

Council of Governors

28th February 2022

COUNCIL OF GOVERNORS (CoG)

28th February 2022

4.30 pm-6.00pm, via Microsoft Teams

AGENDA

Item	Item Description	Presenter	Purpose
1	Apologies for Absence	Chair	For Noting
2	Declaration of Interests	Chair	For Decision
3	Minutes and actions of previous meeting: 18 th October 2021	Chair	For Approval
4	Matters Arising	Chair	For Assurance
5	Chair's Report to be provided verbally	Chair	For Noting
6	Feedback from Board Assurance Committees: Chairs Reports: <ul style="list-style-type: none"> • Workforce • Audit • Quality • Finance • Safety 	Non- Executive Directors	For Assurance
7	Council Governance: <ul style="list-style-type: none"> • Future Governor Development 	DoCA	For Assurance
9	Capital Programme Update	Director of Strategy & Partnerships	For Noting
10	Covid 19 Update to be provided verbally	Medical Director	For Noting
11	Any Other Business	All	
12	Date, Time and Location of Next Meeting Monday 25 th April 2022, 4.30pm via Teams unless otherwise notified	Chair	For Information

COUNCIL OF GOVERNORS'

**UNAPPROVED MINUTES
OF MEETING HELD ON
18 October 2021 @ 4.30PM**

Present:

Sir David Henshaw, Chair
John Sullivan, Non-Executive Director (V/Chair)
Steve Igoe, Senior Independent Director
Steve Ryan, Non-Executive Director
Sue Lorimer, Non-Executive Director
Angela Tindall, Lead Governor
Steve Evans, Public Governor
Sheila Hillhouse, Public Governor
Eileen Hume, Public Governor
Allen Peters, Public Governor
Philippa Boston, Staff Governor
Richard Latten, Staff Governor
Ann Taylor, Staff Governor
Pauline West, Staff Governor
Robert Thompson, Public Governor
Andrew Tallents, Public Governor

In Attendance:

Chris Mason, Chief Information Officer
Nikki Stevenson, MD/Deputy Chief Executive
Claire Wilson, Chief Finance Officer
Mathew Swanborough, Director of Strategy & Partnerships
Debs Smith, Interim Director of Workforce
Sally Sykes, Director of Communications & Engagement
Tracy Fennell, Deputy Chief Nurse
David McGovern, Director of Corporate Affairs
Molly Marcu, Interim Director of Corporate Affairs

Apologies:

Alison Owens, Public Governor

Reference	Minute
21-22 / 032	Apologies for Absence Apologies were noted as above.
21-22 / 033	Declarations of Interest No new interests were declared.
21-22 / 034	Minutes of previous meeting: 19th July 2021 The minutes were agreed as an accurate record.
21-22 / 035	Matters Arising There were no matters arising that were not covered by the agenda items.
21/22 / 036	Chairman's Report Business The Chair gave an update on the key issues facing the Trust. The dominating issue was responding to Covid-19, both in terms of caring for those affected requiring hospitalisation, and managing the impact on staff. The Trust was experiencing similar pressures to other acute Trusts.

