Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors

25 April 2022

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Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Council of Governors
Date	Monday 25 April 2022
Time	16:30 – 18:00
Location	Microsoft Teams Meeting

	Agenda Item	Lead
1.	Welcome and apologies for absence	Sir David Henshaw, Chair
2.	Declarations of interest	Sir David Henshaw, Chair
3.	Minutes of previous meeting	Sir David Henshaw, Chair
4.	Chair's business and key issues	Sir David Henshaw, Chair
5.	Quality and Performance Dashboard	Executive Directors
6.	Operational and Financial Planning Update	Dr Nikki Stevenson, Medical Director and Robbie Chapman, Interim Chief Finance Officer
7.	Feedback from Board Assurance Committees 7.1 Finance Business Performance Assurance Committee 7.2 Capital Committee – **Verbal** 7.3 Charitable Funds Committee – **Verbal** 7.4 Workforce Assurance Committee 7.5 Quality Committee 7.6 Audit Committee - **Verbal**	Committee Chairs/Governor Representatives
8.	COVID-19 Update - **Verbal**	Dr Nikki Stevenson, Medical Director
9.	NHS Staff Survey Results	Deborah Smith, Chief People Officer
10.	Non-Executive Director Appointments	Sir David Henshaw, Chair
	Wallet Items for Information	
11.	Board of Directors' Minutes	Sir David Henshaw, Chair
12.	Cycle of Business Annual Update	David McGovern, Director of Corporate Affairs

Closing Business

13.	Any other business	Sir David Henshaw, Chair

Date and Time of Next Meeting

14. Monday 25 July, 16:00 – 18:00

COUNCIL OF GOVERNORS'

UNAPPROVED MINUTES OF MEETING HELD ON 28 February 2022 @ 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
Chris Clarkson, Non-Executive Director
Tony Cragg, Public Governor
Steve Evans, Public Governor
Alan Morris, Public Governor
Sheila Hillhouse, Lead Governor
Gitana Diana Tyson, Governor
Eileen Hume, Public Governor
Robert Thompson, Public Governor
Andrew Tallents, Public Governor

In Attendance:
Janelle Holmes, Chief Executive
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
Ben Westmancott, Interim Board Secretary

Apologies:
Peter Peters

Reference	Minute
21-22 / 041	**Apologies for Absence** Apologies were noted as above.
21-22 / 042	**Declarations of Interest** No new interests were declared.
21-22 / 043	**Minutes of the previous meeting:** 18 October 2021
	The minutes were agreed as an accurate record. [Secretary's note: after the meeting it was noted that Alan Morris had been present at the previous meeting and this would be added to the record]
21-22 / 044	**Matters Arising**
	There were no matters arising that were not covered by the agenda items.
21/22 / 045	**Chairman's Report Business**
	The Chair gave an update on the key issues facing the Trust. The key points of which were:

Reference	Minute
	• Positive Covid-19 cases were significantly lower than earlier in the pandemic. • A&E continued to be very busy and the addition of two GPs in the department to attend to non-emergencies was making an improvement. • Finances were stable for the current year - next year had more uncertainties. • Progress was being made with attending to patients waiting for cancer treatments. • The first cut of Staff Survey data had been received – initial signs suggested improvements in-line with expectations. • Chief Nurse interviews were scheduled for 7 March 2022 and Director of Finance interviews would follow soon after. • The Board had recently re-emphasised its commitment to acting on patient experience feedback and this would be reported regularly to the Board of Directors and Council of Governors to ensure that opportunities for improvement and reinforcing good practices were utilised. Finally, the chair stated the expectation that the next Council of Governors meeting would be on-site and ward and site visits would recommence shortly.
21-22 / 046	**Feedback from Board Assurance Committees:**
	Workforce: The Committee chair, John Sullivan, gave an update on recent proceedings of the Workforce Assurance Committee. A review of the staff survey data would take place once the responses had been analysed and the results would help the Trust prioritise interventions. The directorate review led by the Deputy Director of HR had improved focus of workforce support, particularly for wellbeing. The recent innovation of introducing clinical support workers was helping to reduce vacancy rates to enable better services to patients. In discussion, the following points emerged: • It was noted that long-term and short-term absences had previously been roughly equal; now, short-term absences (defined as less than 30 calendar days) amounted to about 75% of all absences. Variation in the way absence management procedures were enacted was being addressed. • Recruiting nursing staff to help with dealing with backlog of patients had worked well at Clatterbridge Hospital. The programme was being extended to Arrowe Park Hospital. Similarly, consultants were being recruited to fill posts previously carried out by locums. • The suggested requirement for all NHS staff to be vaccinated was currently under consultation. **Audit**: The Audit Committee chair, Steve Igoe, reported on the key issues discussed at the Audit Committee meetings held in November and January. The extraordinary Audit Committee to oversee HR functions had recently been

Reference	Minute
	disbanded with three audits being requested to be reported back to the regular Audit Committee meetings. In discussion it was noted that there had been steady and rapid improvement in resolving some deep-rooted HR systems issues. The Committee had been satisfied with recent assurances provided demonstrating improvements. The written report referred to a bad debt provision of £614k. It was noted that this was a provision and did not mean this was the level of bad debts. A significant debt (a dispute between the Clinical Commissioning Group and the Council) had recently been resolved. **Quality**: Steve Ryan, chair of the Quality Assurance Committee gave an update on proceedings of recent meetings. The report covered: service pressures, maternity services, mental health crisis care, complaints and communication, incidents, and quality visits. The following points were highlighted: • elimination of never events in Theatres • severe pressures in A&E with very high attendance levels • the need for providers to work together to respond to the local element of rising mental health cases across the nation • recent improvements to end of life care • improvements to informatics • delayed discharges affecting almost 1/3 of patients in the Trust's hospitals. In discussion it was noted that delayed discharges were largely caused by limited care home capacity due to challenges in recruiting and retaining staff (particularly care home support workers), and temporary closures due to Covid-19. Innovative ways to boost care home capacity were being considered. **Finance**: Sue Lorimer reported on the key issues discussed at the Finance and Business Performance Assurance committee meeting held on 21 December and a verbal report on the meeting held on 23 February. The Trust was predicting a break-even position this year following the confirmation that £4.7m of elective recovery funding would be received. Financial planning for the year had taken place in two six-month periods known as H1 and H2. Plans for 2022/23 were underway and taking longer to agree due to the NHS restructuring and the incoming Integrated Care Boards. Furthermore, there were unknown factors such as the level of covid recovery funds and elective recovery funding. It was noted that inflation could rise and this would have a detrimental impact on the Trust's capital investment plans. This risk would be added to the

Reference	Minute
	corporate risk register. Similarly, the increasing costs of energy would be risk assessed and put on the corporate risk register if material. It was hoped that the new focus on energy costs would help drive sustainability improvements across the public sector – such work was being promoted by the University. **Safety Management**: Steve Igoe reported on recent proceedings at the Safety Management Assurance committee. The key points highlighted were discussions on: • the fragmented provision of Occupational Health services and how they could be made more cohesive • recent corrective actions raised by the radiation report • managing violence and aggression towards staff • a rise in the number of non-clinical incidents which was thought to be related to increased awareness of the need to report. There were no questions from the Governors. **Resolved:** **That the Council of Governors:** **NOTED the feedback from Assurance Committees.**
21-22 / 047	**Council Governance**
	David McGovern gave a presentation on work to strengthen the role of the Governors. This was being done as part of the overall programme to strengthen governance at the Trust. It was recognised that the past two years had been challenging and, following the recent governor elections, now was a great time to look again at induction and support for governors. The presentation gave background information and led to a discussion on what the governors would value. It was agreed that meeting in-person would make a huge positive difference, and the suggested induction and development programme was well received. **Resolved:** **That the Council of Governors:** **NOTED the presentation on governance development**
21-22 / 048	**Capital Programme Update**
	Matthew Swanborough gave a presentation on the current capital development projects. The key current projects were: • urgent and emergency care upgrade programme (UECUP) • Bowman's staff restaurant upgrade

