunities and requirement to realise these.
  - Prioritise areas for action.
  - Set out the supporting arrangements that need to be put in place to support delivery including governance and accountability, workstream structure and resource requirements.
  - Finalise an implementation roadmap for both WCHC and WUTH.

## Criteria

- In addition, a number of success criteria were developed stakeholder workshop in July 2024. At the workshop, participants discussed the criteria for integration and collaboration, to support Phase 2 assessments. From this exercise, the top 4 criteria were agreed:
  - Unified Leadership
  - Shared Vision and Values
  - Shared identity and purpose
  - Shared accountability and governance
- Following a second workshop with stakeholders in September 2024, six implementation criteria were added:
  - Timescales
  - Scale and complexity
  - Partnership and flexibility
  - Resilience
  - Resources
  - Health of the local population

# Approach to assessing collaboration options

- The NHSE and NHS Providers guidance details seven models for collaboration across NHS providers, as highlighted in the table right.
- Using the assessment criteria agreed with stakeholders as a basis, Value Circle undertook an assessment of the preferred model for collaboration and integration between WCHC and WUTH. This was also shared and reviewed by stakeholders.

## Spectrum of collaboration

Informal arrangements		Formal agreements		Group model		
Informal collaboration	Strategic collaboration	Committees	Joint ventures	Lead provider	Shared or joint leadership	Single provider/ merger
<ul style="list-style-type: none"> <li>May have advisory group</li> <li>May have non-binding memorandum of understanding</li> <li>High level shared principles for working together / collaboration</li> <li>No shared decision-making - advisory / recommendations only</li> <li>May make use of existing authority of individuals to make decisions for their organisation</li> <li>Can be a stepping stone towards strategic collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Advisory group or leadership board</li> <li>Memorandum of understanding / partnering agreement</li> <li>Terms of reference for leadership board</li> <li>Advisory group only or decisions through individual exercise of delegated authority</li> <li>Shared information to discuss relevant matters</li> <li>Joint decisions by consensus</li> <li>Aligned decision making but not shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>May be statutory committees in common or statutory joint committee</li> <li>Memorandum of understanding / collaboration agreement</li> <li>Terms of reference for committee(s)</li> <li>Collective exercise of delegated functions</li> <li>Shared information to discuss relevant matters</li> <li>Committees in common aligned or virtual joint decision-making</li> <li>Joint committee shared decision-making by unanimous or majority voting</li> </ul>	<ul style="list-style-type: none"> <li>Contractual or corporate</li> <li>Management board</li> <li>Contractual joint venture agreement or company documents</li> <li>Services agreement</li> <li>Principally a mechanism for service delivery</li> <li>Can permit joint decision making on management board for contracted out services</li> <li>Note restricted NHS trust powers for companies</li> </ul>	<ul style="list-style-type: none"> <li>Contractual joint venture</li> <li>Main contract held by lead NHS provider</li> <li>Alliance / consortium agreement</li> <li>Sub-contracts between lead provider and other NHS / non-NHS providers</li> <li>Principally a mechanism for service delivery</li> <li>Can permit joint decision making on alliance / consortium management</li> </ul>	<ul style="list-style-type: none"> <li>Same person or people lead each provider involved</li> <li>Boards of NHS Trusts or FTs appoint same person to multiple posts</li> <li>Enables aligned or virtual joint decision making</li> <li>May enable actual joint decision-making if combined with a joint committee</li> </ul>	<ul style="list-style-type: none"> <li>Governance and legal advice required to determine feasibility</li> <li>Must comply with NHS England transactions guidance e.g. full business case and due diligence requirements</li> <li>Internal and external approvals process</li> <li>Statutory transfer document and legal agreements</li> <li>Results in single board for organisation</li> </ul>

Browne Jacobson

1

# Recommendations of the Value Circle Phase 2 Report

- Based upon the assessment process undertaken the recommended model suggested by the **Review is a shared leadership model.**
- The Phase 2 report concludes that the preferred option can facilitate the top four criteria for defining future arrangements agreed in Phase One (noting that the specific governance arrangements will determine how fully three of these criteria are met). This option also meets the requirements of the six implementation criteria. No other option provided a similar level of compliance.
- **The Review then recommends that a Joint Chair and a Joint Chief Executive Officer (CEO) are appointed to lead WCHC and WUTH, working on behalf of the two Foundation Trust Boards.** The appointment process should ensure the Chair, and the CEO have credibility and the confidence of both Boards, and that the Chair has the support of both sets of governors.
- The Review also recommends that the Joint Chair and CEO identify which posts would be most beneficial to combine and make joint appointments when opportunities arise when current postholders leave the organisations and where it is possible to do so within the two FT constitutions

# Recommendations of the Value Circle Phase 2 Report

- The Review also details a number of further recommendations, to support implementation and delivery:

## Place Governance

- That there is further review and development of the Place governance arrangements in Wirral, to avoid duplication of decision making and ensure most appropriate delegations are in place.

## Governance for WUTH and WCHC

- That the recruitment of the Joint Chair be undertaken once recommendations of the Phase 2 Report have been approved by Boards. Following this, that the process for appointing the Joint Chief Executive be undertaken.
- The governance arrangements for the new shared leadership model need to manage the following requirements:
  - Achievement of the agreed success criteria for enabling effective collaboration and integration - unified leadership, shared vision and values, shared identity, purpose and strategic priorities, shared accountability and governance.
  - Successful delivery of the opportunity areas that collectively WUTH and WCHC hold primary accountability for.
  - Ensure there is an aligned approach from the two providers to supporting place-based care priorities, including neighbourhood health and care, inequalities and prevention including wider determinants of health.
  - The change programme for implementing the new shared leadership model, including supporting arrangements.

# Recommendations of the Value Circle Phase 2 Report

## **Integrated Programme Board (IPB)**

- Establishment of an Integrated Programme Board to design and deliver the change programme, initially jointly chaired by WUTH and WCHC Chief Executives, until a joint CEO is appointed. The Programme Board will need to have an agreed scheme for decision making from WUTH and WCHC Boards.

## **Joint CPO**

- Proceed with the appointment of a Joint Chief People Officer, to support the departure of the WCHC CPO.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Wirral System Review: Phase Two Report

### Proposed model for collaboration and integration

---

11<sup>th</sup> September 2024

**FINAL DRAFT**

# Contents

---

Executive Summary	<a href="#"><u>3-6</u></a>
Purpose of this document	<a href="#"><u>7-8</u></a>
Introduction	<a href="#"><u>9-16</u></a>
Development of options for the new model for collaboration & integration	<a href="#"><u>17</u></a>
- National guidance and regulatory and legal context	<a href="#"><u>18</u></a>
- Types of collaboration	<a href="#"><u>19</u></a>
- Criteria for assessing the different types of collaboration	<a href="#"><u>20</u></a>
Assessment of the different types of collaboration	<a href="#"><u>21-31</u></a>
Leadership and governance arrangements for the shared leadership model	<a href="#"><u>32-38</u></a>
Roadmap	<a href="#"><u>39-41</u></a>
Conclusion	<a href="#"><u>42-43</u></a>
Recommendations	<a href="#"><u>44-46</u></a>
Annex 1 - Proposed governance map and mapping of Phase One recommendations to system group	<a href="#"><u>47-51</u></a>
Annex 2 - Summary of outputs from second system workshop held 6th September 2024	<a href="#"><u>52-55</u></a>
References	<a href="#"><u>56-57</u></a>
Glossary	<a href="#"><u>58-59</u></a>

---

# Executive Summary

---

## Background

NHS Cheshire and Merseyside commissioned a review of collaboration and integration opportunities across health and care in Wirral (“the Review”). The focus of the Review was principally on the opportunities for greater collaboration and integration between Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) but it has also identified concomitant benefits and opportunities for wider health and care.

The outputs and recommendations from Phase One and Phase Two of the Review are included within this report. They have been generated through extensive engagement with senior leaders from the Wirral health and care system and NHS Cheshire and Merseyside, including two workshops held for senior leaders from local NHS providers and NHS Cheshire and Merseyside. The outputs from Workshop One are included within the Phase One Report, and the outputs from Workshop Two can be found in Annex 2 of this report.

## Starting point

At the start of the Review, the Wirral system already had a clear and shared understanding of many of the key opportunities for improving service delivery and productivity. However, with the exception of some aspects of unscheduled care, the system had largely not realised the opportunities, often because of NHS leadership challenges at the highest levels. There was a reluctance at a senior level to work together to take concrete actions to integrate care. As a result, Wirral Place had been missing out on the financial, quality and performance benefits that greater collaboration and integration could bring. Implementation of the recommended new model for collaboration and integration included in this report should address these issues.

## Development of a preferred model for collaboration and integration

Guidance produced by NHS England, 2022 <sup>(1)</sup>, and NHS Providers/ Browne Jacobson, 2023 <sup>(2)</sup> has steered the development of options for the new model for collaboration & integration between WCHC and WUTH.

Seven types of collaboration were assessed against locally agreed criteria. A shared leadership model is the clear, preferred option.



# Executive Summary

---

## Leadership

Under the shared leadership model, a Joint Chair and Joint CEO should be appointed on behalf of the two Foundation Trust Boards, through a process that ensures the post holders have credibility and the confidence of both Boards, and both sets of Governors.

It is recommended that the WCHC and WUTH senior leadership teams are not immediately combined. Instead, the Joint Chair and CEO should identify which posts would be most beneficial to align and then make joint appointments when suitable opportunities arise, and where it is possible to do so.

## Governance

A proposed governance map is included in Annex 1 which summarises the recommended changes in leadership and governance included within this report.

## Place

Recommendations are made to change current Place-based governance arrangements and the terms of reference for Place-based groups, to ensure the arrangements reflect the new shared leadership model for WUTH and WCHC and facilitate delivery of the relevant opportunity areas identified during Phase One.

## WCHC and WUTH

A new Integration Programme Board should be established led by the Joint CEO, to oversee the collaboration and integration between WCHC and WUTH. The Board will require an agreed scheme for decision making delegated from the WUTH and WCHC Foundation Trust Boards. It will ensure the following;

- Achievement of the success criteria agreed in Phase One for enabling effective collaboration and integration
- Successful delivery of the opportunity areas that collectively WUTH and WCHC are accountable for

# Executive Summary

---

- Ensure there is an aligned approach from the two providers to supporting place-based care priorities, including neighbourhood health and care, inequalities, prevention and addressing wider determinants of health
- The change programme for implementing the new shared leadership model, including supporting arrangements

## Roadmap

The recommendations in this report need to be implemented at pace, to ensure benefits are realised in 2024/25. The Roadmap section of this report includes key actions, leads and timescales. Immediate high priority actions are listed below;

- The recruitment of the Joint Chair. To be initiated as soon as the recommendations in this report have been approved (October 2024).
- The process for appointing the Joint CEO. To start as soon as the Joint Chair is appointed (November 2024).
- The establishment of the Integration Programme Board (IPB) (October 2024).
- Ensuring there is a robust OD programme in place to support the senior leadership to effectively implement the recommendations in this report. This is key to deliver the service improvements that are needed, facilitate improved partnership working across the Wirral Place (October 2024).
- The establishment of joint communication arrangements (September 2024).

# Executive Summary

---

## Recommendations

A set of 17 recommendations are included in this Phase Two report for the ICB and constituent organisations to consider and implement.

The recommendations from the Phase One report are included for completeness within Annex 1. They have been mapped to proposed system forums for ensuring implementation.

## Conclusion

The content of this report seeks to provide clarity on what has happened since the Review commenced and what needs to happen next. This report is intended to enable the two trusts to implement more effective collaborative arrangements that will enable them to deliver the service improvements that they need to make and further build effective partner relationships across the Wirral system.

These next steps need to deliver rapid changes that ensure Wirral health and care services are ready to embrace the forthcoming 10-year national plan and support better outcomes for the people of Wirral.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Purpose of this document

---

# Purpose of this document

---

The purpose of this document is to;

- Describe a set of options for collaboration and integration between Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) that have been developed using the outputs from Phase One of the Review.
- Explain how the options have been assessed against the top success criteria for defining future arrangements agreed in Phase One, and against a set of implementation criteria.
- Propose a recommended model of collaboration and integration between WUTH and WCHC, and accompanying governance and leadership arrangements including supporting arrangements that need to be put in place to enable delivery.
- State a high-level roadmap for implementation which includes priority actions.
- Provide a set of recommendations for consideration.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

# Introduction

---

# Introduction

---

## Requirements for the Phase Two Report

The Scoping Brief and Terms of Reference from Cheshire and Merseyside ICB includes the following requirements for Phase Two of the Review. These requirements have driven the approach to the work undertaken in Phase Two and the outputs included in this report.

- Articulate the conditions for success, setting out what would be needed to deliver on the collaborative and integration opportunities and requirement to realise these.
- Prioritise areas for action.
- Set out the supporting arrangements that need to be put in place to support delivery including governance and accountability, workstream structure and resource requirements.
- Finalise an implementation roadmap for both WCHC and WUTH.

## Outputs from Phase One

Executives from WUTH, WCHC and the ICB Wirral Place attended a workshop on the 4<sup>th</sup> of July. At the workshop, the group reviewed the opportunities identified during Phase 1 of this review, and discussed current governance arrangements, perceived barriers to change and the factors that would make integration easier to achieve across the opportunity areas. The outputs from Phase One are summarised on the following pages.

# Introduction

---

In this report, we set out proposed governance arrangements for overseeing the five opportunity areas identified in phase one. These are:

1. **Existing service reviews** - A number of services have already been identified by The Wirral Place which are recommended for a new collaborative approach because of significant challenges with the current delivery model (either resulting in poor performance, outcomes and/or duplication of services). These include:
  - Neuro diverse pathway; Ophthalmology; CVD; MSK
2. **Other services with significant unwarranted variation** - There are other services where the root causes of significant unwarranted variation need to be explored. This includes:
  - Cancer; Respiratory; Gastrointestinal; Genitourinary
3. **Unscheduled Care** - Whilst good progress has been made on the 'back door' of the urgent care pathway; significant attention is warranted on the 'front door' including maximising the benefit of:
  - The Urgent Community Response service; Virtual Wards; Acute Respiratory Services
4. **Corporate services** - Opportunities exist to reduce costs through integration/sharing of corporate services including:
  - Transactional HR, Procurement, Facilities and estates, Finance, Transformation/PMO/PDU, Governance and Risk, Digital and Technology
5. **Development of Neighbourhood Health and Care Services** - Realisation of the Fuller review to properly establish Integrated Neighbourhood Teams requires collaboration and integration of services across primary, community, community mental health and social care. It is also important to capitalise on the vibrant third sector in the Wirral and seek to involve the services they offer. These arrangements are key to enabling Primary/Community complex case management and Long-term conditions management which in turn would contribute to reducing pressures on Urgent Care.



# Introduction

---

## Outputs from Phase One – continued

This broader range of opportunities needs to be a key driving factor for the selection of a collaboration and integration model for WCHC and WUTH.

As stated in the Phase One report the income generated and activity undertaken by both WUTH and WCHCT primarily relates to the Wirral system, whereas the majority of the income (75%) for the primary mental health and learning disabilities provider for the Wirral – Cheshire and Merseyside Partnership Foundation Trust (CWPFT) is generated from outside of the Wirral. This is a key factor for determining that the new collaboration and integration model will incorporate WUTH and WCHC and not CWPFT. However, it is important to recognise that CWPFT will be a critical partner in the successful delivery of some of the key opportunity areas e.g. unscheduled care and neighbourhood health and care.

## Governance arrangements

There was a unanimous view that, apart from the Unscheduled Care Board, there were no clear governance arrangements in place that provide the basis for coordinating the work that is needed to drive better collaboration and integration. This would need to be addressed as part of Phase Two of this review.

## Barriers to change

- A lack of strategic alignment on the issues
- No shared decision-making forums to drive progress (with the exception of unscheduled care)
- Insufficient shared intelligence (e.g. on performance variances, population needs, metrics and outcomes) to inform collective decision-making
- A lack of understanding of the impact of the whole pathway of care across the system
- Getting the balance right between driving financial improvement and quality/ service improvement
- Organisational sovereignty prevents shared decisions being taken and/ or organisations work to different priorities
- Legacy systems and legacy working practices hindering progress

# Introduction

---

## Outputs from Phase One – continued

Top four criteria for defining future arrangements to enable effective collaboration and integration for the future

- Unified leadership
- Shared vision and values
- Shared identity and purpose\*
- Shared accountability and governance

## Recommendations relating to the new model for collaboration and integration

- Any plan for a new model for integration will need to include an organisation development programme, from the outset, to facilitate alignment and improved understanding between the respective organisations.
- Any progression on a new model for collaboration and integration will have to resolve the leadership divergence and incorporate a progressive and inclusive approach to building shared values.
- The systems and processes (mechanics) of the organisation are an important component to any successful integration model and should be further considered during Phase Two.
- The potential governance of different programmes and the recommended priorities for integration should be considered as part of the Phase Two report in this review process.
- The top 4 criteria for collaboration/integration agreed at the 4th July workshop should be used as the basis for the Phase Two work.

## Success Criteria for Integration and Collaboration between WUTH and WCHC

The top four criteria referenced above provide the starting point for establishing success criteria in relation to how the organisations will work better together. A separate set of success criteria relating to outcome and process measures for the delivery of health and care services, population health, and inequalities have not been developed as part of this review for the following reasons.

*\*This has now been amended to shared identity, purpose & strategic priorities to reflect the outputs from Workshop 2.*

---

# Introduction

---

- Improvement measures will already be agreed by the ICB, by Wirral Place and by the two providers in the form of their strategic plans and their operational delivery plans. When asked about success criteria the two provider CEOs referenced similar themes to the top four criteria agreed in Phase One and other suggestions correlated to what we would expect to be included in the 2024/25 operational delivery plans and in the Wirral Place Plan.
- It is recommended that the Integration Programme Board (referenced later in this report) should agree a set of benefits and accompanying KPIs that can be attributed to the impact of the new shared leadership model. The board should agree how these align with the measures included in Place, strategic and operational delivery plans.

## Phase Two Activities

The principal activities undertaken by thevaluecircle since the Phase One report was produced are listed below. The content of this report has been informed by the outputs from these activities.

- Consideration of the Phase One report by:
  - Wirral Review Steering Group
  - Cheshire and Merseyside Integrated Care Board
  - WCHC and WUTH Foundation Trust Boards
- Progress reviews via the Wirral Review Steering Group
- A second collaboration and integration workshop was held on 6 September 2024, attended by WCHC and WUTH Executives, CWPFT Executives, and the ICB Place Director (please see Annex 2 for summary of outputs). This included:
  - Opportunity to reflect on Phase One outputs,
  - Discuss priority opportunities and actions,
  - Discuss the draft option appraisal for selecting the collaboration and integration model,
  - Discuss supporting arrangements for the preferred option model, including leadership and governance options.

# Introduction

---

- A review of relevant guidance and publications; the development of options for the new model of collaboration and integration; and a detailed evaluation of the potential governance options against the criteria agreed in Phase One.
- Individual discussions with the following stakeholders:
  - ICB Place Director
  - WCHC CEO
  - WUTH CEO
  - CWPFT CEO
  - Director of Integration and Delivery
  - WCHC Director of Corporate Affairs and WUTH Director of Corporate Affairs

## Logic Model for Collaboration and Integration

The logic model included on the following page seeks to illustrate and summarise how the outputs from Phase One and Phase Two will drive the collaboration and integration model for WUTH and WCHC.

The context is drawn from the 2022 Health and Care Act triple aim, and a fourth aim covering joy and pride in work, to ensure a focus on staff health and wellbeing is included.

## Opportunity areas

(1) existing identified services; (2) other services with unwarranted variation; (3) unscheduled care; (4) corporate services; (5) neighbourhood health and care

### Context

- Health and wellbeing, including in relation to inequalities
- Quality of health services, including inequalities in relation to the benefits of services
- The sustainable and efficient use of NHS resources
- Joy and pride in work

### Barriers to collaboration

1. Lack of strategic alignment on the issues
2. No shared decision-making forums to drive progress (excl. UC)
3. Insufficient shared intelligence
4. Lack of understanding of the impact of the whole pathway of care across the system
5. Getting the balance right between driving financial improvement and quality/ service improvement
6. Organisational sovereignty prevents shared decisions being taken and/ or organisations work to different priorities
7. Legacy systems and legacy working practices hindering progress

### Top criteria for enabling collaboration and integration

1. Unified leadership
2. Shared vision and values
3. Shared identity, purpose & strategic priorities
4. Shared accountability & governance

OD  
Programme

Leadership  
Model for  
WUTH &  
WCHC

Governance  
Clear arrangements to drive better collaboration and integration



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Development of options for the new model for collaboration & integration

---

# National guidance and regulatory and legal context

---

## Guidance

The following national guidance documents have been used to help shape proposals for the new model for collaboration and integration;

- NHS England (2022), *Guidance on good governance and collaboration* (noting this guidance builds on and supports the ambitions and commitments set out in the NHSE 2021 report - *Working together at scale: guidance on provider collaboratives*, which predates the 2022 Act)
- NHS Providers, Browne Jacobson, (2023), *Provider collaboration, a practical guide to lawful, well-governed collaboratives*

## Regulatory and Legal Context

The 2022 Health and Care Act removed legal barriers to collaboration and integrated care, making it easier for providers to use their knowledge and experience to take on greater responsibility for service planning. It requires providers to have regard to the effect of their decisions in relation to collaboration on the triple aim duties included in the Act and sets expectations of providers in terms of collaboration in respect of three key areas:

- Providers will engage consistently in shared planning and decision-making
- Providers will consistently take collective responsibility with partners for delivery of services across various footprints including system and place
- Providers will consistently take responsibility for delivery of improvements and decisions agreed through system and place-based partnerships, provider collaboratives or any other relevant forums (1)

There are multiple options for provider collaboration and the 2022 Health and Care Act does not create any specific obligation to create provider collaboratives in a certain way and there are only limited restrictions to the functions they can undertake. Providers therefore have flexibility and scope as to their aims and legal and governance arrangements (2).

All options described in this document and all decisions will need to be informed by legal expertise available to the organisations. The information included in this report is designed to inform discussions and must not be considered as endorsed by professional legal opinion.

# Types of collaboration

Seven types of collaboration are described in the NHS Providers/Browne Jacobson 2023 report. The proposal is to use this 'spectrum of collaboration' to explore the options for collaboration and integration arrangements between WCHC and WUTH.

The report recognises that this is not an exhaustive list, and the seven types are not necessarily mutually exclusive, and therefore consideration can be given to employing one or more of these approaches to address the barriers to collaboration cited in the Phase 1 report, in support of the quadruple aim.