Reference	Minute
21-22 / 037	Feedback from Board Assurance Committees:
	<p>Workforce: The Committee chair, John Sullivan, gave an update on recent proceedings of the Workforce Assurance Committee. As well as the operational matters being dealt with, the Committee chair focussed on the progress of the directorate restructuring which would help deliver strategic improvements.</p> <p>The Committee chair reported that there had been substantial improvement in the with Trust recruitment processes. Mersey Internal Audit had recently concluded that there was substantial assurance in this area.</p> <p>Audit: The Audit Committee chair, Steve Igoe, reported on the key issues discussed at the 13th September Audit Committee meeting. A number of internal audit reports had been presented as well as the remaining external audit findings in relation to the annual financial statements.</p> <p>External auditors had found no significant weaknesses with regards to value for money arrangements. This was considered to be very positive news. With internal audit, data quality had been highlighted as an area of limited assurance and actions to improve this had been considered.</p> <p>The Committee had also considered a new risk management strategy.</p> <p>Quality: Steve Ryan, chair of the Quality Assurance committee gave an update on proceedings of the meeting held on 30th September. The report covered: maternity services investment, emergency department, infection prevention and control, and a review of the annual complaints report.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • high demand in emergency services • a working group had been established in order to make improvement in responding to complaints, which had risen during the pandemic • there had been four recent never events which had been investigated and improvements made • the complaints process <p>In discussion, the following points were raised:</p> <ul style="list-style-type: none"> • the complaints process was described including the difference between requests for information and support to the PALs team and formal complaints • challenges around responding to requests to visit patients in hospital in a safe and thoughtful manner and it was confirmed that there was no

Reference	Minute
	<p>moratorium on visiting – each was considered on a case by case basis.</p> <p>Finance: Sue Lorimer reported on the key issues discussed at the Finance and Business Performance Assurance committee meeting held on 6th October. The report covered the latest financial position, month five, including an update on progress with the cost improvement plan and the latest operational performance report.</p> <p>It was welcomed that the Trust was on-track with its in-year financial plan. There was a discussion on the cost improvement programme and how quality impact assessments were carried out before launching any such plan in order to prevent the introduction of service risks. It was anticipated that a number of those schemes would commence in the coming months.</p> <p>The number of patients seen and treated/admitted within the target of four hours was below the 95% target (as most Trusts are at present). Bed management improvements had been made and further interventions were planned by the emergency team.</p> <p>Safety Management: Steve Igoe reported on recent proceedings at the Safety Management Assurance committee.</p> <p>The major item considered at the meeting held on 17th September was a fire safety update, with a detailed update on fire safety issues in response to risks identified and reported by Merseyside fire and rescue service. An improvement plan was in place and the committee would monitor progress. Recent improvements in health and safety management had also been highlighted and were welcomed.</p> <p>Resolved: That the Council of Governors: NOTED the feedback from Assurance Committees.</p>
21-22 / 038	Quality & Performance Dashboard
	The council of Governors noted the quality and performance dashboard. There were no matters to raise that hadn't already been made.
21-22 / 039	Any Other Business
	There was no other business to discuss.
21-22 / 031	<p>Date, Time and Location of Next Meeting 17th January 2022 4.30pm via Teams unless otherwise notified</p> <p>[Secretary's note: this meeting was subsequently cancelled]</p>

COUNCIL OF GOVERNORS
28th February 2022

Title:	Workforce Assurance Committee Chair's Report
Author:	John Sullivan
Responsible Director:	Debs Smith
Presented by:	John Sullivan

Executive Summary <i>Contextual and background information pertinent to the situation / purpose of the report.</i>
The Workforce Assurance Committee met on 19 November 2021. Positive progress was reported in a number of workforce related areas. However, higher than target sickness absence and turnover levels remain the most significant Trust workforce risks.

Recommendation: (e.g. to note, approve, endorse)
<ul style="list-style-type: none"> To note the progress made in a number of Workforce Assurance areas. To continue to support the proposed reorganisation of the Workforce Directorate To support the business case for additional overseas nurse recruitment in 2022 To routinely demonstrate our Board's commitment to promoting diversity and inclusion within and beyond our Trust To review the focus and priority given to line manager leadership behaviours, communication skills, and compliance with Trust workforce policies. To include this area of manager development in the Workforce and Education Strategy as a means to reduce future sickness absence and improve employee retention.

