

# Council of Governors (CoG) (Public)

Tuesday, 5 October 2020



## COUNCIL OF GOVERNORS (CoG)

Tuesday, 5 October 2020  
4.00pm-7.00pm, via Microsoft Teams

### AGENDA

Item	Item Description	Presenter	Verbal or Attached
CoG P20/21-017	Apologies for Absence	Chair	Verbal
CoG P20/21-018	Declaration of Interests	Chair	Verbal
CoG P20/21-019	Minutes and Actions of previous meeting: • 14 July 2020	Chair	Document
CoG P20/21-020	Matters Arising	Chair	Verbal
CoG P20/21-021	Chair's Business	Chair	Verbal
CoG P20/21-022	Key Issues	Chair	Verbal
<b>TRUST PERFORMANCE</b>			
CoG P20/21- 023	Quality & Performance Dashboard	Executive Directors	Document
<b>GOVERNANCE</b>			
CoG P20/21- 024	COVID- 19 Update	Medical Director	Presentation
CoG P20/21- 025	Strategy Briefing	Director of Strategy & Partnerships	Presentation
CoG P20/21- 026	Appointment of External Auditors	Steve Igoe, NED, Audit Committee Chair	Verbal
CoG P20/21- 027	CQC Compliance & Action Plan Progress Update	Chief Nurse	Document
CoG P20/21- 028	Governor Election Update 2020	Interim Director of Corporate Affairs	Document
CoG P20/21- 029	Board of Directors' Minutes (5 August)	Chair	Document
CoG P20/21- 030	Board of Directors' Meeting Update (2 September)	Chair	Verbal
CoG P20/21- 031	Meeting Schedule 2021	Interim Director of Corporate Affairs	To follow
<b>STANDING ITEMS</b>			
CoG P20/21-032	Any Other Business	All	Verbal
CoG P20/21-033	Date, Time and Location of Next Meeting TBC	Chair	Verbal



**COUNCIL OF GOVERNORS**

**Unapproved minutes of meeting held on Tuesday, 14 July 2020,  
4.00pm-6pm via Microsoft Teams**

<b>Present</b>	Sir David Henshaw Angela Tindall Paul Dixon John Fry Eileen Hume Richard Latten Allen Peters Frieda Rimmer Angela Tindall Sheila Hillhouse Ian Linford Mike Collins	The Chairman Public Governor (Lead Governor) Public Governor Public Governor Public Governor Staff Governor Staff Governor Public Governor Public Governor Public Governor Public Governor Nominated Governor
<b>In attendance</b>	Janelle Holmes Dr Nikki Stevenson John Sullivan Hazel Richards Claire Wilson Anthony Middleton Matthew Swanborough Sue Lorimer Christopher Clarkson Jacqui Grice Paul Buckingham Stuart Basnett*	Chief Executive Officer Medical Director Non-Executive Director Chief Nurse Chief Finance Officer Chief Operating Officer Director of Strategy & Partnerships Non-Executive Director Non-Executive Director Interim Director of Workforce Interim Director of Corporate Affairs Grant Thornton UK LLP
<b>Apologies</b>	Steve Evans Pauline West Steve Igoe Jayne Coulson	Public Governor Staff Governor Non-Executive Director Non-Executive Director
*Denotes attendance for part of the meeting		

Ref	Minute	Action
20/21-001	<b>Apologies for Absence</b>  Apologies for absence were noted as above.	
20/21-002	<b>Declarations of Interest</b>  There were no declarations of inetrests.	

<b>20/21-003</b>	<b>Minutes of the Previous Meeting</b>  The minutes of a previous meeting held on 27 January 2020 were agreed as a true and accurate record. The minutes of a previous meeting held on 15 May 2020 were agreed as a true and accurate record, subject to an amendment to show an apology for absence from Mrs S Hillhouse.	
<b>20/21-004</b>	<b>Matters Arising</b>  There were no matters arising.	
<b>20/21-005</b>	<b>Chair's Business</b>  There were no matters raised by the Chair.	
<b>20/21-006</b>	<b>Key Issues</b>  There were no key issues raised in addition to items already included on the agenda.	
<b>20/21-007</b>	<b>Auditor's Report 2019/20</b>  Mr S Basnett, Grant Thornton UK LLP, presented a report on the Audit of the Financial Statements 2019/20. He briefed the Council on the content of the report and provided an overview of the approach to the audit process in the context of the COVID-19 pandemic. He advised that good communications had been maintained with Trust management throughout the audit and noted that the Audit Opinion has been delivered on 24 June 2020.  Mr S Basnett advised that the opinion on the financial statements was unmodified but noted a material uncertainty related to going concern as set out on page 53 of the meeting pack. He then provided an overview of key audit matters relating to Valuation of Land & Buildings and Impact of the COVID-19 pandemic. Mr S Basnett then referred the Council to page 60 of the meeting pack and provided an overview of work relating to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money opinion). He advised that the qualified conclusion related to non-delivery of the original financial plan for 2019/20 and non-delivery of the planned cost improvement programme.  With regard to non-delivery of the financial plan, Mr J Fry queried the Trust's methodology for predicting outturn was over-optimistic. The Chief Finance Officer explained the context for agreement of the annual control total and associated financial plan with regulators and advised that the original plan had not been delivered due to operational pressures experienced early in the financial year. She acknowledged that work could be done to improve forecasting but also noted the risk of plans being impacted by system-wide pressures. The Chair noted the efficient working of the Wirral health and social care economy during the pandemic and advised of work by the Chairs and Chief Executive's Group to construct a budget for the health economy which would enable a view from a wider perspective. He noted, for example, that expenditure from the Better Care Fund was not necessarily in accordance with Wirral system priorities.  In response to a question from Mrs A Tindall, regarding financial learning from the pandemic, the Chief Finance Officer noted the financial framework put in place for April – July 2020 period and commented on the need to understand how the pandemic may alter productivity. She also commented on changes to the cost base, as a result of infection control measures for example, and to understand how these changes will affect the cost base for financial year 2021/22.	

	<p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the Report on Audit of the Financial Statements 2019/20.</b></li> </ul> <p><i>Mr S Basnett left the meeting.</i></p>	
20/21-008	<p><b>COVID-19 Pandemic - Trust Experience to Date</b></p> <p>The Chief Executive delivered a presentation which covered the following subject areas:</p> <ul style="list-style-type: none"> <li>• Headlines</li> <li>• Command and Control</li> <li>• Operational Response</li> <li>• Ward Designation</li> <li>• Decision Making &amp; Capacity</li> <li>• Personal Protective Equipment (PPE)</li> <li>• Workforce</li> <li>• Health and Wellbeing</li> <li>• Infection Prevention and Control</li> </ul> <p>In response to a question from Mr J Fry, the Medical Director advised that the Trust did not reduce standards as a response to shortages of PPE. She noted that there had been no deaths from COVID-19 amongst working staff members which was testament to the Trust's rigorous approach to maintaining standards. In response to a question from Mrs S Hillhouse, the Chief Executive provided an overview of the Trust's approach to the transfer of patients to and from care homes. She noted extremely close working with partners in the Wirral system and confirmed that patients were swabbed prior to discharge from the hospital. The Medical Director noted that, for patients attending hospital where there were no plans to admit, swabs were taken prior to patients returning to care homes. In response to a question from Mr J Fry, the Medical Director advised that swab results were available in approximately 12 hours.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the COVID-19 Pandemic - Trust Experience to Date presentation.</b></li> </ul> <p><i>Mr M Collins joined the meeting.</i>  <i>Sir D Henshaw left the meeting and Mr J Sullivan assumed the Chair for the remainder of the meeting.</i></p>	
20/21-009	<p><b>Recovery and Reset Plan</b></p> <p>The Director of Strategy &amp; Partnerships delivered a presentation on the COVID-19 Recovery and Reset Plan which covered the following subject areas:</p> <ul style="list-style-type: none"> <li>• NHS England – Approach to Recovery</li> <li>• Key Stages of the Recovery &amp; Reset Plan</li> <li>• Key Principles and Aspects of the Stage 3 Plan</li> <li>• Stage 2 – Reflections on Delivery</li> <li>• Stage 3 - Stabilisation Aspect</li> <li>• Stage 3 - Operational Delivery Aspect</li> <li>• Stage 3 - Clinical and Service Change Aspect</li> <li>• Stage 3 - Patients, Families and Communities Aspect</li> </ul>	

	<ul style="list-style-type: none"> <li>• Stage 3 - Workforce and Wellbeing Aspect</li> <li>• Stage 3 - Strategic Estates and Environment Aspect</li> <li>• Stage 3 - Leadership and Governance Aspect</li> <li>• Stage 3 - Financial Management Aspect</li> </ul> <p>The Director of Strategy &amp; Partnerships noted in particular the themes and requirements across Stage 3, indicated by NHS England regional offices, as set out on page 4 of the slide set. He noted that the Trust's plans were aligned with NHS England plans and provided an overview of key tasks carried out during Stage 2 of the plan as summarised on page 7 of the slide set.</p> <p>In response to a question from Mrs A Tindall, regarding the impact on Stage 3 plans of a potential 'second wave' of coronavirus, the Director of Strategy commented on the need for a pragmatic and flexible approach to Stage 3 actions. He also noted a focus on planning for surges as part of winter planning. The Chief Operating Officer noted planning for out of hospital care and the need to maintain this capacity should surge capacity be required. He also advised of a requirement for winter plans to be agreed locally and regionally by mid-August 2020. In response to a question from Mr J Fry, regarding medical separation of potential flu and COVID-19 'spikes', the Medical Director noted the inherent difficulty of separation given the similarities of presentation. She then provided an overview of the testing approach and advised that measures in place to reduce COVID-19 infections, social distancing for example, should also reduce transmission of the flu virus. In response to a question from Mr A Peters, who queried whether the Medical Director anticipated shortages of the flu vaccine, the Medical Director noted that the Secretary of State for Health &amp; Social Care had promised that the best ever flu vaccination programme would be in place for winter 2020/21.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Received and noted the presentation on the Recovery and Reset Plan.</i></b></li> </ul>	
20/21-010	<p><b>Quality &amp; Performance Dashboard</b></p> <p>Executive Directors briefed the Council on specific metrics for noting in the Quality &amp; Performance Dashboard. The Chief Nurse referred the Council to metrics for safeguarding training and noted that mandatory training had now resumed following a temporary suspension in response to the COVID-19 pandemic. She advised that plans were in place to achieve compliance with Level 1 and Level 2 training by the end of Quarter 2. She noted that Level 3 training would normally be delivered face-to-face and that social distancing requirements resulted in reduced training capacity. She advised that, while alternative means of training delivery were being pursued, the Trust would not achieve a compliant position for Level 3 training until the end of Quarter 3. The Chief Nurse also noted that an instance of MRSA had been recorded in May 2020 and provided Governors with an overview of the circumstances relating to this case.</p> <p>The Chief Operating Officer referred the Council to the 'Responsive' metrics on page 42 of the meeting pack and provided a summary of the impact of the COVID-19 pandemic on operational performance metrics. He noted that, while reduced activity had resulted in significant improvement in performance against the A&amp;E 4-hour standard, suspension of routine activity had resulted in a deterioration in performance against the 18-week Referral to Treatment (RTT) standard, with a performance level of 54.05% in May 2020. The Chief Operating Officer then briefed the Council on the categorisation of patients and provided an overview of plans for developing restart capacity.</p> <p>In response to a question from Mrs S Hillhouse, regarding feedback on patient</p>	