Informal arrangements		Formal agreements		Group model		
Informal collaboration	Strategic collaboration	Committees	Joint ventures	Lead provider	Shared or joint leadership	Single provider/ merger
<ul style="list-style-type: none"> <li>• May have advisory group</li> <li>• May have non-binding memorandum of understanding</li> <li>• High level shared principles for working together / collaboration</li> <li>• No shared decision-making - advisory / recommendations only</li> <li>• May make use of existing authority of individuals to make decisions for their organisation</li> <li>• Can be a stepping stone towards strategic collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory group or leadership board</li> <li>• Memorandum of understanding / partnering agreement</li> <li>• Terms of reference for leadership board</li> <li>• Advisory group only or decisions through individual exercise of delegated authority</li> <li>• Shared information to discuss relevant matters</li> <li>• Joint decisions by consensus</li> <li>• Aligned decision making but not shared decision making</li> </ul>	<ul style="list-style-type: none"> <li>• May be statutory committees in common or statutory joint committee</li> <li>• Memorandum of understanding / collaboration agreement</li> <li>• Terms of reference for committee(s)</li> <li>• Collective exercise of delegated functions</li> <li>• Shared information to discuss relevant matters</li> <li>• Committees in common aligned or virtual joint decision-making</li> <li>• Joint committee shared decision-making by unanimous or majority voting</li> </ul>	<ul style="list-style-type: none"> <li>• Contractual or corporate</li> <li>• Management board</li> <li>• Contractual joint venture agreement or company documents</li> <li>• Services agreement</li> <li>• Principally a mechanism for service delivery</li> <li>• Can permit joint decision making on management board for contracted out services</li> <li>• Note restricted NHS trust powers for companies</li> </ul>	<ul style="list-style-type: none"> <li>• Contractual joint venture</li> <li>• Main contract held by lead NHS provider</li> <li>• Alliance / consortium agreement</li> <li>• Sub-contracts between lead provider and other NHS / non-NHS providers</li> <li>• Principally a mechanism for service delivery</li> <li>• Can permit joint decision making on alliance / consortium management</li> </ul>	<ul style="list-style-type: none"> <li>• Same person or people lead each provider involved</li> <li>• Boards of NHS Trusts or FTs appoint same person to multiple posts</li> <li>• Enables aligned or virtual joint decision making</li> <li>• May enable actual joint decision-making if combined with a joint committee</li> </ul>	<ul style="list-style-type: none"> <li>• Governance and legal advice required to determine feasibility</li> <li>• Must comply with NHS England transactions guidance e.g., full business case and due diligence requirements</li> <li>• Internal and external approvals process</li> <li>• Statutory transfer document and legal agreements</li> <li>• Results in single board for organisation</li> </ul>

(NHS Providers/Browne Jacobson, 2023)



# Criteria for assessing the different types of collaboration

---

To assess the potential suitability of the seven types of collaboration in the context of the Wirral Review it is necessary to agree a set of assessment criteria. Draft criteria were developed based upon Phase One outputs and then tested at the second workshop held 7 September 2024 and amended as noted below.

## Top four success criteria for enabling collaboration and integration from Phase One:

- Unified leadership
- Shared vision and values
- Shared identity, purpose & strategic priorities *(amended following the second workshop)*
- Shared accountability & governance

## Six implementation criteria:

- Timescale – The new model needs to be implemented in 2024-25, to ensure the momentum gained in Phase One is not lost and the benefits relating to the opportunity areas are delivered at pace
- Scale and complexity – The new model will need to support the delivery of complex change across a broad set of clinical and non-clinical opportunity areas, ranging from single pathways to multi-disciplinary neighbourhood health and care
- Partnership and flexibility – The new model will need to ensure the two FTs work together flexibly as good partners with the rest of the system. There will be a need to adapt and refine the model, as lessons are learned and new opportunity areas for collaboration are prioritised *(amended following second workshop)*
- Resilience – The new model will be accountable for high impact changes. The system cannot afford for the model to falter when times get difficult and for decisions to not be implemented. It will require strong leadership with a resilient design, and support achievement of financial plans *(amended following second workshop)*
- Resources – The extent to which additional resource is required to implement the new model
- Health of the local population – The extent to which this improves outcomes for the Wirral population (*This criteria was added following a recommendation made at the second workshop*)



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Assessment of the different types of collaboration

---

# Approach undertaken

---

- For each of the seven types of collaboration a proposed assessment has been made using the ten criteria listed on the previous page.
- The assessment methodology is not scoring based as some of the collaboration types do and will continue to support individual projects and programmes within the system, even though they are not recommended as the primary model methodology. This multiple method application would require a complex scoring system that would be inappropriate for the purpose.
- The approach uses a Yes, No, Partial, or Possible response against the criteria, with commentary included.
- The criteria have not been weighted, given the success criteria were not weighted in Phase One, and the implementation criteria are regarded as being of relatively equal importance.
- The assessment for each criteria against each option was tested at the Phase Two workshop. Minimal adjustments were requested to the ratings, however an additional criteria was added, the ratings for which seek to reflect the comments made at the workshop.

# Informal collaboration

Criteria	Commentary	Assessment
Unified leadership	Informal collaboration has been tried before and has not delivered the required progress	No
Shared vision and values	Would not be within the scope of an informal collaboration, members would retain individual organisational vision and values	No
Shared identity, purpose & strategic priorities	There can be high level principles for working together but this would fall short of the required criteria	No
Shared accountability & governance	No shared decision making – advisory/ recommendations only	No
Timescale	Can be implemented rapidly	Yes
Scale and complexity	Suitable for single projects/ pathways, not for scale and complexity of this programme	No
Partnership & Flexibility	Model can be adapted easily, but is unlikely to provide improved partnership arrangements	Partial
Resilience	The model provides minimal infrastructure and decision-making capability and would not ensure decisions made are delivered	No
Resources	Likely to be resource light compared to some other options	Yes
Health of local population	Impact is unlikely given previous attempts at informal collaboration	No

## Conclusion

Informal collaboration already takes place, and it will continue to play a role in the new model, for example through pathway advisory groups, but it has been unsuccessfully tried before and it does not meet sufficient criteria to be selected as the primary methodology for the new model.

# Strategic collaboration

Criteria	Commentary	Assessment
Unified leadership	A leadership group of some sort may be formed to oversee the work however decision-making must be by consensus, which leaves a similar risk to progress as experienced currently	No
Shared vision and values	Could fall within the scope of strategic collaboration, but there would be no mechanism to ensure shared vision and values get jointly agreed	Possible
Shared identity, purpose & strategic priorities	Provides an opportunity to develop relationships between organisations.	Possible
Shared accountability & governance	The commitment of the parties is underpinned by some form of governance (e.g., MOU which may be non-legally binding)	Partial
Timescale	Should be achievable within 2024-25	Yes
Scale and complexity	Could be designed to oversee the full scale of the collaboration, but reliance on consensus would prove challenging given breadth of operational changes required	Possible
Partnership & Flexibility	Cannot be developed beyond collaboration, but can support improved partnership arrangements	No
Resilience	Includes some formal governance arrangements, so harder to walk away from compared to informal collaborations.	Partial
Resources	Level of resource for the strategic collaboration should be achievable	Yes
Health of local population	Could result in significant improvements in outcomes if successful	Possible

## Conclusion

Strategic collaboration would support possible achievement of some of the criteria, however it alone would not provide the mechanisms required to oversee delivery of all opportunity areas or ensure decisions are reached and implemented.

# Committees

Criteria	Commentary	Assessment
Unified leadership	Not all functions of an FT can or should be delegated to a joint committee, so fully unified leadership is not feasible	No
Shared vision and values	Joint committees normally cover functions central to corporate governance of individual organisations, so it is considered unlikely that shared vision and values would be included within scope	No
Shared identity, purpose & strategic priorities	As above	No
Shared accountability & governance	There is delegated shared decision making by unanimous or majority voting, so there can be shared accountability and governance arrangements for the areas covered by the Committees	Partial
Timescale	Would be relatively quick to establish	Yes
Scale and complexity	The scale and complexity of the opportunity areas and the need for cultural change are likely to be too great for committee approach alone	No
Partnership & Flexibility	Requires statutory powers to establish and not all functions can or should be delegated, so there are limitations. Limited impact on partnership working	Partial
Resilience	Once established should be resilient given statutory powers, albeit for committees in common decisions need to be agreed by both organisation's committee, so lack of decision making remains a risk	Possible
Resources	Should be achievable without a significant strain on available resources	Yes
Health of local population	Outcomes may be improved in areas under the scope of the committees	Partial

## Conclusion

This method alone will not meet some of the criteria, but committees in common and joint committees can support unified leadership under a shared leadership model.

# Joint Venture

Criteria	Commentary	Assessment
Unified leadership	Provider boards and organisations remain autonomous and responsible for activity outside the contract specifications as well as managing the contract	No
Shared vision and values	The Joint venture (JV) would not have this within its scope, due to focus on service provision (mechanics) rather than dynamics	No
Shared identity, purpose & strategic priorities	As above	No
Shared accountability & governance	Would cover decision making for the service area covered by the JV but not more broadly	Partial
Timescale	Should be achievable within 2024-25	Yes
Scale and complexity	It is possible and it may be desirable to adopt a JV for some opportunity areas e.g. shared services, but it would not be suitable for the full breadth of the opportunities	No
Partnership & Flexibility	Formal delegation from boards to committees or individuals is not required but would not be scalable to cover full breadth of collaboration or partnership	Partial
Resilience	Contractual arrangements should provide degree of resilience	Possible
Resources	Existing programme and project management resources and reporting lines can be used, but resourcing multiple JV arrangements for all opportunity areas would be challenging	Possible
Health of local population	Outcomes may be improved in areas under the scope of the JV	Partial

## Conclusion

A Joint Venture could be used to support delivery of benefits for some individual opportunity areas, including shared services for back-office functions, but the methodology is not suitable for the full breadth of collaboration and integration required and so it is not recommended as the primary methodology for the Model.

# Lead Provider

Criteria	Commentary	Assessment
Unified leadership	Provider boards and organisations remain autonomous and responsible for activity and their organisations outside the contract specifications	No
Shared vision and values	The management board for a Lead Provider model would not have this within its scope, the focus will be on service provision	No
Shared identity, purpose & strategic priorities	As above	No
Shared accountability & governance	The agreement by its nature would be limited to individual services/ contracts and requires one organisation to be contractually subservient to another for the services covered.	Partial
Timescale	Should be achievable within 2024-25	Yes
Scale and complexity	There is already a lead provider arrangement in place for MSK services, but the arrangement is not scalable to the breadth required to cover all opportunity areas	No
Partnership & Flexibility	Formal delegation from boards to committees or individuals is not required but would not be scalable to cover full breadth of collaboration and partnership	Partial
Resilience	MOU arrangements should provide some degree of resilience	Possible
Resources	Resourcing multiple lead provider arrangements for all opportunity areas would be challenging	Possible
Health of local population	Outcomes may be improved in areas under the scope of the model	Partial

## Conclusion

A Lead Provider Model could be used to support delivery of benefits for some individual opportunity areas, but the methodology requires one organisation to be contractually subservient to the other, so is not considered suitable for the full breadth of collaboration and integration necessary and is therefore not recommended as the primary model.



# Shared or Joint Leadership

Criteria	Commentary	Assessment
Unified leadership	Commonly has a joint Chair and / or CEO, and further joint board/ senior leadership roles are possible.	Yes
Shared vision and values	Joint leadership posts can discuss alignment with their Boards, teams, governors, users, so developing shared values is possible	Possible
Shared identity, purpose & strategic priorities	Joint leadership posts can increase strategic alignment between organisations. Joint strategic and operational plans can be formed	Possible
Shared accountability & governance	Group Model has no legal definition, but usually has some form of committee for strategic decision-making, which can support shared accountability and governance	Possible
Timescale	The key actions to appoint a Joint Chair and Joint CEO can be achieved in 2024	Yes
Scale and complexity	Because the model effectively covers all the business of both WCHC and WUTH it meets the requirements under this criteria	Yes
Partnership & Flexibility	Flexible option for collaboration as it can range from one individual being shared to all board members being shared and can develop over time. Will support improved partnership arrangements	Yes
Resilience	Single Chair and CEO (with the option for additional joint Board members) should provide resilience and ensure decisions are made and adhered to	Yes
Resources	Relatively resource light to initiate although it will be important to involve governors early in joint appointment processes.	Yes
Health of local population	Shared leadership can ensure combined and co-ordinated focus on population outcomes	Possible

## Conclusion

There are different versions of shared leadership and group models in place around the country with an increasing number of systems adopting forms of this model. This option is recommended as the preferred option.

# Single Provider/ Merger

Criteria	Commentary	Assessment
Unified leadership	Single Board and management structure	Yes
Shared vision and values	New organisation would need to agree shared vision and values	Yes
Shared identity, purpose & strategic priorities	New organisation would have a single identity and purpose and single strategic and operational plans	Yes
Shared accountability & governance	New organisation would have single accountability and governance arrangements	Yes
Timescale	Requires considerable internal and external approvals processes, including approval by NHSE, Secretary of State, and the councils of governors. Processes tend to be slow and complex. Would not be completed by March 25	No
Scale and complexity	Merged trust would be able to oversee scale and complexity, however the scale of resources required to transact a merger creates a risk that focus will be lost and decisions get delayed in the opportunity areas	Possible
Partnership & Flexibility	There is no flexibility once the merger is completed, should it start to become regarded as the wrong option. The process is standardised.	No
Resilience	Single Board should provide resilience and ensures decisions are made and adhered to	Yes
Resources	Significant resources would be required up front.	Possible
Health of local population	Single provider can ensure combined and co-ordinated focus on population outcomes	Possible

## Conclusion

A single provider/ merger would deliver the top four criteria, but the process would take a long time and would consume energy and resources within the system. It would not provide the more organic development offered by a shared leadership model. There is a big risk that focus on the opportunity areas would diminish during a merger process, causing delays in benefits delivery.

# Summary of the ratings for each option

	Informal collaboration	Strategic Collaboration	Committees	Joint Venture	Lead Provider	Shared/ Joint Leadership	Single Provider/ Merger
Unified Leadership	No	No	No	No	No	Yes	Yes
Shared vision and values	No	Possible	No	No	No	Possible	Yes
Shared identity, purpose & strategic priorities	No	Possible	No	No	No	Possible	Yes
Shared accountability and governance	No	Partial	Partial	Partial	Partial	Possible	Yes
Timescale	Yes	Yes	Yes	Yes	Yes	Yes	No
Scale and complexity	No	Possible	No	No	No	Yes	Possible
Partnership & Flexibility	Partial	No	Partial	Partial	Partial	Yes	No
Resilience	No	Partial	Possible	Possible	Possible	Yes	Yes
Resources	Yes	Yes	Yes	Possible	Possible	Yes	Possible
Health of population	No	Possible	Partial	Partial	Partial	Possible	Possible

# Identification of the recommended model

---

Based upon the assessment process undertaken and the outcome agreed upon at the second workshop the preferred option is a Shared Leadership Model.

The preferred option can facilitate the top four criteria agreed upon in Phase One (noting that the specific governance arrangements will determine how fully three of these criteria are met). It will also address the requirements of the six implementation criteria. No other option provides a similar level of compliance.

This satisfies the requirements of the 2022 Health and Care Act including having regard to triple aim duties and the expectations of providers in terms of collaboration and being effective system partners.

The selection of the preferred option was tested at the second workshop. There was unanimous agreement from the discussion groups that a shared leadership model is the best option and should be implemented.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

# Leadership and governance arrangements for the shared leadership model

---

# Leadership

---

## Progressing the Shared Leadership Model

A shared leadership model can potentially involve one of three options: either a joint Chair; a joint CEO; or a joint Chair and CEO – all of which could also involve a range of other joint senior leadership roles.

Based upon the feedback received from system leaders during both phases of the review it is recognised that there needs to be a significant change to the current leadership arrangements if the jointly agreed opportunities to integrate clinical and non-clinical services are to be taken. The four criteria for defining future arrangements also need to be met – unified leadership, shared vision and values, shared identity, purpose, strategic priorities, and shared accountability and governance.

There should be a clear ambition to achieve significant alignment between WCHC and WUTH, not least because both organisations share a significant common geography and patient population – in that for both circa 80% of their activity relates to the Wirral population.

This extent of commonality and the need for significant change would suggest that there would be substantial merit in appointing both a joint Chair and joint CEO. This automatically provides an alignment in the most senior roles of both the non-executive and executive functions of the two Foundation Trusts and significantly increases the potential for the new collaboration to succeed.

## Chair and Chief Executive

It is therefore recommended that a Joint Chair and a Joint CEO are appointed to lead WCHC and WUTH, working on behalf of the two Foundation Trust Boards.

The appointment process should ensure the Chair, and the CEO have credibility and the confidence of both Boards, and that the Chair has the support of both sets of Governors.

Given the terms of office for the current Chairs are both due to finish in early 2025, it would be advisable to proceed with recruiting a Joint Chair as soon as possible so that they can be confirmed in good time, prior to the expiry of the terms of the current post holders.

# Leadership

---

## Senior Leadership Teams

It should be for the newly appointed joint Chair and CEO to determine if and what other senior leadership roles might be suitable as joint appointments.

It is not recommended that the entire senior leadership teams are immediately combined, given this would likely be highly disruptive which could cause delays in the delivery of benefits from the new model.

It is recommended that it should be left to the determination of the Joint Chair and CEO to identify which posts would be most beneficial to combine and make joint appointments as and when opportunities arise (such as when current postholders leave the organisations) and where it is possible to do so within the two Foundation Trust constitutions.

An early opportunity of this kind is presented due to the WCHC Chief People Officer (CPO) leaving post. There are likely to be significant benefits of having a single CPO voice and aligned leadership on the People Plan, the development of shared values, staff engagement, and OD support.

# Governance

---

As stated in the introduction, there was a unanimous view that, apart from the Unscheduled Care Board, there are no clear governance arrangements in place that provide the basis for coordinating the work that is needed to drive better collaboration and integration.

The governance arrangements need to fully accommodate the five opportunity areas that were identified. Our proposals for these are set out below, both in terms of how they are governed at Place and by the Foundation Trusts.

## Place governance

The Wirral Place Governance Manual 2024 includes a proposal for Place governance arrangements. It states that *“The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners.”*

The Manual includes a recommended governance structure and highlights the need to avoid unnecessary duplication of decision making and to ensure that the most appropriate delegations are in place and agreed by partners to ensure the best outcomes for patients and the communities served.

From the conversations held during Phase Two, it is recommended that changes are made to the arrangements included in the Manual and the terms of reference for Place-based groups. This is based on the governance proposals included in this report, to ensure Place arrangements reflect the shared leadership model for WUTH and WCHC, and facilitate delivery of the following opportunity areas identified during Phase One;

- Some services identified as having **unwarranted variation** where Place-wide collaboration will be critical to success e.g., cancer pathways
- **Unscheduled care** - through the existing Unscheduled Care Board, ensuring there is a focus on improving front-door services and Place-wide actions to support ED attendance/ urgent care admission avoidance
- **Neighbourhood health and care** – based upon feedback received there is a need to review the relationship and remit between the Primary and Community Care Board and the place-based groups that report into the Partnership Board that support this agenda.

A proposed governance map is included in Annex 1 which incorporates the recommended changes in leadership and governance included within this report.

---



# Governance

---

## Governance for the WUTH and WCHC shared leadership model

The governance arrangements for the new shared leadership model need to manage the following requirements;

1. Achievement of the agreed success criteria for enabling effective collaboration and integration - unified leadership, shared vision and values, shared identity and purpose, shared accountability and governance
2. Successful delivery of the opportunity areas that collectively WUTH and WCHC hold primary accountability for
3. Ensure there is an aligned approach from the two providers to supporting place-based care priorities, including neighbourhood health and care, inequalities and prevention including wider determinants of health
4. The change programme for implementing the new shared leadership model, including supporting arrangements

Whilst the aim should be to avoid establishing new groups where possible, there is not currently a forum in place that would be suitable to oversee these requirements and therefore it is recommended that a new group is established. For the purpose of this report the proposed new group is referred to as an Integration Programme Board (IPB).

The IPB should be jointly chaired by the WUTH and WCHC CEOs until a Joint CEO is appointed. It will need to have an agreed scheme for decision making delegated from the WUTH and WCHC Foundation Trust Boards, which is compliant with the constitution of the two FTs.

It is recommended that the ICB is represented on the IPB through the Wirral Place Director or another nominee, otherwise membership will be drawn from WUTH and WCHC leadership teams.

The IPB should establish sub-groups only where there are not suitable existing forums to manage the required matters.

Further recommendations for how the IPB should manage the four requirements are included below.

# Governance

---

## 1. Achievement of the agreed success criteria for enabling effective collaboration and integration

The Joint Chair and Joint CEO will be accountable for developing shared vision and values, identity, purpose, and strategic priorities through the IPB and through proactive engagement with the WCHC and WUTH Boards, staff, system partners and the Wirral population.

## 2. Successful delivery of the opportunity areas that collectively WUTH and WCHC hold primary accountability for

The IPB will have the primary responsibility for oversight of the following areas identified in Phase One, ensuring delivery against agreed objectives;

- **Existing identified services** – neurodiverse pathway, ophthalmology, cardiovascular disease, MSK (recognising the need for full collaboration with local partners including primary care, local authority, VCFSE sector)
- **Corporate services**
- Some services identified as having **unwarranted variation** – respiratory, gastrointestinal

Where groups already exist to facilitate improvement in the clinical services listed above, the terms of reference should be reviewed, and the following made clear regarding decision-making – what group or individual(s) are accountable, where responsibility sits, who needs to be consulted and who needs to be informed. Whilst collectively WUTH and WCHC will hold joint accountability, Place partners who are key to delivering identified pathway improvements e.g., primary care, VCFSE providers will need to be integral.

## 3. Aligned approach from the two providers to supporting place-based care priorities, including population health and wider determinants of health

It is recommended that the IPB ensures the two providers engage with Place partners with a single voice on these matters and combine their impact as anchor institutions to support improvements in employment opportunities and other wider determinants of health.