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

Please provide details of the risks associated with the subject of this paper, including new risks (x-reference to the Board Assurance Framework and significant risk register)
Risks 2.1, 2.2, and 2.3 the BAF
Regulatory and legal implications (e.g. NHSI segmentation ratings, CQC essential standards, competition law)
Financial implications / impact (e.g. CIPs, revenue/capital, year-end forecast)

Specific communications and stakeholder /staff engagement implications	
Patient / staff implications (e.g. links to the NHS Constitution, equality & diversity)	
Compliance with Disability Equality Standards and Race Equality Standards	
Council of Governors implications / impact (e.g. links to Governors statutory role, significant transactions)	
Previous considerations by the Board / Board sub-committees	
Background papers / supporting information	

COUNCIL OF GOVERNORS
28th February 2022

Workforce Assurance Committee Meeting held 19 November 2021 -- Chair's report

Purpose

To provide the Council of Governors with assurance on Workforce matters including:

- Freedom to Speak Up
- Workforce and Education strategy formulation progress
- Implementation progress of the 2018-2022 Diversity and Inclusion Strategy
- Workforce performance metrics and 'deep dives' into Sickness Absence and Employee Retention.
- Support for the NW NHS Pledge to shift the focus from sickness absence to holistic wellbeing for everyone
- Employee Relations metrics and trends
- Workforce Policies for approval
- Monthly Safe Nurse Staffing reports (September & October 2021)
- 6 Month Nursing Establishment Review
- International Recruitment 2022/2023 Proposal
- International Recruitment Update at October 2021
- Guardian of Safe Working Report
- Board Assurance Framework -- Workforce review

Introduction / Background

The Workforce Assurance Committee met on 19 November 2021. The Chair addressed the committee and sought greater focus on building organisational and individual workforce resilience, workforce planning (short and long term) and talent management processes that drive internal succession outcomes.

Conclusions

- The committee received a staff story which reinforced the value of a supportive manager who recognised an individual's diversity and then modified working arrangements to better suit the individual's strengths and contributions.
- The committee received a Workforce Director Report for the first time. This allows the committee opportunity to scrutinise and support the Trust's workforce priorities.
- The Trust's Workforce & Education Strategy process was endorsed and supported. A progress report will be reviewed at the January 2022 meeting.
- The committee welcomed the 'deep dive learning' analyses presented for sickness absence and employee retention.
- The Workforce KPIs are characterised by large variation in workforce

performance outcomes from division to division. For example, return to work interview compliance was 94.9% in Estates but only 55% in Medicine & Acute.

- Compliance with workforce systems and procedures also shows large variation. For example, of the recent 38 Band 5 Nurse leavers only 2 completed an exit questionnaire.
- The combination of sickness absence at 6.67% with turnover at 13.3% and the 2021 bow wave of untaken staff leave is creating intense pressure on the staff at work as they cope to cover absence, onboard new starters and ensure safe handovers of workplace responsibilities when staff leave.
- An Employee Relations Report was received for the first time at this committee. The report was welcomed and will feature in all future committee agendas.
- The Board Assurance Workforce risks were reviewed and no changes to risk ratings were suggested.

Recommendations to the Council of Governors

- To note the progress made in a number of Workforce Assurance areas.
- To continue to support the proposed reorganisation of the Workforce Directorate
- To support the business case for additional overseas nurse recruitment in 2022/2023
- To routinely demonstrate our Board's commitment to promoting diversity and inclusion within and beyond our Trust
- To review the focus and priority given to line manager leadership behaviours, communication skills, and compliance with Trust workforce policies. To include this area of manager development in the Workforce and Education Strategy as a means to reduce future sickness absence and improve employee retention.

COUNCIL OF GOVERNORS

28th February 2022

Title:	Audit Committee Chair's Report
Author:	Steve Igoe
Responsible Director:	Claire Wilson
Presented by:	Steve Igoe

Executive Summary
To update the Council of Governors on the Audit Committee meetings held on 19 th November 2021 and 24 th January 2022

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

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

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

Previous considerations by the Board / Board sub-committees	
Background papers / supporting information	

**Council of Governors
28 February 2022**

**Report to the Council of Governors on the Audit Committee meeting held on 19th
November 2021**

1.Introduction

This report updates the Council of Governors on the details considered at the Audit Committee meeting on 19th November 2021.