	<p>experience, the Chief Operating Officer advised that, on the whole, the public had been very understanding of the current situation and noted that primary care services were managing communications well. He acknowledged that there may be some patients who were apprehensive about returning to the hospital environment. The Chief Nurse advised that there had been no formal complaints on patient experience received to date and noted work to ensure that patients were being kept informed of the situation.</p> <p>Mr J Fry commented on the likelihood of reduced activity over a period of time and queried whether it would be practical to convert space to provide additional theatre capacity. The Chief Operating Officer noted that staffing additional theatres would prove to be a challenge and advised of work being undertaken to assess use of facilities on the Clatterbridge site for elective procedures. The Chief Executive then provided an overview of performance against workforce metrics and noted a focus on tracking attendance in relation to non-COVID and COVID-related absences. Mr I Linford queried when the target of achieving 33% of discharges before midday would be achieved. The Chief Operating Officer advised that it was difficult to provide an accurate timescale and noted that this was a national objective which very few trusts and/or systems were achieving. He briefed the Council on the Trust's work on 'back-end' and ward processes for efficient discharge and noted benefits realised in terms of reductions in the numbers of long length of stay patients. The Chief Executive commented on the nature of the objective and suggested that if patients were ready for discharge at 0900 then arguably they were ready for discharge the previous evening.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Received and noted the briefings on the Quality &amp; Performance Dashboard.</i></b></li> </ul>	
20/21-011	<p><b>CQC Action Plan</b></p> <p>The Chief Nurse delivered a presentation which covered the following subject areas:</p> <ul style="list-style-type: none"> <li>• Inspection Outcomes 2018 and 2019</li> <li>• CQC Must Do and Should Do Recommendations</li> <li>• CQC Action Plans</li> <li>• Governance Arrangements</li> <li>• Journey to Outstanding</li> <li>• Outstanding Organisations</li> <li>• Recommendations for Next Stage of Improvement Journey</li> <li>• CQC Emergency Support Framework – COVID-19</li> <li>• Conclusion</li> </ul> <p>With regard to the Emergency Support Framework, the Chief Nurse advised that the approach was based on CQC focusing on organisations where concerns may have been raised. She noted that the Trust's approach in proactively sharing outcomes of the self-assessment against the Infection Prevention &amp; Control Board Assurance Framework (IPC BAF) had been welcomed by the CQC. She also advised that monthly engagement meetings with CQC representatives were continuing and noted the Trust's intention to widen participation across members of the Executive Team.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Received and noted the CQC Action Plan presentation.</i></b></li> </ul>	

20/21-012	<p><b>Developing the Trust Strategy</b></p> <p>The Director of Strategy &amp; Partnerships briefed the Council on development of the Trust Strategy and advised that he would welcome the views of the Governors on content of the draft Strategy document prior to presentation to the Board for approval in August 2020. He noted that Strategy content had been informed by outcomes from a series of workshops held with staff and external stakeholders during February and March 2020 and provided an overview of content, with particular focus on the objectives and priorities for 2021-2026.</p> <p>Mrs F Rimmer noted her long term interest in the life expectancy gap across the Wirral peninsula and welcomed reference to life expectancy in the draft Strategy. She advised that there had been many commitments made to work with partners over a number of years but noted that the gap had actually increased from a 7-year gap 20 years ago to a current 12-year gap. She queried what had changed to give a degree of confidence that there would now be meaningful progress and queried how any progress could be measured. The Medical Director thanked Mrs Rimmer for her question and suggested that mortality metrics would be used to measure progress. With regard to what had changed, she advised that there was now much closer working between partners in the health economy, and with the local authority in particular. She noted that there were many determinants for life expectancy, such as employment and housing, with the potential to impact prior to health care provider involvement and advised that the local authority wanted to work collaboratively with health care providers to improve the situation.</p> <p>Mr R Latten noted his role as a Staff Governor and welcomed the prominence given to development of a compassionate workforce in the draft Strategy. The Director of Strategy &amp; Partnerships advised that this had been a clear theme from the development workshops held with staff. In response to a question from Mrs A Tindall, who queried how it was intended to make assurance methods robust, the Director of Strategy &amp; Partnerships referred the Council to page 20 of the slide set and noted that assurance would be provided by monitoring progress against relevant objectives / metrics incorporated in the annual Operational Plan and annual Financial Plan. In response to comments from Mrs S Hillhouse, the Director of Strategy &amp; Partnerships acknowledged the omission and advised that he would reflect Governor participation in workshops in an updated draft version of the Strategy document.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Received and noted the draft document - Our Strategy 2021-2026.</i></b></li> </ul>	
20/21-013	<p><b>Board of Directors' Minutes</b></p> <p>No matters were raised in relation to the minutes from Board of Directors meetings held on 6 May 2020 and 3 June 2020.</p>	
20/21-014	<p><b>Board of Directors' Meeting Update</b></p> <p>Mr J Sullivan noted that most of the subjects considered by the Board of Directors at a meeting held on 1 July 2020 had been covered during earlier agenda items but invited Mr M Swanborough to brief the Council on the Hospital Upgrade Programme. The Director of Strategy &amp; Planning then provided an overview of the HUP, which focused on redevelopment of the Emergency Department and Urgent Care Centre, and noted that there was an £18m capital allocation to fund the programme. He advised that external support had been commissioned to support preparation of the Outline Business Case and Full Business Case and noted that this support was scheduled to begin work during week commencing 20 July 2020.</p>	

	The Chief Nurse then advised the Council that high counts of legionella had been discovered on Ward 20 and Ward 33 during an accelerated programme of sampling on the Arrowe Park site. She noted that both wards had been temporarily closed for remedial works and advised that the current reduced activity levels had provided a good opportunity to carry out this work with minimal operational impact. She noted that a patient surveillance programme had been undertaken and that Public Health England had been advised of the situation. The Chief Operating Officer advised the Council that good progress had been made with the remedial work and noted that Ward 20 had re-opened on 13 July 2020 with Ward 33 scheduled to re-open during week commencing 20 July 2020.	
<b>20/21-015</b>	<b>Any Other Business</b>  There were no items of other business to report.	
<b>20/21-016</b>	<b>Date and time of the next meeting</b>  The next Council of Governors meeting would be held on Monday, 5 October 2020, 4pm-7pm, in the Boardroom, Education Centre (venue to be confirmed).	

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Chairman

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Date



<b>Council of Governors</b>	
<b>Agenda Item</b>	20/21 023
<b>Title of Report</b>	Quality Performance Dashboard and Exception Reports
<b>Date of Meeting</b>	5 October 2020
<b>Author</b>	WUTH Information Team, Corporate Nursing and Governance Support Unit
<b>Accountable Executive</b>	COO, MD, CN, DQG, HRD, DoF
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	Quality and Safety of Care Patient flow management during periods of high demand
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	Gaps in Assurance
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	Provided for assurance to the Board
<b>Reviewed by Assurance Committee</b>	None. Publication has coincided with the meeting of the Board of Directors.
<b>Data Quality Rating</b>	TBC
<b>FOI status</b>	Unrestricted
<b>Equality Impact Assessment Undertaken</b> <b>Yes</b> <b>No</b>	No adverse equality impact identified.

## **1. Executive Summary**

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of July 2020.

## **2. Background**

The Quality Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

## **3. Key Issues**

Of the 50 indicators that are reported for June (excluding Use of Resources):

- 19 are currently off-target or failing to meet performance thresholds
- 21 of the indicators are on-target
- 10 do not have an identified threshold or are not rated

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

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

## **4. Next Steps**

WUTH remains committed to attaining standards through 2020-21.

## **5. Conclusion**

Actions to improve are noted in the exception reports on the qualifying metrics to provide monitoring and assurance on progress.

## **6. Recommendation**

The Board of Directors is asked to note the Trust's performance against the indicators to the end of July 2020.

## Quality Performance Dashboard

August 2020  
Updated 24.08.20

Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	CN	≤0.24 per 1000 Bed Days	WUTH	0.04		0.04	0.09	0.13	0.13	0.13	0.13	0.32	0.17	0.21	0.21	0.20	0.20	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	MD	≥95%	WUTH	94.6%	94.6%	96.1%	94.9%	94.1%	97.5%	98.7%	98.0%	97.7%	97.7%	97.5%	97.4%	97.2%	97.5%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	MD	≥95%	SOF	97.7%	97.6%	97.6%	97.1%	97.8%	97.3%	97.8%	97.7%	97.5%	97.8%	97.8%	97.6%	97.1%	97.6%	
	Harm Free Care Score (Safety Thermometer)	CN	≥95%	National	97.2%	95.0%	97.0%	96.5%	95.7%	95.1%	95.2%	97.0%	96.9%	National reporting ceased	National reporting ceased	National reporting ceased	National reporting ceased		
	Serious Incidents declared	DO&G	≤18 per annum (max 4 per month)	WUTH	3	1	0	5	4	5	5	4	4	3	4	1	4	12	
	Never Events	DO&G	0	SOF	0	0	0	0	0	0	0	2	0	0	0	0	0	0	
	CAS Alerts not completed by deadline	CN	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Clostridium difficile (healthcare associated)	CN	≤88 WUTH maximum from 2019-20 retained, equating to max 7.3 per month	SOF	5	6	7	8	6	7	4	4	3	6	5	5	1	17	
	Gram negative bacteraemia	CN	Maximum 77 for financial year 2020-21, equating to max 6.4 per month	WUTH	5	7	2	5	6	6	8	9	1	7	4	6	8	25	
	MRSA bacteraemia - hospital acquired	CN	0	National	0	0	0	0	0	1	0	0	0	0	1	0	1	2	
	Hand Hygiene Compliance	CN	≥95%	WUTH	99%	100%	98%	100%	100%	99%	100%	100%	100%	100%	99%	99%	100%	99.4%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	CN	0	WUTH	1	0	0	0	1	0	1	0	0	2	0	2	0	4	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	CN	≥90%	WUTH	98%	96%	98%	99%	99%	99%	96%	96%	96%	96%	91%	95%	95%	94%	
	Protecting Vulnerable People Training - % compliant (Level 1)	CN	≥90%	WUTH	93.6%	92.9%	93.6%	92.4%	91.2%	91.2%	92.2%	92.3%	90.2%	90.4%	88.7%	71.6%	79.3%	82%	
	Protecting Vulnerable People Training - % compliant (Level 2)	CN	≥90%	WUTH	90.4%	90.3%	91.2%	88.3%	85.5%	84.9%	84.4%	85.0%	82.81%	81%	71%	72%	74%	74%	
	Protecting Vulnerable People Training - % compliant (Level 3)	CN	≥90%	WUTH	92.3%	90.3%	89.9%	87.46%	89.09%	89.66%	89.53%	86.67%	79.94%	51%	20%	19%	42%	42%	
	Attendance % (12-month rolling average)	DHR	≥95%	SOF	94.51%	94.40%	94.38%	94.33%	94.14%	94.10%	94.11%	94.15%	94.05%	94.14%	94.20%	94.25%	94.35%	94.35%	
	Attendance % (in-month rate)	DHR	≥95%	SOF	94.07%	93.96%	94.25%	93.99%	93.82%	93.87%	94.40%	94.85%	94.90%	94.76%	95.04%	95.01%	94.92%	94.94%	
	Staff turnover % (in-month rate)	DHR	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.68%	2.03%	1.21%	0.88%	0.77%	0.86%	0.82%	0.54%	0.90%	0.42%	0.43%	1.17%	1.17%	0.80%	
	Staff turnover (rolling 12 month rate)	DHR	≤10%	WUTH	9.5%	10.6%	10.9%	11.0%	11.3%	11.3%	11.5%	11.3%	11.1%	10.9%	10.7%	11.1%	11.7%	11.7%	
	Care hours per patient day (CHPPD)	CN	Between 6 and 10	WUTH	7.3	7.7	7.5	7.7	7.6	7.55	7.9	7.7	7.7	National reporting suspended	National reporting suspended	National reporting suspended	National reporting suspended		

Quality Performance Dashboard

August 2020  
Updated 24.08.20

Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	CN	≥95%	WUTH	93.0%	92.0%	96.0%	97.8%	97.2%	97.5%	98.3%	99.1%	98.7%	93.6%	96.5%	96.4%	99.1%	96.4%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	CN	≥90% to June 2020, ≥95% from July 2020	WUTH							96%	94%	95%	93%	96%	97%	98%	96.5%	
	SAFER BUNDLE: % of discharges taking place before noon	MD / COO	≥33%	National			18.8%	17.2%	17.1%	19.3%	18.8%	19.3%	19.8%	20.7%	19.6%	19.5%	18.8%	19.7%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	MD / COO	≤156 (WUTH Total)	WUTH	383	410	431	443	441	444	446	448	383	174	239	210	202	202	
	Long length of stay - number of patients in hospital for 21 or more days	MD / COO	Reduce to 107 by March 2020	WUTH	171	205	183	194	208	207	200	198	108	35	54	48	53	53	
	Length of stay - elective (actual in month)	COO	TBC	WUTH	3.5	3.5	3.5	4.0	3.6	4.6	3.4	3.6	3.9	3.5	3.4	3.5	2.8	3.3	
	Length of stay - non elective (actual in month)	COO	TBC	WUTH	4.6	4.6	5.1	4.8	5.0	5.2	5.1	5.2	6.7	4.8	3.4	3.6	3.3	3.8	
	Emergency readmissions within 28 days	COO	TBC	WUTH	1126	1130	1092	1118	1057	1080	1115	1006	827	667	870	941	1016	874	
	Delayed Transfers of Care	COO	TBC	WUTH	11	9	15	10	13	11	16	16	23	6	2	1	0	2	
	% Theatre in session utilisation	COO	≥85%	WUTH	88.5%	85.3%	81.0%	82.8%	81.0%	77.3%	78.3%	83.0%	82.0%	71.4%	69.7%	65.4%	70.9%	69.4%	