# Governance

---

## 4. The change programme for implementing the new shared leadership model, including supporting arrangements

The IPB will need to design and drive delivery of the change programme including the following points that were highlighted at the second workshop;

- Ongoing support from both Boards and Councils of Governors
- There are widely communicated milestones and timescales for process changes and the delivery of agreed benefits
- There is effective OD support at a scale that reflects the breadth of the change programme
- There is effective staff support, to ensure people feel well looked after, recognising flight risk due to nervousness around the process
- Visibility of shared leadership approach so it is clear to staff
- Staff engagement and communications
- Programme management and quality improvement support
- Financial improvement targets are set and met
- Opportunities to align the management of clinical and non-clinical services including back-office functions are considered and if agreed, implemented in ways that ensure delivery against milestones is not adversely impacted
- Shared post holders don't get overwhelmed (agree an achievable cycle of business and battle rhythm that avoids duplication and streamlines governance)
- In-depth expertise and understanding of both the community and acute sector are maintained by the leadership team and organisational memory is retained
- Overall headcount is not increased, and existing opportunities are used to facilitate change wherever possible e.g. vacant posts

### **Further consideration for governance arrangements - Recommendations from Phase One**

Work has been undertaken to assign the recommendations included in the Phase One Report to either Place-based governance forums or the IPB, to ensure they are incorporated into the revised decision-making arrangements – please see Annex 1 for the proposed approach.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

# Roadmap

---

# Leadership and Governance

## Leadership

Action	Lead	Timescale
Recruitment of the Joint Chair to be undertaken once the recommendations in this Report has been approved by the relevant Boards	Councils of Governors	Initiate recruitment Oct '24
The process for appointing the Joint CEO should start as soon as the Joint Chair is appointed	Joint Chair	Initiate recruitment Nov '24
Appointment of joint directors and other senior leadership posts to be assessed initially by the WUTH and WCHC CEOs if opportunities arise during this timeframe e.g., Joint CPO, and then by the Joint CEO once appointed	WUTH & WCHC CEOs initially and then Joint CEO	Ongoing

## Governance

Action	Lead	Timescale
Establish WUTH and WCHC Integrated Programme Board	WUTH and WCHC CEOs to jointly chair until Joint CEO is appointed	Oct '24
Review of and revisions to the Wirral Place Governance Manual and the terms of reference for place-based forums to be completed by the ICB working with the WCHC and WUTH Directors of Corporate Affairs, with the latter representing the views of the Integrated Programme Board	Wirral Place Director	Oct '24
Recommendations from the Phase One Report (see Annex 1) to be implemented by the relevant Place-based group or the IPB	CEOs and Wirral Place Director	Oct '24

# Resources

## Resources

Action	Lead	Timescale
Director of Integration and Delivery appointment	WUTH and WCHC CEOs	Completed
OD support requirement for the Shared Leadership Model change programme to be agreed and commissioned (if external support is required), including support for development of unified leadership, shared values and shared identity	CPOs/ Joint CPO	Oct '24
Agree joint communication arrangements across the system	CEO/ Communications Directors	End Sept '24
PMO and quality improvement support for the IPB to be agreed and mobilised	Director of Integration and Delivery	Oct '24
Agree required expertise and leadership for developing shared accountability and governance	WUTH and WCHC Directors of Corporate Affairs	Oct '24 for IPB establishment and then ongoing
Establish financial and VFM improvement targets	WUTH and WCHC CFOs	Oct '24
Support for aligning or integrating clinical and non-clinical teams across WUTH & WCHC	Director of Integration and Delivery	Ongoing



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Conclusion

---

# Conclusion

---

This review addresses the requirements of the Scoping Brief and Terms of Reference from NHS Cheshire and Merseyside for Phase Two of the Review, these being;

- Articulate the conditions for success, setting out what would be needed to deliver on the collaborative and integration opportunities and requirement to realise these.
- Prioritise areas for action.
- Set out the supporting arrangements that need to be put in place to support delivery including governance and accountability, workstream structure and resource requirements.
- Finalise an implementation roadmap for both WCHC and WUTH.

Further engagement has been undertaken with Wirral stakeholders since Phase One during July, August and early September, culminating in a workshop held on 6 September, attended by executives and senior leaders from WUTH, WCHC, C&WPFT, and the ICB. This has resulted in agreement from those involved that a shared leadership model should be recommended as the preferred model for collaboration between WCHC and WUTH.

The recommendations from this engagement process are included in the following section of the report, and these recommendations build on the roadmap milestones included on pages 40-41.

The content of this report seeks to provide clarity on what has happened since the Review commenced and what needs to happen next. This report is intended to enable the two Trusts to implement more effective collaborative arrangements that will both enable them to deliver on the service improvements that they need to make as well as further build relationships to be an effective partner in the Wirral system.

These next steps need to deliver rapid changes that ensure Wirral health and care services are ready to embrace the forthcoming 10-year national plan and support better outcomes for the people of Wirral.





thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Recommendations

---

# Recommendations

No.	Recommendation
1.	To implement a shared leadership model for WCHC and WUTH which satisfies the requirements of the 2022 Health and Care Act including having regard to triple aim duties and the expectations of providers in terms of collaboration and being effective system partners.
2.	To appoint a Joint Chair and a Joint CEO to lead WCHC and WUTH, working on behalf of the two Foundation Trust Boards.
3.	The Joint Chair and Joint CEO should be appointed through a process that ensures the Chair, and the CEO have credibility, and the confidence of both Boards and the Chair has the support of both sets of governors.
4.	The recruitment of the Joint Chair should be undertaken as soon as possible and the process for appointing the Joint CEO should start as soon as the Joint Chair is appointed.
5.	The Joint Chair and CEO should identify which senior executive posts could benefit from being shared across WCHC and WUTH. Seek to progress these when the circumstances are right e.g. any resignations of current directors.
6.	Move to a Joint CPO post given the pending departure of the WCHC CPO.
8.	Establish a Chief Executive led WCHC and WUTH Integration Programme Board (IPB).
9.	Ensure the IPB has as an agreed scheme for decision making delegated from the WUTH and WCHC Foundation Trust Boards, which is compliant with the constitution of the two FTs.
10.	The ICB should be represented on the IPB through the Wirral Place Director.
11.	IPB should establish sub-groups only where there are not suitable existing forums to manage the required matters.
12.	IPB should have the primary responsibility for oversight of the following opportunity areas identified in Phase One, ensuring delivery against agreed objectives: <ul style="list-style-type: none"> <li>Existing identified services – neurodiverse pathway, ophthalmology, cardiovascular disease, MSK (recognising the need for full collaboration with local partners including primary care, local authority, VFCSE sector)</li> <li>Corporate services</li> <li>Some services identified as having unwarranted variation e.g., respiratory, gastrointestinal</li> </ul>

# Recommendations

No.	Recommendation
13.	The terms of reference for existing clinical service groups should be reviewed to determine which Board they report into and that they sufficiently engage system partners e.g., primary care, VCFSE providers.
14.	IPB should agree a set of benefits and accompanying KPIs that can be attributed to the impact of the new shared leadership model and should agree how these align with the measures included in Place, strategic and operational delivery plans.
15.	IPB should ensure that WUTH and WCHC engage with Place partners with a single voice on place-based care priorities, including population health and wider determinants of health and combine their impact as anchor institutions.
16.	IPB and the PBPB should ensure the recommendations included in the Phase One Report are implemented in the context of the content of this Report.
17.	IPB should ensure: <ul style="list-style-type: none"> <li>• There is a robust OD programme in place to support the senior leadership to effectively implement the recommendations in this report, to both deliver on the service improvements that are needed and facilitate improved partnership working.</li> <li>• The establishment of joint communication arrangements</li> </ul>
18.	The ICB in partnership with the providers should implement changes to the arrangements included in the Wirral Place Governance Manual and the terms of reference for Place-based groups, based upon the governance proposals included in this report. These changes will need to ensure Place arrangements reflect the shared leadership model for WUTH and WCHC, and facilitate delivery of the following opportunity areas identified during Phase One <ul style="list-style-type: none"> <li>• Services identified as having unwarranted variation</li> <li>• Unscheduled care - through the existing Unscheduled Care Board, ensuring there is a focus on improving front-door services.</li> <li>• Neighbourhood health and care – based upon feedback received there is a need to review the relationship and remit between the Primary and Community Care Board and the place-based groups that report into the Partnership Board that support this agenda.</li> </ul>



thevaluecircle

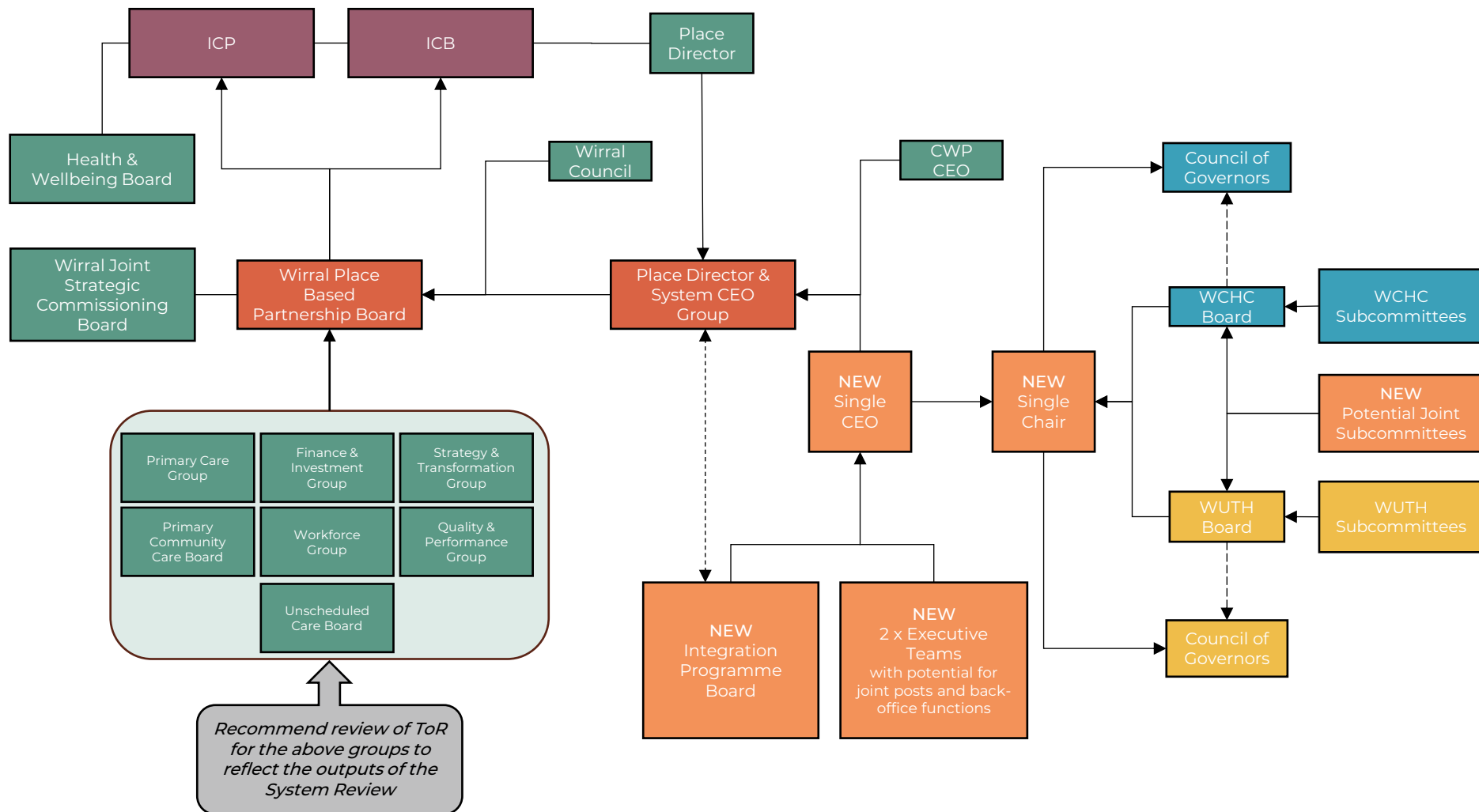
Change makers  
Value creators  
Code breakers

---

## Annex 1 – Proposed governance map and mapping of Phase One recommendations to system group

---

# Proposed Wirral Governance Map



# Proposals for Mapping Phase One Recommendations to System Groups

Group/ Board	Phase One Recommendation
Place - Primary and Community Care Board	WUTH and WCHC should prioritise engagement with third and voluntary sector to develop a plan to establish a proactive wellbeing culture in the Wirral.
	Integrated Neighbourhood Teams are an important integration opportunity for all providers in The Wirral. The system should determine whether the newly formed Primary and Community Care Board should be the governance vehicle through which this work is supported.
	CWPFT should provide learning from its partnership work in other places to assist in the development of Integrated Neighbourhood Teams in The Wirral.
Place – Wirral Place Based Partnership Board and Wirral Joint Strategic Commissioning Board	WUHT and WCHC in their new ways of working should consider how to jointly maximise their position as anchor institutions in the Wirral as a means to actively promote and improve the overall health and wellbeing of the Wirral population.
Wirral System Review Steering Group & thevaluecircle	The criteria for collaboration/integration agreed at the 4th July workshop should be used as the basis for the Phase 2 work.
	The systems and processes (mechanics) of the organisation are an important component to any successful integration model and should be further considered during phase 2.
	The potential governance of different programmes and the recommended priorities for integration should be considered as part of the phase 2 report in this review process.
WCHC and WUTH Integration Programme Board	Key enabling support for neuro-diverse pathway should be put in place including project and programme management quality improvement and quality management with change management/OD support to ensure new operational arrangements are quickly established.
	In line with the proposed model a single provider for the neuro-diverse service should be established.
	The recommendation from the Ophthalmology Steering Group for a single provider of these services should be confirmed.

# Proposals for Mapping Phase One Recommendations to System Groups - continued

Group/Board	Phase One Recommendation
Unscheduled Care Programme Board	The Unscheduled Care Programme Board (UCPB) should put in place an action plan to address the 7 key improvements that have already been identified and recommended for improvement.
	The UCPB should consider undertaking a self-assessment against the supporting actions included in “Urgent and emergency care recovery plan year 2: Building on learning from 2023/24”.
	The UCPB should undertake a local assessment against the Model Hospital data productivity opportunities.
	Opportunities to improve the front door of unscheduled care should be prioritised by the Unscheduled care Programme Board against the 5 areas listed in the Phase One Report.
	Undertake a joint point-prevalence (ED and UCR) review of low-acuity ambulance conveyances with the rest of the ICB to identify referrals that could be made to the UCR by NWS.
	Explore the opportunities listed to improve the scale and effectiveness of the UCR.
	The Unscheduled Care Programme Board should prioritise reviewing the current delivery of the ARI hub against national best practice to identify where there may be opportunities to enhance the service and so positively affect emergency admissions.
	Further work should be undertaken to ensure that there are clear criteria-based referral protocols agreed between hospital consultants and GPs and are well understood by all; that virtual wards are embedded within discharge processes; that they are built into consultant job plans (not just PAs); and that there is a ‘pull’ mechanism for both primary and secondary care (using analytics and experienced specialist nurses) into the virtual wards.
	The Wirral should take stock of the current Integrated Nursing Team arrangements and their relationship with the community Urgent Community Response service.
Wirral Place Based Partnership Board	The Wirral needs to consider how it can invest further in the diagnosis and prevention initiatives for both hypertension and depression to further reduce the impact on unscheduled care.
	The governance architecture should be clarified and agreed, and all system partners confirm they understand the arrangements and agree that the right leadership oversight and grip is in place for this critical improvement programme.

# Proposals for Mapping Phase One Recommendations to System Groups - continued

---

Group/Board	Phase One Recommendation
WCHC and WUTH Integration Programme Board	Any plan for a new model for integration will need to include an organisation development programme from the outset to facilitate alignment and improved understanding between the respective organisations.
	Any progression on a new model for collaboration and integration will have to resolve the leadership divergence and incorporate a progressive and inclusive approach to building shared values.





thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Annex 2 - Summary of outputs from workshop held 6th September 2024

---

# Annex 2 – Summary of outputs from workshop held 6<sup>th</sup> September 2024

---

## Overview

The workshop covered three main agendas:

- Consideration of governance requirements for the opportunities agreed in Phase One
- Proposed future model of collaboration between WCHC and WUTH
- Needs and next steps for the executive leadership in progressing this work

The main outputs from the workshop have been incorporated into the detail of this report, including analysis, conclusions and recommendations. Key themes from each of these agendas were as follows:

### Governance requirements:

Since the Phase One report there has been insufficient progress on most of the five themes that were agreed upon.

- There has been good analysis and conversations but not much delivery.
- Relationships have improved.
- Barriers to making progress include:
  - Lack of appropriate governance (particularly between WCHC and WUTH)
  - There needs to be clearer delegated authority to jointly take decisions and actions
  - Need to make progress on a shared leadership team - shared vision and values without shared leadership cannot happen
  - Lack of agreed joint strategic priorities - the priorities between FTs are different but that is due to need (lots of different plans but they are not aligned)
  - Need a decision-making board between the two FTs that is an instant decision-making tool

There was broad consensus in the workshop that a governance vehicle like the proposed Integrated Programme Board for decisions between the two FTs would be necessary. It was also agreed that maximum value would need to be made of both the Unscheduled Care Board and the Primary and Community Care Board as vehicles for effective partnership working.

# Annex 2 – Summary of outputs from workshop held 6<sup>th</sup> September 2024

---

## Future model for collaboration

In considering the criteria against which to assess the different options the following suggestions were put forward:

- As part of shared identity and purpose this also includes the need for shared strategic priorities between WCHC and WUTH
- As part the implementation criteria:
  - Resilience would also need to incorporate the need to achieve financial requirements
  - Flexibility should also incorporate an ability to adapt and be a more effective system partner
  - There should be an additional criteria: does this improve outcomes for the Wirral population

The Workshop discussed and reviewed the recommended assessment of the criteria against the different options. A small number of adjustments to the assessment were proposed and have been incorporated into this report.

The selection of the preferred option was tested and there was unanimous agreement from all the discussion tables that a shared leadership model is the best option and should be implemented.

Some issues were raised that should be considered when implementing the preferred model. These included:

- Need for ongoing support from both Boards and Councils of Governors
- Widely communicated milestones and timescales for process changes and the delivery of agreed benefits
- Culture and OD - Effective OD support at a scale that reflects the breadth of the change programme
- Effective staff support, to ensure people feel well looked after, recognising flight risk due to nervousness around the process
- Visibility of shared leadership approach so the new model is clear to staff
- Shared post holders don't get overwhelmed (agree an achievable cycle of business and battle rhythm that avoids duplication and streamlines governance)
- In-depth expertise and understanding of both the community and acute sector is maintained by the leadership team and organisational memory is retained
- Overall headcount does not increase, and existing opportunities are used to facilitate change wherever possible e.g. vacant posts

# Annex 2 – Summary of outputs from workshop held 6<sup>th</sup> September 2024

---

## Needs and Next steps

In the workshop the executives from the Trusts considered what factors are important in enabling them to make progress on this new collaboration (other than the proposed governance and changes in organisational and leadership arrangements already covered in the report).

The outputs from this discussion included:

- The importance of having dedicated time together
  - To build relationships
  - To develop a safe space to share thoughts + concerns to ensure all feel valued
  - To build a greater and deeper understanding of skills and experience – sharing understanding of personal and collective skills and experience
  - Understanding of portfolios and alignment between them/ differences
- The importance of a joint communication plan / process
  - To ensure consistent and regular communications to staff
  - To ensure visibility to staff
- The importance of a robust OD programme
  - To support engagement and implementation
  - Recognising the different cultures and that culture development is an ongoing process
  - Supporting the development of joint vision, values and priorities
- The importance of buy in from everyone - but understand it will be difficult for some individuals
- Need clarity on destination and timescales – so everyone understands the agenda they are working to
- Spending time in each other's services (specifically for WUTH to understand the breadth of services and opportunity with the WCHC service and the future neighbourhood model ) - making the connections – and use of appreciative enquiry.



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## References

---

# References

---

1. NHS England (2022), Guidance on good governance and collaboration, p4, p5, p7-9,
2. NHS Providers, Browne Jacobson, (2023), Provider collaboration, a practical guide to lawful, well-governed collaboratives, p8



thevaluecircle

Change makers  
Value creators  
Code breakers

---

## Glossary

---

# Glossary

---

WCHC - Wirral Community Health and Care NHS Foundation Trust

WUTH - Wirral University Teaching Hospital NHS Foundation Trust

CWPFT - Cheshire and Wirral Partnership Foundation Trust

ICB - Integrated Care Board

OD - Organisational Development

KPIs - Key Performance Indicators

UC - Unscheduled Care

ED - Emergency Department

VCFSE - Voluntary, Community, Faith, and Social Enterprise

FT - Foundation Trust

ToR - Terms of Reference

IPB - Integration Programme Board

PBPB - Place-Based Partnership Board

MOU - Memorandum of Understanding

MSK - Musculoskeletal





Change makers  
Value creators  
Code breakers

## Disclaimer

This document has been prepared by thevaluecircleLLP. This report was commissioned by **NHS Cheshire and Merseyside**. The matters in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weakness that may exist, nor all the improvements that may be required. thevaluecircleLLP has taken care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist.

This report is prepared solely for the use of **NHS Cheshire and Merseyside**. Details may be made available to specified external agencies, but otherwise the report should not be quoted or referred to in whole or in part without prior consent. No responsibility to any third party is accepted as the report has not been prepared and is not intended for any other purpose.

© 2024 thevaluecircleLLP

thevaluecircleLLP, The Paine Suite, The Nostell Estate Yard, Nostell, Wakefield, England, WF4 1AB

[www.thevaluecircle.co.uk](http://www.thevaluecircle.co.uk)

---

thevaluecircle

---

**Council of Governors**  
**28 October 2024**

**Item No 8.1**

<b>Report Title</b>	Committee Update – Audit and Risk Committee
<b>Author</b>	Steve Igoe, Chair of Audit and Risk Committee

## **Executive Summary and Current Position**

- This report updates on the work of the Audit and Risk Committee at its meeting on 12 September 2024.
- The work of the Committee, as well as being documented in its Terms of Reference, is prescribed by Accounting/Auditing Standards and Regulatory requirements.

## **Items for Escalation/Action**

- The Committee discussed the Financial Assurance Report, which provided an overview of losses and special payments as well as debt. Committee requested further assurance on the controls in place to reduce pharmacy stock losses and the reissuing of drugs to avoid wasted costs. Committee were pleased to understand overall debts had decreased since March 2024.

## **New/Emerging Risks**

- There are no new/emerging risks.

## **Overview of Assurances Received and Committee Activity**

- The Committee discussed the Board Assurance Framework (BAF), noting additional controls had been included for several strategic risks and the risk score regarding finance sustainability had increased to 16. An internal audit review of risk maturity would be undertaken. Committee agreed the risks and controls appeared accurate and reflected the current position.
- The Committee received the Information Assurance Group Chair's Report and received good assurance on the Trust's cyber operational plan, specifically the plans in place to address any vulnerabilities and upgrades – which continued to be progressed as planned. The Committee noted there was a risk to achieving the 2024/25 Data Security and Protection Toolkit due to various proposed changes as well as staff changes within the Trust.
- The Committee noted the Procurement Spend Controls Waivers Report and were pleased to hear the Trust continued to meet and exceed Model Health System Procurement Metrics. Committee were also assured by the continued decrease in the number of retrospective waivers issued and acknowledged work continues to improve this position further.
- The Committee received the Auditors' Annual Report. This report highlighted an unqualified opinion had been issued on the Trust's financial statements and that the accounts' consolidated schedules were consistent with the audited financial statements. The report

also identified no significant weaknesses in the arrangements for value for money nor any matters considered a public interest report.

- The Committee noted the Audit-Fraud Progress Report and the activity undertaken by the Anti-Fraud Specialist to raise awareness and investigate any fraud related activity.
- The Committee reviewed three Internal Audit Report Progress Reports, noting the 2023/24 Data Security and Protection Toolkit received a substantial assurance rating as well as the Estates Maintenance Review. The Medical Staffing Review resulted in a moderate assurance opinion. The Internal Auditors also presented their Follow Up Summary Report, which indicated good progress continues to be made in embedding audit recommendations in a timely manner.
- The Committee were provided with the Trust's own Audit Tracker. This report summarised the 38 live actions, of which 30 had been completed, 3 were in progress and within the approved timeline for implementation, and 5 were overdue. The Committee approved a series of revised implementation dates for those recommendations that are marked overdue.

#### **Other comments from the Chair**

- The Committee received assurance on the implementation of the new Fit and Proper Persons Test Framework, noting all annual assessments against the new framework had been conducted for the required job roles and the Trust's policy continues to be fit for purpose.
- The Committee were also provided with good assurance on managing conflicts of interest. Committee were pleased to hear 74% of those required to declare an interest had, which compared to the position at this time last year of 57%.
- The Committee reviewed and approved the revised Terms of Reference.