Reference	Minute
	• staff change and facilities upgrade • High Dependency Unit (HDU) expansion • Transoesophogal echocardiogram (TOE) and day case relocation projects • Elective Surgery Hub at Clatterbridge Hospital. Various other upgrade programmes were also highlighted. The improvements would increase capacity, as well as provide improved staff facilities. The programmes were progressing well with the only exception being some groundwork delays. In discussion it was confirmed that patient delays were not anticipated during the works as contingencies had been built in to ensure service continuity. It was also noted that all national guidance on ventilation and HEPA filters had been incorporated into the plans as well as other infection prevention and control guidance. Both the A&E and HDU designs were future-proofed to help cope with any potential future respiratory diseases. **Resolved:** **That the Council of Governors:** **NOTED the presentation on the capital programme.**
21-22 / 049	**Covid 19 Update**
	Nikki Stevenson gave a verbal update to the Governors on the latest Covid-19 position. The Trust was continuing with safety measures for staff and patients including face masks and testing. A plan would be devised to cater for when free lateral flow tests ceased to be available. The Trust had gone over and above in relation to face mask requirements for staff. Positive cases in the Wirral were reducing, and were at about 294 per 100,000. It was noted that incidents of long Covid had more of an impact on community care rather than acute hospital care. The Clinical Advisory Group continued to meet to provide governance and leadership to the Trust's response. **Resolved:** **That the Council of Governors:** **NOTED the presentation on the Covid-19**
21-22 / 050	**Any Other Business** It was noted that a recruitment process for two new Non-Executive Directors was underway.
21-22 / 051	**Date, Time and Location of Next Meeting** Monday 25th April 2022, 4.30pm via Teams unless otherwise notified

Council of Governors
25 April 2022

Item 5

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

Report Purpose and Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of February 2022.

It is recommended that the Council of Governors:

- notes performance to the end of February 2022

Key Risks

This report relates to the key Risks of:

- Quality and safety of care
- Patient flow management during periods of high demand

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

Governance journey

Date	Forum	Report Title	Purpose/Decision
15 March 2022	Executive Management Team	WUTH Quality Dashboard Metrics Review March 2022	Discussion on results of review and agreement on next steps
6 April 2022	Board of Directors	Quality and Performance Dashboard	To note

1	Narrative
1.1	Of the 47 indicators that are reported (excluding Use of Resources): - 28 are off-target or failing to meet performance thresholds - 19 are on-target The metrics included are under review with the Executive Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied. Amendments to previous metrics and/or thresholds are detailed below the dashboard.

2	Implications
2.1	The issues and actions undertaken for those metrics that are not meeting the required standards are included in the additional exception reports or covered within the Chief Operating Officers Report.

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

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Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

March 2022
Upated 14-03-22

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	CN	≤0.24 per 1000 Bed Days	WUTH	0.11	0.16	0.10	0.20	0.05	0.05	0.10	0.10	0.05	0.19	0.18	0.18	0.20	0.13	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	94.9%	94.0%	94.4%	94.5%	94.7%	93.3%	95.2%	94.5%	94.5%	95.2%	94.4%	94.6%	94.0%	94.48%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	96.6%	96.2%	96.4%	96.6%	96.6%	96.2%	97.6%	96.9%	96.9%	97.2%	96.9%	96.7%	96.2%	96.7%	
	Serious Incidents declared	Safe, high quality care	CN	≤48 per annum (max 4 per month)	WUTH	5	4	5	4	8	7	4	5	7	3	4	9	4	60	
	Never Events	Safe, high quality care	CN	0	SOF	1	0	0	1	0	2	0	0	0	0	0	0	1	4	
	CAS Alerts not completed by deadline	Safe, high quality care	CN	0	SOF	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
	Clostridium difficile (healthcare associated)	Safe, high quality care	CN	Maximum 79 cases for 2021-22, with a varying trajectory of a max 6 to 8 cases per month	WUTH	7	6	5	7	5	1	6	13	6	5	3	18	12	81	
	Gram negative bacteraemia	Safe, high quality care	CN	Maximum 63 for financial year 2021-22, with a varying trajectory of a maximum 5 or 6 cases per month	National	6	6	3	5	7	3	3	2	7	6	8	4	2	50	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	CN	0	National	0	0	0	0	1	0	0	0	0	0	0	0	1	2	
	Hand Hygiene Compliance	Safe, high quality care	CN	≥95%	WUTH	98.9%	100.0%	99.2%	99.2%	99.0%	99.3%	99.0%	99.2%	99.2%	99.2%	99.4%	99.1%	99.8%	99.2%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	CN	0	WUTH	0	0	0	0	1	1	0	0	0	0	0	1	1	4	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	CN	≥90%	WUTH	Not avail	96%	96%	96%	95%	96%	96%	96%	95%	96%	96%	94%	95%	96%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	CN	≥90%	WUTH	79.1%	79.9%	84.3%	85.9%	87.5%	89.1%	91.0%	91.1%	90.0%	89.3%	88.9%	86.9%	86.6%	88.2%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	CN	≥90%	WUTH	84.1%	82.3%	83.0%	83.6%	83.9%	86.1%	85.9%	87.2%	86.9%	86.0%	85.1%	84.5%	84.1%	85.1%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	CN	≥90%	WUTH	80.1%	67.0%	69.5%	70.8%	72.3%	74.3%	75.5%	75.0%	73.6%	74.5%	72.5%	71.5%	73.3%	73.0%	
	Attendance % (12-month rolling average)	Safe, high quality care	CPO	≥95%	SOF	93.42%	93.48%	93.79%	93.90%	93.95%	93.88%	93.83%	93.79%	93.78%	93.76%	93.60%	93.52%	93.47%	93.47%	
	Attendance % (in-month rate)	Safe, high quality care	CPO	≥95%	SOF	93.91%	94.71%	94.62%	94.32%	94.32%	93.52%	93.47%	93.38%	93.33%	93.63%	92.14%	91.28%	92.95%	93.36%	
	Staff turnover % (in-month rate)	Safe, high quality care	CPO	Annual ≤10% (equates to monthly ≤0.83%)	WUTH	0.67%	0.77%	0.95%	0.72%	0.79%	1.22%	1.86%	1.09%	1.01%	0.79%	1.10%	1.23%	0.95%	1.06%	
	Staff turnover (rolling 12 month rate)	Safe, high quality care	CPO	≤10%	WUTH	13.9%	13.0%	13.5%	13.2%	13.3%	13.0%	12.6%	12.9%	13.3%	13.2%	13.4%	13.7%	13.9%	13.9%	
	Care hours per patient day (CHPPD)	Safe, high quality care	CN	Between 6 and 10	WUTH	8.9	9.0	8.7	8.3	8.8	8.5	8.4	8.2	8.2	7.6	8.1	8.0	8.4	8.3	

Quality Performance Dashboard

March 2022
Upated 14-03-22

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Effective	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	CN	≥95%	WUTH	95.3%	98.0%	98.4%	98.3%	98.3%	95.9%	96.7%	96.4%	96.2%	93.8%	92.6%	91.7%	96.7%	95.9%	
	Nutrition and Hydration - MUST completed within 24 hours of admission	Safe, high quality care	CN	≥90% to June 2020, ≥95% from July 2020	WUTH	97%	97%	99.0%	98.0%	98.0%	98.0%	97.0%	96.0%	96.4%	95.5%	94.6%	95.2%	97.3%	96.8%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	18.2%	16.8%	17.3%	17.2%	18.3%	19.9%	19.0%	16.9%	17.6%	17.3%	17.7%	18.8%	17.9%	18.0%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	354	341	323	329	318	319	368	393	416	432	441	469	456	456	
	Long length of stay - number of patients in hospital for 21 or more days	Safe, high quality care	MD / COO	Maintain at a maximum 52 (revised Sept 2020)	WUTH	106	88	96	85	99	95	126	132	126	141	157	206	195	195	
	Length of stay - elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤5.3 days average	WUTH	3.2	3.1	3.6	3.3	3.5	3.8	3.8	3.6	3.6	3.5	3.3	2.8	3.9	3.5	
	Length of stay - non elective (actual in month - Patient Flow wards only)	Safe, high quality care	COO	≤7.3 days average	WUTH	4.4	4.2	3.8	4.0	4.0	4.1	4.2	4.4	4.7	4.4	4.7	4.6	5.3	4.4	
	Emergency readmissions within 28 days	Safe, high quality care	COO	≤1,110 per month	WUTH	938	1097	1149	1131	1084	1115	1018	1010	1070	1039	1062	1012	925	1056	
	% Theatre in session utilisation	Safe, high quality care	COO	≥85%	WUTH	81.3%	84.9%	84.5%	85.5%	82.5%	79.8%	82.0%	83.4%	83.7%	82.0%	77.9%	77.2%	77.9%	81.5%	