Quality Performance Dashboard

August 2020  
Updated 24.08.20

Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
Caring	Same sex accommodation breaches	CN	0	SOF	16	24	23	17	26	10	10	14	4	2	0	2	3	7	
	FFT Recommend Rate: ED	CN	≥95%	SOF	91%	92%	89%	87%	84%	87%	85%	86%				National reporting suspended	National reporting suspended		
	FFT Overall Response Rate: ED	CN	≥12%	WUTH	12%	12%	11%	11%	10%	11%	10%	11%				National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Inpatients	CN	≥95%	SOF	98%	97%	95%	97%	96%	97%	97%	97%				National reporting suspended	National reporting suspended		
	FFT Overall response rate: Inpatients	CN	≥25%	WUTH	38%	34%	30%	33%	29%	27%	27%	27%				National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Outpatients	CN	≥95%	SOF	95%	94%	94%	94%	94%	94.5%	94.1%	95.0%				National reporting suspended	National reporting suspended		
	FFT Recommend Rate: Maternity	CN	≥95%	SOF	93%	92%	92%	91%	94.8%	99%	97%	98%				National reporting suspended	National reporting suspended		
	FFT Overall response rate: Maternity (point 2)	CN	≥25%	WUTH	29%	24%	23%	22%	22%	33%	22%	20%				National reporting suspended	National reporting suspended		

Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
4-hour Accident and Emergency Target (including Arrow Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2020-21	SOF	81.9%	79.9%	75.6%	72.7%	70.8%	72.1%	70.5%	67.6%	72.7%	85.5%	93.7%	90.0%	90.4%	90.4%	
Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	1	0	1	33	95	40	24	21	0	0	0	0	0	
Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	76	108	210	170	366	431	188	76	80	148	84	82	78	98	
18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	80.06%	79.89%	79.59%	79.03%	79.09%	78.10%	78.26%	78.51%	79.01%	64.88%	54.05%	43.23%	41.67%	41.67%	
Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 22,750 for WUTH by March 2021	National	24,733	24,846	24,721	24,368	23,597	23,233	22,886	23,207	22,350	21,284	21,288	21,383	23,034	23,034	
Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2020-21	National	0	0	0	0	0	0	0	0	15	56	200	413	616	616	
Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	99.2%	98.3%	99.1%	99.5%	99.2%	98.1%	98.8%	99.5%	96.8%	45.2%	46.5%	74.9%	73.8%	61.4%	
Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	94.0%	93.3%	94.3%	95.0%	93.7%	94.4%	90.5%	92.7%	96.9%	70.6%	97.2%	98.3%	95.5%	90.4%	
Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	-	93.8%	-	-	94.4%	-	-	93.4%	-	-	90.2%	-	-	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	96.7%	97.3%	96.5%	96.7%	97.0%	97.1%	97.2%	96.9%	98.5%	100.0%	98.3%	97.1%	90.7%	96.5%	
Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	-	96.8%	-	-	96.9%	-	-	97.6%	-	-	98.6%	-	-	
Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	85.7%	88.9%	87.8%	85.0%	87.5%	85.9%	85.9%	85.9%	86.0%	87.4%	86.2%	82.1%	82.2%	84.5%	
Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	-	88.0%	-	-	86.1%	-	-	85.9%	-	-	85.3%	-	-	
Patient Experience: Number of concerns received in month - Level 1 (Informal)	Outstanding Patient Experience	CN	TBC	WUTH	178	184	166	193	195	148	186	160	125	74	99	119	143	109	
Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	TBC	WUTH	17	22	15	31	13	10	8	16	14	7	8	15	11	10	
Complaints acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%	88%	100%	100%	93.5%	
Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	1	2	2	4	3	0	3	0	1	0	1	5	1	2	

Quality Performance Dashboard

August 2020  
Updated 24.08.20

Well-led	Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DO&G	100%	National	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 2021 (ave min 59 per month until year total achieved) - target retained from 1920)	National	50	37	50	56	48	41	55	49	117	326	181	151	87	745	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	83.6%	83.4%	82.7%	83.8%	81.4%	80.9%	81.9%	84.9%	83.0%	82.9%	85.1%	77.9%	78.4%	78.4%	
Use of Resources	Indicator	Objective	Director	Threshold	Set by	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	2020/21	Trend
	IME Performance (monthly)		CFO	On Plan	WUTH	-0.825	-1.488	1.468	0.088	-0.488	-9.543	-0.668	-2.028	2.377	0.00	0.00	0.00	0.00	0.000	
	IME Performance Variance to Plan (monthly)		CFO	On Plan	WUTH	-0.828	-1.106	1.972	-1.507	-1.638	-8.755	-1.818	-2.446	-0.689	0.00	0.00	0.00	0.00	0.000	
	NHSI Risk Rating		CFO	On Plan	NHSI	3	3	3	3	3	3	4	4	4	2	2	2	2	2	
	CIP Performance (FY)		CFO	On Plan	WUTH	-4.1%	-7.2%	-5.0%	-10.6%	-11.5%	-11.4%	-18.1%	-18.1%	-17.7%	0.0%	0.0%	0.0%	0.0%	0.0%	
	NHSI Agency Ceiling Performance (monthly)		CFO	NHSI cap	NHSI	-46.4%	-8.2%	-24.3%	24.7%	1.6%	-8.4%	-14.4%	4.5%	53.3%	9.6%	-25.9%	27.4%	25.0%	22.0%	
	Cash - liquidity days		CFO	NHSI metric	WUTH	-16.5	-17.4	-15.0	-14.6	-10.9	-14.1	-28.0	-32.3	-30.4	-97.4	-98.4	-98.2	-98.0	-98.0	
Capital Programme (cumulative)			CFO	On Plan	WUTH	14.7%	19.8%	64.2%	61.7%	57.2%	54.4%	53.8%	50.7%	74.8%	134.4%	129.5%	81.2%	65.5%	65.5%	

(C) Updated Metrics

Metric Change

(\*) Updated Thresholds

Threshold Change



# COUNCIL OF GOVERNORS STRATEGY BRIEFING

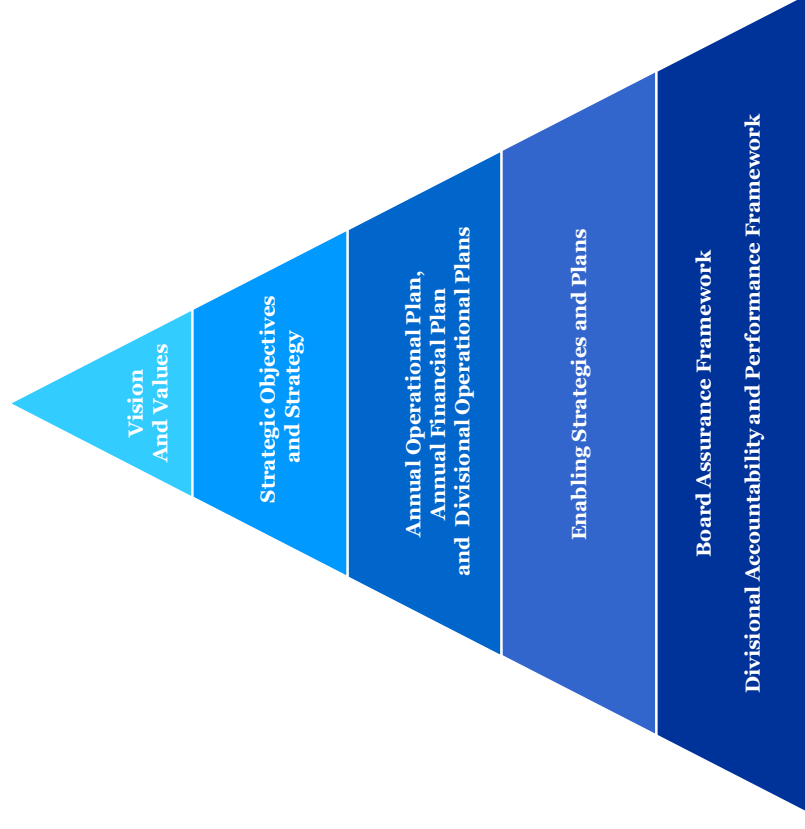
## Contents

1. Strategic Framework
2. Strategy Development Process
3. Strategy Core Objectives
4. Clinical Strategy Update
5. Roadmap for supporting strategies

# 1. Building our Strategic framework

## Key components of our strategic framework

- Build a strategic framework for the Trust for the next five years:
- The Strategic Framework encompasses the Trust's 2021-26 Strategy, along with the underpinning strategies and plans, supporting delivery, including:
  - Annual Operational planning and Annual Financial Plan
  - Divisional Operational Plans
  - Enabling Strategies and Plans
  - Divisional Accountability and Performance Framework
  - Board Assurance Framework



# WUTH Strategy

Our  
Vision

**together**  
we will  
...deliver the best quality and safest  
care to the communities we serve

Our  
Values

**caring**  
for everyone  
committed to  
**improvement**

**respect**  
for all

embracing  
**teamwork**

Our  
Foundations

**Getting the  
Basics right**

**Better**

**Best**

Our Strategic  
Objectives

**Outstanding  
Care:**  
Provide the  
best care and  
support

**Compassionate  
Workforce:**  
Be a great  
place to work

**Continuous  
Improvement:**  
Maximise our  
potential to  
improve and  
deliver best  
value

**Our Partners:**  
Provide  
seamless care  
working with  
our partners

**Digital Future:**  
Be a digital  
pioneer and  
centre for  
digital  
excellence

**Infrastructure:**  
Improve our  
infrastructure  
and how we  
use it

**together**  
we will



## 2. Strategy Development Process

In the Spring of 2019, staff, patients, the public and partners from across Wirral were invited to engage in the development of the Trust's Vision and Values. This process involved over 2,500 people and showed the commitment of our staff and stakeholders in delivering the highest quality services and improving healthcare and wellbeing for the Wirral communities. As a result of this engagement, we have a clear vision for how things should look in five years' time

Workshops held in February 2020 provided an opportunity to: review the current state and future opportunities, input into strategic objectives and priorities aligned to the Trust's foundations (Getting the Basics Right, Better, Best). The workshops also provided an opportunity for a proportion of the workforce to influence and be engaged in the development of the strategic objectives and priorities. The workshops allowed a review of the current state and identified key priorities aligned to the Trust's Foundations and goals. A summary of how we aligned those foundations with each of the Trust's objectives under and overleaf:

### Summary of Outstanding Care

**Getting the basics right**

- Patient Flow**
  - Improved patient flow ensuring the right patient is in the right place, at the right time
  - Improved Continuity of care
- Workforce**
  - The required workforce numbers to deliver outstanding care
- Digital**
  - Digitally enabled care

**Better**

- Patient Flow**
  - Continuous improvements to patient flow
- Workforce**
  - Right staff with the right skills in the right place to deliver outstanding care
- Digital**
  - Full adoption of digital
  - One Patient Record
  - Further develop the patient portal
- Estates**
  - Use of Clusterbridge more effectively to
- Patient Experience**
  - Patients are empowered in their journey
- Integrated Care**
  - Joined up integrated care pathways

**Best**

- Patient Flow**
  - Adoption of a Population health approach for Wirral to ensure a joined up integrated Patient Journey
- Workforce**
  - Recruiting and retaining the best people to deliver outstanding care
  - Motivated empowered staff
- Digital**
  - Full integrated digital approach to care across Wirral
- Patient experience**
  - The patient is an active participant, and fully empowered in their journey
  - Care meets raising expectations of patients
- Integrated Care**
  - Integrated healthcare led by a single provider



### Summary of Compassionate Workforce

**Getting the Basics Right**

- Culture, Values & Behaviours**
  - Culture developed and embedded
- Recruitment & Retention**
  - Streamlined, simple, timely recruitment process
  - Investment in the workforce to support long term retention
- Estates & Facilities**
  - Improvements to staff environment
- Rewards & Recognition**
  - Celebrate & communicate positive achievements
- Health & Wellbeing**
  - Health & Wellbeing strategy reviews
  - Occupational Health meet required need
- Training & Development**
  - Investment in staff training at all levels