#### **Statement of Assurance**

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

<b>Report Title</b>	Committee Updates – People Committee
<b>Author</b>	Lesley Davies, Chair of People Committee

## **Executive Summary/Current Position**

- The Integrated Performance Report provides an overview of the Chief People Officer portfolio and demonstrates:
  - Mandatory training compliance continues to be achieved at 93%.
  - Sickness absence remains above target at 6.17% and is an area of concern. The top three reasons for absence for August are stress/anxiety/depression, gastrointestinal problems and cough, cold & flu.
  - Staff turnover has exceeded Trust target at 1.53%, however this is due the planned turnover of junior doctors during the summer period.
  - Appraisal compliance has improved but remains below compliance by 0.28%. Divisional trajectories are in place to achieve Trust target.
- Below is a summary of ‘People’ activity, which addresses the issues above and relates to the delivery of the People Strategy 2022-2026. This report updates on the work of the People Committee at its meeting on 16 September 2024.

## **Overview of Assurances Received**

- The Committee was provided with a presentation from the Chair of Disability Staff Led Group. The work undertaken by the group is comprehensive with members of the group co-creating improvements to the centralisation of support resources and improvements in accessibility for staff with disabilities to support. Initiatives to raise the awareness of disability across the Trust have also been taken forward. The next step will be for the Trust to evaluate the impact of the support given and if staff are benefitting from the resources and support available. The Committee was assured to see the range of actions being taken to support the Trust’s staff and, as this is a key focus of the Trust’s work this year, look forward to seeing the impact of this work to ensure that it is making a difference.
- The Committee discussed the recent board seminar on Equality, Diversity and Inclusion and the next steps in taking this work forward. The Trust’s programme of work and focus on ensuring staff feel supported and that the Trust’s processes and procedures support the equality agenda is extensive and measuring the impact of this work is at the forefront of ensuring that the Trust’s actions are effective. The Committee will continue to review progress being made throughout the year.
- The Committee was updated on employee relations and noted the rise in race cases following the recent civil unrest. Staff are monitoring the situation closely and are taking action to ensure that staff and patients are protected. The main issues have related to alleged racist activity on social media.
- The Committee was assured of the work being undertaken to manage sickness absenteeism which has increased from 5.94% to 6.06% (12 month rolling sickness rate).

The reasons for absence are monitored by Trust staff effectively and managers support staff to get back to work. Supportive interventions include a strong divisional focus, focus on workforce well being and preventative wellness programmes.

- The Trust's Safe Staffing Report was discussed in depth and the Committee took assurance of the actions being taken by the Chief Nurse to mitigate risks as detailed below. The Chief Nurse reported a positive improvement in the continued reduction in the number of Red Professional Judgement shifts for the past two months. The Chief Nurse also reported that the vacancy rate in Care Support Workers had increase but the Committee took good assurance of the mitigation and action being taken to address the situation.
- The Committee reviewed the Board Assurance risks assigned to the Chief People Officer

### **Items for Escalation/Action**

- Nurse Safe Staffing Report. It was brought to the attention of the Committee that the ward-based nursing acuity review is overdue by 12 months. This review must be undertaken to ensure compliance with national quality board 'standards for safe sustainable and productive staffing' (2017) and NHSI's 'developing workforce safeguards, supporting providers to deliver high quality care through safe and effective staffing' (2018) and a full review of nurse staffing should be completed every 6 months to provide assurance that the staff establishment is adequate to meet the demands of the service.
- The process has been delayed as a result of industrial action and the launch of an updated version of the safer nursing care tool. Training has been provided to key individuals and that training is now being cascaded and the acuity and dependency review will commence in October 2024. Given the data analysis required to determine effective rosters/establishment, the results from this review is not expected until December 2024 at the earliest.
- There has been a change in the delivery of the recruitment of registered nurse and midwife graduate pipeline, which has been reduced from two cohorts per year to one in September. This will be the Trusts main recruitment opportunity and will require careful planning to ensure the unevenness of supply is effectively managed. Until recently the pipeline has been smoothed by a regular supply of international recruits. External recruitment for experienced staff will continue, however this process only provides a small number of applicants compared to new graduates.

### **New/Emerging Risks**

- The delay to the acuity review has the potential impact assurance on safe effective staffing. However, the senior team have already commenced action to address this delay and is monitoring closely the staffing of shifts and there are currently no areas of high risk. The acuity review for the emergency department has been completed and an associated business case will be presented to the board on the 2<sup>nd</sup> October 2024.
- The reduction in recruitment opportunities to one per year is already being planned with mitigating action being undertaken. The Chief Nurse is also exploring the nursing associate apprenticeship route as part of a revised nursing workforce plan. Which would provide more flexibility and enable the Trust to be more responsive to staffing requirements throughout the year and offer progression opportunities for other staff within the Trusts for example, Care Support Workers

### **Other comments from the Chair**

- The Committee noted the significant workload of those delivering the People Strategy and the increase in activity due in some part, to ongoing staff disputes and it thanked the staff for their work. The Committee is keen to see the impact of the programmes being undertaken this year, particularly in the area of equality, disability, and inclusion.

**Council of Governors**  
**28 October 2024**

**Item 8.3**

<b>Report Title</b>	Committee Chair's Reports – Research and Innovation Committee
<b>Author</b>	Dr Steve Ryan, Meeting Chair

### **Executive Summary/Current Position**

- This report updates on the work of the Research and Innovation Committee at its meeting on 16 September 2024.
- The Committee continues to meet on a quarterly basis and provides scrutiny over KPI's and delivery against strategic aims.

### **Items for Escalation/Action**

- The Committee received a presentation following a request at its last meeting. This was to articulate the aims and priorities arising from the research and innovation strategy. The vision is for WUTH to gain a clearer credibility so as to be recognised as a research active organisation, with a diverse portfolio of studies including an increasing number of commercially sponsored studies, with the aim of every patient being offered the opportunity to be involved in studies. For more and ultimately all relevant staff to be involved in raising awareness of researching promoting studies in this area.
- The Committee then received an update comparative performance in level of patient recruitment, by Department, Division and also compared to other Trusts in the Northwest Coast Comprehensive Research Network (NWC:CRN). This is based on the metric of total number of patients recruited into studies - whether they are receiving innovative new medicinal products in a high resource research setting or simply having data already held copied into a study. All agreed this was a blunt metric and did little to showcase the quality of research. The Committee were therefore pleased to see an outline proposal on a small group of metrics about that would better demonstrate our research quality. It was agreed that a more defined proposal would be brought back to a future meeting. It was agreed that alignment with the likely metrics to be used by the Northwest Regional Research Network from April 2026 would be important in managing the risk of a significant change in the assessment of research from which would flow research funding.
- Of 48 studies on the Trust's portfolio, 28 are open and active of which 5 are commercially sponsored. The research leadership team gave examples of how they were getting into the details of studies that were not reaching agreed milestones and taking action.
- The Committee were delighted to hear about the official opening of the Clinical Research and Innovation Centre at Clatterbridge on Thursday 12th September. Chris Smith the Chief operating Officer of the NWC CRN who attended the event said, *"The Wirral Research and Innovation Centre will improve access to research that is relevant to people's healthcare conditions and act as a catalyst for further collaboration. The launch today is a further step in delivering its strategy to improve healthcare through cutting edge research and innovation."*

- There was a discussion on two areas to make our research reach more patients and increase the chances of successful research. This included a more flexible approach to supporting research active staff (e.g. in critical care) and also in focussing more effort where we have the greatest chance of success. Where necessary the Target Operating Model for delivering our strategy will be adapted to take this into account.
- The Committee noted that the Terms of Reference were to remain unchanged this year.

### **New/Emerging Risks**

- The transfer to the Northwest Regional Research Network based in Manchester from the NWC:CRN in April 2026 represents a risk of not securing adequate funding to enact our strategy. In part this is being clear on the likely metrics of assessment and ensuring that we strive for and achieve good results when measured against these metrics.

### **Overview of Assurances Received**

- The Committee received good assurance that there is increasingly accurate assessment of research performance and a realistic understanding of the opportunities. There is a very good level of interest and ambition for research across the Trust and we are connecting those staff to opportunities to engage.

### **Other comments from the Chair**

- Unfortunately, the meeting was not quorate but there were no substantive items requiring decision making.



**Council of Governors**  
**28 October 2024**

**Item No 8.4**

<b>Report Title</b>	Committee Updates – Quality Committee
<b>Author</b>	Dr Steven Ryan, Chair of Quality Committee

### **Executive Summary/Current Position**

This report updates on the work of the Quality Committee at its meeting on 20 September 2024.

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

### **Items for Escalation/Action**

- Clostridioides difficile remains a concern, as demonstrated in a number of reports and so remains a high priority. As well as focused input by the Infection Prevention and Control (IPC) Team in aspects such as speed of isolation, cleaning and sampling, a specific quality improvement collaborative in 5 clinical areas has been commenced. Additionally, the Chief Nurse shared the Trust's response to NHS England's review of high C. Difficile rates across the Wirral in community and health care settings, to the Place Quality Performance Group. This was well received by all partners, and it was agreed to develop a "Four pillar plan" involving all partners including primary care. The oversight of this partnership plan will lie with the Wirral Public Health Protection Board.
- There had been an increase in violence and aggression from patients in one clinical area related to their underlying health condition being more prominent in male patients. Our new Head of Security is overseeing the provision of relevant training and support to staff. As a result of this being an exclusively male clinical area, it has been agreed that changing the sex mix of wards is necessary to manage the situation.
- A previously received national audit report showed that the Trust was achieving much lower reported delirium screening rates than expected. As a result, vacancies in leadership positions in dementia have been addressed and technical issues in data recording are also being investigated. There is no evidence of this having had a specific impact on clinical quality, but thorough PSIRF and other intelligence, this will continue to be monitored.
- There remain 3 overdue risks on the CQC action plan: neonatal unit environment, individual care planning and clinical supervision. For the former active consideration of the best estates solution (noting the restricted level of capital funding available) is underway. The latter two actions are going to be reviewed in the light of changes in approach arising from national

policy and learning. Never-the-less it was agreed that a report would be developed to show the degree of residual risk for each of these areas.

### **New/Emerging Risks**

- No new risk was identified, and the committee were satisfied that the current Board Assurance Framework risks were correctly rated.

### **Overview of Assurances Received**

- The Committee received 3 annual assurance reports which will be presented at this Trust Board meeting: Complaints, Organ Donation and Safeguarding. The Committee noted the high quality of these reports and gained substantial assurance in each area. Progress was noted in each area since last year's report but also noted that further progress was required in some respects which will continue to be monitored: e.g. timeliness of response to all of our complaints (albeit against a background against complaint rate of 0.04% of episodes) and comprehensives of use of the Child protection Information System in all relevant area. There was progress in timeliness of initial health assessments in children entering care, partly by addressing bottlenecks in inter-organisational information transfer. Very pleasingly over 2000 members of staff had accessed Tier 1 Oliver McGowan training on learning disability and autism in a 2-week period.
- The Committee was able to triangulate the intelligence it receives through the Mortality Review Group - that the Trust's high coding rate for palliative care relates to the timeliness and impact of our excellent specialist palliative care team, as demonstrated by metrics in the palliative care annual report.
- The Committee had sight of its first Patient safety incident investigation report. This gave assurance of the improved quality of process and engagement and clarity of learning. It was noted that we now have 3 patient safety partners in post.
- An update was provided on work on Local safety standards for invasive procedures (LocSSIPs), work which was initiated following a number of never events in recent years. Substantial evidence has been submitted from the services involved and we are due to receive an internal audit assurance report on the standards imminently.

### **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.
- The Committee reviewed its terms of reference noting the only changes that 5 executive directors will generally attend the meeting.

**Council of Governors**

**Item 9**

**28 October 2024**

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

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

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

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

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

<b>1</b>	<b>Narrative</b>
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	6	17	23
Well-led	1	2	3
Use of Resources	2	3	5
All Domains	16	27	43

Further metrics are shown under the Chief Information Officer (CIO) relating to the Digital Healthcare Team.

<b>2</b>	<b>Implications</b>
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.

<b>3</b>	<b>Conclusion</b>
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 - October 2024

## Approach

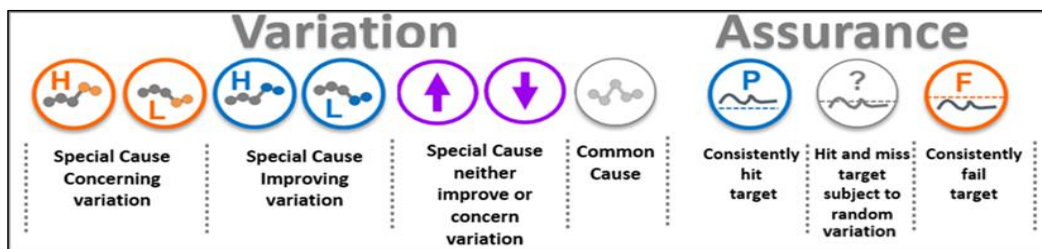
The metrics for inclusion have been reviewed with the Executive Director team.

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

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

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

## Key to SPC Charts:



## Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	6	17	23
Well-led	1	2	3
Use of Resources	2	3	5
<b>All Domains</b>	<b>16</b>	<b>27</b>	<b>43</b>

## Issues / limitations

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

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

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

## Changes to Existing Metrics:

### Metric

Clostridioides difficile (healthcare associated)

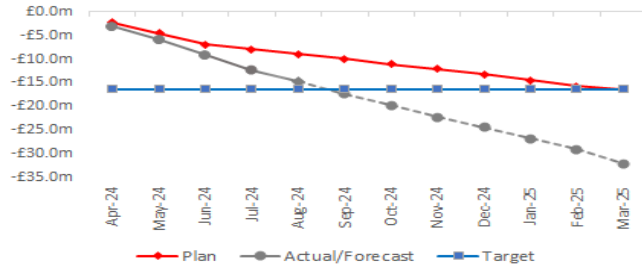
### Amendment

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

# Chief Finance Officer

## CQC Domain : Use of Resources

### I&E Position



Aug-24

-£14.7m

Variance

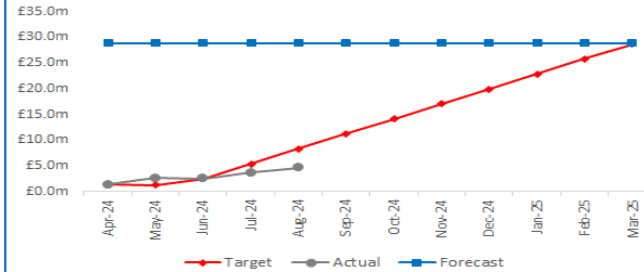
Position worse than plan

Target

-£8.9m

## CQC Domain : Use of Resources

### Cumulative CIP



Aug-24

£4.7m

Variance

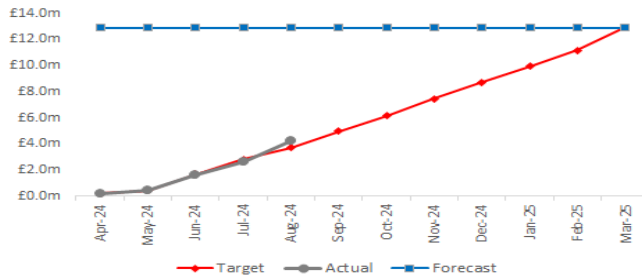
Position worse than plan

Target

£8.3m

## CQC Domain : Use of Resources

### Capital Expenditure



Aug-24

£4.2m

Variance

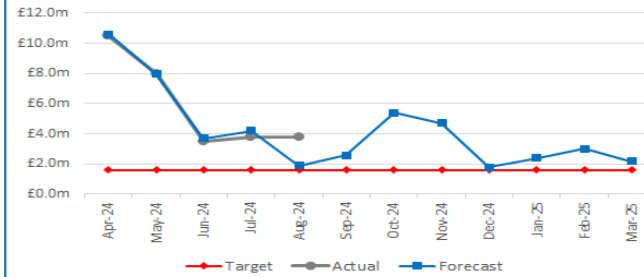
Position not worse than plan

Target

£3.7m

## CQC Domain : Use of Resources

### Cash Position



Aug-24

£3.8m

Variance

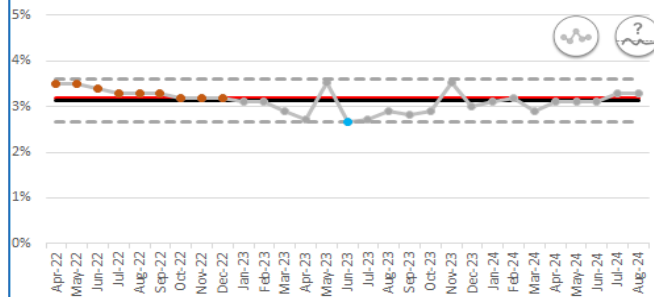
Position better than plan

Target

£1.6m

## CQC Domain : Use of Resources

### Agency spend



Aug-24

3.3%

Variance

Position worse than plan

Threshold

3.2%

### Executive Summary

At the end of August, M5, the Trust is reporting a deficit of £14.7m, an adverse variance against plan of £5.0m. There is significant risk to the Trust delivering the agreed annual deficit of £16.3m which is being managed through an NHSE process supported by PWC.

The key drivers of this forecast variance and the internal risks to achievement of plan are:

- the full delivery of the elective activity plan and
- the Cost Improvement Programme (CIP) and
- maintaining expenditure on urgent care within planned levels.
- delivering planned integration benefits.

The Trust has fully engaged with NHSE and C&M ICB to plan actions to reduce expenditure to mitigate against these risks. Full implementation of these actions would reduce the unmitigated forecast deficit to £23.3m.

Failure to achieve the financial plan would place additional significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP).

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. 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 2024/25 are:

Statutory Financial Targets	RAG (M5)	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 report.
- Note that full implementation of agreed mitigations will significantly but not fully mitigate financial risk.
- Note that the Trust has submitted a request for additional cash support in Q3 (October to December 2024).
- Note that the Trust is exceeding the agency cap both in month 5 and cumulatively.

## I&E Position

### Narrative:

The table below summarises this I&E position at M5:

Cost Type	Year to Date			Unmitigated Forecast		
	Plan	Actual	Variance	Plan	Forecast	Variance
Clinical Income from Patient Care Activities	£190.3m	£187.1m	-£3.2m	£454.5m	£448.1m	-£6.4m
Other Operating Income	£13.4m	£14.4m	£1.0m	£32.2m	£34.1m	£1.9m
<b>Total Income</b>	<b>£203.8m</b>	<b>£201.5m</b>	<b>-£2.2m</b>	<b>£486.7m</b>	<b>£482.2m</b>	<b>-£4.6m</b>
Employee Expenses	-£147.8m	-£149.2m	-£1.3m	-£356.0m	-£357.4m	-£1.3m
Operating Expenses	-£66.9m	-£65.2m	£1.6m	-£158.3m	-£158.6m	-£0.3m
Non Operating Expenses	-£2.5m	-£1.8m	£0.7m	-£6.0m	-£4.7m	£1.3m
CIP	£3.8m	£0.0m	-£3.8m	£17.3m	£6.5m	-£10.8m
<b>Total Expenditure</b>	<b>-£213.4m</b>	<b>-£216.2m</b>	<b>-£2.8m</b>	<b>-£503.1m</b>	<b>-£514.2m</b>	<b>-£11.1m</b>
<b>Total</b>	<b>-£9.7m</b>	<b>-£14.6m</b>	<b>-£5.0m</b>	<b>-£16.3m</b>	<b>-£32.0m</b>	<b>-£15.7m</b>

The unmitigated forecast position is before Board approved actions which are intended to reduce the forecast deficit to £23.3m.

Key variances within the position are:

**Clinical Income** – £3.2m adverse variance relates to underperformance against the value of the elective plan in Surgery.

**Employee Expenses** - £1.3 adverse variance relates to continued overspend on bank and medical bank in ED.

**Operating Expenses** - £1.6m positive variance largely relates to the under delivery of elective activity in Surgery.

**Non-operating expenses** – £1.3m favourable variance relates to PDC payments lower than plan.

**Cost Improvement Programme** – £1.9m adverse variance for CIP across clinical divisions.

The Trust's agency costs were 3.5% of total pay costs in M5 and are 3.3% YTD. This is above the 2024/25 target of 3.2%.



## **Risks to position**

The main risks to the I&E position are:

- The Trust fails to fully deliver the recurrent Cost Improvement Programme.
- The Trust fails to fully deliver the Elective Activity plan.
- The Trust fails to manage urgent care expenditure within planned levels.

### **Actions:**

- Full identification and delivery of CIP schemes.
- Maximising elective capacity and recovery.
- Urgent care improvement plan.
- Full delivery of agreed mitigation plan.

## **Cumulative CIP**

### **Narrative:**

The Trust has transacted £11.4m of CIP at M5 which is £3.8m behind plan at M5. The Trust has risk adjusted our CIP forecast to £18.5m, a shortfall against target of £10.8m.

The Trust does not classify non-recurrent underspends as CIP but the forecast under-delivery of CIP is fully mitigated by non-recurrent underspends.

### **Risks to position:**

- That the gap between target and identified schemes is not reduced.
- 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.
- Implementation of the Board approved mitigation plan which includes acceleration of enhanced controls over variable expenditure.

## **Elective Activity**

### **Narrative:**

The Trust delivered elective activity to the value of £8.5m in M5 and £42.6m YTD, an adverse variance of £7.1m for the year. This is primarily driven by underperformance in respect of the Cheshire and Merseyside Surgical Centre (CMSC), a shortfall of elective and day cases in Surgery and by a lower case mix within the Division.

### **Risks to position:**

- That the Trust fails to utilise the elective capacity in place.
- That the current case mix of cases continues.

#### Actions:

- The Chief Operating Officer and Chief Finance Officer are jointly undertaking a review into the full drivers of the adverse income position on income for surgery with a mitigation plan to address any remaining underlying issues impacting the Trust's delivery of elective activity in surgery. This will be presented to the next meeting of FBPAC.

### Capital Expenditure

#### Narrative:

Description	Approved Budget at M1	Revisions to Budget	Revised Budget
<b>CDEL</b>			
Internally Generated	£12.870m		<b>£12.870m</b>
ICB/PDC/WCT	£6.284m	-£1.400m	<b>£4.884m</b>
Charity	£1.000m		<b>£1.000m</b>
<b>Confirmed CDEL</b>	<b>£20.154m</b>	<b>-£1.400m</b>	<b>£18.754m</b>
<b>Total Funding for Capital</b>	<b>£20.154m</b>	<b>-£1.400m</b>	<b>£18.754m</b>
<b>Capital Programme</b>			
Estates, facilities and EBME	£5.000m		£5.000m
Heating and chilled water pipework replacement	£2.100m		£2.100m
Operational delivery	£2.750m		£2.750m
Medical Education	£0.080m		£0.080m
Transformation	£1.000m		£1.000m
Digital	£0.750m		£0.750m
UECUP	£6.010m		£6.010m
Charity	£1.000m		£1.000m
<b>Approved Capital Expenditure Budget</b>	<b>£18.690m</b>	<b>£0.000m</b>	<b>£18.690m</b>
Diagnostics Digital	£0.064m		£0.064m
LIMS - PDC	£1.400m	-£1.400m	£0.000m
<b>Confirmed PDC</b>	<b>£1.464m</b>	<b>-£1.400m</b>	<b>£0.064m</b>
<b>Total Anticipated Expenditure on Capital</b>	<b>£20.154m</b>	<b>-£1.400m</b>	<b>£18.754m</b>
<b>Under/(Over) Commitment</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>

Spend at M5 totals £4.192m which is almost £0.5m ahead of plan; the backlog maintenance schemes including low carbon steel pipework replacement and fire compartmentation are progressing at pace. In addition, spend on UECUP is ahead of plan. We do not anticipate any overspend 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:**

- Estates and Capital Committee to continue to monitor progress and risks from capital projects.