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	CN	0	SOF	0	0	2	2	3	4	1	2	2	3	8	3	2	32	
	FFT Overall experience of very good & good: ED	Outstanding Patient Experience	CN	≥95%	SOF	87.0%	85.0%	84.0%	83.0%	82.0%	76.0%	76.0%	71.1%	72.8%	72.4%	77.7%	75.9%	77.3%	77.1%	
	FFT Overall experience of very good & good: Inpatients	Outstanding Patient Experience	CN	≥95%	SOF	91.0%	92.0%	94.0%	95.0%	95.0%	95.0%	96.0%	94.0%	94.3%	95.1%	94.4%	95.4%	94.5%	94.8%	
	FFT Overall experience of very good & good: Outpatients	Outstanding Patient Experience	CN	≥95%	SOF	95.0%	95.0%	95.0%	94.0%	95.0%	93.0%	94.0%	93.2%	94.1%	93.7%	94.3%	94.3%	94.1%	94.1%	
	FFT Overall experience of very good & good: Maternity	Outstanding Patient Experience	CN	≥95%	SOF	67.0%	94.0%	99.0%	95.0%	93.0%	97.0%	98.0%	94.1%	98.8%	94.7%	94.6%	96.6%	93.5%	95.8%	

Quality Performance Dashboard

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory 2020-21, and Q2 21-22	SOF	76.8%	77.8%	76.1%	73.5%	78.0%	67.8%	66.2%	63.4%	62.6%	59.5%	60.6%	59.1%	63.1%	66.4%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	1	7	11	8	6	6	13	7	59	
	Time to initial assessment for all patients presenting to A&E - % within 15 minutes	Safe, high quality care	COO	TBD	National	77.8%	78.8%	73.4%	68.1%	73.4%	57.7%	66.7%	48.1%	58.1%	49.8%	57.2%	57.3%	61.7%	61.1%	
	Proportion of patients spending more than 12 hours in A&E from time of arrival	Safe, high quality care	COO	TBD	National	2.3%	1.6%	1.7%	2.6%	2.3%	7.9%	4.9%	9.2%	8.0%	9.4%	8.8%	10.7%	8.0%	6.7%	
	Proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed	Safe, high quality care	COO	TBD	National	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	78.9%	74.6%	73.9%	82.4%	77.5%	
	Ambulance Handovers: > 30 minute delays	Safe, high quality care	COO	<5%	WUTH	6.6%	6.8%	8.2%	10.4%	7.6%	14.5%	14.3%	23.5%	21.9%	22.8%	19.2%	18.0%	15.5%	16.0%	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% for WUTH through 2020-21	SOF	67.89%	69.26%	69.61%	72.57%	75.64%	75.13%	74.14%	72.88%	70.84%	70.14%	67.84%	67.57%	65.89%	65.89%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	21955	23444	24774	25873	26671	26979	27306	27424	26935	27046	27406	28665	29445	29445	
	Referral to Treatment - cases waiting 0-18 wks	Safe, high quality care	COO	n/a	WUTH	14906	16238	17246	18775	20174	20270	20244	19986	19080	18969	18593	19370	19452	19452	
	Referral to Treatment - cases waiting 19-26 wks	Safe, high quality care	COO	n/a	WUTH	2903	2793	3054	2763	2552	3103	3302	3508	3807	3858	3827	3751	4160	4160	
	Referral to Treatment - cases waiting 27-40 wks	Safe, high quality care	COO	n/a	WUTH	2328	2802	2985	2843	2555	2222	2297	2445	2703	2997	3551	3969	4056	4056	
	Referral to Treatment - cases waiting 41-52 wks	Safe, high quality care	COO	n/a	WUTH	710	443	615	859	864	877	903	879	770	712	878	1100	1338	1338	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSEI H2 Plans Trajectory : Oct 21 to March 22	National	1108	1168	874	633	526	507	560	606	575	510	557	475	525	525	
	Referral to Treatment - cases exceeding 104 weeks	Safe, high quality care	COO	NHSEI H2 Plans Trajectory :	National	0	0	1	1	1	3	3	7	10	5	5	4	5	5	
	Diagnostic Waiters, 6 weeks and over - DM01	Safe, high quality care	COO	≥99%	SOF	94.3%	97.4%	97.7%	98.5%	96.8%	87.5%	86.0%	91.3%	94.3%	93.0%	89.8%	87.3%	86.4%	91.7%	
	Cancer Waiting Times - 2 week referrals (monthly provisional)	Safe, high quality care	COO	≥93%	National	97.6%	98.8%	96.9%	97.6%	97.2%	95.4%	93.7%	95.7%	96.1%	87.9%	91.4%	76.2%	78.0%	91.5%	
	Cancer Waiting Times - 2 week referrals (final quarterly position)	Safe, high quality care	COO	≥93%	National	-	97.64%	-	-	97.21%	-	-	94.95%	-	-	91.63%	-	-	96.1%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (monthly provisional)	Safe, high quality care	COO	≥96%	National	93.0%	93.5%	94.7%	95.2%	99.2%	96.3%	96.4%	96.5%	95.4%	94.3%	94.8%	94.6%	85.7%	94.8%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (final quarterly position)	Safe, high quality care	COO	≥96%	National	-	94.73%	-	-	96.26%	-	-	96.41%	-	-	94.85%	-	-	96.3%	
	Cancer Waiting Times - 62 days to treatment (monthly provisional)	Safe, high quality care	COO	≥85%	SOF	82.1%	84.1%	84.5%	84.1%	85.3%	84.7%	85.9%	84.4%	79.2%	79.7%	79.3%	79.6%	75.0%	82.0%	
	Cancer Waiting Times - 62 days to treatment (final quarterly position)	Safe, high quality care	COO	≥85%	SOF	-	82.56%	-	-	84.66%	-	-	85.05%	-	-	79.38	-	-	84.9%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	CN	≤173 per month	WUTH	165	170	157	156	145	209	213	218	216	177	149	180	187	182	
	Patient Experience: Number of complaints received in month per 1000 staff - Levels 2 to 4 (formal)	Outstanding Patient Experience	CN	≤3.1	WUTH	3.56	4.07	4.09	2.56	4.04	4.20	3.31	3.29	2.56	3.27	3.26	2.34	4.87	3.44	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	CN	≥90%	National	100%	95%	100%	93%	95%	100%	94%	94%	100%	61%	100%	100%	100%	94%	
	Number of re-opened complaints	Outstanding Patient Experience	CN	≤5 pcm	WUTH	4	4	0	2	1	2	5	2	3	4	3	2	0	2	

Quality Performance Dashboard

March 2022
Upated 14-03-22

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	CN	100%	National	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	Under review	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	700 for FY 21/22 (cumulative 59 per month until year total achieved)	National	206	87	22	38	107	279	457	611	790	1022	1209	1545	1697	1697	
	% Appraisal compliance	Safe, high quality care	CPO	≥88%	WUTH	74.7%	77.0%	81.0%	81.3%	82.7%	82.7%	82.2%	81.2%	82.2%	82.7%	82.3%	82.0%	78.0%	78.0%	

	Indicator	Objective	Director	Threshold	Set by	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	2021/22	Trend
Use of Resources	I&E Performance (monthly actual)	Effective use of Resources	CFO	On Plan	WUTH	-5.4	3.5	0.8	-0.5	-0.2	0.0	0.2	-0.2		-0.7	-0.6	2.3	-0.1	0.0	
	I&E Performance Variance (monthly variance)	Effective use of Resources	CFO	On Plan	WUTH	-5.4	3.9	0.8	-0.4	-0.4	0.0	0.2	-0.1	0.0	1.0	-0.9	1.9	-0.5	0.6	
	NHSI Risk Rating	Effective use of Resources	CFO	On Plan	NHSI	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2	
	CIP Performance (YTD Plan vs Actual)	Effective use of Resources	CFO	On Plan	WUTH	0.0	0.0	0.0	0.0	3.02%	6.03%	9.05%	14.50%	Not reported	77.21%	48.24%	78.70%	78.61%	78.6%	
	NHSI Agency Performance (YTD % variance)	Effective use of Resources	CFO	On Plan	NHSI	-22.5%	-21.9%	-50.5%	-27.7%	-32.4%	-40.5%	-11.7%	-5.2%	-50.0%	-25.1%	-6.7%	-4.3%	-8.0%	-23.8%	
	Cash - liquidity days	Effective use of Resources	CFO	NHSI metric	WUTH	-17.8	-16.9	-15.0	-15.5	-10.4	-15.7	-15.4	-15.2	-16.2	-15.9	-18.0	-16.2	-18.6	-18.6	
	Capital Programme (cumulative)	Effective use of Resources	CFO	On Plan	WUTH	-74.8%	100.0%	2.0%	5.6%	12.5%	18.0%	22.6%	24.4%	30.7%	36.3%	48.0%	59.0%	76.2%	76.2%	

(*) Updated Metrics

Metric Change

(**) Updated Thresholds

Threshold Change

Safe Domain

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

Executive Lead: Medical Director

Performance Issue:

A WUTH target has been set that at a minimum 95% of eligible patients will have a VTE risk assessment performed within 12 hours of the decision to admit. February performance was slightly below at 94.0%.