**Better**

- Culture, Values & Behaviours**
  - Evidence of culture fully embedded
  - Develop and embed a learning culture
- Recruitment & Retention**
  - One health and social care workforce - one organisation
  - Growing our own strategy
  - Full adoption of consistent recruitment process
- Rewards & Recognition**
  - Embedded strategy
- Health & Wellbeing**
  - Embedded strategy
- Training & Development**
  - Interprofessional / integrated learning approach
- Leadership**
  - Leadership capability drives a workforce to deliver outstanding care

**Best**

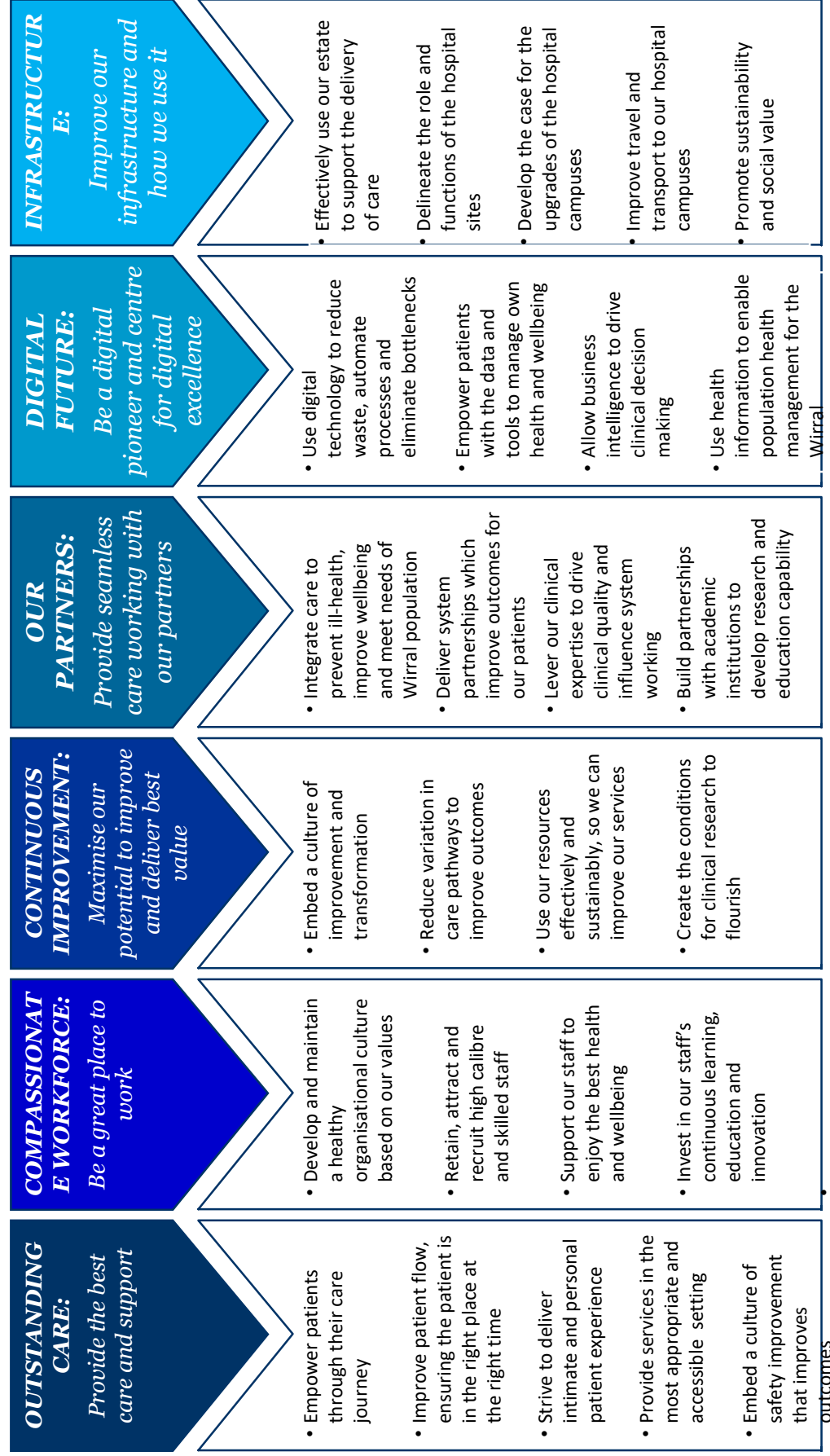
- Culture, Values & Behaviours**
  - Happy, motivated, loyal staffed, empowered workforce
  - Fully embedded positive culture
  - Bottom up management
  - Embedded learning
- Recruitment & Retention**
  - System based employment
  - Employer of choice
- Reward & Recognition**
  - Rewards and recognition strategy realises recruitment and retention impact
- Health & Wellbeing**
  - Wellbeing Hub
  - Integrated wellbeing plan to include staff, patients and community
- Training & Development**
  - Delivery aligned to integrated workforce plan



## 2. Strategy Development Process cont.



### 3. Strategy Core Objectives



### 3. Strategy Core Objectives

#### Delivering our core objectives through our Enabling Strategies

Our Strategy will be delivered through **seven enabling strategies** as shown below. By May 2021 each of the enabling strategies will have been defined and approved by Trust Board.



## 4. Clinical Service Strategy update

We have undertaken sixteen clinical service strategy workshops since July and a further eight are scheduled for October. In total 32 workshops will be undertaken; once completed an overall clinical service strategy will be produced.

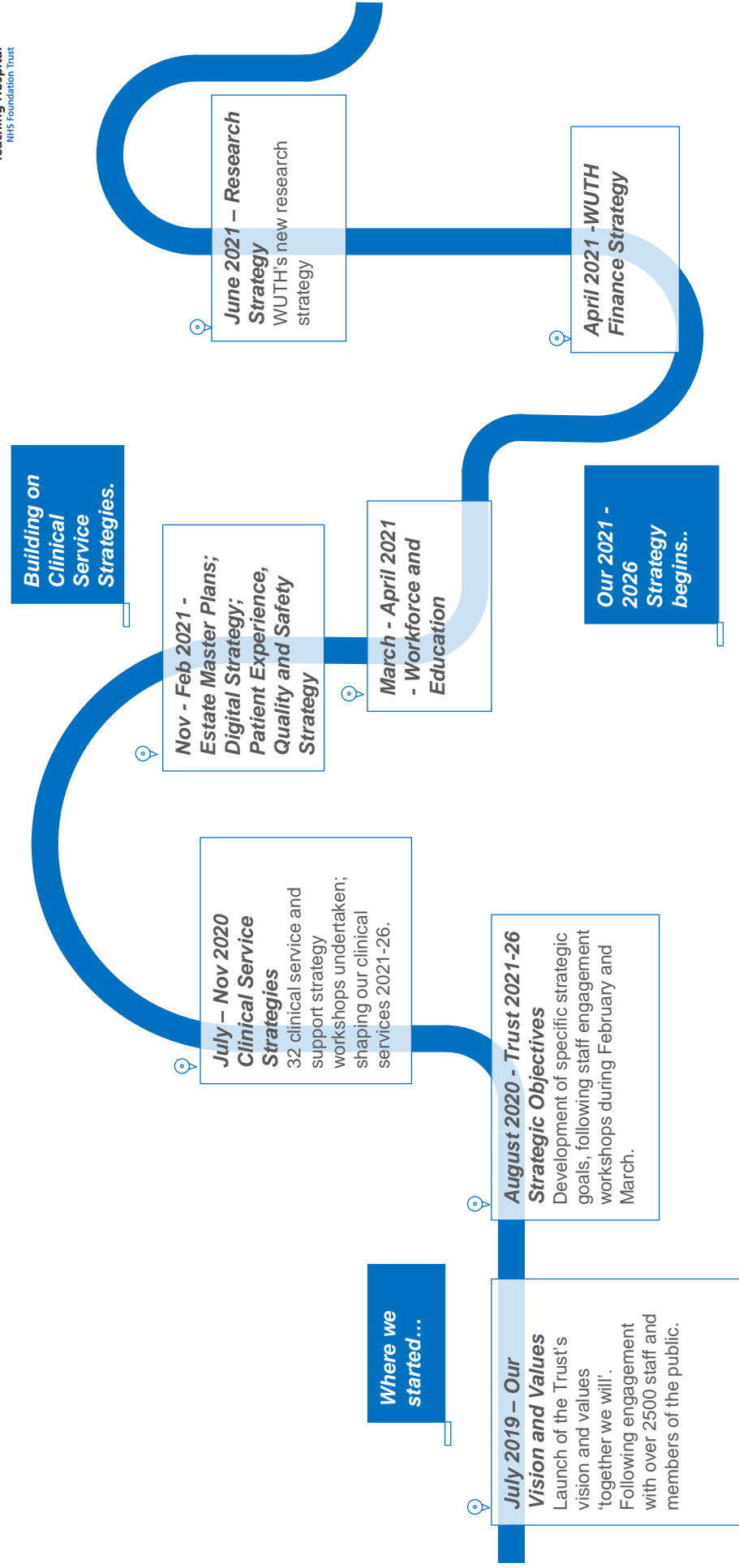
Urology
ENT
Ophthalmology
OMFS
Palliative Care
Elderly/DME
Stroke
Emergency Department
Acute Medicine
Maternity Services
Gynae & Fertility
Paed Community
Paed Acute
Neonatology
Breast Surgery
Critical Care

Orthopaedics
Endoscopy
Nephrology
Cardiology
Haematology
Rheumatology
Radiology
AHP services

General Surgery
Peri operative
Diabetes
Gastroenterology
Dermatology
Respiratory
Pharmacy
Blood Services

	Completed
	Booked
	Outstanding

## 5. Roadmap for Supporting Strategies



Board of Directors

# CQC Action Plan -2020

<b>Council of Governors</b>	
<b>Agenda Item</b>	20/21 027
<b>Title of Report</b>	CQC Action Plan 2020 – Quarterly update
<b>Date of Meeting</b>	5 October 2020
<b>Author</b>	Jacqueline Robinson, Associate Director Governance
<b>Accountable Executive</b>	Hazel Richards, Chief Nurse, Executive Director for Midwifery and Allied Health Professionals, Director of Infection Prevention & Control
<b>BAF References</b> <ul style="list-style-type: none"> <li>• Strategic Objective</li> <li>• Key Measure</li> <li>• Principal Risk</li> </ul>	PR4 Catastrophic failure in standards of safety and care PR6 Fundamental loss of stakeholder confidence
<b>Level of Assurance</b> <ul style="list-style-type: none"> <li>• Positive</li> <li>• Gap(s)</li> </ul>	The action plan provides assurance that actions have been identified to ensure gaps identified through CQC inspection are being adequately addressed.
<b>Purpose of the Paper</b> <ul style="list-style-type: none"> <li>• Discussion</li> <li>• Approval</li> <li>• To Note</li> </ul>	For Noting
<b>Data Quality Rating</b>	Bronze - qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Analysis completed Yes/No</b>  <b>If yes, please attach completed form.</b>	No



## 1. Executive Summary

Following the publication of the CQC inspection report on 31 March 20, the Trust has made significant progress in both the response to requirements and recommendations made. Action plans were developed to address the 31 must do's and 76 should do's and 351 actions to support achievement of full compliance and continued improvement identified. The 'should do' action plan was populated and agreed by the Executives and submitted to the CQC on 30<sup>th</sup> June.

Scrutiny of progression of the CQC Action Plan has commenced. Confirm and challenge meetings now include progress on the must and should do actions and Divisions have fully engaged.

This paper provides the Board with a quarterly update as to progress against the CQC action plan and highlights:-

- any overdue actions;
- actions at risk

176 actions have been completed, evidence has been provided against 25 actions. There are currently:-

- 2 'must do' actions overdue;
- 3 'must do' actions at risk
- 1 'should do' action at risk.

However progress has been made against all of these actions, and where barriers have been identified these are being addressed.

Patient flow currently is the area which is most at risk. Additionally it should be noted that whilst some Patient flow actions are recorded as completed, and therefore not highlighted in tables, as activity increases these may be at risk. Further assurances that they are embedded and effective will be undertaken as hospital activity increases. The Programme Board provides oversight and assurance of the patient flow actions and the Divisional Triumvirates feed updates into the Confirm and Challenge process, however we are currently strengthening Programme Board oversight of progress against CQC actions linked to patient flow.

Next steps are to ensure all actions confirmed as completed have evidence of completion and to undertake assurance activities to confirm that the actions have been embedded and identify mechanisms to confirm that the requirement is now met or the desired improvement made. The Executive team are currently reviewing the Use of Resources report to ensure actions to address are incorporated into the CQC action plan and governance arrangements.