**Cash Position**

**Narrative:**

The cash balance at the end of M5 was £3.8m. Although this position is in line with plan, the reduction in the cash balance is presenting difficulties on a daily basis with a direct impact on the Better Payment Practice Code (BPPC) target by volume and value. The year-to-date position of bills paid within target stands at 76.7% which is 18.3% lower than the national target of 95%. In M5 the Trust was only able to pay 52.3% of invoices received within the timeframe required to achieve BPPC. This reduced performance is a direct consequence of the Trust managing its cash position.

The Trust has applied for cash support for Q3 and further cash support will be required in Q4.

**Risks to position:**

- Management of the cash trajectory is impacting significantly on BPPC performance.
- 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.

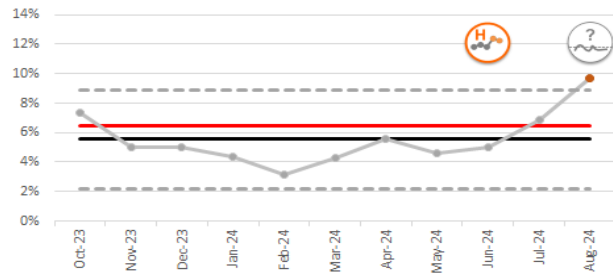
**Actions:**

- Continued daily monitoring and forecasting of the Trust cash position and PSPP performance.
- Monitoring and escalation of any aged debt delays.
- Discussions with ICB around mitigations for cash position and process for applying for cash support.
- Submission of request for additional cash support from October 2024 (Q3)

# Chief Information Officer

## Operational Capacity

Staff Vacancy as % of workforce



Aug-24

9.7%

**Variance Type**

Special cause  
variation - concerning

**Threshold**

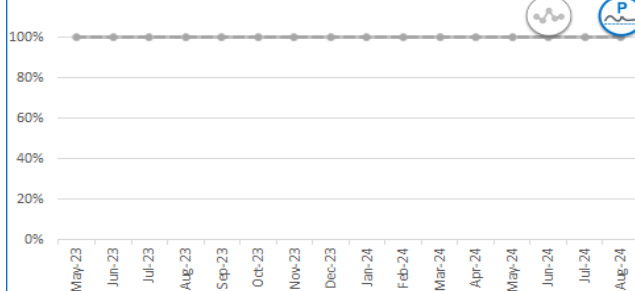
<=6.5%

**Assurance**

Hit & miss target subject to  
random variation

## Service responsiveness

CareCERT alerts responded to within 72 hours



Aug-24

100%

**Variance Type**

Common cause  
variation

**Threshold**

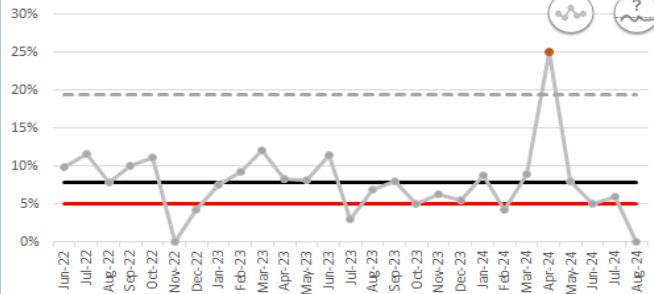
100%

**Assurance**

Performance consistently  
achieves the target

## Service responsiveness

Service desk P2 - 4 hour calls closed outside SLA



Aug-24

0.0%

**Variance Type**

Common cause  
variation

**Threshold**

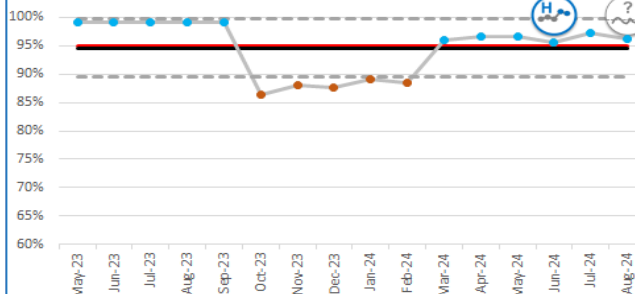
<=5%

**Assurance**

Hit & miss target subject to  
random variation

## Service responsiveness

Cyber - Supported Servers



Aug-24

96.1%

**Variance Type**

Special cause  
variation - improving

**Threshold**

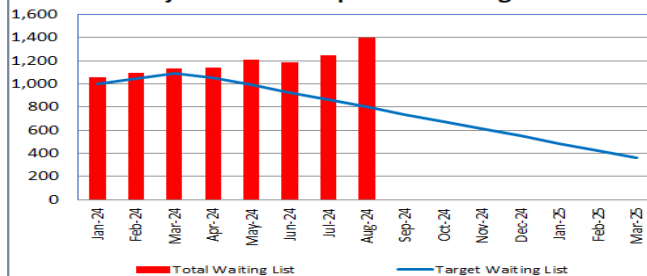
>=95%

**Assurance**

Hit & miss target subject to  
random variation

## Service responsiveness

Subject Access Requests - Waiting List



Aug-24

1395

**Variance**

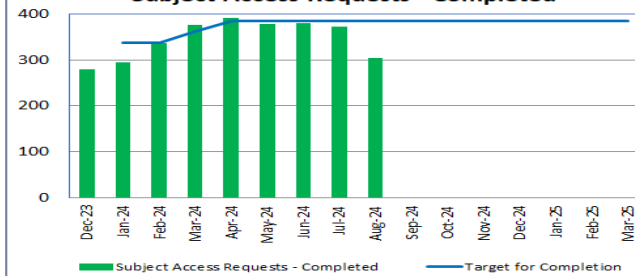
Total requests waiting  
worse than target

**Threshold**

801

## Service responsiveness

Subject Access Requests - Completed



Aug-24

304

**Variance**

Completed requests  
worse than target

**Target**

384

## Chief Information Officer – for Oct 2024 BoD

### Overall position commentary

Strong performance is maintained in:

- CareCERT alerts at 100% - a key control for cyber-security.
- Cyber supported servers continue above the 95% threshold figure.

Improvements are highlighted in:

- Service desk response time for Priority 2 incidents has increased significantly this month with 0% of calls being closed outside of SLA.

Key areas for improvement are:

- Subject Access Requests (SARs)– completed requests were significantly below the trajectory which has increased the backlog further.
- Staff vacancies are currently at 9.7% of the workforce, a significant increase on previous months which has impacted on SARs capacity.

### Service Responsiveness – Subject Access Requests

#### Narrative:

The organisation has experienced a year-on-year increase in volume and complexity of Subject Access Requests (SARs) totaling 41% since 2016. Change in legislation, increase in request numbers, the complexity of the requests and the evolving attitudes towards information rights have had a significant impact on the demand. This combination has led to a significant backlog of requests within the Access to Information department. As at January 2024 there was a backlog of circa 1,000 requests, with approximately 650 of those requests being outside of the regulatory 30 day response target.

The improvement trajectory for completing requests was 80 behind target in August with 304 being processed against a target of 384. Total requests waiting increased to 1,395. This was largely due to the departure of 2 experienced staff within a department who are already challenged in meeting the increased demands.

The number of new requests received every month remains higher than in 2023 and above the average anticipated. In August, 455 requests were received, which is the largest figure recorded to date. The continued increase in numbers is largely attributable to the heightened profile of Healthcare related media events such as the Cyber attack on the London Pathology services and the recent high profile maternity case at the Countess of Chester Hospital (CoCH)

#### Actions:

- Implementation of new tracking software to help manage and streamline the process is imminent.
- Requested the support of the Service Improvement team for a review of processes to identify opportunities for efficiencies.

- Currently assessing workforce risk in light of vacancy freeze.

**Risks to position and/or actions:**

- Risk posed by any further increase in demand
- Risk of trajectory slippage depending on any personnel issues such as sickness, staff turnover
- Risk of not being able to appoint to established posts

***Operational Capacity – Staff vacancy as a % of workforce.***

**Narrative:**

The last reporting period has seen a significant increase in staff vacancies as a percentage of the workforce, rising from 5% in June to nearing 10% in August. The increase is due to a number of staff departing to accept opportunities at a higher banding at other C&M organisations and the retirement of several long serving senior managers, particularly within the BI & Information department. There are some key areas of risk for the Trust in the areas of BI & Information, Development & Integration, Coding, Cyber Security, Access to Information, and more recently Clinical Analysis (with specialist knowledge of Laboratories)

The team continues to assess its workforce risks together with executive colleagues.

**Actions:**

- All departments across DHT have been risk assessed and proposals are being prioritised to address the high risk areas.
- Vacancy freeze exception being progressed for BI & Information Team.
- Benchmarking work conducted for BI provision across C&M.
- Technical Cyber work being actioned by the Technical Infrastructure Team.
- Chief Technology Officer providing backup cover for Integration Team.
- Scoping work ongoing to understand the opportunity of collaboration with Community Trust in problem areas.
- Investigating Artificial Intelligence opportunities within the coding arena.

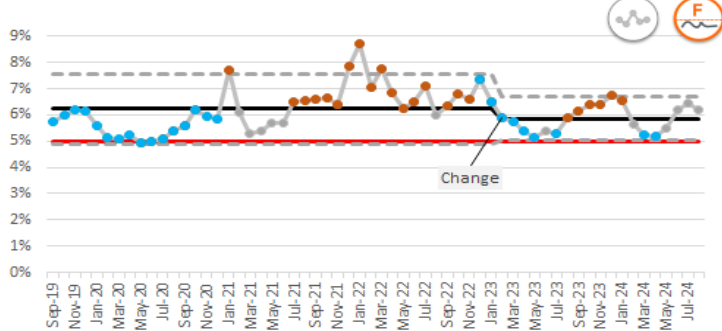
**Risks to position and/or actions:**

- Difficulties in recruiting the desired skill sets for vacated positions due to national skills shortages in those areas.
- Chief Technology Officer providing expert cover for Development & Integration is not sustainable.
- Vacancies are not approved at the exception process.
- Performance impacts across the department.

# Chief People Officer

## CQC Domain : Safe

### Sickness absence % - in-month rate



Aug-24

6.17%

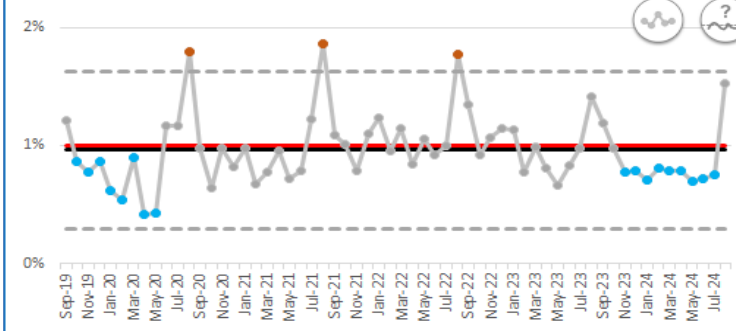
**Variance Type**  
Common cause  
variation

**Threshold**  
≤5%

**Assurance**  
Performance consistently  
fails to achieve the target

## CQC Domain : Safe

### Staff turnover % - in-month rate



Aug-24

1.53%

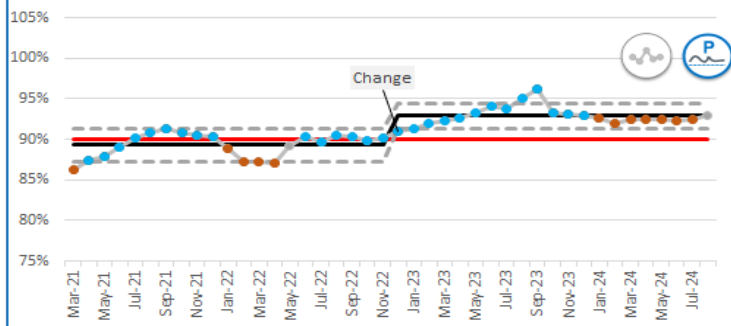
**Variance Type**  
Common cause  
variation

**Threshold**  
≤0.83%

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Safe

### Mandatory training % compliance



Aug-24

93.00%

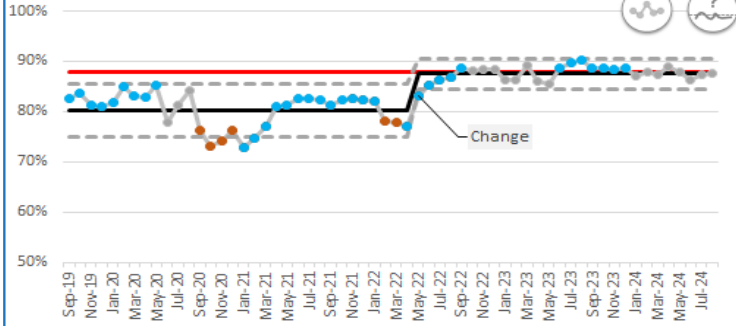
**Variance Type**  
Common cause  
variation

**Threshold**  
≥90%

**Assurance**  
Performance consistently  
achieves the target

## CQC Domain : Well-led

### Appraisal % compliance



Aug-24

87.72%

**Variance Type**  
Common cause  
variation

**Threshold**  
≥88%

**Assurance**  
Hit & miss target subject  
to random variation

## Chief People Officer – for Oct 2024 BoD

### Overall position commentary

The Trust's People KPIs for mandatory training continues to remain on target.

Appraisal completion has improved but remains below compliance by 0.28%, with Divisional trajectories in place to achieve target.

Sickness absence has improved but remains above target at 6.17% and an area of concern.

The turnover rate has exceed the Trust threshold at 1.53% however, if this annual spike is due to planned turnover of junior doctors.

### Sickness absence % in month rate

#### Narrative:

The Trust threshold for sickness absence is  $\leq 5\%$ . For August 2024 the indicator was 6.17% and demonstrates common cause variation. There is a small improvement from the previous month.

The majority of absences relate to short term sickness. The top three reasons for absence for August are Stress/Anxiety/Depression, Gastrointestinal problems and Cough, Cold & Flu.

Focus remains on supporting the health and wellbeing of our workforce, as well as close management of absences with the support of HR Services and Occupational Health & Workforce Wellbeing.

#### Actions:

- Preparation for the winter flu and covid vaccination programme is actively underway for commencement early October, this includes the lessons learnt from the 23/24 19-week programme. The flu and covid vaccination programme will be implemented through a series of daily drop-in sessions, alongside roaming sessions which will target staff in high-risk areas, high-risk staff groups and those working out of hours.
- Annual patterns of absence during the winter period have been shared with line managers to facilitate proactive conversations and offer support to those who may need it.
- Reduced waiting times for Occupational Health services.
- Reduced clearance times for clinically critical staff.
- Talk Together Wirral based on Trust site twice per month.
- Proactive support from Occupational Health Clinical Psychotherapist to Divisions with wellbeing concerns.



**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 deliverables within the People Strategy with a number of workstreams that will support attendance across the Trust, this includes promotion of flexible working, which is available to all staff, transforming and modernising Occupational Health and Wellbeing Service in line with the Growing OH and Wellbeing together 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. This is part of our proactive culture of wellbeing across the trust.

**Appraisal % compliance****Narrative:**

The threshold for Appraisal compliance is  $\geq 88\%$  and for the month of August 2024 compliance remains slightly below the threshold at 87.72%, demonstrating common cause variation. Acute Division, Corporate Support and Surgery Division are all below target.

**Actions:**

- Divisional improvement plans were agreed at July and August Workforce Steering Board, these will continue to be monitored by the Steering Board.
- Divisional leaders and HR business partners continue to identify areas of lower performance and work with service leads to address compliance gaps.
- The Learning and Development 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, note this is in addition to ESR automatic messages which are also issued.
- 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 Deputy CPO is writing to all service leads in Corporate Division to request that out of date appraisals are completed by end of September, for those still outstanding; they will be invited to October WSB to present their trajectories in the same way Divisions have presented.
- All managers with outstanding appraisals will be invited to an awareness session outlining the importance of appraisal where support and guidance for completion will be provided.

**Risks to position and/or actions:**

- Ongoing system pressures continue 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.

**Staff Turnover % compliance**

**Narrative:**

**In-Month Turnover**

Trust-wide in-month turnover increased to 1.53%, surpassing the threshold of 0.83%. This increase is attributed to the planned junior doctor rotation.

The data highlights an improving trend, particularly for permanent contracts, while acknowledging the short-term impact of seasonal factors like the Doctors Rotation on in-month turnover.

**Actions:**

Continued development and implementation of the retention programme with enhanced focus upon Nursing and AHPs. Some examples of the work delivered so far include;

- Career clinics within divisions
- Reward & recognition initiatives
- Buddy system for new CSWs

Some examples of the work underway include;

- Staff career stories
- Digitalisation of resignation and exit interviews
- Executive engagement events
- Career shadowing opportunities

**Risks to position and/or actions:**

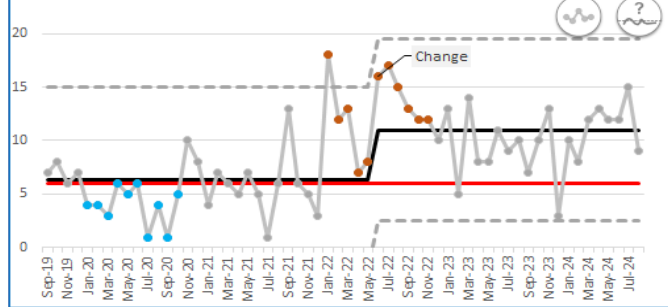
The impact of the work outlined above will continue to help maintain turnover below the Trust threshold. High turnover present risks to the Trust financial management (bank and agency cover), quality, patient safety and operational performance.

Work continues as per the People Strategy Priorities for 24/25 deliverable with continued development and implementation of the retention programme with enhanced focus upon nursing and AHPs. Other workstreams also help support retention across the Trust – such as flexible working, effective workforce planning and efficient deployment of our workforce.

# Chief Nurse (1)

## CQC Domain : Safe

### Clostridioides difficile (healthcare associated)



Aug-24

9

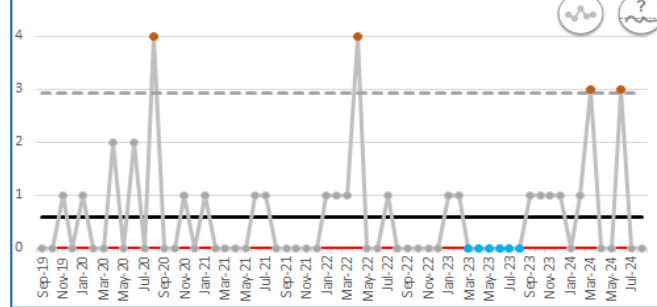
**Variance Type**  
Common cause  
variation

**Threshold**  
≤9

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Safe

### Pressure Ulcers - Hospital Acquired Category 3 and above



Aug-24

0

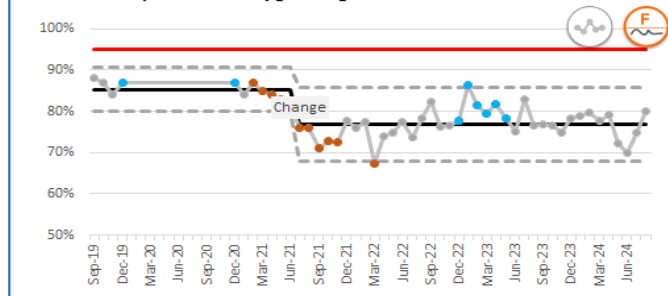
**Variance Type**  
Common cause  
variation

**Threshold**  
0

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Caring

### FFT Overall experience of very good & good: ED



Aug-24

80.0%

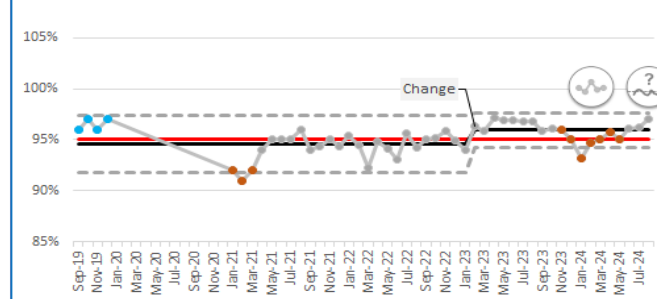
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

**Assurance**  
Performance consistently  
fails to achieve the target

## CQC Domain : Caring

### FFT Overall experience of very good & good: Inpatients



Aug-24

97.1%

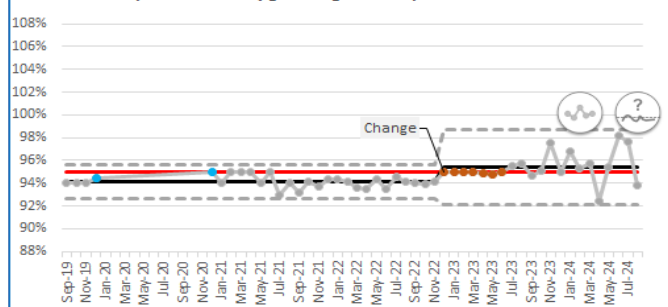
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Caring

### FFT Overall experience of very good & good: Outpatients



Aug-24

93.8%

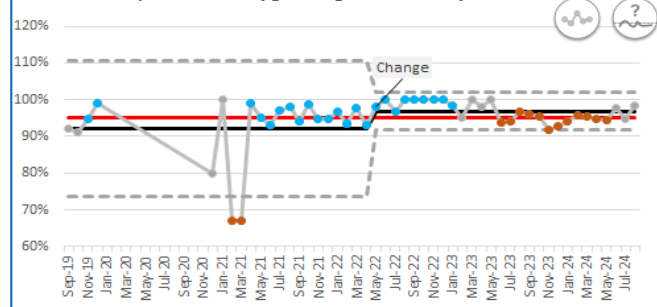
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Caring

### FFT Overall experience of very good & good: Maternity



Aug-24

98.4%

**Variance Type**  
Common cause  
variation

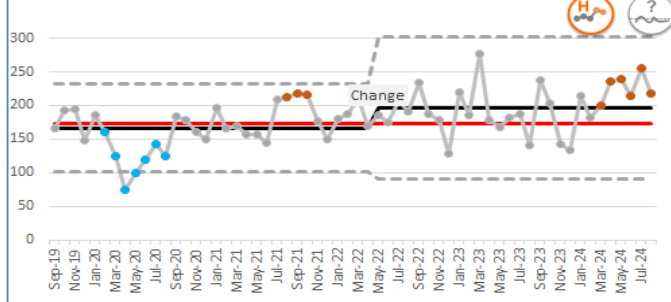
**Threshold**  
≥95%

**Assurance**  
Hit & miss target subject  
to random variation

# Chief Nurse (2)

## CQC Domain : Responsive

### Patient Experience: concerns received in month - Level 1 (informal)



Aug-24

217

#### Variance Type

Special cause  
variation - concerning

#### Threshold

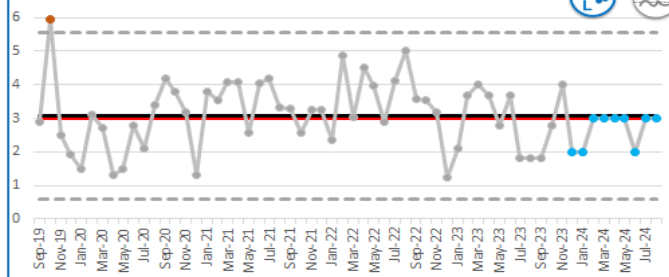
≤173

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)



Aug-24

3.0

#### Variance Type

Special cause  
variation - improving

#### Threshold

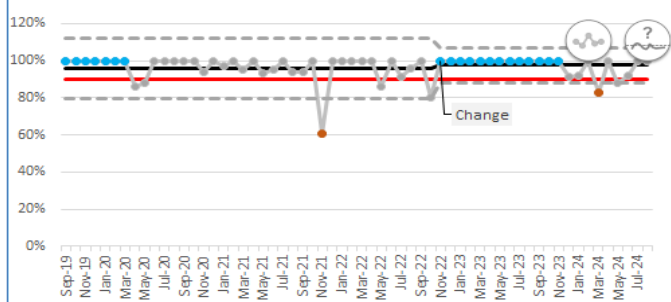
≤3.1

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Formal Complaint acknowledged within 3 working days



Aug-24

100.0%

#### Variance Type

Common cause  
variation

#### Threshold

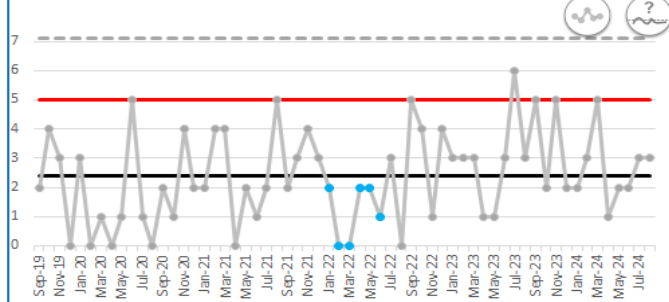
≥90%

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Number of re-opened complaints



Aug-24

3

#### Variance Type

Common cause  
variation

#### Threshold

≤5

#### Assurance

Hit & miss target subject  
to random variation

## Chief Nurse – for Oct 2024 BoD

### Overall position commentary

The Trust quality KPIs all demonstrate no significant variation.