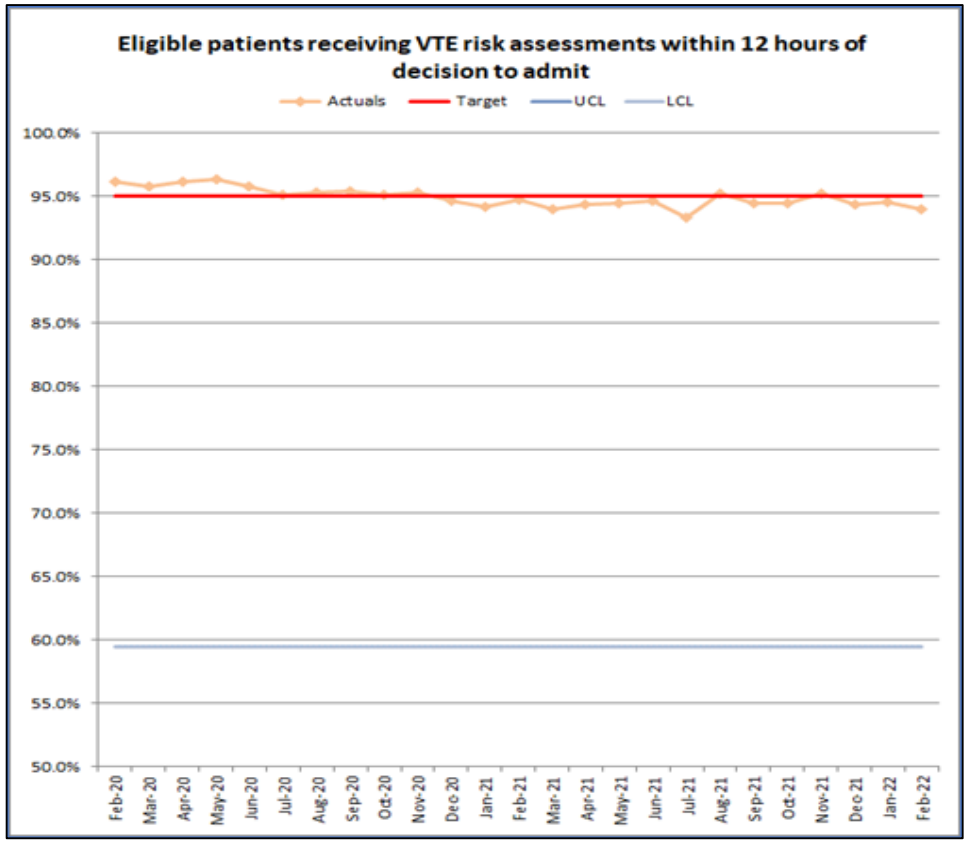
The nationally reported standard of all patients receiving a VTE risk assessment on admission to hospital is consistently met.

Action:

VTE compliance in each division is tracked through divisional governance reports to PSQB and through DPRs. A monthly report of all patients who did not receive as 12-hour assessment is shared with all AMDs to feedback to clinical teams. VTE compliance can also be tracked through the live BI portal.
Issues with data quality are being addressed to ensure all patients who do not clinically require a 12-hour assessment are not being inappropriately counted in the performance data.
Performance will continue to be closely monitored to ensure that there is not a significant deterioration in assessment and that there are no patient safety issues.

Expected Impact:

Improvement of performance to achieve minimum target value.



Clostridium difficile (Healthcare Associated)

Executive Lead: Chief Nurse

Performance Issue:

In respect of the COVID pandemic the National objective set for WUTH for healthcare associated *Clostridium difficile* infections (CDI) this year is 115. This is an increase in the previous year and is not reflective of the achievements made in reducing CDI for the last 2 years. To promote continuous improvement an internal threshold has been agreed: a target of 79 healthcare associated CDI cases or less for 2021-2022. This a 10% reduction of last year's objective of 88.
The cumulative position for 2021-2022 at the end of February is reported at 81 cases, and this is now higher than the cumulative threshold. The number of cases in the month of February 2022 was 12.

Action:

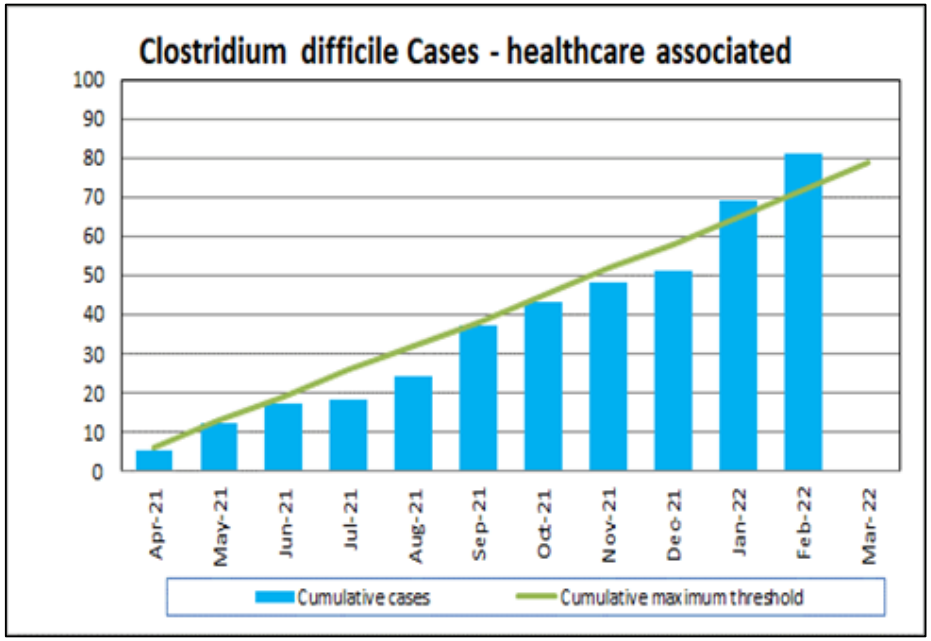
Several enhanced controls, actions and rapid QI initiative focusing on CDT across four wards and the completed that have resulted in the numbers of patients diagnosed with CDT reducing this month, despite this the IPC team have continued its increased support to the wards to ensure that improvements continue.

The weekly Chief Nurse led CDT meeting continues which reviews each patient pathway, identifying causative factors and developing local action plans to focus on improvements.

Trust currently remains significantly below the PHE target of 115 cases

Expected Impact:

Healthcare associated *Clostridium difficile* cases to reduce



MRSA Bacteraemia – hospital acquired

Executive Lead: Chief Nurse

Performance Issue:

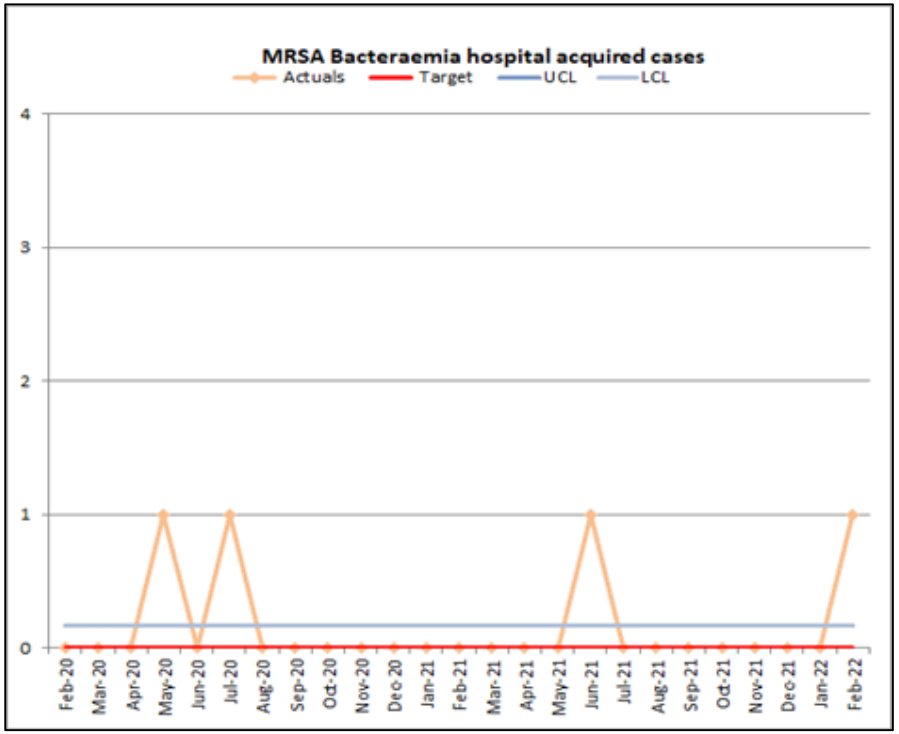
Healthcare providers have been set the challenge of demonstrating '*zero tolerance'* of MRSA Bloodstream Infections. All MRSA blood stream infections are subject to a Post Infection Review (PIR).

WUTH reported 1 MRSA bacteraemia in February 2022, with the most recent case before that being in June 2021.

Action:
A Post Infection Review (PIR) has taken place and whilst it cannot be confirmed of the definite cause of the bacteraemia it was noted that on a previous admission the patient was colonised with MRSA although this was not detected on this admission screening. The patient had cannulas inserted which were identified as a potential risk factor.

Lessons learnt were presented at the Divisional IPC meeting along with the resulting action plan**.**
Lessons learnt are also shared at local safety huddles and Trust wide at the monthly IPCG.

Expected Impact:
Targeted interventions will help to reduce the risk of MRSA bacteraemia.



Pressure Ulcers – hospital acquired category 3 and above

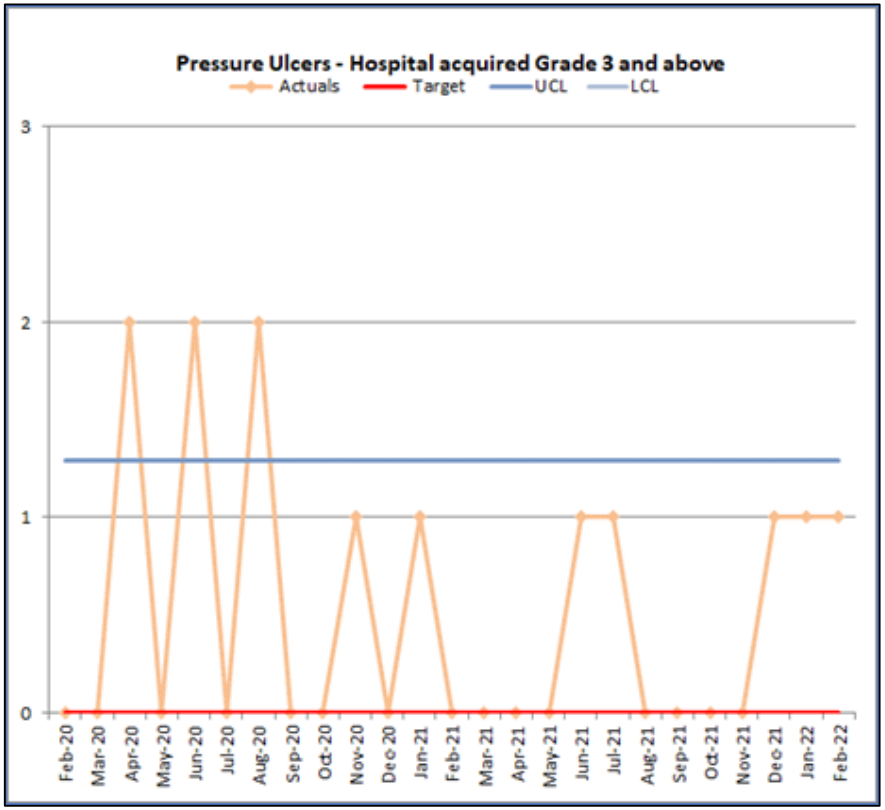
Executive Lead: Chief Nurse

Performance Issue:

WUTH has in an internal standard of zero hospital acquired pressure ulcers at category 3 or above.

Action:
There were two recorded Cat 3 pressure ulcers and one recorded Cat 4 in February 2022.
Scrutiny of both Category 3 incidents has been undertaken and learning shared. The findings suggest that there were no lapses in care directly resulting in deterioration. One patient was approaching last days of life and the second patient had a sudden deterioration in condition. Scrutiny of the HA Cat 4 which had deteriorated from a Cat 3 also suggested no lapses in care.
Tissue viability standards continue to be promoted across the Trust. An emphasis on supporting ED with skin assessments is ongoing alongside targeted education with individual clinicians. Introduction of the ASSKING bundle poster in all clinical areas as aide memoirs has raised awareness across the Trust. Tissue viability education e-learning and in person training is available. The Pressure Ulcer Prevention and Management Policy replicative of the Cheshire and Merseyside Pressure Ulcer Steering Group standards has been submitted for consultation.
There will now be focus on Moisture Associated Skin Damage (MASD) with the introduction of a leaflet and added E-Learning education to support a reduction of further skin deterioration. This will be supported by targeted improvement work led by the Corporate Nursing Team.

Expected Impact:
There will be a reduction in the number of patients with hospital acquired pressure damage. A reduction in MASD through increased awareness.



Protecting Vulnerable People Training - % Compliant Level 1

Executive Lead: Chief Nurse

Performance Issue:

WUTH has a target set at a minimum 90% of relevant staff being compliant with training. This standard has not been achieved in recent months, with February 2022 at 86.6%.

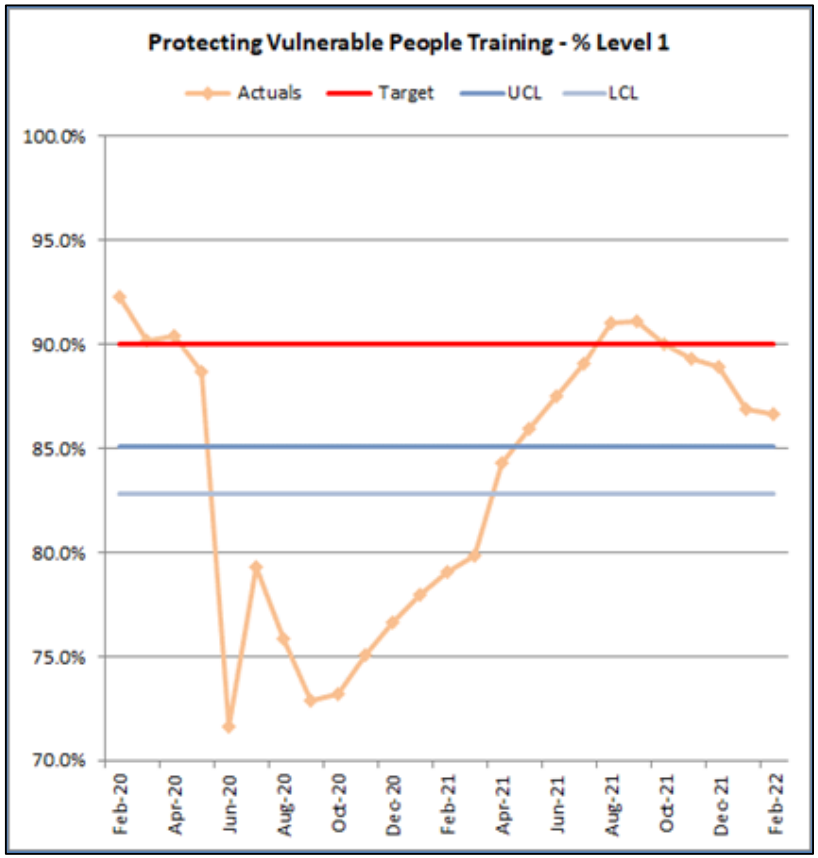
Improvements have been noted in Clinical Support (87.8%) and W&C who remain within the expected compliance over 90% (90.37%).
All Divisions remain over 87% compliance with corporate teams sitting at 77.81%.