## 2. Background

- a. The CQC inspected the Trust during October and November 2019 and the final report was published on 31 March 2020.
- b. The CQC inspection report highlighted 31 'must do's' and 76 'should do' recommendations
- c. Divisions; Corporate and Executive teams reviewed the CQC findings and developed action plans to address each must and should do.
  - a. The quality improvement action plan (for Must do's) has 122 specific actions/work-plans for implementation on or before 31st March 2021.
  - b. The quality improvement action plan (for Should do's) has 229 specific actions/work-plans for implementation on or before 30th April 2021
- d. Following review and approval by the Executive team, the 'must do' action plan was submitted to the CQC on 12<sup>th</sup> May 2020 and the 'should do' action plan was submitted on the 30<sup>th</sup> June 2020.
- e. The CQC Action Plan provides the means of improving control over the risks highlighted following the CQC inspection and, alongside the Trust pre-existing organisational control framework, reduces the risk that ;
  - a. Service users are exposed to unacceptable levels of harm arising from inadequate compliance with CQC fundamental standards of care.
  - b. The Trust fails to comply with CQC Registration Regulations and has its certification of registration revoked.

### 3. Key Issues/Gaps in Assurance

#### 3.1 Delivering improvements

The CQC inspection report was utilised to support the Trusts consideration of which areas we need to improve. In developing the action plan the following areas of consideration were included:-

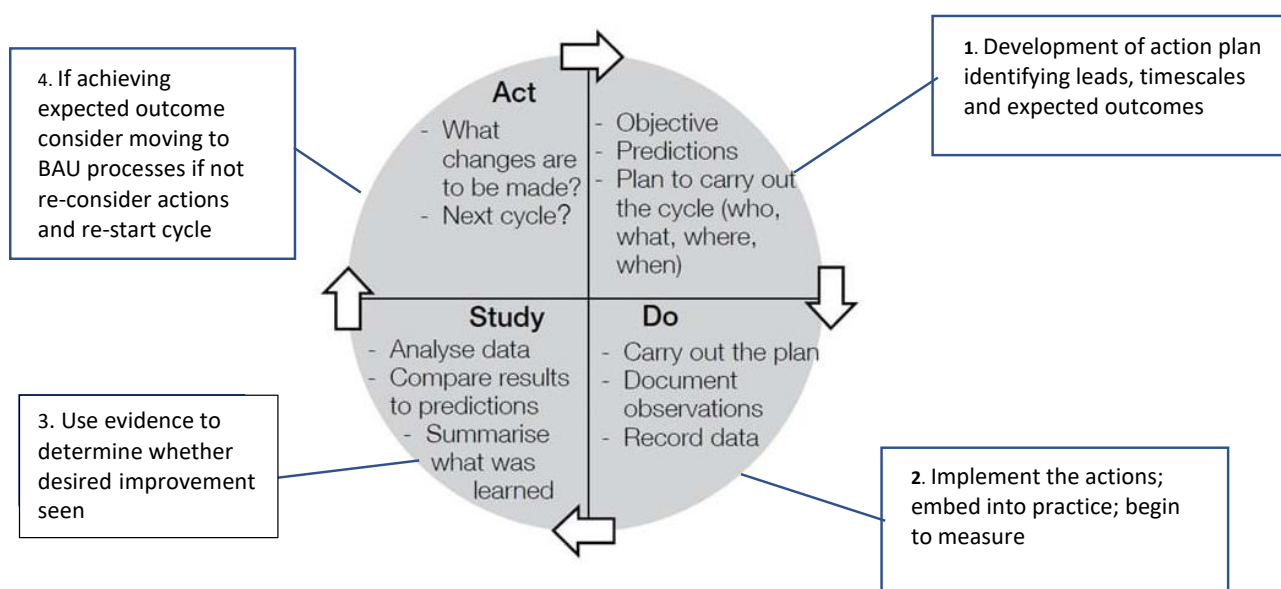
- What was the outcome we hoped to achieve (referencing the CQC must/should do's; regulatory requirements; clinical expertise) i.e. how can we improve safety and quality for our patients
- What changes (actions) will lead to the improvement
- How will we monitor the actions are being implemented
- What resources will we require to make the change

It is recognised that the completion of the identified actions is only one stage in the process of ensuring that that the desired outcome has been achieved and sustained.

#### 3.2 Confirm and Challenge process

Confirm and challenge meetings were established in June 2020 to oversee implementation of the actions identified and ensure mechanisms are in place to provide robust assurances that the actions are embedded and deliver the improvements expected.

The process has been established around a PDSA cycle methodology



Confirm and challenge meetings are held with each Division on a monthly basis and are attended by:-

- Members of the Governance Support Unit
- Divisional Triumvirate
- Deputy Chief Nurse
- Deputy Medical Director
- Operational leads identified in the CQC action plan

Divisions provide evidence against each of their actions appropriate to the stage in the cycle for that particular action.

Members of the 'Confirm and Challenge' meetings will RAG rate each action as follows:-

Embedded	The action has been completed and reviewed; it is embedded and there is evidence that the desired outcome has been consistently met and has been tested.
Completed & Assured	The action is completed and assurance has been given by way of evidence
Completed	Verbal assurances that action has been completed
On track	Action is on track with target date
At risk	Action is at risk of not meeting its target date
Overdue	Action is overdue

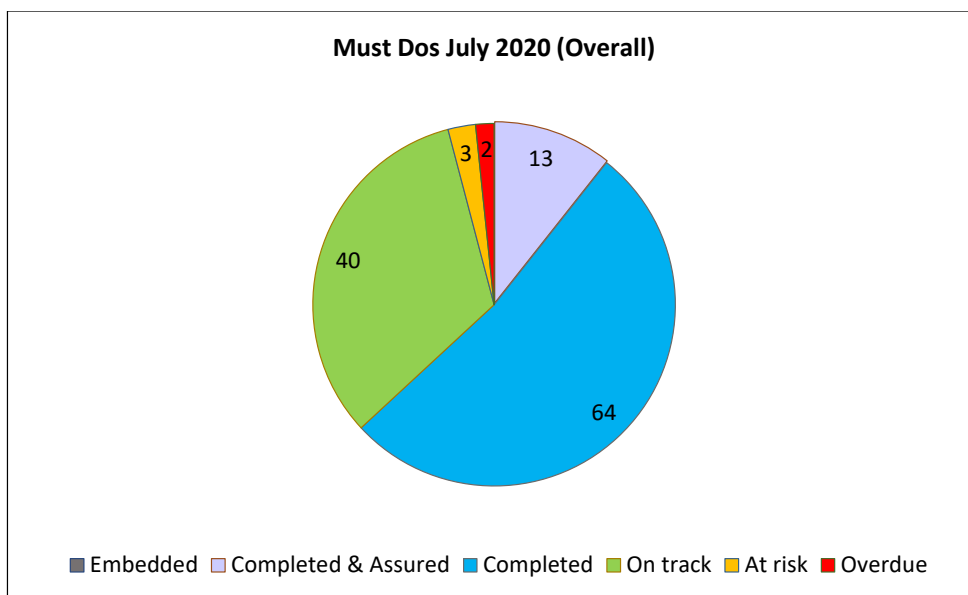
The dashboard and update report is presented to PSQB on a monthly basis, highlighting:-

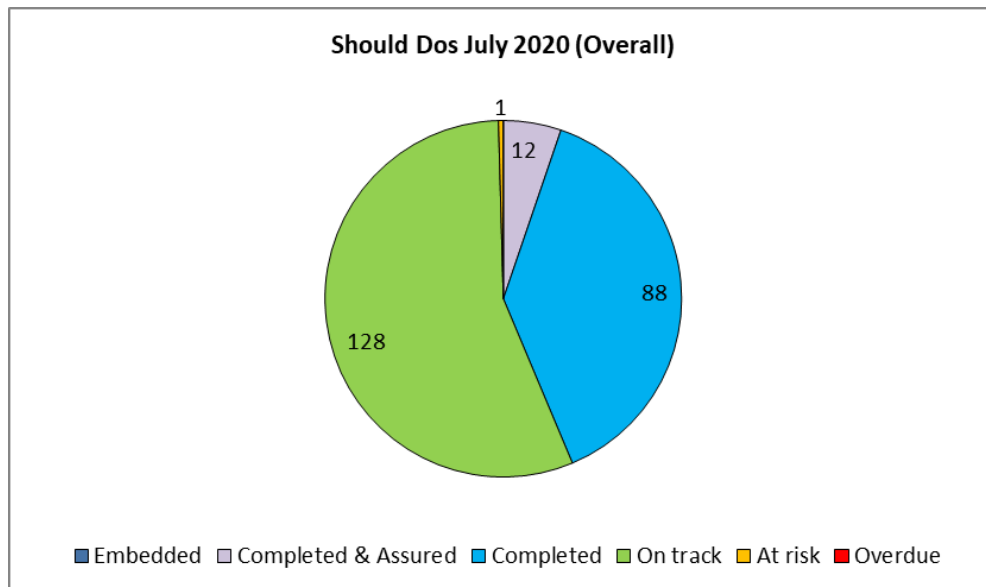
- any overdue actions;
- actions at risk;
- requests for extensions or changes to the actions.

This is supported by a quarterly report presented to PSQB which provides greater detail of the assurances of completion; implementation; the action has been embedded; improvement has been achieved; and the improvement is being sustained.

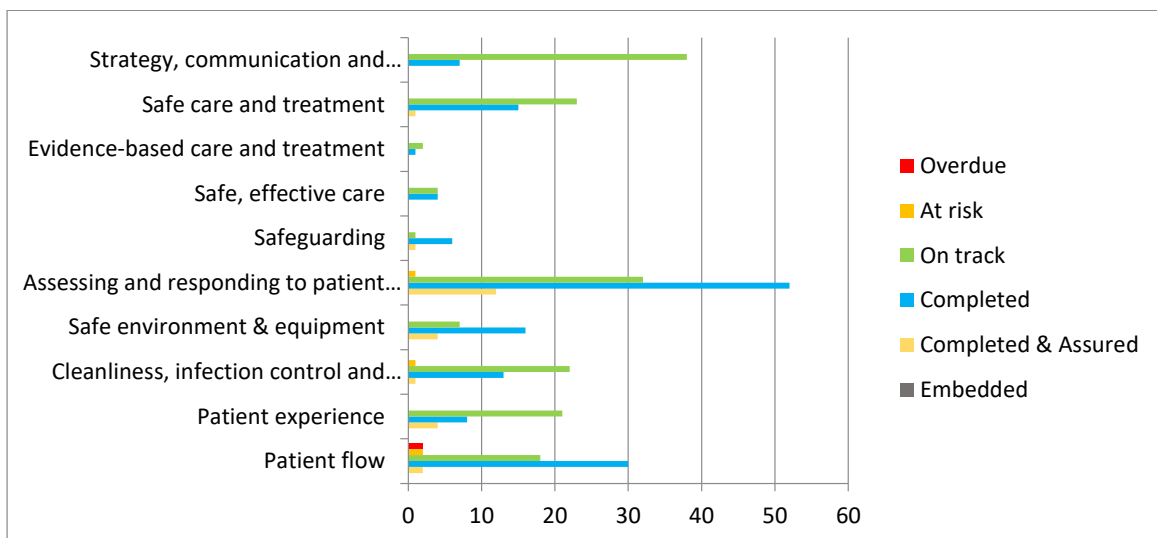
### 3.3 Current position

The graphs below summarises the current position of the CQC action plan as of 19/08/2020.





Actions have been grouped into key themes as well as CQC domains. Themes are subjectively identified and the crossover between themes is challenging e.g. to separate risk, patient safety and effective care:



Guidance around CQC domains exists so actions can be accurately aligned. These will start to form the basis of the assurance framework for a self-assessment on CQC standards.