C Difficile remains above the target of 6 per month, there were 9 incidences in August 24

There was 0 category 3 hospital acquired pressure ulcer in August against a target of 0.

Friends and family test for ED had increase to 80%, maternity 93.83%, outpatients exceeding the target at 98.43% with inpatients increased to 97.06%.

### Infection Prevention and Control

#### Narrative:

The number of patients diagnosed with *Clostridioides difficile* infection remain above the threshold of 6 per month with an average of 9 per month. (5 x Hospital Onset health care associated HOHA, 4 x Community onset healthcare associated COHA). To achieve the annual threshold of 103 in 24/25 there can be no more than 6 per month. The wards in the CDI improvement project continue to meet bi-weekly to share their local improvement initiatives from their test of change, wards 36, 26, 18, AMU, ED, each area has developed individualised plans and test of change. In August the improvement wards had **0** cases. Including but not limited to:

- Re-focus on education with staff regarding prioritisation / use of side rooms.
- Focus at huddles on stool chart compliance and documentation. Educating team about requesting early medical review if there are loose stools.
- Tracking side room occupancy and which patients would be the least risk to step out should one be required.
- Ward 36 and facilities are piloting a change to cleaning and hand sanitizer products, these include the introduction of microfibre flat head mops, which effectively pick up and trap 99.54% of dirt, dust and bacteria at microscopic level using water alone, and hypochlorous acid -a natural microbial agent, liquid hand sanitizer and cleaning product, all systems helping to reduce the amount of chemicals we use and promoting sustainability.
- Increased scrutiny of patients who start with loose stools being sampled and isolated within 2 hours V waiting for results to confirm infection then isolating.

**Actions:****Completed or in place.**

- Ongoing use of a decant area, ward 44, to allow a reactive decant and HPV program.
- Trust wide Mattress audit and exchange completed September 24, 50 mattresses replaced.
- Trust wide commode audit with replacements ordered where needed and supporting education regarding cleaning and maintenance.
- Enhanced IPC visibility to wards and department offering expert advice and guidance.
- Improved time to receive results to facilitate isolation, with a robust process to cover the weekend.
- Newly commenced senior nurse walk rounds have focused on IPC basics, including cleanliness, hand hygiene, bare below the elbows, decluttering and estates issues.
- One a week antimicrobial stewardship MDT in place.
- A place wide improvement plan is in development in partnership with WCT, the ICB and public health.

**Planned**

- Collaborative CDT QI sharing event 8<sup>th</sup> October 24, opportunity to showcase the improvement work and bring in more wards and departments to review and locally adopt the proven initiatives to support a reduction of incidences of CDT in their areas.
- Draft 4 pillar system plan developed. Workstreams include, public health, Primary care, Community (inc care home/nursing homes) and acute. To progress through organizational governance for approval, with public health board overseeing delivery.

**Risks to position and/or actions**

- Hospital occupancy
- Engagement in the QI project.
- High community prevalence.
- Old estate requiring maintenance and repair.

**FFT Overall experience of very good and good.****Narrative:**

The NHS Friends and Family Test (FFT) was created to help service providers, and commissioners understand if patients are satisfied with the service provided, or where improvements are needed. It's a quick anonymous way for patients to provide their views. The trust monitors FFT across a range of care settings, with a target rating of a minimum 95% for good or very good.

ED score increased to 80% analysis of the patient comments for ED identifies waiting times, delays and communication, as the main reasons for attributing negative ED response. Maternity was 93.83% with 2 negative scores arising as a result of wait times in antenatal clinic. OPD and inpatients exceeded the target.

Our national comparator data is only available from April 24, NHS, as a result of resourcing issues within NHSE.

**Actions:**

- 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.
- Continued focus on providing people with access to provide feedback via FFT:
- Feedback to local teams' themes from FFT.

**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 and flow improvement program.
- Reduction in administrative support to deliver the patient experience strategy, due to current vacancy controls. Work being prioritised to mitigate risks to the strategy.

**Pressure ulcers Hospital Acquired Category 3 and above**

**Narrative:**

WUTH has a zero tolerance on Hospital Acquired Pressure Ulcers (HAPU) category 3 and above. From the 1<sup>st</sup> April WUTH implemented the national wound management classifications replacing previously classified PU of unstageable to a Cat 3, this has been socialised within the organisation and based on historical data will result in an increase of Trust HA cat 3 and above Pressure ulcers prevalence.

During August there were 0 HAPU Category 3 pressure ulcer reported.

**Actions:**

- Trust wide implementation of Purpose T as its Pressure ulcer risk assessment has replaced Braden from the 1<sup>st</sup> April 2024.
- The Trust has an overarching Trust Pressure Ulcer improvement plan with Divisional specific improvement plans identifying divisional themes and trends.
- Review underway in relation to documentation provisions with Cerner system to streamline documentation.



- Increase awareness on the importance of timely skin inspections to be shared at the safety huddle.
- Trust wide static mattress review completed September 24.
- Dynamic mattresses require a review.
- Validation processes require review.
- Opportunities being explored with WCT to collaborate on an integrated team.

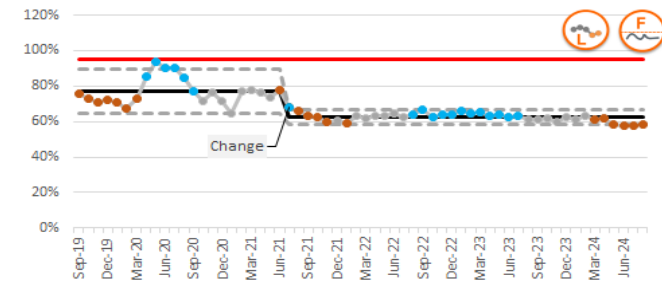
**Risks to position and/or actions:**

- Changes to national reporting for wound classification will be implemented from 1<sup>st</sup> April 2024 which will remove the classification of Unstageable. These historical unstageable will automatically be classified as a Cat 3 which will result in an increased prevalence for the Trust.

# Chief Operating Officer (1)

## CQC Domain : Responsive

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



Aug-24

58.4%

**Variance Type**

Special cause  
variation - concerning

**Threshold**

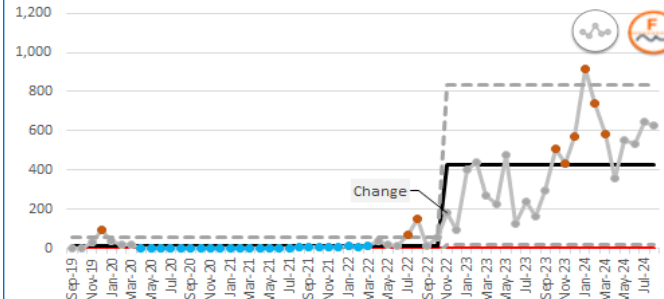
≥95%

**Assurance**

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

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



Aug-24

628

**Variance Type**

Common cause  
variation

**Threshold**

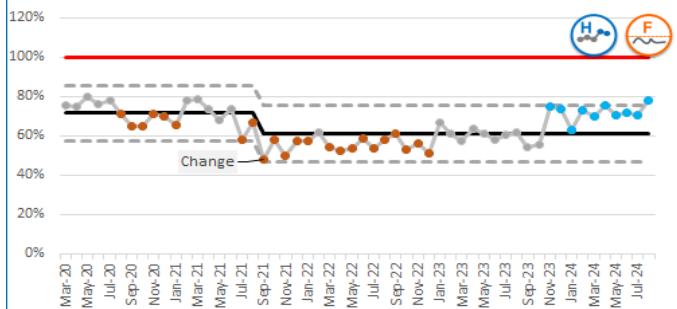
0

**Assurance**

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

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



Aug-24

78.2%

**Variance Type**

Special cause  
variation - improving

**Threshold**

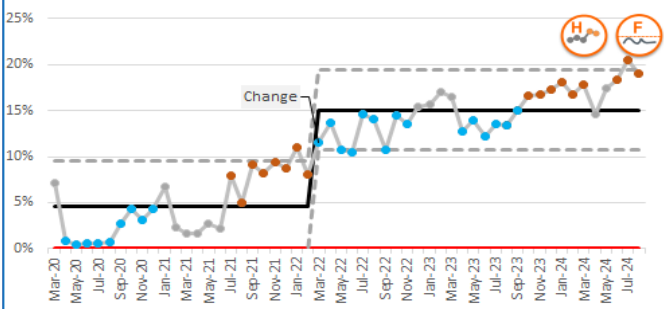
100%

**Assurance**

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

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



Aug-24

19.0%

**Variance Type**

Special cause  
variation - concerning

**Threshold**

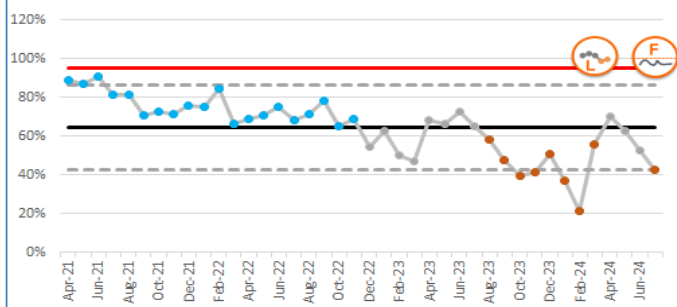
0%

**Assurance**

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

### Ambulance Handovers: % < 30 mins



Jul-24

42.4%

**Variance Type**

Special cause  
variation - concerning

**Threshold**

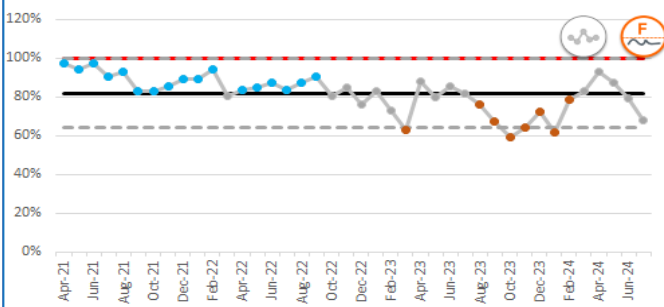
≥95%

**Assurance**

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

### Ambulance Handovers: % < 60 mins



Jul-24

68.2%

**Variance Type**

Common cause  
variation

**Threshold**

100%

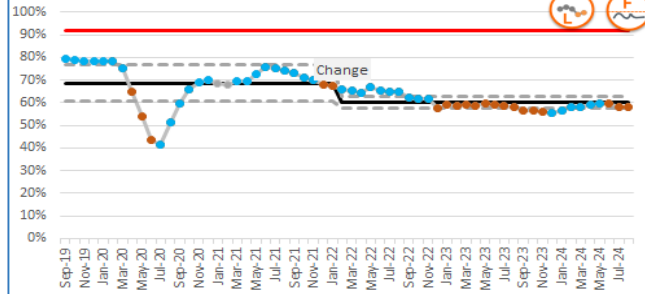
**Assurance**

Performance consistently  
fails to achieve the target

# Chief Operating Officer (2)

## CQC Domain : Responsive

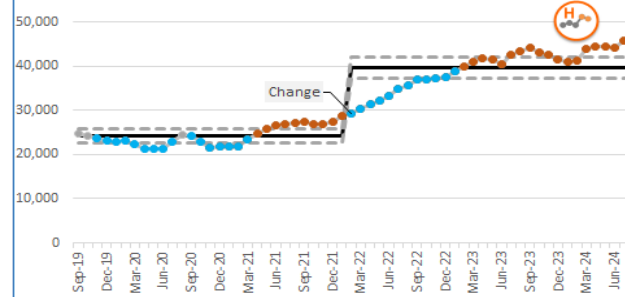
### 18 week Referral to Treatment - Incomplete pathways < 18 Weeks



Aug-24
57.97%
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≥92%
<b>Assurance</b>
Performance consistently fails to achieve the target

## CQC Domain : Responsive

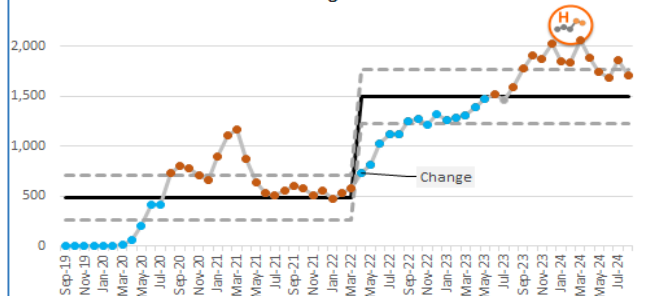
### Referral to Treatment - total open pathway waiting list



Aug-24
46649
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≤ 40511
<b>Assurance</b>
Trajectory target not appropriate for SPC Assurance reporting

## CQC Domain : Responsive

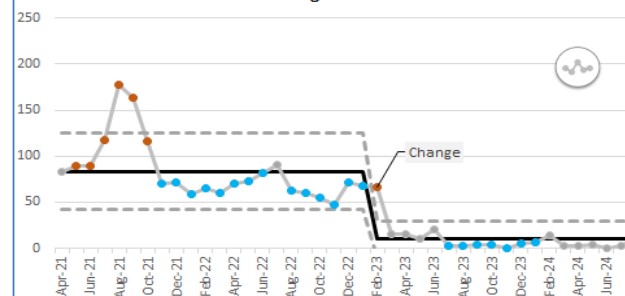
### Referral to Treatment - cases exceeding 52 weeks



Aug-24
1716
<b>Variance Type</b>
Special cause variation - concerning
<b>Threshold</b>
≤ 1795
<b>Assurance</b>
Trajectory target not appropriate for SPC Assurance reporting

## CQC Domain : Responsive

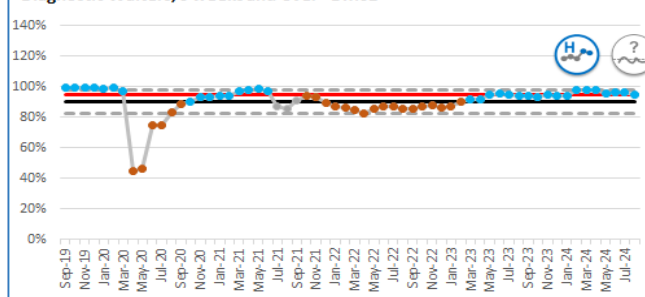
### Referral to Treatment - cases waiting 78+ wks



Aug-24
12
<b>Variance Type</b>
Common cause variation
<b>Threshold</b>
0 (exc choice / complex)
<b>Assurance</b>
Trajectory target not appropriate for SPC Assurance reporting

## CQC Domain : Responsive

### Diagnostic Waiters, 6 weeks and over - DM01

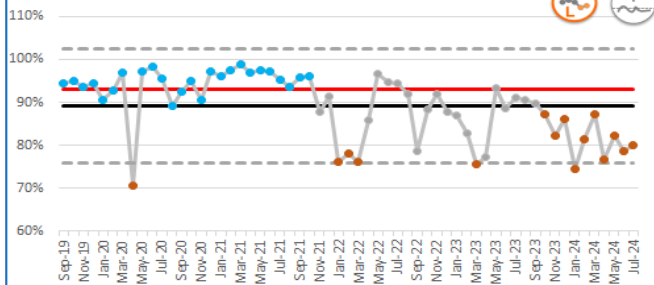


Aug-24
95.0%
<b>Variance Type</b>
Special cause variation - improving
<b>Threshold</b>
≥95%
<b>Assurance</b>
Hit & miss target subject to random variation

# Chief Operating Officer (3)

## CQC Domain : Responsive

### Cancer Waits - 2 week referrals (monthly)



Jul-24

80.2%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

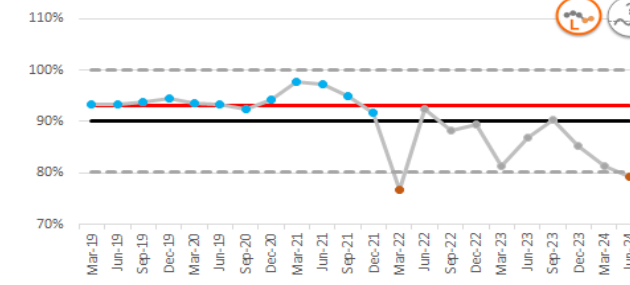
≥93%

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Cancer Waits - 2 week referrals (quarterly)



Jun-24

79.2%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

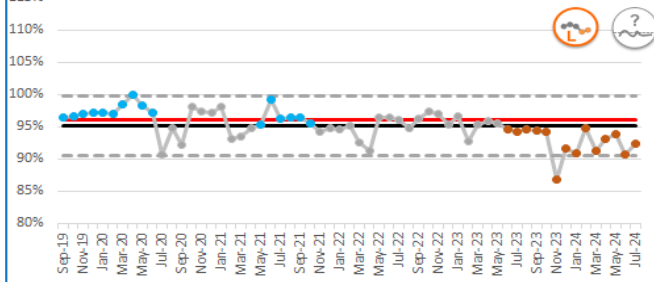
≥93%

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)



Jul-24

92.3%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

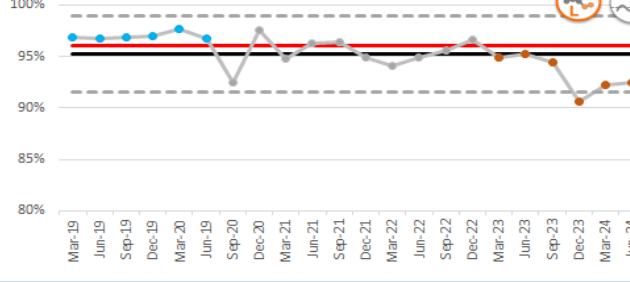
≥96%

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (quarterly)



Jun-24

92.2%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

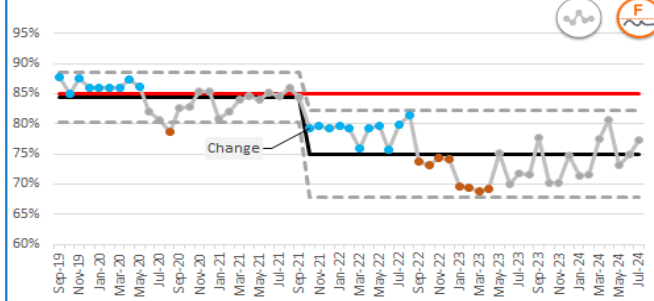
≥96%

#### Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Cancer Waits - 62 days to treatment (monthly)



Jul-24

77.3%

#### Variance Type

Common cause  
variation

#### Threshold

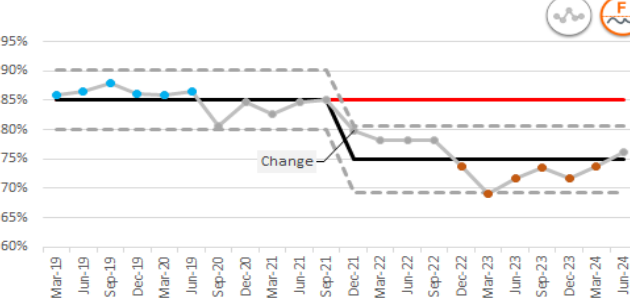
≥85%

#### Assurance

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

### Cancer Waits - 62 days to treatment (quarterly)



Jun-24

76.2%

#### Variance Type

Common cause  
variation

#### Threshold

≥85%

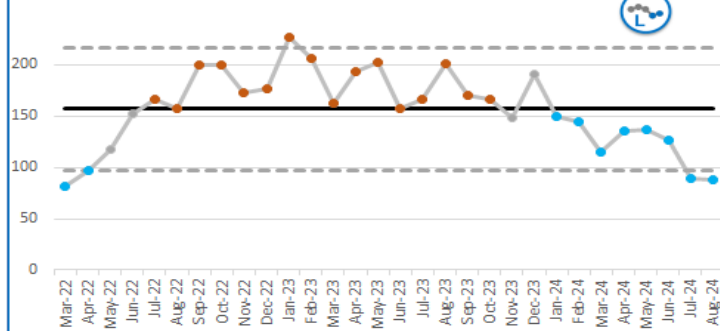
#### Assurance

Performance consistently  
fails to achieve the target

# Chief Operating Officer (4)

CQC Domain : Responsive

Cancer Waits - reduce number waiting 62 days +



Aug-24

88

Variance Type

Special cause  
variation - improving

Threshold

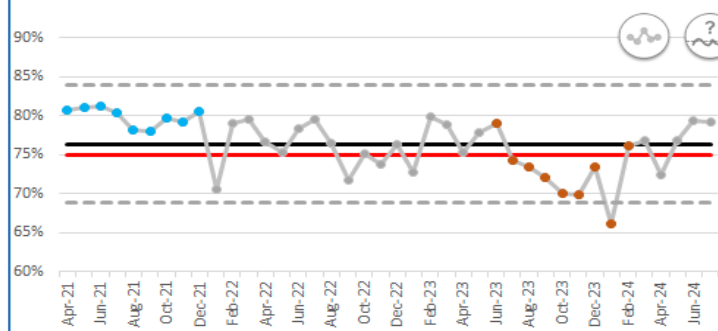
83

Assurance

Trajectory target not  
appropriate for SPC  
Assurance reporting

CQC Domain : Responsive

Cancer - Faster Diagnosis Standard



Jul-24

79.1%

Variance Type

Common cause  
variation

Threshold

≥75%

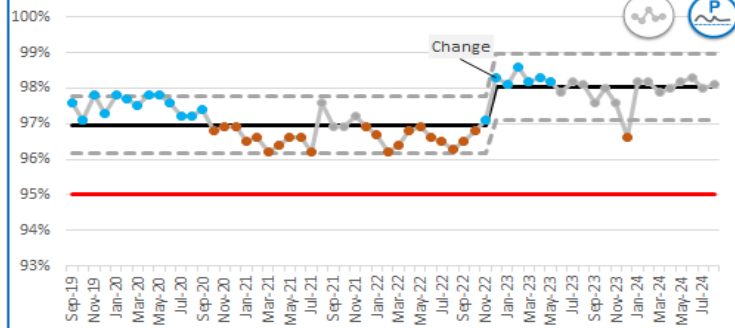
Assurance

Hit & miss target subject  
to random variation

# Medical Director

## CQC Domain : Safe

### % of adult patients VTE risk-assessed on admission



Aug-24

98.1%

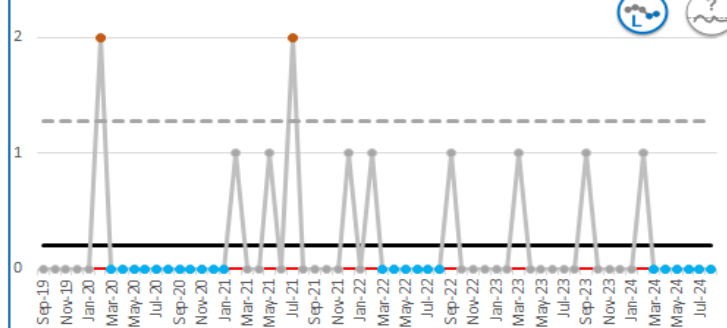
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