2.Internal control and risk Management

The Committee received reports on losses and special payments and a summary of outstanding debts.

The Committee also discussed the current bad debt position which had fallen slightly from £738k in August to £614k as at end October.

A detailed proposal was received in relation to amendments to the SFI's concerning tender and quotation limits and cumulative spend across the year. The issue was highlighted in a detailed Internal Audit report from MIAA discussed later. The amendments were approved.

A report on spend controls and waivers was presented. The trust raised purchase orders to the value of £16.284m in the period Sept 21 to Oct 21.92.7% were compliant with the Trust's SFI's under the model hospital metric. It was clear that there was a high degree of transparency where SFI's were waived and it was confirmed that there is a robust process for authorisation of requests to waive SFI's with the relevant authorisation being given at a senior level.

The CIO updated the Committee on actions being taken in response to an earlier MIAA audit on Data quality. Good progress was being made in responding to the issues raised with all but one scheduled to be delivered to target by the end of this calendar year. Due to operational pressures one action has slipped but again this will be completed by the end of this year.

3.Internal Audit

This section of the agenda covered a detailed follow up report from MIAA on previous issues raised as well as a progress report on ongoing audit outcomes.

In terms of follow up the Internal Audit service reported positive progress in responding to and resolving previous recommendations made.

In relation to the latest reports, their work focussed on Medical bank staffing and Estates procurement. Both of these received limited assurance.

It should be noted however that in both instances the IA team had been requested by management to review these areas in the light of information which has been uncovered in terms of operational control matters over recent months.

The resolution of the HR issues is currently being overseen by the Extraordinary Audit Committee and it is expected that these will be signed off by the end of December 2021.

In relation to the Estates procurement issues it was clear that the issues raised could also be characterised as “sins of the past”. In terms of the current position Colleagues in procurement reported extremely positive engagement by the current teams with appropriate procurement practices in the light of the substantial staffing changes over recent months.

4. Annual Governance statement

No specific issues were raised in relation to the Annual Governance Statement

5. Committee work plan

It was noted that with the turnover of staff involved with Governance matters, that the Committee work plan would be revisited over the coming months along with those of other Assurance Committees. An updated plan would be discussed by the Committee at its January 2022 meeting.

Steve Igoe
Chair of Audit Committee
22nd November 2021

Audit Committee meeting on 24th January 2022

The Audit Committee met on the 24th January 2022 and noted :

- 1) The Trust is in the main compliant with Trust Standing Financial Instructions (SFI's) .The Trust's compliance is at 91.2% compared to a model hospital figure of 90%.There remains a constant challenge in relation to retrospective orders which continue to be pushed back on by the Procurement team .
- 2) A paper by the Chief Finance Officer related to the decision to facilitate the delivery of the Clatterbridge modular Theatres programme including waivers for brought forward schemes. In these exceptional circumstances requiring funds to be spent by 31 March 2022 , the Committee agreed to support the proposals at the Board regarding the awards of contracts either directly or off Framework or as direct awards thereby enabling the funds to be deployed as required.
- 3) Internal audit reports In relation to :
 - a. Mortality and sepsis coding - Substantial Assurance was received
 - b. Safer standards for invasive procedures - The assurance here was limited , in particular the adherence to the HWO checklist .It was noted that these would both be referred onwards to the Quality Committee for a detailed response to the issues raised.
- 4) The External Audit plan for the Audit of the Trust's accounts for the year ended 31 March 2022.This would also include a review of the Trust's annual governance statements and use of funds.

A subsequent meeting was held of the Extraordinary Audit Committee (EAC) which had been reviewing HR related Control matters and their resolution throughout 2021. A detailed paper was received from the Chief People Officer detailing the work to date to resolve the issues raised and how the ongoing control enhancements and system developments would be monitored , including further responses to the Audit Committee and audits by MIAA to confirm that the identified actions have been embedded and are working .