**Actions overdue**

	Date due	Action taken to meet regulation	Related Regulation	Update	Key Theme
Must Do	31/07/20	Divisional Triumvirate to work with IT to make Estimated Discharge Date (EDD) a mandatory field within Cerner Millennium.	The service must implement clear plans, with set timescales and actions, to improve patient's access to care and to achieve their timely discharge from hospital. (Regulation 17)	The division has sought ways to incorporate EDD consistently into Patient records. It is part of ward round prompts to medical staff, handover documentation.	Patient flow
Must Do	31/07/20	AMD to ensure that all Consultants agree and document EDD during ward rounds.		<p>Improvements have been seen but compliance recording of the non-mandatory field is underway to confirm – Expected date October.</p> <p>The IT build is for <b>mandatory / conditional</b> formatting, prioritisation and timescale from IT but the project is likely to take longer than initially anticipated. Timeframe will be confirmed for the next confirm and challenge meeting.</p> <p>The Division is linking with the Wirral Discharge lead to see if an exemplar ward for modelling discharge processes can occur- Position to be confirmed end of September</p>	Patient flow

**The following actions have been identified as at risk**

	Date due	Action taken to meet regulation	Related Regulation	Update	Key Theme
Must Do	31/10/20	Trial and evaluation of implementation of ED senior clinician decision rights.	The service must reduce delays in decision to admit times (Regulation 12)	Triumvirate felt that the inter-Professional IP standards were a more appropriate measure to reduce delays in decision to admit –review of action and evidence as to how this meets requirement to be provided - October.	Patient flow
Must Do	31/08/20	Explore viability of bringing key diagnostic tests in-house e.g. <b>Capsule Endoscopy</b> / Cardiac MRI. Alongside developing mitigations if not viable	The service must ensure patients have timely access to care and treatment.(Regulation 17)	Cardiac MRI has been explored and not viable. Gastroenterology service is currently limited by capacity – exploring other actions to ensure improvement made – End of September	Patient flow

Must Do	30/09/20	Explore the option of a revised electronic handover	The service must ensure that staff share key information, in line with trust policy, when handing over the care of patients who are medical outliers or moved into escalation areas	<p>The SBAR handover template has been reviewed and its use reinforced to mitigate risk whilst electronic project being completed</p> <p>The request for an electronic template has been initiated, and prioritisation is awaited from IT. The completion of the project is likely to be longer than the period initially thought.</p> <p>Timeframe will be confirmed for the next confirm and challenge meetings.</p>	Assessing and responding to patient risk & safety
Should Do	31/08/20	Finalise plan for potential expansion of the NNU, aligned to the Divisional Strategy and identify Exec lead.	The service should ensure that routine equipment checks are undertaken consistently, the safe storage of supplies within the neonatal area and the service continues to work towards meeting the national guidance on minimum cot space.	<p>Initial drawing and plans have been developed, however Tiny Stars appeal which was funding this work has been halted due to COVID-19.</p> <p>The Division is currently reviewing requirements to align with regional approach – timeline to be confirmed</p>	Safe environment & equipment

#### 4. Next Steps

- Ensure that there is evidence of completion against all completed actions – 31 September 2020
- Identify actions confirmed as completed May to August and test to confirm that the actions have now been fully embedded – 31 September 2020
- Establish measures to confirm that required improvements are being delivered and include in next quarterly update to Board – December 2020.
- Confirm timeframe for IT build projects.
- Concerns raised within the CQC Use of Resources Report are identified within the Risk Register. A review is being undertaken with Executives to ensure that actions are mapped into the CQC action plan and monitored accordingly – End of September.

#### 5. Conclusion

Following the publication of the CQC inspection report on 31 March 20, the Trust has made significant progress in both the response to requirements and recommendations made. Action plans were developed to address the 31 must do's and 76 should do's and 351 actions to support achievement of full compliance and continued improvement identified.

The assurance framework has been established with all Divisions fully engaged with 'confirm and challenge' meetings. Confirmation has been received from Divisions that 176 actions are complete and evidence of completion is being collected. 25 actions have been confirmed as completed and assured.

The impact of the COVID-19 response has had some impact on timescales for completion of actions however the majority are progressing with only 2 currently 'off target'. It is anticipated that COVID-19 has also impacted the speed at which actions could be embedded due to changes in processes during the pandemic.

**6. Recommendations**

Board is asked to confirm that they are assured regarding progress and are aware of the risks identified.





MEETING TITLE	
<b>Agenda Item</b>	CoG P20/21 - 028
<b>Title of Report</b>	Governor Elections Update 2020
<b>Date of Meeting</b>	5 October 2020
<b>Author</b>	Jill Hall, Interim Director of Corporate Affairs
<b>Accountable Executive</b>	Jill Hall, Interim Director of Corporate Affairs
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	N/A
<b>Level of Assurance</b> • Positive • Gap(s)	Gaps
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	To Note
<b>Data Quality Rating</b>	Bronze – qualitative data
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • Yes • No	No

## 1. Executive Summary

As a Foundation Trust the organisation must have a Council of Governors elected by its Membership. As set out in the Constitution the Trust should have 22 Governors in post:

Constituency	Number
Public Governors	13
Staff Governors	5
Appointed Governors	4

Elections are required for seven public governors and two staff governors comprising:

- Four public Governors who have a term of office<sup>1</sup> that expires on 20 October 2020 (Stephen Evans, Iain Linford, Sheila Hillhouse, John Fry)
- Three public Governor vacancies
- 1 staff Governor who has a term of office that expires on 20 October (Norman Robinson, Other Trust Staff)
- 1 staff vacancy in Allied Health Professionals

## 2. Background

Governor elections would normally be held to coincide with the Annual Members Meeting (AMM) in September, due to the COVID pandemic the Trust followed guidance from NHS England / Improvement, who wrote to all Trusts in March 2020 setting out important and urgent steps on the NHS response to COVID-19. Governor elections were an area of activity Trusts could delay or stop where necessary. Following this guidance the up-coming election was postponed until after the summer.

As set out in the Constitution the Trust should have 22 Governors in post, the current status is set out as follows:

Constituency	Number	In-post	vacancies
Public Governors	13	10	7
Staff Governors	5	4	2
Appointed Governors	4	2	2

It should be noted that Governors can serve a maximum of three terms under the Trusts Constitution, and that all three public governors and 1 staff governor cited above are eligible to stand.

The Trust is again using Civica (formally Electoral Reform Services) to run an independent election process, and we will continue to operate a combination of electronic and postal voting.

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<sup>1</sup> For the purposes of these provisions concerning terms of office for Elected and Appointed Governors, —year means a period commencing immediately after the conclusion of the Annual Members' meeting, and ending at the conclusion of the next Annual Members' meeting.

**Key dates for the election are as follows:**

Notice of Election / nomination open	Wednesday, 21 Oct 2020
Nominations deadline	Thursday, 5 Nov 2020
Summary of valid nominated candidates published	Friday, 6 Nov 2020
Final date for candidate withdrawal	Tuesday, 10 Nov 2020
Electoral data to be provided by Trust	Thursday, 12 Nov 2020
Notice of Poll published	Tuesday, 24 Nov 2020
Voting packs despatched	Wednesday, 25 Nov 2020
Close of election	Tuesday, 15 Dec 2020
Declaration of results	Wednesday, 16 Dec 2020
Tailored induction period for newly elected governors	TBC

**3. Appointed Governors**

Appointments are required for two appointed governors:

- One vacancy for the University of Liverpool
- Wirral CVS (3<sup>rd</sup> sector assembly), Many Duncan has served three terms

We will be writing to both organisations to nominate a representative.

**4. Recommendations**

The Council of Governors is asked to NOTE the report and upcoming election.



**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
MEETING HELD IN PUBLIC**

**5 AUGUST 2020**

**VIRTUAL MEETING VIA  
MICROSOFT TEAMS**

**Present**

Sir David Henshaw	Chair
Steve Igoe	Non-Executive Director
John Sullivan	Non-Executive Director
Jayne Coulson	Non-Executive Director
Sue Lorimer	Non-Executive Director
John Coakley	Non-Executive Director
Janelle Holmes	Chief Executive
Claire Wilson	Chief Finance Officer
Matthew Swanborough	Director of Strategy and Partnerships
Hazel Richards	Chief Nurse
Anthony Middleton	Chief Operating Officer

**In attendance**

Mike Ellard	Deputy Medical Director
Paul Buckingham	Interim Director of Corporate Affairs
Sally Sykes	Director of Communications & Engagement
Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Joe Gibson	External Programme Assurance*
Debbie Edwards	Director of Nursing & Midwifery*
Natalie Park	Divisional Director Women & Childrens*
Annemarie Lawrence	Divisional Quality & Safety Specialist*
Angela Tindall	Public Governor
Ann Taylor	Staff Governor

**Apologies**

Dr Nicola Stevenson	Medical Director
Mr Chris Clarkson	Non-Executive Director
Mrs Jacqui Grice	Interim Director of Workforce
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support

\*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 20-21/078	<b>Apologies for Absence</b>  Noted as above.	
BM 20-21/079	<b>Declarations of Interest</b>  There were no Declarations of Interests.	
BM 20-21/080	<b>Patient Story</b>  The Board watched a video in which Sophie and her husband Adam described their surrogacy experiences. Just over 10 years ago, Sophie had been diagnosed and treated for cervical cancer, which left her unable to carry a child herself. Part of Sophie's surgery involved preserving her ovaries which meant that surrogacy would be a future option for them both to be parents of their baby.  Through a surrogacy charity, they met their surrogate, Jo, and their baby	

Reference	Minute	Action
	<p>Theo was subsequently born at the Seacombe Birth Centre, with strong support and back up from colleagues at Arrowe Park Hospital. Both Sophie and Adam praised the way in which the team provided care and sensitively handled the birth with their special circumstances. They used the experience gained from these special circumstances to work with the teams at the Trust to update the Trust policy for surrogate pregnancies. The couple were full of praise for their midwife, also called Jo, and the way in which they were treated by all the midwives and staff.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the Patient Story.</i></b></li> </ul>	
BM 20-21/081	<p><b>Maternity Service Presentation</b></p> <p>Ms D Edwards, Director of Nursing &amp; Midwifery, Ms A Lawrence, Divisional Quality &amp; Safety Specialist, and Ms N Park, Divisional Director, delivered a presentation which covered the following subject areas:</p> <ul style="list-style-type: none"> <li>Overview of Maternity Service</li> <li>Cultural Review 2015</li> <li>2020 – Where are we now as a Maternity Service</li> <li>Internal Stakeholder Scrutiny</li> <li>External Stakeholder Scrutiny</li> <li>Maternity Dashboard 2020</li> <li>2019 Outcomes in comparison with other Service Providers</li> </ul> <p>The Chair thanked the Maternity Service representatives for an informative and reassuring presentation and asked what arrangements were in place to ensure listening to staff. Ms D Edwards noted the importance of leader visibility for providing opportunities to meet with and listen to staff and advised of other initiatives such as the use of single issue focus groups and staff suggestion boxes. Mr J Sullivan noted that he had been a Board member at the time of the cultural review in 2015 and so fully understood the scale of the challenges which meant that a number of difficult decisions had been taken. He wanted to convey his thanks to the maternity team and say well done for five years of sustained improvement. The Chair endorsed these comments and noted that the outcomes detailed in the presentation provided demonstrable evidence of a high performing team. He asked the Maternity Service representatives to pass on the thanks of the Board to their wider teams.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the Maternity Service presentation.</i></b></li> </ul> <p><i>Ms D Edwards, Ms A Lawrence and Ms N Park left the meeting.</i></p>	
BM 20-21/082	<p><b>Change Programme – Summary, Delivery &amp; Assurance</b></p> <p>Mr J Gibson presented a report which detailed the current status of the Change Programme. He briefed the Board on the content of the report and noted that digital enabling projects had been incorporated in the programme scope detailed on page 167 of the meeting pack. Mr J Gibson then provided</p>	

Reference	Minute	Action
	<p>an overview of performance against metrics for priority projects and concluded his report by noting the progress summary for the Top 3 priority projects included at page 175 of the report.</p> <p>Mr J Sullivan noted the impact on capacity of Covid-19-related procedures and queried whether the transformation team had Lean methodology skills to improve procedures. The Director of Strategy &amp; Partnerships confirmed that the team had the relevant skills and advised that the design of efficient procedures was a subject of absolute focus. The Chief Nurse acknowledged the need for efficiency but cautioned against the risk of introducing unsafe practices as a result of process re-design.</p> <p>In response to a question from Mrs S Lorimer, who queried whether there was a downward trend in the proportion of non-face to face outpatient attendances, the Chief Operating Officer advised that the level of variation was normal and noted that restart of outpatient activity would involve a proportion of attendances where face to face appointments were necessary. In response to comments from the Chair, the Chief Operating Officer agreed that the Covid-19 pandemic had provided a catalyst for a range of service developments and noted the importance of maintaining the benefits to be derived from such developments.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the Change Programme – Summary, Delivery &amp; Assurance report.</b></li> </ul> <p><i>Mr J Gibson left the meeting.</i></p>	
BM 20-21/083	<p><b>Chair's Business</b></p> <p>The Chair briefed the Board on continuing progress on integrated working with partners in the local health economy through meetings involving the Chairs and Chief Executives of partner organisations. He noted in particular the desirability of further developing relationships with the local authority and commented on the potential for appointing a local authority representative as an Associate Non-Executive Director to facilitate participation in Board meetings. The Chair then briefed the Board on matters discussed during a regional teleconference held on 4 August 2020 which had focused on the Phase 3 arrangements set out in correspondence from NHS England / Improvement dated 31 July 2020. He noted that much of the discussion had focused on the requirement to achieve 80% elective capacity levels in September 2020.</p> <p>In response to a question from Dr J Coakley, regarding local authority track and trace arrangements, the Chief Executive provided an overview of the work in Wirral which was being coordinated by the local authority's public health department. Dr J Coakley noted his experience of arrangements in his own local area and there followed a discussion on test and trace arrangements in Greater Manchester and the wider North West region. In response to a question from the Chair, regarding work with care homes, the Chief Executive noted the work of the Community Geriatrician in providing liaison between the Trust and care homes and advised that care homes were being supported with training and infection prevention and control measures through Healthy Wirral arrangements.</p>	