Action:
Divisional triumvirates are aware of the declining position. Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4. A list of non-compliant staff has been shared across the Triumvirates by the ADN for Safeguarding to address directly areas requiring improvements.

Training is available as eLearning that staff are able to access at any time; there are no capacity challenges for delivery of the training.

Expected Impact:

Level 1 PVP training compliance is expected to return to required compliance during Q4.



Protecting Vulnerable People Training - % Compliant Level 2

Executive Lead: Chief Nurse

Performance Issue:

Compliance target for level 2 training is set at a minimum of 90%. Performance has gradually declined since September 2021. February 2022 continued the recent deterioration to 84.1% compliance.

Action:

The recent suspension of mandatory training due to operational pressures during the pandemic have resulted in a declining position. Overall Divisions remain over 82% compliance except for Acute who are currently 77.88% compliant. Improvements have been noted in Medicine, Estates and Facilities and Surgery. Surgery is the only Division to have achieved compliance for level 2 PVP within February 2022.

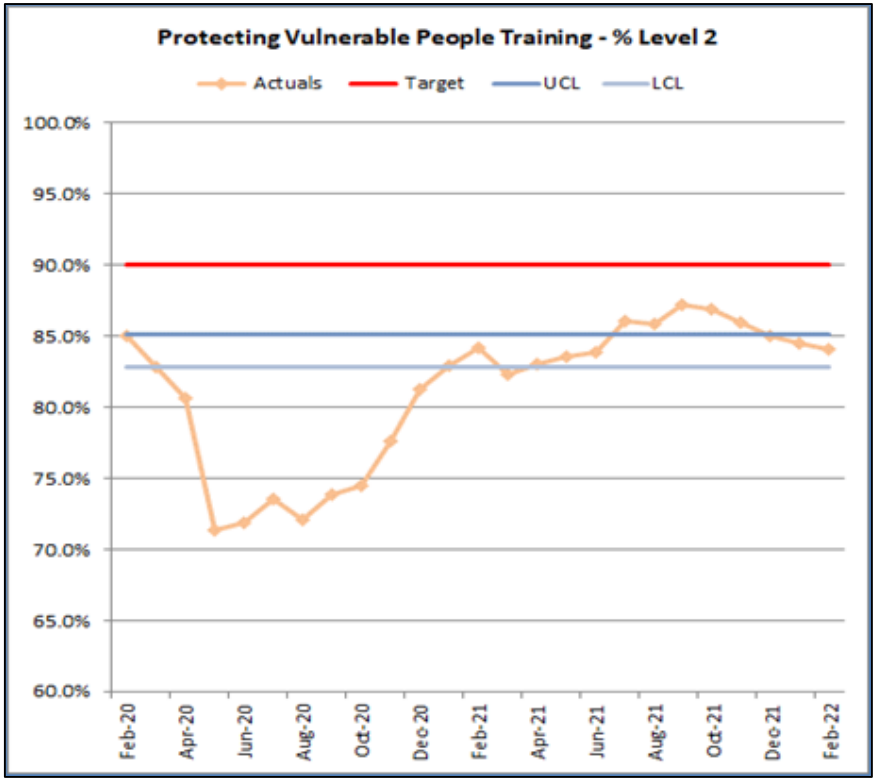
Divisional triumvirates are aware of the declining position. Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4.

A list of non-compliant staff has been shared across the Triumvirates by the ADN for Safeguarding to address directly areas requiring improvements.

Training is available as eLearning that staff are able to access at any time; there are no capacity challenges for delivery of the training.

Expected Impact:

Level 2 PVP training is expected to increase towards the mandatory 90% compliance and above by the end of Q4.



Protecting Vulnerable People Training - % Compliant Level 3

Executive Lead: Chief Nurse

Performance Issue:

Compliance target is set at a minimum of 90% of relevant staff to have undertaken training every 3 years (available via eLearning). Performance improved in February 2022, up to 73.3%.

To comply with the intercollegiate training requirements for adults (2018) and children (2020) identified staff are required to have additional hours of interactive learning: this is set at a minimum of 90%.

Action:

All Divisions saw an improvement in Level 3 PVP compliance in February. Compliance across the divisions is over 70% with corporate as an outlier - compliance is currently 44.74%. Corporate requirements are currently being validated.

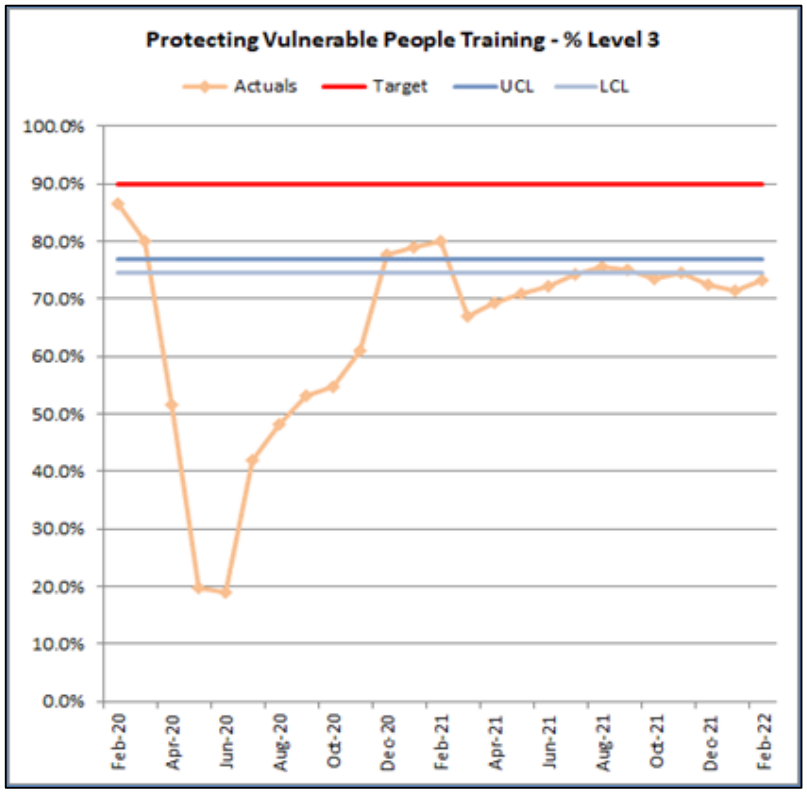
Divisional triumvirates are aware of the current position and further action required to achieve compliance to 90% and over by end of March (Q4).

Monthly reports continue to inform the leadership team of underperforming areas to enable a targeted approach to address low compliance during quarter 4.

Training is available as eLearning that staff are able to access at any time; there are no capacity challenges for delivery of the training. Bespoke training sessions are provided for interactive learning as required.

Expected Impact:

Level 3 PVP training is expected to increase towards the compliance requirement of 90% and aiming to be achieve by the end of Q4.



Staff attendance % (in-month rate)

Executive Lead: Chief People Officer

Performance Issue:

The Trust compliance threshold for sickness absence is 5%, both for in-month sickness and over a rolling 12-month period. Sickness absence was improved in February 2022, to 7.05%. Of this, 1.15% related to COVID-19.

All Divisions in February 2022 have exceeded the 5% KPI, although all Divisions showed an improvement in February 2022. It is noted that Estates and Hotel Services have continued to steadily improve since September 21.