In relation to the MIAA audits to be conducted and reported, they relate to :

- 1) Sickness absence management
- 2) Recruitment processes
- 3) Medical staffing

These will be completed and reported on in the calendar year 2022.

On this basis the EAC agreed to lay down the special meetings and to continue oversight of the resolution and completion of actions through the normal working of the Audit Committee and Workforce Committee.

Steve Igooe
Audit Committee Chair
21 February 2022

COUNCIL OF GOVERNORS

Chair's Report - Quality Assurance Committee

28th February 2022

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

Executive Summary
This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 19 th January 2022 and 24 th November 2021

Recommendation:
For noting

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

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

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

BOARD OF DIRECTORS
26 January 2022

Chair's Report of the Quality Assurance Committee held on 19 January 2022

Purpose

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 19th January 2022.

Introduction / Background

1. Service Pressures

Across a number of agenda items, the impact and potential further impact of sustained and severe service pressures on the delivery of safe, high quality and sustainable service pressures was noted. Place-wide difficulties with unscheduled care pathways have resulted in serious access issues for both unscheduled care and increasingly elective care. The positive impact of continued work to adapt and improve care pathways within the organisation is compromised by lack of access to discharge back to the community for appropriate patients (currently occupying about 200 beds), patients diverting to the emergency department as a failsafe and patients with Covid-19. There is also evidence that patients who did not access appropriate care through the pandemic are now being referred or accessing emergency care, and may have been exposed to harm as a result. The committee believes there is an increasing material risk to the quality of outcome for patients.

2. Maternity

The Committee received a comprehensive update on the quality of our maternity services and received significant assurance on them. Following an assurance meeting with the NHSE/I Regional Maternity Team the Trust attained a 30 green scores (100% Trust compliance) and 8 outstanding non-compliant / red scores that are the responsibility of C&M LMS and work is ongoing to address this. Key quality metrics reported at regional levels show the Trust is not an outlier for any key metric. Sadly 4 stillbirths had occurred since the last report (3 at term). Internal review had not identified any key themes or care issues but all cases will be subject to external scrutiny through a regional panel and also through the Healthcare Safety Investigation Branch. Despite the pressure the Maternity Unit had only be closed for divert for 3 hours on one occasion.

3. Mental Health Crisis Care

Long waiting times in the emergency department for patients in mental health crisis remain an issue that has its roots in the lack of appropriate mental health care provision, most notably access to mental health inpatient beds. A partnership group overseen by the Interim Chief Nurse is overseeing a range of responses in the Trust and with our partners. The issue was unsurprisingly identified by the CQC in their recent inspection.

4. Complaints and Communication

The Committee heard that there has been significant progress with the response to level 1 concerns locally; listening to and addressing concerns in real-time. Significant attention to the quality of formal complaints is leading to higher quality responses that are now clearly describing actions we are taking to reduce the chance of recurrence. The recently established inter-divisional Complaints Managements Group is using a peer review approach further improve the quality of response. Bespoke training is also being provided. A gap analysis of the Public Health Service Ombudsman's latest guidance is informing our work programme for the next year.

5. Continuing focus on responding to the deteriorating patient

We are addressing this issue both within our Quality Improvement Programme and through direct actions at Trust and departmental level; with new leadership models and clinical insights. We are seeing some early signs of positive impact when we review incident reports for patients where there were problems identified in their care.

6. Quality Visits

Non-executive, governors and HealthWatch members of the Committee were keen to re-establish visits to both clinical and non-clinical areas of the Trust to help them understand and appreciate the challenges and successes in delivering high quality care.

Conclusions

The Committee received appropriate and detailed documentation in relation to the items it considered on 19th January and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care.

Recommendations to the Council of Governors

The Council of Governors is requested to note this report.