Reference	Minute	Action
	<p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the verbal briefing.</i></b></li> </ul>	
BM 20-21/084	<p><b>Key Strategic Issues</b></p> <p>There were no key strategic issues to report.</p> <p><b><i>The Board noted that there were no items to report in addition to the subjects included on the agenda.</i></b></p>	
BM 20-21/085	<p><b>Minutes of Previous Meeting</b></p> <p>The Minutes of the meeting held on 1 July 2020 were agreed as a true and accurate record.</p>	
BM 20-21/086	<p><b>Action Log</b></p> <p>The Board reviewed the Action Log. The Chief Finance Officer advised that she would brief the Board on developments relating to the national financial regime as part of the Month 3 Finance report agenda item. No other actions had exceeded the scheduled completion dates.</p>	
BM 20-21/087	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented a report which included the following subject areas:</p> <ul style="list-style-type: none"> <li>BAME Staff Members and Risk Assessments</li> <li>Shielding Staff - Return to Work</li> <li>2020 Flu Plan</li> <li>Access to NHS Staff Covid-19 Test Results</li> <li>Doctors and Dentists Pay Review</li> <li>Continuing Professional Development (CPD) Monies</li> <li>Covid-19 and IPC Update</li> <li>Serious Incidents and RIDDOR updates</li> </ul> <p>She briefed the Board on the content of the report and noted in particular that the Trust was achieving higher than national average rates across all categories for completion of Covid-19 related risk assessments. She then provided an overview of ongoing work to develop the Trust's flu vaccination plan for winter 2020/21 and noted the expectation that there would be a national target for 100% vaccination compliance. Mr J Sullivan referred the Board to the IPC Update section of the report and congratulated management on the implementation of successful infection control measures. The Chief Executive acknowledged this comment and noted the positive work being undertaken by Jay Turner-Gardner and the IPC team.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the Chief Executive's Report.</i></b></li> </ul>	



Reference	Minute	Action
BM 20-21/088	<p><b>Quality &amp; Performance Dashboard and Exception Reports</b></p> <p>The Executive Directors briefed the Board on the content of the Quality &amp; Performance Dashboard for their respective areas. The Chief Operating Officer provided an overview of performance against the A&amp;E 4-hour standard and noted that Type 1 attendance numbers had been at almost the same level as the previous year for the past three weeks. He noted that capacity in the hospital ensured good patient flow which contributed to the positive performance levels. The Chief Operating Officer advised that, while not included as a metric on the dashboard, there had been no instances of ambulance handovers in excess of 60 minutes during June 2020. The Chief Operating Officer concluded his report by providing an overview of performance against Cancer and Referral to Treatment (RTT) standards.</p> <p>In response to a question from the Chair, the Chief Operating Officer advised that, as of 4 August 2020, there were 667 52-week wait breaches and noted that the level of breaches was currently increasing at approximately 200 per month. He advised that the Trust was identified as an outlier in this respect proportional to overall waiting list size. The Chief Nurse then provided an overview of performance against 'Safe' metrics and noted two instances of Category 3 pressure ulcers in June 2020. She briefed the Board of work in this area and noted a significant increase in the number of patients having pressure ulcers when admitted. The Chief Nurse advised the Board that plans for achieving compliance with safeguarding training remained the same as reported the previous month i.e. Level 2 compliance by the end of Quarter 2 and Level 3 compliance by the end of Quarter 3. The Chief Nurse concluded her report by referring to the 'Caring' metrics and noted that two breaches of the same sex accommodation standard had resulted from changes in ward functionality.</p> <p>In response to a question from Mr J Sullivan, who noted the instances of Category 3 pressure ulcers and queried whether it was possible to look at root causes to establish whether there was any commonality, the Chief Nurse advised of work being undertaken to validate data from January 2020 onwards. She also advised that Tissue Viability had been included in the Internal Audit programme for a review which would test data quality. The Deputy Medical Director completed presentation of the Dashboard by providing an overview of performance against metrics for research activities and VTE risk assessments.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Received and noted the Quality &amp; Performance Dashboard, together with associated Exception Reports, for the period to 30 June 2020.</b></li> </ul>	
BM 20-21/089	<p><b>Pandemic Impact on Performance Trajectories</b></p> <p>The Chief Operating Officer presented a report which detailed the pandemic impact on performance trajectories for planned care activities. He briefed the Board on the content of the report and noted that the report had been produced prior to receipt of NHS England / Improvement correspondence on Phase 3 arrangements. The Chief Operating Officer referred the Board to s3.1 of the report and provided an overview of the clinical prioritisation criteria applied to patients on waiting lists. He then referred the Board to s4 of the</p>	

Reference	Minute	Action
	<p>report and noted the performance trajectories for both the Cancer 62-day standard and the Referral to Treatment (RTT) standard. With regard to the latter, he noted in particular the extended timescales for Ophthalmology patients and advised that the Trust had secured additional private sector capacity to address this matter. The Chief Operating Officer concluded his report by noting that the Phase 3 arrangements correspondence included revised guidance on theatre arrangements which was likely to increase activity throughput. Consequently, the Trust would review the guidance and re-forecast trajectories accordingly.</p> <p>In response to a question from Mr J Sullivan, regarding statements made in the fourth paragraph of s5, the Chief Operating Officer explained that comments regarding 'appetite' related to the current operating environment which was very intensive and physically challenging for staff. He noted that a revised theatre approach may help in this regard. In response to a follow-up question from Mr J Sullivan, the Chief Operating Officer confirmed that the Trust was complying with national guidance in relation to risk assessments and noted that outputs from risk assessments for surgeons and theatre staff were scheduled for review at the next Clinical Advisory Group meeting.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the Pandemic Impact on Performance Trajectories report.</b></li> </ul>	
BM 20-21/090	<p><b>Cancer Pathways - Cheshire &amp; Merseyside</b></p> <p>The Chief Operating Officer presented a report regarding increasing numbers of cancer patients in Cheshire and Merseyside. He briefed the Board on the content of the report and noted that the Cheshire &amp; Merseyside Cancer Alliance had specifically requested a report to Boards on this subject in a letter dated 30 June 2020. The Chief Operating Officer referred the Board to s4 of the report and noted a positive downturn in the number of patients on both the 62 day and 104 day lists. He assured the Board that the Trust was not currently a regional outlier in these areas.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the Cancer Pathways report.</b></li> </ul>	
BM 20-21/091	<p><b>Month 3 Finance Report</b></p> <p>The Chief Finance Officer presented a report which detailed the Trust's financial position as at 30 June 2020. She briefed the Board on the content of the report and noted that the Trust had delivered a break-even position in-line with NHS Improvement expectations. The Chief Finance noted key headlines in the Month 3 position as follows:</p> <ul style="list-style-type: none"> <li>• Overall, operational pay and non-pay expenditure was below plan with the underspend offset by costs incurred for COVID-19 of £1.1m.</li> <li>• The Trust had a net increase in expenditure of £0.4m in month 3 and has assumed additional 'top-up' income to offset the increase. The net position was driven by a technical adjustment relating to PDC dividends paid during Quarter 1.</li> </ul>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>Cash balances at 30 June 2020 were £41.9m and reflected the accelerated cash payments made to providers in Quarter 1 to support the liquidity position.</li> </ul> <p>The Chief Finance Officer noted in particular the additional PDC charges following conversion of loans and advised of the potential longer term implications of this change on financial sustainability.</p> <p>The Chief Finance Officer advised the Board that details of national financial arrangements had been included in of correspondence from NHS England / Improvement on 31 July 2020, which set out actions for the third phase of the NHS response to Covid-19. She noted that the current financial regime would continue in August and September 2020 with a new regime to be introduced from 1 October 2020. She advised that details of the new regime were not yet available but commented on the potential for funding to be linked to demonstration of value for money in the delivery of services e.g. attainment of performance thresholds.</p> <p>The Chief Finance Officer then referred the Board to s5.2 of the report and provided an overview of progress against the Trust's capital programme. She noted that the Trust had recently been advised of two additional capital allocations, each with a value of £1.4m, for addressing critical infrastructure risks (CIR) and enhancing the Accident &amp; Emergency department. She advised that both allocations would need to be spent by 31 March 2021 with an expectation that A&amp;E developments were completed in advance of the winter period.</p> <p>In response to a question from the Chair, who queried whether expenditure could be completed within the required timescales, the Chief Finance Officer acknowledged the challenge but noted current work to assess options and mitigate associated risks. Mr S Igoe noted that there was already slippage against the Capital plan and commented on planned backlog maintenance spend in relation to infection prevention measures. He queried whether a range of 'shovel-ready' projects should be identified for early approval. The Chief Finance Officer advised that expenditure during Quarter 1 had been focused on Covid-19 measures and noted recent establishment of a Capital Management Group which would provide oversight of planned capital expenditure and associated project management arrangements with a view to mitigating the risk of overload during Quarter 4. She acknowledged the suggestion of 'shovel-ready' projects but advised that her preference at present would be delivery of the plan originally approved by the Board.</p> <p>The Chair emphasised the importance of having the right capability and capacity in place for the management and delivery of capital projects and encouraged the commissioning of necessary support as soon as practicable. Mrs S Lorimer endorsed these comments and noted historical difficulties with the delivery of projects. She requested that proposals for both planned capital projects and project support be reported to the Finance, Performance &amp; Business Assurance Committee at its next meeting on 20 August 2020. The Director of Strategy &amp; Partnerships advised that the need for additional project support had been identified by management and noted current discussions with a number of service providers with a view to commissioning appropriate support.</p> <p><b><i>The Board of Directors:</i></b></p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li><b><i>Received and noted the Month 3 Finance Report</i></b></li> <li><b><i>Agreed that proposals for planned capital projects and project support should be reported to the Finance, Performance &amp; Business Assurance Committee on 20 August 2020.</i></b></li> </ul>	CW
BM 20-21/092	<p><b>Sickness Absence Report</b></p> <p>The Chief Executive presented a report which detailed current sickness absence figures together with issues faced in performance managing absence cases in the context of national restrictions agreed through the Social Partnership Forum. She briefed the Board on the content of the report and noted an increased focus on sickness absence following the recent appointment of Mrs J Grice as Interim Director of Workforce.</p> <p>Mr J Sullivan welcomed the report but noted a focus on the management of long term absences. He referenced the Bradford Factor (based on the theory that short, frequent, unplanned absences are more disruptive to organisations than longer absences) and suggested that a different approach was required to address short term sickness absence. Mr J Sullivan also noted that anxiety / stress was identified as one of the top reasons for long term absence and queried whether it was feasible to provide access to in-house psychology support. The Chief Executive acknowledged these comments and noted that staff were able to access counselling services with appointments available within a matter of days. She also advised that on-site support was available to staff through the health and wellbeing hubs. Mrs J Coulson commented on the need to ensure that staff who had experienced mental health difficulties were appropriately supported on their return to work.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the Sickness Absence report.</i></b></li> </ul>	
BM 20-21/093	<p><b>COVID-19 Recovery and Reset Update</b></p> <p>The Director of Strategy &amp; Partnerships delivered a presentation on the COVID-19 Recovery and Reset Plan which covered the following subject areas:</p> <ul style="list-style-type: none"> <li>Key Principles and Aspects of the Stage 3 Plan</li> <li>Stage 2 - Reflections on Delivery</li> <li>Stage 3 - Covid-19 Stabilisation Aspect</li> <li>Stage 3 - Operational Delivery Aspect</li> <li>Stage 3 - Clinical and Service Change Aspect</li> <li>Stage 3 - Patients, Families and Communities Aspect</li> <li>Stage 3 - Workforce and Wellbeing Aspect</li> <li>Stage 3 - Strategic Estates and Environment Aspect</li> <li>Stage 3 - Leadership and Governance Aspect</li> <li>Stage 3 - Financial Management Aspect</li> </ul> <p>The Director of Strategy &amp; Partnerships noted that content of the plan had been prepared prior to receipt of correspondence from NHS England / Improvement on 31 July 2020, which set out actions for the third phase of the NHS response to Covid-19, and advised that the Trust's plan would be</p>	