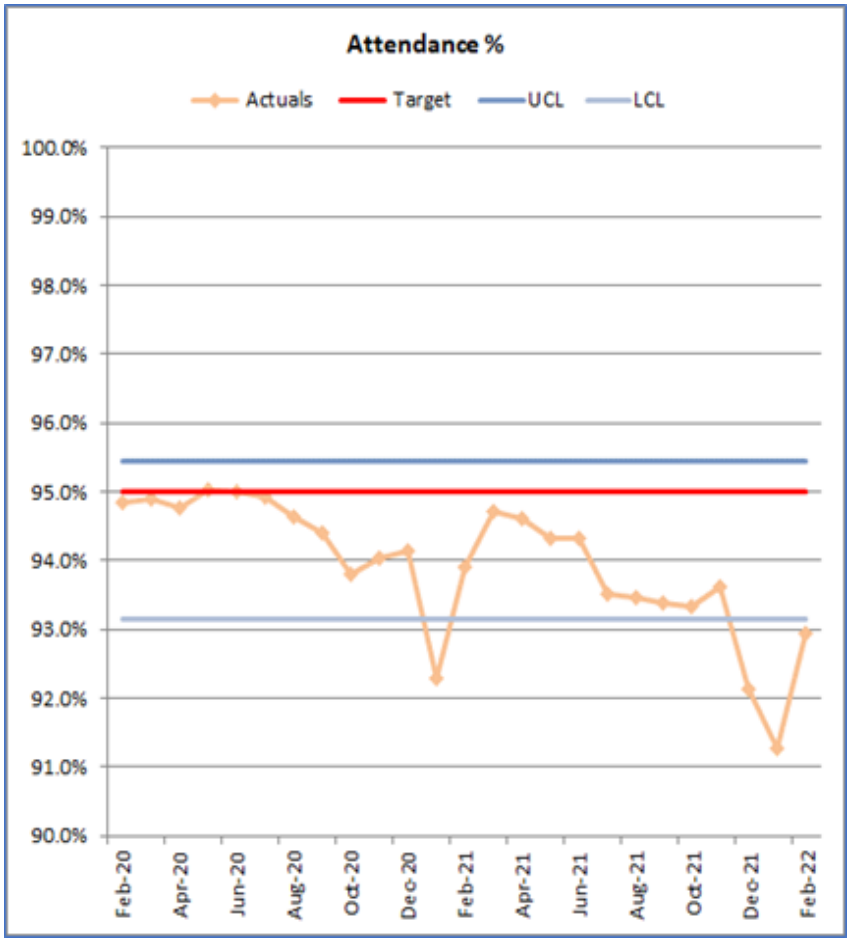
In February 2022, there was a further increase in long-term sickness absence as compared to January 2022. Proportionately, short term sickness absence continues to account for the majority (76%) of sickness absence.

Anxiety, Stress and Depression remains the highest reason (38%) for long term sickness absence. The 'Infectious Diseases' category was the highest reported reason for short-term sickness, followed by 'Gastrointestinal problems'.

Action:

Monitoring of the Sickness Attendance KPI and RTWs is on-going via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews (DPRs).

Work on the NHSE/I agreed HR Business Partner action plan continues against the Deep Dive Themes, in particular actions associated with the 'gold standard' recommendations regarding our Managing Attendance Policy and newly proposed Managers Toolkit.



All preparatory work for the full roll out of Health and Wellbeing Conversations has been complete, ahead of the 1 April 2022 launch date. The Workforce Wellbeing Winter Plan continues to be implemented. OH have recruited an additional Psychotherapist to support and strengthen our mental health response for counselling and cognitive behavioural therapy. OH are finalising the recruitment of an OH specialist Physiotherapist to manage MSK related injuries with a focus on returns and fitness to work as well as provide MSK resilience training to promote early identification and management of MSK injuries.
Expected Impact: The impact of high sickness is increased pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance and safety. Risks to Trust financial management, quality, patient safety and operational performance due to cost of sickness absence, expense of bank and agency cover will reduce as the sickness absence is gradually improved over time and as we emerge from the latest wave of the pandemic.

Staff turnover % (in month rate)

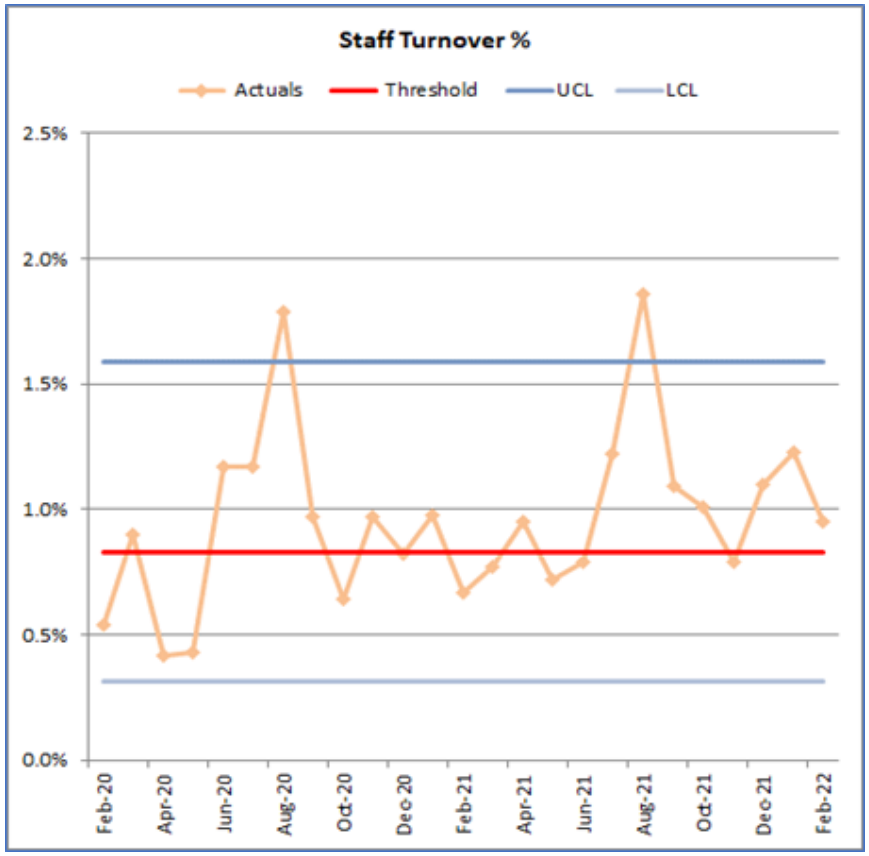
Executive Lead: Chief People Officer

Performance Issue:

The Trust target is set as a maximum rolling 12-month turnover threshold of 10%. Turnover in February 2022 was 0.95%, which is above the in-month KPI threshold of 0.83%.

If turnover is calculated based on permanent assignments only, excluding fixed term employees, the In-Month figure for February 2022 is 0.75% which is a reduction of 0.35% from January 2022.

The In-Month performance in Acute Care, Corporate Support and Women & Children's are all below the Trust Turnover KPI. All other Divisions are over the 10% KPI for the rolling 12 months.



Actions:

Monitoring of the Turnover KPI is on-going via Divisional Management, Divisional governance infrastructure, and via Divisional Performance Reviews (DPRs), with specific actions in place according the local feedback.

<u>Current Interventions to support retention.</u>

Action is being taken to review and improve some core recruitment processes to ensure Nursing and CSW recruitment is managed through a centralised corporate recruitment pathway, rather than each Division undertaking separate campaigns. The next recruitment event is being held in May 2022, where recruitment leads will be invited to showcase their areas and attract new candidates.

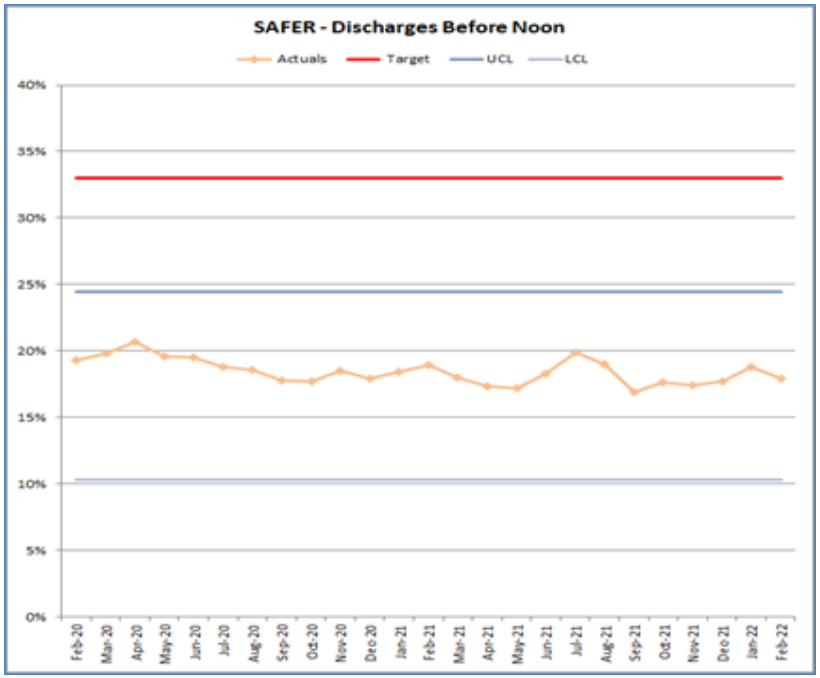
The Trust are on target to deliver the 100 International Nurse Recruits. The intention is to complete delivery in time for the winter so the Trust can expect the last cohorts to be arriving in Sept/Oct.