COUNCIL OF GOVERNORS
28th February 2022

Report of the Quality Assurance Committee
Held on 24th November 2021

Purpose

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 24th November 2021.

Introduction / Background

1. Serious incident reporting, investigation and learning

The Committee received the Serious Incident (SI) Panel Chair's reports for October and November, having sight of the full investigations noting the quality and detail of the investigations and pertinent recommendations. The progress made in learning from previous never events was noted, where executive oversight and divisional scrutiny has been associated with no further such events being reported. The Committee were reminded that intelligence & learning from incidents is coordinated with other sources of information to ensure triangulation and the identification of themes. Six transfusion incidents that resulted in no harm were also highlighted, fail-safe processes noted, as well as focused feedback and learning to relevant clinical areas.

The Board will receive these SI reports in its private meeting.

2. Emergency Department

The Committee received reports on the CQC 2020 Patient experience report, on the ED Thematic Review Improvement Plan Quality and Safety Pillar and also noted the emergency care metrics in the Quality Improvement Dashboard. The Committee were assured that comprehensive actions were in place to respond so as to maintain quality of care despite persistent high levels of demand and despite limitations of the current physical environment. Actions included escalation to enhanced executive oversight and the engagement of a senior CCG quality lead to support governance development. Actions to recruit relevant clinical staff were noted, but significant risk remains with staffing levels and risks to staff health and wellbeing. A high level of attention and support will be required throughout the winter.

3. Learning from deaths

The Committee was assured that appropriate processes were in place for scrutiny of individual patient deaths and for the oversight of mortality rates. Overall Trust mortality rates are as expected or lower. Alerts from Dr Foster Intelligence around small numbers of diagnoses are received from time to time and are reported to the Mortality Review Group. Case note review is undertaken to determine if any care issues or coding issues can be identified. None have been so far. It was agreed that an internal audit report into clinical coding would be shared by the Audit Committee with this Committee as accuracy

in coding is important in the calculation of accurate mortality rates.

4. Cervical screening

The Committee received the annual report for April 2020 to March 2021 and were assured on the quality of services delivered. An area of active focus in turnaround times for histology which is under pressure as a result of a histopathologist vacancy (of which there is a national shortage). Significant progress on previously reported issues around compatibility of relevant informatics platforms (noted in external assurance reviews and currently mitigated manually) was noted and solutions are expected to be in place imminently.

5. CQC action plan

Further progress was noted on completing actions with 89.7% of overall requirements being completed. Only 1 of 94 “must do” actions remains at risk and relates to integrated discharge processes and identifying relevant support packages. As we move to complete and close the action plan in the new year, it will be important to identify actions where changes that have occurred that mean that the specific action is no longer relevant.

6. WISE Ward/ Service Accreditation

The Committee received and supported the proposal set out in a paper from the Interim Chief Nurse. Building on improvements in care already seen, and having identified high performing wards and leaders, it is proposed that a new higher level of accreditation (Level 4) is established with appropriate processes to support its awarding and retention. The Committee were pleased to see that Ward Managers leading there multidisciplinary team to this level would be identified as Matrons and would work with leaders of services/wards at lower levels of accreditation to further enhance improvements n care.

7. Risk and assurance

The Committee did not believe there was a need to modify the level of likelihood and impact for key risks for which it has oversight.

Conclusions

The Committee received appropriate and detailed documentation in relation to the items it considered on 24th November and was able to scrutinise this and note areas of progress, areas for development and areas of risk, receiving relevant assurance on actions to meet the objective of providing outstanding care

Recommendations to the Board

The Board is requested to note this report.

COUNCIL OF GOVERNORS

Chair's Report – Finance & Business Performance Assurance Committee

28th February 2022

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

Executive Summary
The paper provides information on discussions and assurances on Trust finances, CIP and performance against access targets.