Reference	Minute	Action
	<p>reviewed and adjusted where necessary to ensure consistency with national requirements.</p> <p>The Chair noted that the NHS England / Improvement correspondence set out clear expectations in relation to activity levels and he anticipated increased regulatory pressure to achieve the activity requirements. The Chief Executive commented on the challenge of achieving the 80% elective activity level in September 2020 and noted the risk should attainment of performance levels be linked to the financial regime. With regard to regulatory pressure, the Chief Operating Officer noted that weekly calls relating to performance against the A&amp;E four-hour standard had been stood down during the pandemic but advised that weekly calls relating to restart plans had recently been introduced.</p> <p>In response to a question from Dr J Coakley, regarding the recent reduction of the isolation period for elective patients and availability of a 90-minute test, the Chief Operating Officer advised of an increased appetite amongst patients to undergo elective procedures since the reduction. The Associate Medical Director (Women &amp; Children) noted a positive response amongst patients and advised that the availability of a rapid swab made little operational difference. He noted, however, that a negative swab test would help in relation to changed PPE protocols. The Deputy Medical Director commented on the potential implications where there may be different arrangements for out of area patients.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the COVID-19 Recovery and Reset Update</b></li> </ul>	
BM 20-21/094	<p><b>2021-2026 Our Strategy</b></p> <p>The Director of Strategy &amp; Partnerships presented the draft strategy document for approval. He briefed the Board on the background to development of the strategy and noted amendments to the 'Our Challenges' section on page 9 of the draft document following feedback from Non-Executive Directors. The Director of Strategy &amp; Partnerships also noted amendments to the 'How We Will Deliver Our Strategy' section on page 21 of the draft document.</p> <p>Mrs S Lorimer commented on the disparity between the picture of the organisation set out in the draft strategy document and the picture suggested by the Review of Undertakings letter in the next agenda item. She queried whether the starting point for the new strategy was being underestimated. Mrs S Lorimer also queried the omission of references to the Trust's Financial Strategy from the document and suggested that regulators would expect this to be explicitly included. The Chief Executive acknowledged these comments but noted that a five-year plan necessarily needed to be high level to avoid the need for regular review and revision of the overarching document. She advised that the strategy document would be supplemented by annual delivery plans which would clearly set out challenges to be addressed each year. The Director of Communications &amp; Engagement endorsed this view and commented on the need to 'future proof' the strategy document.</p> <p>The Chief Finance Officer advised that she planned to prepare a separate</p>	

Reference	Minute	Action
	<p>Financial Strategy which would incorporate a financial recovery plan. Dr J Coakley acknowledged Mrs S Lorimer's comments but suggested that the financial challenges were already clearly stated in the 'Our Challenges' section of the draft strategy document. The Chair advised that he had some sympathy for the views expressed by Mrs S Lorimer and suggested that there was also a need to emphasise the aim to address challenges from a local health economy perspective. Mrs S Lorimer suggested that plans to produce a separate Financial Strategy should be clearly stated in the draft strategy document.</p> <p>The Chair concluded the discussion by iterating the need to give thought as to how Non-Executive Director support and challenge on delivery of the strategy could be incorporated in between Board meetings to avoid too linear a process.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Approved the document 2021-2026 Our Strategy subject to amendments to strengthen content relating to the Trust's Financial Strategy.</b></li> </ul>	
BM 20-21/095	<p><b>Review of Undertakings Report</b></p> <p>The Interim Director of Corporate Affairs presented a report which detailed revised enforcement undertakings issued by NHS Improvement on 24 July 2020. He briefed the Board on the content of the report and provided an overview of the revised undertakings as summarised at s3 of the report. The Interim Director of Corporate Affairs noted the requirement to provide NHS Improvement with the assurance relied on by the Board in relation to progress in delivering the undertakings. He suggested that assurance should be provided through Board consideration of a consolidated Progress against Undertakings report on a two-monthly cycle commencing in September 2020. Board members endorsed this suggestion.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Formally endorsed the revised enforcement undertakings dated 24 July 2020 included at Annex A to the report.</b></li> <li><b>Agreed participation in a NHS Providers-facilitated Board Development programme.</b></li> <li><b>Agreed to receive a Review of Progress against Undertakings report on a two-monthly cycle commencing in September 2020.</b></li> </ul>	
BM 20-21/096	<p><b>Acuity and Dependency Review</b></p> <p>The Chief Nurse presented a report which detailed outcomes from an Acuity and Dependency review undertaken during January / February 2020. She briefed the Board on the content of the report and noted the assurance provided that the Trust had met the requirement to complete a six-monthly acuity and dependency audit using a recognised tool.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Received the report and noted the assurance provided on</b></li> </ul>	



Reference	Minute	Action
	<p><b><i>compliance with the requirement to complete a six-monthly acuity and dependency audit using a recognised tool.</i></b></p> <ul style="list-style-type: none"> <li><b><i>Noted that the Trust will be undertaking a full establishment review of all wards in line with the Trust's escalation plan to meet requirements of the Covid-19 response.</i></b></li> </ul>	
BM 20-21/097	<p><b>Health and Safety: Quarterly Update</b></p> <p>The Chief Nurse presented a report which detailed Health and Safety performance and assurance activities during Quarter 1 2020/21. She briefed the Board on the content of the report and noted that the report had also been reviewed at the most recent meeting of the Safety Management Assurance Committee held on 27 July 2020. The Chief Nurse provided an overview of activity undertaken as a result of the Covid-19 pandemic, as set out at s2 of the report, and noted that meetings of the Health and Safety Committee, which had been suspended as part of the pandemic response, had resumed in June 2020.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the Health and Safety Quarterly Update report.</i></b></li> </ul>	
BM 20-21/098	<p><b>Report of Safety Management Assurance Committee</b></p> <p>Mr S Igoe presented a report which detailed business conducted during a meeting of the Safety Management Assurance Committee held on 2 July 2020. He briefed the Board on the content of the report and advised that the Committee, and consequently the Board, was far better sighted on Safety Management matters since establishment of the Committee some 12 months earlier. Mr S Igoe advised that the embedding of practice within Divisions was now more evident and noted that the Committee would be looking at the practicalities for transition to a more normalised assurance process. He noted that the resumption of Health &amp; Safety Committee meetings, suspended in response to the Covid-19 pandemic, was a positive development.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li><b><i>Received and noted the report of the Safety Management Assurance Committee.</i></b></li> </ul>	
BM 20-21/099	<p><b>Learning from Deaths: Annual Summary Report</b></p> <p>The Deputy Medical Director presented an Annual Summary Report which detailed progress made and work undertaken on Learning from Deaths during 2019/20. He briefed the Board on the content of the report and noted that the process for Learning from Deaths, which had been suspended in March 2020 as a result of the Covid-19 pandemic, had restarted in June 2020. He then referred the Board to s3.1 of the report and provided an overview of the trend change on the Standard Hospital Mortality Index (SHMI). The Deputy Medical Director concluded his report by noting introduction of a Medical Examiner role, as detailed at s3.10 of the report, and advised that the Trust was the first acute trust in Cheshire and</p>	

Reference	Minute	Action
	<p>Merseyside to have implemented the medical examiner role.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Received and noted the Learning from Deaths: Annual Summary Report.</b></li> </ul>	
BM 20-21/100	<p><b>Legionella Sampling</b></p> <p>The Chief Operating Officer presented a report which advised the Board of two incidences of raised legionella levels identified through routine testing together with details of actions taken to maintain quality and safety of care. He briefed the Board on the content of the report and noted that an independent assessment had been commissioned to review compliance with legislation, documentation, safety systems and training of key personnel. He advised that outcomes from this review would be reported to the Safety Management Assurance Committee.</p> <p>Mr J Sullivan noted factors such as span of control for the Head of Estates and the level of capital investment in infrastructure which would probably not be captured by the review. The Chief Operating Officer noted the composition of the Water Safety Group, in addition to the Head of Estates, but acknowledged the validity of Mr Sullivan's comments relating to infrastructure investment.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Received the report and noted both the response to the incidents and the assurance provided on governance improvement measures.</b></li> </ul>	
BM 20-21/101	<p><b>Report of Workforce Assurance Committee</b></p> <p>Mr J Sullivan presented a report which detailed business conducted during a meeting of the Workforce Assurance Committee held on 28 July 2020. He briefed the Board on the content of the report and noted in particular the Committee's consideration of a report on Health and Wellbeing interventions. He advised that the Committee had requested further information on the impact of such activities on staff and had emphasised the need to ensure that programmes were fully aligned with the Trust's Health and Wellbeing Strategy.</p> <p>Mr J Sullivan advised the Board of a degree of instability for the Human Resources team with a number of vacant positions currently being covered by either acting up arrangements or on a temporary basis. In response to a follow-up question from the Chairman, the Chief Executive advised that the situation was being addressed as a matter of priority.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li><b>Received and noted the report of the Workforce Assurance Committee</b></li> </ul>	



Reference	Minute	Action
BM 20-21/102	<p><b>Report of Quality Committee</b></p> <p>Dr J Coakley presented a report which detailed business conducted during a meeting of the Quality Committee held on 29 July 2020. He briefed the Board on the content of the report and noted in particular that the Committee had received positive assurance on the Trust's level of compliance with Duty of Candour requirements. He also noted the Committee's consideration of a report on the management of deteriorating patients which had identified compliance concerns relating to early warning scoring and the escalation of concerns. He advised that the Committee had been assured that these issues were being addressed.</p> <p>The Chief Nurse advised that the Committee had also considered a Legal Services Annual Report and a report on the Cancer Patient Survey, which had been omitted from the report included in the meeting pack. She noted that the Legal Services Annual Report would be presented to the Board of Directors at the next meeting on 2 September 2020. The Interim Director of Corporate Affairs apologised for the omissions and advised that a copy of the full report would be circulated to Board members following the meeting.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the report of the Quality Committee</b></li> </ul>	
BM 20-21/103	<p><b>Report of Trust Management Board</b></p> <p>The Chief Executive presented a report of business conducted during a Trust Management Board meeting held on 30 July 2020 which included the following subject areas:</p> <ul style="list-style-type: none"> <li>• Operational Performance Update</li> <li>• Finance Update</li> <li>• Reset and Recovery (Planned Care)</li> <li>• Winter Planning / Capacity</li> <li>• Trust Strategy 2021-2026</li> <li>• Reset and Recovery</li> </ul> <p>She provided the Board with an overview of the report content and noted that all of the subjects had been considered by the Board earlier in the meeting.</p> <p><b>The Board of Directors:</b></p> <ul style="list-style-type: none"> <li>• <b>Received and noted the report of the Trust Management Board.</b></li> </ul>	
BM 20-21/104	<p><b>Communications Monthly Report</b></p> <p>The Director of Communications &amp; Engagement presented a report which provided an update on activity in the areas of; staff engagement, media and social media, charitable fundraising and stakeholder relations. She briefed the Board on the content of the report and noted in particular preparations for the 2020 staff survey which is scheduled to commence in September 2020. She also advised of the Trust's participation in a pilot for the NHS People Pulse, a 'temperature check' product designed by NHS People. The Director of Communications &amp; Engagement concluded her report by noting the</p>	

Reference	Minute	Action
	<p>intention to reduce the number of staff bulletins to two per week from week commencing 10 August 2020.</p> <p>The Chairman thanked the Director of Communications &amp; Engagement for her report and noted that the Trust's internal communications had been superb during the Covid-19 pandemic.</p> <p><b><i>The Board of Directors:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Received and noted the Communications &amp; Engagement monthly report.</i></b></li> </ul>	
<b>BM 20-21/105</b>	<p><b>Any Other Business</b></p> <p>There were no matters raised as Any Other Business.</p>	
<b>BM 20-21/106</b>	<p><b>Date of next Meeting</b></p> <p>The next Board of Directors meeting would be held on Wednesday, 2 September 2020, commencing at 12.30pm.</p>	

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Chair

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Date