**Assurance**  
Performance consistently  
achieves the target

## CQC Domain : Safe

### Never Events



Aug-24

0

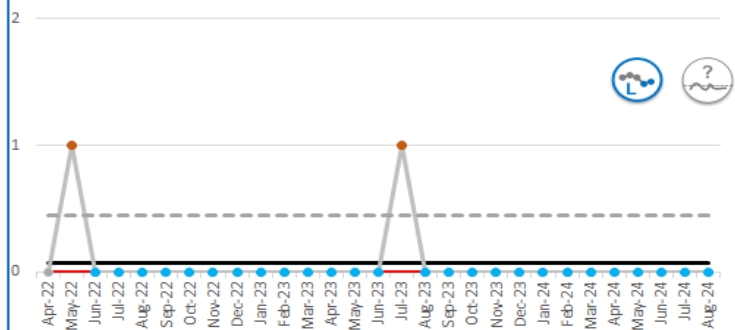
**Variance Type**  
Special cause  
variation - improving

**Threshold**  
0

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Well-led

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



Aug-24

0

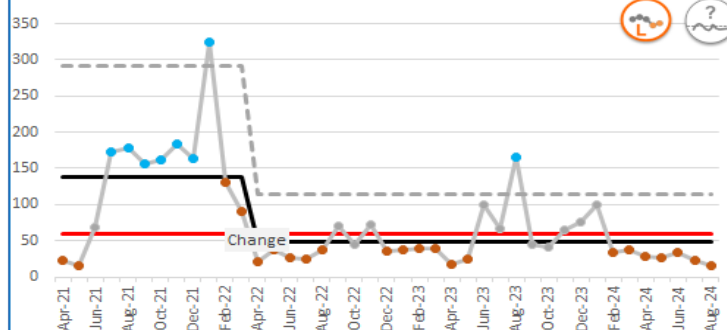
**Variance Type**  
Special cause  
variation - improving

**Threshold**  
0

**Assurance**  
Hit & miss target subject  
to random variation

## CQC Domain : Well-led

### Number of patients recruited to NIHR studies



Aug-24

16

**Variance Type**  
Special cause  
variation - concerning

**Threshold**  
700 pa (trajectory)

**Assurance**  
Hit & miss target subject  
to random variation

**Council of Governors**

**Item 10**

**28 October 2024**

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

### Executive Summary and Report Recommendations

The purpose of this report is to provide the Terms of Reference for Nominations Committee as part of the annual review of all Terms of References.

Following review by Nominations Committee, no amends have been proposed this year and the Terms of Reference remain unchanged.

It is recommended that the Council of Governors:

- Note the Terms of Reference

### Key Risks

This report relates to these key Risks:

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

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

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

### Which strategic objectives this report provides information about:

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

<b>1</b>	<b>Narrative</b>
1.1	As outlined in the Terms of Reference the Committee shall review these at least annually and the Terms of Reference is attached at appendix 1. No amends have been proposed this year and the Terms of Reference remain unchanged.

<b>2</b>	<b>Implications</b>
<b>2.1</b>	<b>Patients</b> <ul style="list-style-type: none"> <li>No implications</li> </ul>
<b>2.2</b>	<b>People</b> <ul style="list-style-type: none"> <li>No implications</li> </ul>
<b>2.3</b>	<b>Finance</b> <ul style="list-style-type: none"> <li>No implications</li> </ul>
<b>2.4</b>	<b>Compliance</b> <ul style="list-style-type: none"> <li>Clear terms of reference support effective decision making and good governance</li> </ul>



# Nominations Committee

## Terms of Reference

<b>Document Owner: Director of Corporate Affairs</b>
<b>Related Documents:</b> <b>Constitution</b> <b>NHS Code of Governance</b>

<b>Review Date: September 2024</b>
<b>Issue Date: TBD</b>
<b>Version: 3</b>
<b>Authorisation Date: October 2023</b>

### 1. Constitution

The Committee is established as a Sub Committee of the Council of Governors. Its purpose is to establish and manage processes governing the appointment or re-appointment of the Chair and Non-Executive Directors, and to make recommendations to the Council of Governors, in consultation with the Board of Directors. The Committee will also oversee the process for the annual appraisal of the Chair and Non-Executive Directors; review the remuneration and terms and conditions of service applicable to the Chair and Non-Executive Directors; and make appropriate recommendations on these matters to the Council of Governors.

### 2. Authority

The Committee must act in accordance with the Constitution and be guided by the NHS Code of Governance and the latest reference guide for NHS FT Governors. It may seek independent advice following consultation with the Chief Executive, Chief People Officer, or Director of Corporate Affairs, in order to ensure that best practice is followed.

### 3. Objectives

The Committee will deliver the following objectives, along with any others that are assigned by the Council of Governors during the course of the year:

#### 3.1 Chair/Non-Executive Director vacancies

- 3.1.1 To recommend and agree with the Council of Governors a process for nomination of a new Chair or Non-Executive Director.
- 3.1.2 To receive role description/s and person specification/s defining the role and capabilities required, from the Board of Directors.
- 3.1.3 To agree the arrangements for advertising / raising awareness of the post/s and ensuring a process of open competition (this may involve consideration of the appointment of a Head Hunter).
- 3.1.4 To arrange for shortlisting applicants against agreed criteria.

- 3.1.5 To appoint a Selection Panel, drawn from the Committee Members, and comprising not less than the required quorum, which will conduct the selection process, including formal interview, and make recommendations of the successful candidate/s to the Council of Governors for approval.

### **3.2 Re-appointments**

- 3.2.1 To make recommendations to the Council of Governors following receipt of confirmation from the Chair (in the case of NED re-appointments) and Senior Independent Director (in the case of the Chair's re-appointment) that the performance of the individual continues to be effective.
- 3.2.2 To undertake an interview with the individual concerned to inform any recommendation to the Council of Governors, if deemed necessary

### **3.3 Annual Appraisal of the Chair and Non-Executive Directors**

- 3.3.1 To oversee a process, agreed by the Council of Governors, for the annual appraisal of the Chair and the outcome of the Chair's annual appraisal will be reported to the Council of Governors. The Senior Independent Director will lead this process.
- 3.3.2 The Chair will conduct the annual appraisal of each Non-Executive Director and report to the Committee on each Non Executive Director's performance. The outcome of the appraisals will be reported to the Council of Governors.

### **3.4 Chair/Non-Executive Director Remuneration and Terms of Conditions**

- 3.4.1 To discuss and recommend an approach to remuneration, should NHSE guidance on Chair/NED remuneration structures change.
- 3.4.2 To discuss and recommend an approach to setting terms of conditions, based on guidance and advice from the Chief People Officer, and/or an appropriate external body.

### **3.5 Succession Planning**

- 3.5.1 To give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the Trust, and the skills and expertise required within the Board of Directors, specifically the Non-Executive Directors to meet them.
- 3.5.2 To review the structure, size, and composition of the Board of Directors, specifically the Non-Executive Directors and recommend changes where appropriate.

## **4. Equality and Diversity**

The Committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

## **5. Membership**

The Committee shall consist of:

- The Chair of the Foundation Trust
- Senior Independent Director
- Three Elected Public Governors
- One Elected Staff Governor
- One Appointed Governor

The Committee will be Chaired by the NHS Foundation Trust Chair. However, where the Chair has a conflict of interest, for example, when the Committee is considering the Chair's re-appointment or remuneration / terms of service, then the Chair shall withdraw from the meeting and the Committee will be chaired by the

Senior Independent Director. If the Senior Independent Director wishes to stand for the appointment of Chair, then the Committee will be chaired by another Non-Executive Director appointed by the Board of Directors.

The Chief People Officer will lead on discussions relating to remuneration of Non-Executive Directors.

## **6. Attendance**

Meetings of the Committee may, at the request of the Chair, be attended by:

- Chief Executive
- Chief People Officer
- Director of Corporate Affairs

Other officers of the Trust will be invited to attend as requested by the Committee.

Any Selection Panel may include an external facilitator who will act in an advisory capacity (non-voting), and, in line with the NHS Code of Governance, should also include one external assessor from NHS England and/or a representative from the ICB.

## **7. Conflicts of Interest**

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

It will be for the Chair of the Committee to determine whether or not it is appropriate for Directors to be in attendance to advise on these matters. In such circumstances where that person is in attendance, he/she will not have a vote or participate in the decision of the Committee.

## **8. Quorum and Frequency**

The quorum shall be a minimum of three members of the Committee, at least two of whom shall be Governors.

The Committee will meet at least annually and then as required to fulfil its responsibilities, as determined by the Chair.

## **9. Reporting**

The minutes of all meetings shall be formally recorded.

The Chair will report on the proceedings of each meeting to the next meeting of the Council of Governors. This part of the meeting will be held in private i.e. not open to members of the public, when the names and details of individuals are being discussed.

The Chair will attend the Annual Members' Meeting to report on the activities of the Committee in the previous 12 months, including the announcement of any Non-Executive Director appointments/re-appointments made during the course of the year.

The Annual Report will describe the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors.

## **10. Conduct of Committee Meetings**

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

Authors of papers must use the standard template and indicate the purpose of the paper – e.g. decision, discussion, assurance, approval.

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

**11. Performance Evaluation**

As part of the Council of Governors performance review process, the Committee shall review its collective performance as required.

**12. Review**

The terms of reference of the Committee shall be reviewed by the Council of Governors when requested but at least annually.

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 3 July 2024
<b>Location</b>	Hybrid

**Members present:**

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
CC	Chris Clarkson	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
SB	Steve Bailey	Chief Operating Officer (deputising for HK)
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
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 8.4
TN	Tracey Nolan	Freedom to Speak Up Lead – item 8.6
TC	Tony Cragg	Public Governor
EH	Eileen Hume	Public Governor

**Apologies:**

LD	Lesley Davies	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
HK	Hayley Kendall	Chief Operating Officer

Agenda Item	Minutes	Action
<b>1</b>	<b>Welcome and Apologies for Absence</b>  DH welcomed everyone to the meeting. Apologies are noted above.	
<b>2</b>	<b>Declarations of Interest</b>  No interests were declared and no interests in relation to the agenda items were declared.	

3	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 5 June were <b>APPROVED</b> as an accurate record.</p>	
4	<p><b>Action Log</b></p> <p>The Board <b>NOTED</b> the action log.</p>	
5	<p><b>Staff Story</b></p> <p>The Board received a video story from a member of staff who identified herself as a gay woman. The video story described her previous experience in another workplace and how this compared to the welcoming and supportive culture at the Trust.</p> <p>DS commented about the importance of proactively raising awareness of minority groups. DS added one of the ways to do this was by encouraging staff to use their pronouns because this creates a more inclusive environment, particularly for those colleagues who use they/them pronouns.</p> <p>NS highlighted she was the Executive Lead for the Rainbow Alliance Staff Network, which celebrated Pride last month and raised the flag at the hospital. NS added it was important to raise awareness of this for staff and members of the public.</p> <p>DH suggested the staff story presenter be invited to a future Board Seminar on the wider Equality, Diversity and Inclusion progress.</p> <p>DS agreed to include this as part of a future Equality, Diversity and Inclusion Annual Board Seminar.</p> <p>The Board <b>NOTED</b> the video story.</p>	Debs Smith
6	<p><b>Chairs Business and Strategic Issues</b></p> <p>DH provided an update on recent matters and commented about the challenging financial position for Cheshire and Merseyside. DH commented the Wirral system review was progressing as planned.</p> <p>The Board <b>NOTED</b> the update.</p>	
7	<p><b>Chief Executive Officer's Report</b></p> <p>JH reported junior doctors undertook strike action between 27 June and 2 July and the dispute with Unite in relation to Theatre Recovery regrading remains ongoing.</p> <p>JH highlighted in May there was one Patient Safety Incident Investigation opened under the Patient Safety Incident Response Framework and two Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive.</p>	

	<p>JH explained the Trust achieved the Silver award of the Armed Forces Covenant Defence Employer Recognition Scheme and achieved a Gold Award from the Royal Society for the Prevention of Accidents (RoSPA) for the fifth year running.</p> <p>JH highlighted Ward 21 achieving its third level 3 WISE accreditation.</p> <p>JH referenced the annual Fit and Proper Person submission which was due at the end of June, noting this had been completed and submitted on time.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board (CMAST) on 7 June, noting a key area of discussion was the Virtual Ward proposal and the need to maximise the use of elective hubs to reduce 65 week waiters.</p> <p>JH updated members on the Wirral system review, highlighting a workshop between WUTH and Wirral Community and Social Care NHS FT would take place on Thursday 4 July to explore the available opportunities. JH added a discussion between Trust Chairs would also take place in coming weeks.</p> <p>SL commented she undertook a walkabout of the Cheshire and Merseyside Surgical Centre recently and understood a greater number of patents were now being referred to the Hub.</p> <p>JH highlighted patients from across Cheshire and Merseyside were now being transferred from other providers and this was primarily patients who had not already received a first appointment.</p> <p>DH queried if lower waiting time for the Hub had now been publicised more widely.</p> <p>JH confirmed that the Hub was on the Choose and Book system and was available for patients to select the Hub as a place of treatment directly with their GP.</p> <p>DH commented about the importance of delivering the £5m integration benefits promptly.</p> <p>JH agreed, and stated the Chief Operating Officer from Wirral Community and Social Care NHS FT would join the Trust in July as Director of Integration and Delivery to focus on improving pre and post hospital unscheduled care.</p> <p>The Board <b>NOTED</b> the report.</p>	
8	<b>Board Assurance Reports</b>	

### **8.1) Chief Finance Officer Report**

MC reported at the end of May, month 2 the Trust was reporting a deficit of £5.9m against a plan of £4.6m. This £1.3m adverse variance primarily relates to lower than planned levels of elective activity.

MC provided an update on the statutory responsibilities and key financial risks for month 2, noting the RAG rating for each, highlighting that agency spend, financial efficiency and capital were green, cash was amber, financial stability and financial sustainability were both red.

MC summarised the risks to each position and the actions in place across the I&E position, CIP, elective activity, capital, and cash.

MC sought approval for a £1.40m reduction in the capital plan. MC explained this reflects a variation to the original ICS Pathology plan whereby expenditure originally planned for WUTH will now be met by other Trusts.

DH queried the achievability of the plan.

MC summarised the 3 risks to financial position and the mitigation in place to address these. MC added there was a 2 month window available to bring the position back in line with plan.

SL commented the position was challenging and noted CIP was now considered a lower risk in comparison to the other risks identified.

MC agreed, and stated the remaining risks were external and difficult for the Trust to mitigate.

SI commented about the importance of understanding the longer-term financial implications, where possible, to plan accordingly.

DH commented the Trust was in a good position financially in a regional context and agreed about the importance of longer-term financial planning.

MC agreed, and stated the Trust only had recurrent CIP which was an important factor and was focussed on delivering a break-even position in 2026/27.

SL commented the Finance Business Performance Committee received a presentation on digital transformation. SL added it was noted the Trust had a good IT system and the digital strategic developments were aligned with overall direction of the Trust.

JH highlighted a number of productivity and efficiency workstreams were multi-year and would continue to deliver financial savings



throughout. JH added financial and operational opportunities identified through the Wirral system review would be tracked closely through the Trust Programme Board.

The Board:

- **NOTED** the report; and
- **APPROVED** a reduction in the capital plan of £1.40m

## **8.2) Chief Operating Officer Report**

SB highlighted in May the Trust attained an overall performance of 101.6% against plan for outpatients and an overall performance of 100.2% against plan for elective admissions.

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

SB reported in May type 1 unscheduled care performance was 48.86% and remains the greatest challenge. SB stated the Trust was working with Place to reduce attendances in A&E and has recently commissioned Aqua to review the pathway of non-admitted patients through A&E.

SB stated the Trust continues to be in an improving position with ambulance handover times, ranking fourth out of the nine Acute Trusts in Cheshire and Merseyside.

SB reported in May, the average wait for a mental health bed increased from 38 hours in April to 47 hours.

SW stated as the new Chief Nurse she was in the process of relaunching the mental health improvement groups, which include partners from the local mental health provider, and will focus on improving mental health provision.

SR queried how many patients attending ED with mental health needs specifically required a mental health bed.

SB stated 30 patients were referred to a mental health bed in May, but this varied in each. SB added there was work to do with primary care, specifically to raise awareness of the available mental health pathways other than sending patients to the ED.

DH noted the good work that continued in relation to the Transfer of Care Hub, commenting this was a good example of partnership working to improve patient care.

The Board **NOTED** the report.

## **8.3) Integrated Performance Report**

	<p>NS stated the number of complaints acknowledged within 3 working days had decreased due to capacity issues within the Governance Support Unit.</p> <p>SW highlighted the number of C Diff cases was above trajectory and the Deputy Director for Infection Prevention and Control was working with the Quality Improvement Team to embed specific actions to reduce the prevalence of C Diff. SW added the FFT for ED and Maternity remained below threshold and there was 1 category 3 pressure ulcer.</p> <p>JH explained a pilot of the cleaning system was being undertaken to ensure these enabled the domestic teams to maximise the efficiency and robustness of cleaning methods.</p> <p>JH added work was also being undertaken with Divisions to convert non-clinical space back into clinical space for the purposes of increasing side room capacity and the productivity and efficiency of ward staffing establishments.</p> <p>SR queried if there had been any cross infection or C Diff outbreaks across the hospital.</p> <p>NS stated there had been low cross infection and, if there had been, there would be enhanced infection prevention controls implemented.</p> <p>DS stated sickness absence remained above Trust target. An analysis had been reviewed by the Workforce Steering Board in May regarding stress related absences and the Board was satisfied appropriate measures were in place for Occupational Health to provide robust support to staff experiencing stress, anxiety and depression.</p> <p>CM stated demand for subject access requests remained high. The cyber position in relation to servers was positive and would be providing an update to the next Audit and Risk Committee on cyber assurance and controls.</p> <p>DH suggested it would be helpful to receive an update on the digital transformation as part of a future Board Seminar.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>8.4) Monthly Maternity Report</b></p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month.</p>	
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>JL referenced the recently published notification for Maternity and Neonatal Services – listening to women and families’ letters that had been published by NHSE.</p> <p>SR commented there had been good feedback received at the neonatal maternity assurance meeting regarding the low separation of babies from mothers and this was positive. SR queried about the national review of the neonatal estate and if there would be any funding available.</p> <p>MS stated the Trust took part in the national submission to understand the size and age of buildings. MS added it was unlikely additional funding would be available.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>8.5) Board Assurance Framework (BAF)</b></p> <p>DM provided the latest version of the BAF, highlighting following the annual review of the BAF earlier in the year, work has commenced to update previous risks and populate newer risks.</p> <p>SR noted the significant operational risks had been appended at the end of the BAF and commented this was helpful to see to triangulate risks.</p> <p>DM agreed, and stated this was a recommendation from the recent Deloitte well-led review.</p> <p>SL queried the significant operational risk relating to condemning the G1 theatre.</p> <p>MS stated this related to historical issues because of particles in the ventilation system which meant the theatre could not be used fully.</p> <p>NS added the likelihood of this risk materialising had increased due to time sensitive caesarean sections needing to be carried out. NS added there was a standard operating procedure in place for managing this.</p> <p>SI commented there would remain a level of residual risk and risks that were unknown that could arise unexpectedly.</p> <p>SR queried where the unknown risks may arise from.</p> <p>SI stated the robust risk management systems in place would aim to identify risks but commented not all risks were identifiable.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the proposed update to the BAF; and</li> </ul>	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<ul style="list-style-type: none"> <li>• <b>NOTED</b> the current position in regard to Risk Appetite and Risk Maturity.</li> </ul> <p><b>8.6) Freedom to Speak Up Annual Report</b></p> <p>TN highlighted that data from the 2023 NHS Staff Survey indicated 46% of staff feel the organisation would address any concerns raised – which was 2% below the national average.</p> <p>TN summarised the most common themes of concerns raised, noting the highest was policies, procedures and process followed by attitudes and behaviours and bullying/harassment. TF added highest number of concerns raised were in the Corporate Division (39%) followed jointly by Medicine and Surgery (19%).</p> <p>TN explained some of the upcoming priorities for the year, including increasing the number of Champions and improve the triangulation of data trends between FTSU, HR, Safeguarding, Staff-side.</p> <p>DS stated it was positive to hear the number of Freedom to Speak Up champions from medical staffing had increased as well as the recent internal audit into Freedom to Speak Up.</p> <p>DS commented service change made up 10% of concerns raised and stated the importance of beginning these conversations earlier to assure staff impacted by service change. DS added HR Business Partners would support this.</p> <p>SL queried if the individuals who raised a concern confidentially were all in the same Division.</p> <p>TN stated this was correct and was being actively addressed by an Executive Director.</p> <p>The Board <b>NOTED</b> the report.</p>	
9	<p><b>Employee Experience Update</b></p> <p>DS gave an overview of the revised results of the 2023 NHS Staff Survey, recapping in March a problem had been identified with questions 13 and 14.</p> <p>DS reported the initial score for ‘we are safe and healthy’ was 5.90 and the revised data indicated the score had improved to 6.01. DS added there was now a statistically significant change for this People Promise element to ‘significantly higher’ – which was positive.</p> <p>DS indicated bullying and harassment experienced from patients or other members of the public was 24.09% and this was similar to 2022. DS also indicated bullying, and harassment experienced</p>	