Recommendation:
To note the contents of the report

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

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

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

Council of Governors

28th February 2022

Chair's Report – Finance & Business Performance Assurance Committee

Purpose

To update the Council of Governors on the work carried out by the Finance & Business Performance Assurance Committee in its meeting on 22 December 2021.

The report highlights the key issues considered at the meeting, risks for the board to be aware of and makes recommendations as appropriate.

Update

International Nurse Recruitment Proposal 2022-23

The committee approved investment for the recruitment of 100 nurses from overseas with 80 initially and a further 20 by September 2022. The revenue cost is £1,202,813 assuming funding from HEE of £3,000 per nurse, a Pastoral Lead, a Pastoral Nurse and including 2 months supernumerary time on the wards. It was noted that provision for this sum has previously been made in the plan for the second half of the year.

There was an additional request for funding for 40 further nurses in 2022/23 and the committee asked the Interim Chief Nurse to bring a paper back to committee in Q4 in order to consider it in the context of staffing levels, expected demand and the financial settlement for 2022/23.

Month 8 Finance Report

The committee noted that the Trust has now received confirmation of its funding and a plan for breakeven has been submitted to NHSE/I.

Financial performance to month 8 is a deficit of £1.728m which is £0.391m worse than plan. The committee was informed that a breakeven position for the year end is still expected. The plan for month 8 included £0.9m funding from the ERF but no income has been recognised as yet despite good performance against the RTT requirements. The income situation is to be reviewed in month 9 once Cheshire and Merseyside performance is known.

It was noted that there is an expectation of late financial allocations during the current financial year as significant funds are still being held nationally.

The committee discussed the overspend on drugs and requested a deep dive at the next meeting into financial controls on drugs and the introduction of new drugs.

The committee also discussed price inflation, particularly with regard to capital, and it was agreed that the CFO would check whether this was on the Risk Register and to include it if

not.

CIP Report

It was noted that the CIP comprises 290 opportunities with a forecast outturn of £5.346m against a target of £5.558m. This represented an increase in month of £0.182m. The committee noted that good practice on CIP was to be shared with other trusts. Divisions will now be identifying potential savings for 2022/23.

The committee were pleased to note the effective operation of the QIA process in relation to a scheme proposed by the Women's and Children's division which was not approved for implementation. The division is now seeking other opportunities.

Paul McNulty, Divisional Director for Surgery attended the committee and set out how CIP schemes were identified and managed within Surgery. The committee thanked Paul for the assurance provided by the detailed process he described.

The committee was pleased to note the steady progress of CIP achievement through the various stages despite other pressures on the Trust.

Quality and Performance Dashboard (Access Metrics)

The Medical Director informed the committee that good progress had been made on the elective programme and had performed better relatively than other trusts within Cheshire and Mersey. The Trust was a little behind the outpatients' follow up target but still within trajectory. The committee discussed performance against Cancer targets for Breast and Colorectal and was assured that there were plans in place to improve in these areas. In Colorectal there has been problems with access to Endoscopy but the Trust now has a full compliment of Gastroenterologists including 2 locums and 2 nurse consultants who can perform endoscopies. It was noted that the trust may need to take a risk based approach to postponing elective procedures but no wholesale takedown of electives is planned.

The new Winter Resilience Director, Jane Tombleson presented to the committee on the Winter Resilience Plan. Performance against the ED target continues to be a problem. She informed the committee that the Trust had received system funding for a front door frailty admission avoidance service. A number of improvements have been made including the appointment of 2 senior operational managers, the identification of hot clinic slots within Medical specialties, a review of the policy for ambulance handovers and work on the workforce model for ED. This was taking longer than anticipated as JT had some ideas about skill mix and a blended workforce model which she wanted to include.

She reported a significant improvement in ambulance handovers. Problems with capacity in the domiciliary care and nursing home sectors continue to have a significant impact on the ability to discharge patients and there is no clear solution to this at present.

Recommendations to the Council of Governors

- To note the approval of funding of £1,202,813 for the recruitment of 100 international nurses plus pastoral support and supernumerary time.
- To note the risks associated with price inflation, particularly as it affects capital schemes.

COUNCIL OF GOVERNORS

28th February 2021

Title of Report	Report of the Safety Management Assurance Committee
Date of Meeting	12 th November 2021
Author	Steve Igoe, Non-Executive Director
Accountable Executive	Nikki Stevenson, Medical Director
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	To note
Reviewed by Assurance Committee	Not applicable
Data Quality Rating	Not applicable
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	Not applicable

Report of the Safety Management Assurance Committee

This report provides a summary of business conducted during a meeting of the Safety Management Assurance Committee on 12th November 2021.

Under matters arising the Committee spent some time discussing the location for reporting of Estates issues. It was recognised that given the breadth of issues being dealt with a number of committees were receiving updates on these matters which led to a duplication/triplication of effort and oversight. It was agreed that the Director of Strategy and Partnerships would liaise with executive colleagues to ensure that the Governance processes were appropriate, effective and efficient.

1.Occupational Health and Wellbeing update

A report was received from the Head of Occupational Health and Workforce Wellbeing. The trust has a small service which has focused on core OH activities throughout the pandemic. Key issues being overseen relate to:

- Sickness Management and pre-employment screening
- Flu Vaccination
- SEQOHS re-accreditation
- PCR testing for symptomatic staff
- Contact tracing
- Asymptomatic self-testing

In addition, further psychological support was put in place via:

- Well-being hubs
- Training and awareness raising
- Specialist therapy support
- And a new staff rest and relaxation area to be completed.

Whilst a wide range of staff support services have been developed and used during the pandemic, it was recognized that this can sometimes seem fragmented in approach. This is being resolved by the creation of a single integrated service.

2.Radiation Protection Bi-Monthly report

Due to unplanned downtime in July 2021, 4 radiation incidents occurred. All incidents were reported to medical experts, and it was deduced that the incidents were in the minimal or negligible risk category. Nonetheless they were reported to the CQC and investigated as a serious incident. IRS visited the department in May 2021 to audit compliance against regulations and a generally positive report was received. Where issues were identified the department has reacted positively and ensured relevant corrective measures have been implemented.

3.Health and Safety Management Committee Chair's report

The report provided the Committee with an update on key work undertaken by the H&S Management Committee in September and October 2021. Sub Committee chair's reports on Water safety, Violence and Aggression prevention, Needlestick injuries and trends of sharps (NTS) group, PPE group, Ventilation group and Environmental group were all discussed.

4.Trust Health and Safety Dashboard

The Paper as presented updated the Committee on data and progress against previously identified actions and provided further information on performance and assurance.

A total of 6 RIDDOR incidents between 1 April and 26th September were recorded of which 4 related to slips, trips and falls.

There was a total of 797 non-clinical incidents reported in the same period compared with 582 across a similar period the previous year. Of the 797 incidents reported, 500 resulted in on harm whilst the balance resulted in low harm. It is felt that the increase may be a result of enhanced awareness and reporting by staff.

6 duty of care notices were issued since April 2021 and as of 1 September there were no new EL/PL claims.

There are currently 55 risks relating to Health and Safety on the risk register. No risk is scored as a significant risk. 24 are scored as a high risk the balance being reported as either low or moderate.

5. Corporate Health and Safety Dashboards and exception reports

Detailed reports and verbal updates were received from:

- Estates
- Informatics
- Diagnostics and clinical support
- Medicine and acute
- Surgery
- Women's and children's

There is excellent detail in both the reports and the verbal updates. The information provided clearly shows divisions engaged with, and prosecuting, the Health and Safety agenda.

8. Summary

The above and attached serve to update the Board of Directors on the work and discussions of the Safety Management Assurance Committee at its meeting on 12th November 2021

S J Igoe
Chair of Safety Management Assurance Committee
16th November 2021