	<p>from colleagues at work was 19.09%, an increase of 2% compared to 2022.</p> <p>DS stated Black, Asian and Minority Ethnic staff experienced a higher amount of bullying and harassment. DS added targeted work to promote healthy relationships, civility and respect amongst staff would be undertaken. Listening events would also be held to further understand the experience of this staff group.</p> <p>DH queried when a further update could be provided to consider the feedback from the listening events.</p> <p>DS stated September would be appropriate.</p>	Debs Smith
10	<p><b>2024/25 Financial and Operational Plan</b></p> <p>MC provided a summary of the 2024/25 plan which had been approved at the Private Board meeting in June and submitted to NHSE.</p> <p>MC highlighted the Trust's position in relation to the 2024/25 NHSE national planning guidance, noting the Trust met all objectives except for two, which related to the financial position and outpatient first attendance rates.</p> <p>MC set out the financial position for 2024/25, noting this was a deficit position of £16.3m, which was the lowest deficit for an Acute Trust in Cheshire and Merseyside.</p> <p>The Board <b>NOTED</b> the Plan as that approved at the Private Board meeting in June.</p>	
11	<p><b>Committee Chairs Reports</b></p> <p><b>11.1) Audit and Risk Committee</b></p> <p>SI commented there had been two Audit and Risk Committee meetings in June to focus on scrutinising the 2023/24 Annual Report and Accounts, which Committee recommended to the Board for approval and had subsequently approved. SI added the Committee also approved the 2023/24 Quality Account and a new Procurement Strategy.</p> <p><b>11.2) Research and Innovation Committee</b></p> <p>DH highlighted at the last meeting there was good discussion around the new Research and Innovation target operating model which would provide a framework for delivery of the Research and Innovation Strategy. DH added there was a strong focus on recruiting to research studies to demonstrate the Trust's commitment to research.</p>	

	<p>NS explained the Research and Innovation Hub on the Clatterbridge site would open in September and there were a number of research studies planned to start there. NS added there was a focus on increasing the number of commercial studies, particularly related to critical care and women's health.</p> <p><b>11.3) Finance Business Performance Committee</b></p> <p>SL provided a verbal update on the most recent meeting and highlighted the majority of business had already been discussed in this meeting. SL added the Committee received a presentation from the Surgery Division on their Cost Improvement Programme progress as well as presentation from the Chief Information Officer on digital transformation.</p> <p>The Board <b>NOTED</b> the reports.</p>	
<b>12</b>	<p><b>Questions from Governors and Public</b></p> <p>SH stated it had been a good meeting and looked forward to hearing the outcome of the workshop on Thursday in relation to the Wirral system review.</p>	
<b>13</b>	<p><b>Meeting Review</b></p> <p>Members commented there had been detailed discussions and an appropriate level of challenge. Members also commented the overall mood across the team was enthusiastic and positive.</p>	
<b>14</b>	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 4 September 2024
<b>Location</b>	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
LD	Lesley Davies	Non-Executive Director
RM	Dr Rajan Madhok	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer

**In attendance:**

DM	David McGovern	Director of Corporate Affairs
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
JC	Jo Chwalko	Director of Integration and Delivery
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.5
RMe	Dr Ranj Mehra	Deputy Medical Director – item 8.6
AA	Alice Arch	Guardian of Safe Working – item 8.7
SLa	Sharon Landrum	Head of People Experience – item 9
TC	Tony Cragg	Public Governor

**Apologies:**

SR	Dr Steve Ryan	Non-Executive Director
SH	Sheila Hillhouse	Lead Public Governor
EH	Eileen Hume	Deputy Lead Public Governor
RT	Robert Thompson	Public Governor
GB	Gary Bennett	Appointed Governor

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

<b>2</b>	<b>Declarations of Interest</b>  No interests were declared and no interests in relation to the agenda items were declared.	
<b>3</b>	<b>Minutes of Previous Meeting</b>  The minutes of the previous meeting held on the 3 July were <b>APPROVED</b> as an accurate record.	
<b>4</b>	<b>Action Log</b>  The Board <b>NOTED</b> the action log.	
<b>5</b>	<b>Patient Story</b>  The Board received a video story from a patient who had been diagnosed with autism and suffered a food allergy. The video story described the challenges she experienced eating hospital food as an inpatient. The video story also described the improvements that had been implemented following her feedback.  SW stated ward folders had recently been implemented and included information on how to request an allergy free menu. SW added mandatory training had also been rolled out recently, specifically the Oliver McGowan Mandatory Training on learning disability and autism.  MS reported a business case was in development and expected early next year to revise the approach to patient catering and suppliers for the patient meal service across the hospitals.  The Board <b>NOTED</b> the video story.	
<b>6</b>	<b>Chairs Business and Strategic Issues</b>  DH provided an update on recent matters and highlighted it was positive the Trust had been shortlisted for Trust of the Year. DH added financial challenges continued and the Trust was engaged with the process being led by the ICB.  DH stated breakfast with the staff network co-chairs earlier in the morning had been positive and commented staff continue to embody the Trust values.  DH thanked all the staff for their continued hard work.  DH reported that an allegation had been made towards him by the Governor for Bidston and Claughton regarding plagiarism of his dissertation from 1974. DH added this allegation had also been circulated to other Governors and because of this wanted to raise the matter publicly.	



	<p>DH explained because of the allegation and investigation he would not Chair future Council of Governors meetings and instead SI as Deputy Chair would chair instead until the matter had been resolved.</p> <p>DH requested members agree with this approach and stated SI would also seek agreement from the Council of Governors.</p> <p>Members agreed with the approach as outlined above.</p> <p>The Board <b>NOTED</b> the update.</p>	
<b>7</b>	<p><b>Chief Executive Officer's Report</b></p> <p>JH highlighted in July there were no Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework and two Reporting of Injuries, Diseases and Dangerous Occurrences were reported to the Health and Safety Executive.</p> <p>JH updated members on the Wirral system review, highlighting phase 1 was complete and identified opportunities for improving service delivery and productivity. JH added phase 2 was expected to be finalised and presented to the ICB in October.</p> <p>JH explained the Cheshire and Merseyside Surgical Centre had now treated over 5000 patients and that phase 1 of the Urgent and Emergency Care Upgrade Programme (UECUP) had officially opened.</p> <p>JH referenced that the Trust had been shortlisted as finalists in the Health Service Journal Award for Trust of the Year and the winners would be announced at the HSJ Awards on 21 November.</p> <p>JH highlighted ward 20, 54, 26, 14 and 17 achieved green level 3 WISE accreditation.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board (CMASST) on 2 August, noting a key area of discussion was on the system financial challenges and a federated data platform.</p> <p>JH also summarised the recent meeting of the Place Based Partnership Board (PBPB) on 25 July, noting the Wirral Place Workforce Group were developing a Wirral People Strategy to support the delivery of the Wirral Health and Care Plan.</p> <p>DH queried about the Cheshire and Merseyside Surgical Centre business case and the estimated number of patients being treated.</p> <p>HK stated in a year, for phase 1 this was 3000 patients and 2000 patients for phase 2.</p>	

	<p>CC queried about the Trust of the Year Award.</p> <p>JH stated the Trust submitted a nomination and the submission detailed the improvement journey the Trust has been on during the last 5 years and various other achievements. JH added the next step included a presentation in October and the results would be announced in November.</p> <p>SI commented about the importance of the Trust being an Anchor institution and communicating to the Wirral population about the role the Trust plays in the community.</p> <p>The Board <b>NOTED</b> the report.</p>	
8	<p><b>Board Assurance Reports</b></p> <p><b>8.1) Chief Finance Officer Report</b></p> <p>MC reported at the end of July, month 4 the Trust was reporting a deficit of £12.3m, an adverse variance against plan of £3.4m and the Trust was forecasting a risk adjusted deficit of £31.7m, a potential variance to plan of £15.4m.</p> <p>MC set out the key drivers of this forecasted variance and the internal risks to achievement, including full delivery of elective activity, CIP, maintaining expenditure on urgent care within planned levels and delivering planned integration benefits.</p> <p>MC highlighted the Trust has fully engaged with the NHSE and ICB finance review to plan actions to reduce expenditure to mitigate against these risks.</p> <p>MC provided an update on the statutory key financial risks for month 4, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, agency spend, financial efficiency and cash were amber, and capital was green. The amber rating for cash relates to the current cash balance and assumes that cash support will be made available.</p> <p>MC explained at the end of month 4 the cash balance had reduced to £3.8m. Maintaining a positive balance had only been achieved through management of working balances with a significant negative impact on the metrics for payment of suppliers. The Trust planned to submit a request for additional cash support from October 2024, which would result in additional scrutiny and require a cash recovery plan. MC confirmed that the Trust was still awaiting confirmation from the ICB as to when it would receive additional income as part of the original financial planning exercise to support the planned deficit position.</p> <p>SL queried about income support that was going to be provided to Trusts in Cheshire and Merseyside reflecting the £150 deficit</p>	

	<p>position. SL commented there was a reputational risk if the Trust was unable to pay suppliers in line with the Public Sector Payment Policy.</p> <p>MC stated that the commitment to additional income was based upon delivery of plans and NHSE/ICB continued to seek assurances from Trusts on this. MC added that no guidance had been published to confirm when income support would be provided, and this delay was one of the drivers requiring the Trust to apply for cash support sooner than would otherwise be the case.</p> <p>SI queried if the Trust's capital programme could reduce as part of a condition for applying for cash support.</p> <p>MC stated the Trust may face challenge on the capital programme and other areas. However, there was very limited scope to reduce capital as the Trust was already legally committed to many schemes and only operationally essential schemes had been prioritised.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report including engagement with NHSE and the ICB on the management of financial risk through the review process; and</li> <li>• <b>NOTED</b> that the Trust will be submitting a request for additional cash support in Q3 (October to December 2024)</li> </ul> <p><b>8.2) Chief Operating Officer Report</b></p> <p>HK highlighted in July the Trust attained an overall performance of 98.03% against plan for outpatients and an overall performance of 97.56% against plan for elective admissions.</p> <p>HK summarised referral to treatment target, noting the Trust has a delivery plan to eliminate all 65 week waiters by the end of September excluding Gynaecology. HK added the Trust continues to support other Trusts across the region by offering mutual aid.</p> <p>HK explained the cancer performance against the trajectory, noting the Trust met the faster diagnosis standard for Q1 and continued to make good progress for 62 day treatment/waiters.</p> <p>HK reported the DM01 performance standard was 96.1% in July and highlighted there were challenges regarding increases for endoscopy and Dexa scanning.</p> <p>HK reported in July type 1 unscheduled care performance was 42.68% and remains a significant challenge. HK stated the Trust was working with Wirral system partners to agree out of hospital responses to support the achievement of the national target. HK added the review carried out by Aqua would be shared with the Finance Business Performance Committee in October.</p>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

HK stated ambulance handover performance continues to be an area of focus, specifically 12 hour DTAs, and a new pilot was being tested to improve performance.

HK reported the number of patients not meeting the criteria to reside at the hospital remained low, however, the demand for patients attending the ED with mental health conditions remains high.

The Board **NOTED** the report.

### **8.3) Integrated Performance Report**

SW reported C Diff continued to be a key area of focus and remained above the target of 6 cases per month with an average of 9 cases per month. SW explained a dedicated improvement plan had been developed with high incident areas to reduce the number of cases.

SW reported, following the NHSE review into C Diff on the Wirral, a Wirral Place wide improvement plan is in development in partnership with Wirral system partners.

DH queried how the improvement plan could be accelerated to reduce the number of C Diff cases.

SW stated it was important to work with Wirral system partners to reduce the use of antimicrobial drugs in the community. SW set out the number of C Diff cases in the community vs health care associated.

SW reported the Friends and Family Test for ED in July scored 74.9% against a target of 95%. SW added the main concerns related to waiting times, delays and communication.

DS highlighted staff turnover in month and mandatory training compliance continued to meet Trust target. DS explained appraisal compliance was below Trust target and each Division had an improvement trajectory in place which was being overseen by Workforce Steering Board.

DS added sickness absence continued to increase and was an area of concern. DS highlighted that once the updated Attendance Management Policy had been in place for 6 months, a review will be carried out to ensure the triggers remained appropriate. DS also explained the flu and COVID vaccine programme would start in October and reduce increased incidents of colds and flu.

SL commented about the high sickness absence rate and stated this would have an impact on the financial position of the Trust.

	<p>DS agreed and stated it does have an impact not only on finances but potentially also on patient care experience and employee experience. DS stated the Trust was not an outlier in the increased rates of sickness absence.</p> <p>SL also queried if there were any specific staff groups who had high sickness absence.</p> <p>DS stated Clinical Support Workers had a higher rate of sickness absence, but this was not unusual. DS added another area was estates and auxiliary staff.</p> <p>NS reported the number of informal complaints was above threshold, however the number of formal complaints remained below. NS added this means patient concerns were being addressed before a formal complaint was made and this was positive.</p> <p>NS explained the number of patients recruited to NIHR studies was low, however the new Research and Innovation Hub at Clatterbridge would open in September and a number of research studies was already planned.</p> <p>CM reported the priority 2 calls to the IT helpdesk closed outside of SLA was above Trust threshold and work was underway with teams to agree the qualifying criteria for call priority categorisation to ensure it reflects the needs of the organisation.</p> <p>CM highlighted subject access requests completed in month was marginally below target and requests continued to be above the planned trajectory. CM added the backlog of subject access remained higher than trajectory due to the complexity and number of requests. CM explained the trajectory would be reviewed and the reallocation of staff would be considered to reduce the backlog.</p> <p>LD queried if there were any process improvements which could be made to reduce the waiting list of subject access requests.</p> <p>CM stated there was technology available to process requests, but this had not been fully developed. CM added there were opportunities to make process efficiencies to respond more promptly and these were being explored.</p> <p>LD also queried if subject access requests were analysed to understand if there were any trends.</p> <p>CM stated subject access requests followed the trend in the media, specifically in response to key topics effecting patients.</p> <p>JH suggest it may be beneficial to understand if the increase in requests was due to patients or staff. JH also suggested the</p>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Service Improvement Team could provide support to identify process improvements.

The Board **NOTED** the report.

#### **8.4) Productivity and Efficiency Update**

HK summarised the 2024/25 Cost Improvement Programme position for Trust, highlighting the target for the year was £28.8m and the forecast delivery in year so far was £20.1m. HK added the amount transacted as at month 4 was £11m.

HK also gave an update on the nine transformation workstreams and summarised the RAG delivery status for each. HK highlighted the productivity workstream was being fast tracked in line with the Cheshire and Merseyside financial recovery request.

Members noted the good progress so far this year.

The Board **NOTED** the report.

#### **8.5) Quarterly Maternity and Neonatal Services Report**

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

JL gave an update on MIS Year 6, explaining compliance was being monitored monthly via the Women and Children's Divisional Quality Assurance meeting and that an updated gap analysis had been produced in line with the revised updates to the scheme published in July 2024.

JL referenced the Perinatal Mortality Reviews Summary Report indicating there were no reviews of perinatal deaths in the period April to June.

JL also gave an update on Saving Babies Lives, noting the Trust achieved 96% compliance against the 6 elements based on evidence submitted in June 2024.

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

JL also gave an update on progress regarding implementing a Continuity of Carer Model with an update on Trust's position regarding the British Association of Perinatal Medicine and Maternity Self-Assessment Tool, as required by NHSE and the CQC.

Members thanked JL for their continued hard work.

The Board:

- **NOTED** the report.
- **NOTED** the Perinatal Clinical Surveillance Assurance report.
- **NOTED** the position of Patient Safety Incident Investigations (PSSI's) & Maternity and Newborn Safety Incidents (MNSI)
- **NOTED** the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3.
- **NOTED** the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals.'
- **NOTED** the position of the neonatal medical and nursing workforce.
- **NOTED** the position of the maternity workforce.
- **NOTED** the updates within the maternity self-assessment tool; and
- **NOTED** the PMRT reports.

#### **8.6) Learning from Deaths Report**

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

RMe explained from September the Medical Examiner Service will be required to scrutinise deaths in the community and plans are in place to ensure sufficient capacity to undertake this work.

RMe noted there had been a rise in sudden infant deaths from the community during the reporting period. RM added the Trust was unable to benchmark this data following the system data changes which took place last year.

RMe also noted next year the HSMR indicator would increase because of coding changes, however Trust would remain within the expected ranges.

LD queried the external benchmarking data, specifically the complications arising from device implants and the 16 cases identified had been reviewed.

RMe stated this had been completed and primarily related to devices implanted at other hospitals. RM added two areas of focus for the Trust following the reviews were catheters and sepsis.

	<p>RM queried about the cases relating to carcinoma of bronchus and the delay in fast-track discharge and commented about the dignity between dying at home vs in the hospital.</p> <p>RMe stated in some instances a committee care package could not be put in place in time to allow patients to return home to die. RMe added further work needed to be done to improve this.</p> <p>DH queried if this situation would be included as an integration opportunity as part of the Wirral Review.</p> <p>JC agreed and stated there were opportunities to improve this in the short, medium and long term. JC added an example of this was changing the criteria during winter to admit end of life patients into the integrated care beds to prevent them from dying in hospital but also not at home.</p> <p>DH requested JC provide an update on the operational aspects of end of life care.</p> <p>NS stated the Trust had good palliative care in place at the hospital and allowed patients to die in this setting with dignity, should patients choose to do this.</p> <p>HK highlighted she and the Place Director had contacted the ICB regarding a commissioning decision stop top up funding to care homes which would allow patients to die in this environment.</p> <p>The Board <b>NOTED</b> the mortality indicators, ongoing Medical Examiner input and ongoing scrutiny of mortality through the Mortality Review Group.</p> <p><b>8.7) Guardian of Safe Working Report</b></p> <p>AA summarised the number of exception reports during the period, noting the number of reports raised by F1s had reduced compared to previous periods.</p> <p>AA explained this was expected as junior doctors gain the time management and essential non-clinical skills to complete their role. AA stated General Medicine continued to have the highest number of exception reports raised.</p> <p>AA highlighted the Doctors' Mess had now been refurbished and had already received positive feedback from junior doctors.</p> <p>LD thanked AA for providing the additional data in the report which included the duration of time claimed on the exception reports, and this provided more assurance to the People Committee that these were not excessive.</p>	Jo Chwalko
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------



	<p>NS explained one of the areas of good practice recently implemented was exception reports, which were now provided to the Educational Supervisor, and which provided further opportunities to provide support to junior doctors.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>8.8) Board Assurance Framework (BAF)</b></p> <p>DM summarised the key changes to the BAF, noting additional controls had been included for several strategic risks and the risk score regarding finance sustainability had increased to 16.</p> <p>DM added the risk appetite and risk maturity positions had been changed. DM highlighted an internal audit review of the risk maturity was being undertaken.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the current version of the BAF; and</li> <li>• <b>NOTED</b> current position regarding Risk Appetite and Risk Maturity.</li> </ul>	
9	<p><b>Equality Diversity and Inclusion Bi-Annual Report</b></p> <p>DS gave an overview of the bi-annual report, noting that this report focusses specifically on workforce demographic data and gives a summary of activities that demonstrate the advancement of the EDI agenda.</p> <p>DS also gave an overview of the WRES and WDNES reports, noting there were individual action plans in place to address areas of concern.</p> <p>DS noted there was a decrease in the some of race equality data outcomes and reminded members there was a dedicated Board Seminar to focus on this in the afternoon.</p> <p>DH queried how the Trust compared regarding ethnicity data and if a general trend was available for this.</p> <p>SLa stated comparative data did exist to compare with other Trusts and added 4% of Wirral community identified as non-white. DS stated two years ago the Trust employed 7% non-white staff, and this was now 14%, which was significantly higher than the ethnic diversity of Wirral.</p> <p>SI queried about the progress regarding the Equality Diversity and Inclusion Strategic Commitment and embedding the culture of diversity.</p> <p>DS stated this was challenging and the Trust was not an outlier. DS highlighted one of the biggest challenges was how staff were</p>	

	<p>treating each other and understanding each other's differences. DS explained a key area of focus was raising awareness and embedding a zero-tolerance approach.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>10</b>	<p><b>2023/24 Annual Submission to NHS England North West: Appraisal and Revalidation</b></p> <p>NS presented the report and explained the requirements set out by NHS England and provided a summary of the appraisal and revalidation data for the period year April 2023 – March 2024.</p> <p>NS summarised the plans for the 2024/25 period, noting this would include a self-assessment on the Trust's processes and carry out a medical engagement survey.</p> <p>NS added following approval the report would be signed by the Chief Executive and returned to NHS North West before the specified deadline.</p> <p>The Board <b>APPROVED</b> the report.</p>	
<b>11</b>	<p><b>Board of Directors' Terms of Reference</b></p> <p>DM highlighted the Terms of Reference were created last year as part of the wider corporate governance review and consolidates information already set out in the Trust Constitution.</p> <p>DM added no amends have been proposed this year and the Terms of Reference remain unchanged.</p> <p>DM explained the Terms of Reference would be reviewed again following any recommendations arising from the Wirral Review.</p> <p>The Board <b>NOTED</b> the Terms of Reference.</p>	
<b>12</b>	<p><b>Committee Chairs Reports</b></p> <p><b>12.1) People Committee</b></p> <p>LD reported the Committee discussed the Equality Diversity and Inclusion Bi-Annual Report, noting there was a range of activity being undertaken but a key area of focus was improving the employee experience of Black, Asian and Minority Ethnic Staff.</p> <p>LD added the Committee also received good assurance in relation to the Guardian of Safe Working Report and Safe Staffing Report.</p> <p>LD highlighted the Committee also discussed the 2023/24 Annual Submission to NHS England North West: Appraisal and Revalidation, noting this was comprehensive and identified areas of focus for 2024/25.</p>	

	<p>The Board <b>NOTED</b> the report.</p> <p><b>12.2) Charitable Funds Committee</b></p> <p>SL provided a verbal update on the most recent meeting and highlighted the Committee received a presentation on the neonatal unit redevelopment options and looked forward to receiving a final proposal in due course.</p> <p>SL added the Committee also considered the budget for the financial year and received the draft Charity Annual Report and Accounts for 2023/24.</p> <p>Members thanked the Charity team for their ongoing hard work and Finance team for their support.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>12.3) Quality Committee</b></p> <p>NS reported the Committee received an update on progress against the Wirral Place commissioned report into C Diff, Committee noted the Trust had completed several actions already and further work was required with Wirral system partners to complete the remaining ones. Several actions were agreed by the Committee and a further update would be provided in the autumn.</p> <p>NS explained the Trust had benchmarked negatively against a national clinical audit on dementia, specifically in relation to the frequency of screening for delirium. Actions were already underway to address this.</p> <p>The Board <b>NOTED</b> the report.</p> <p><b>12.4) Finance Business Performance Committee</b></p> <p>SL provided a verbal update on the most recent meeting and highlighted most of the business had already been discussed in this meeting.</p> <p>SL added the Committee received a presentation from the Diagnostics and Clinical Support Division on their Cost Improvement Programme and Committee were also provided with assurance in relation to consultant agency spend.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>13</b>	<p><b>Questions from Governors and Public</b></p> <p>TC commented about the patient story and suggested the patient passport may have helped prevent some of the issues this patient</p>	

	experienced. TC also congratulated the Trust on being shortlisted for Trust of the Year in the Health Service Journal Awards.	
<b>14</b>	<b>Meeting Review</b>  No comments were made.	
<b>15</b>	<b>Any other Business</b>  No other business was raised.	