The Facilitation in Practice programme is scheduled for May 2022. Communications will be disseminated, and application forms will be available for staff to complete to obtain a place on the programme. Training dates for PARE and WEPP have been shared with preceptors. Details of new registrants will be also shared with Corporate Nursing to support WEPP. The “Golden Ticket” initiative is now being promoted with 3rd year students who are about to commence placement at WUTH.
Expected Impact: The impact of high Turnover increases pressure on existing staff whose resilience is already compromised and an over reliance on temporary staff which may impact on quality, performance, and safety. Risks to Trust financial management, quality, patient safety and operational performance due to the cost of high Turnover and the expense of bank and agency cover should reduce as Turnover improves over time with the interventions outlined above.

Effective Domain

SAFER bundle: % of discharges taking place before noon

Executive Lead: Medical Director / Chief Operating Officer
Performance Issue: A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon. The pattern of delivery has improved over the long term but is short of the optimum figure of 33%.
Action: The Trust is in the process of embedding the outputs of the ECIST intensive support from January that is focused on early discharge, structured board rounds to maximise flow through the organisation. There is daily visibility of the performance across all ward areas and discharges before noon are driven across all divisions.
Expected Impact: February data shows we were at 17.9% for patients discharged before midday. As per the above actions there is an expectation that this performance will improve with the roll out of the expected inpatient standards for all ward areas.



Theatre in session utilisation %

Executive Lead: Chief Operating Officer

Performance Issue:
The Trust has an internal efficiency trajectory of a minimum 85% of theatre time to be utilised.

Since September the Division had a real focus on improving utilisation of sessions as part of reset and recovery. This initially had the desired result, however, there have been further theatre ventilation failures resulting in theatres M1 – M5 and G1 being closed to maintain patient safety. Repairs are in place with M1 & M2 back in use in early March and a schedule of works for the remaining theatres being developed with all theatres expected to be in use from mid- May.

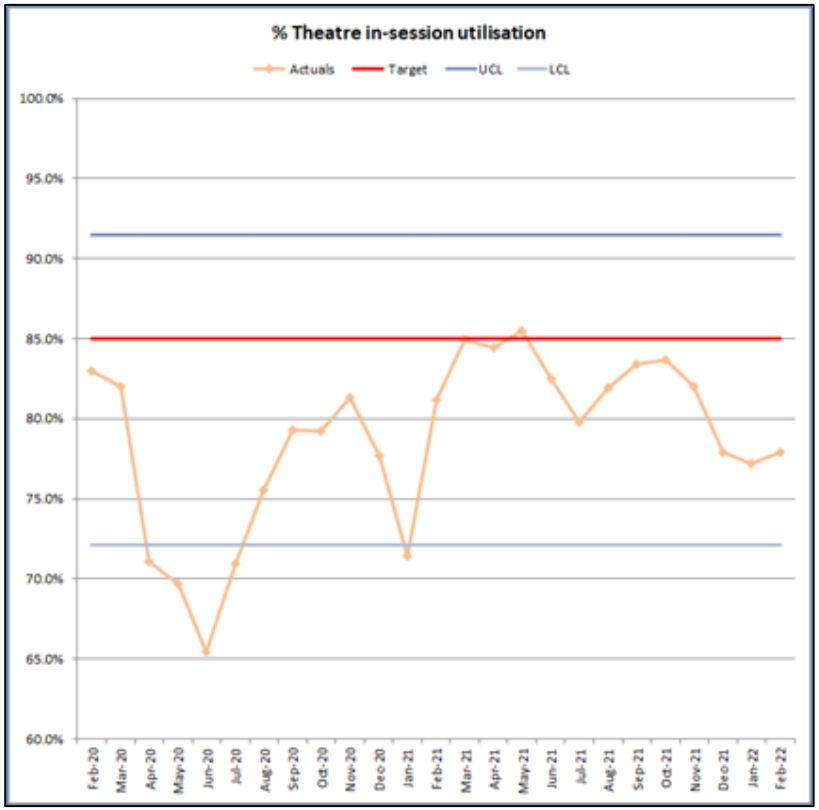
As COVID prevalence continues it has a direct impact on in-session utilisation due to patients being cancelled if their pre-op or pre-admission COVID swab is positive. Theatre lists are unable to be backfilled at such short notice due to clinical requirements and pathways. Proposals to change the process under "living with COVID" is to be presented at CAG this month.

COVID measures regarding PPE remain in place.

Following the reduction in January triggered by successional losses of elective wards across both sites, due to the number of patients not meeting the criteria to reside in hospital beds and COVID numbers increasing, IPC measures have been revised in view of national guidance enabling access to closed beds and the restoration of the elective wards.

Action:

- Maintain the Theatre scheduling meeting to minimise the loss of activity through theatre ventilation failures



• Maintain the daily TCI meeting to prevent cancellations on the day for inpatients and risk further reduction in in-session utilisation • Paper to CAG on the admission swab process and isolation periods • Theatre ventilation repair works schedule
Expected Impact: Increase in in session utilisation and increase in case throughput.

Caring Domain

Same sex accommodation breaches

Executive Lead: Chief Nurse

Performance Issue:

The national standard is set that providers should deliver same sex accommodation, except where it is considered in the overall best interests of the patient or reflects personal choice.

Same sex accommodation breaches are most often due to patients waiting more than 24 hours for transfer from critical care areas to general wards – there were 2 such breaches in February 2022. These reported breaches did not cause any delays or refused admissions to the Critical Care Unit as sufficient critical care bed capacity was available at this time. Patient's privacy and dignity needs are met whilst in critical care and the team ensures their specialty care is not compromised due to a lengthened critical care stay.

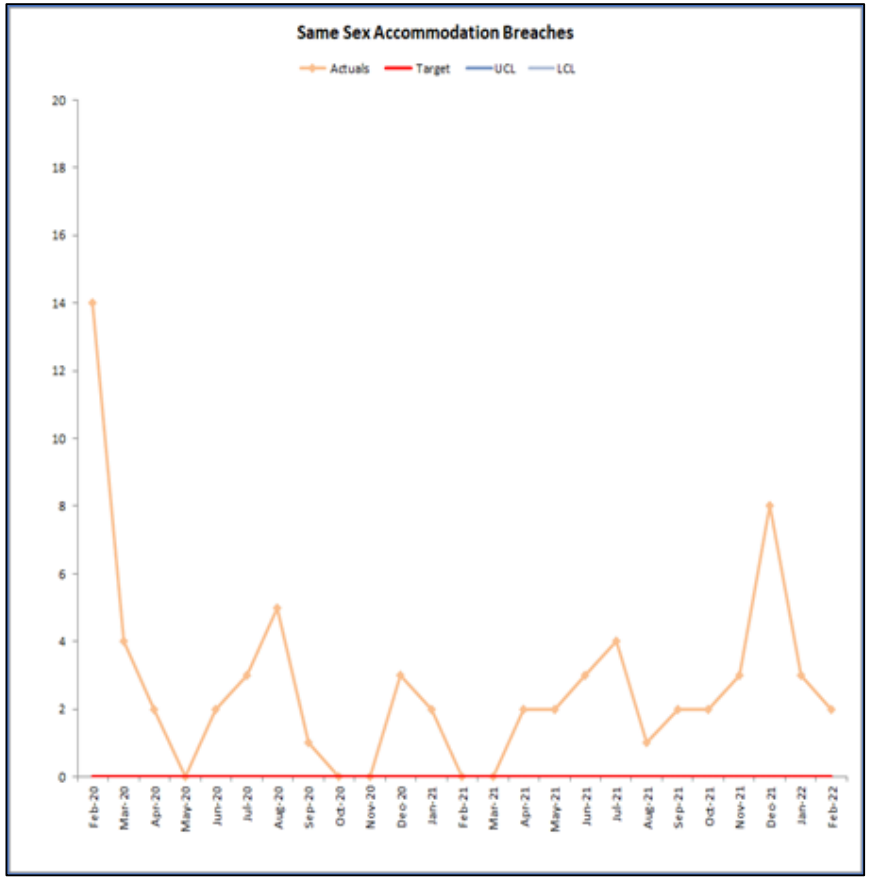
Action:

Increased pressure due to system challenges resulting in high levels of activity throughout the hospital and an increased proportion of patients with no criteria to reside continued in January 2022. Improvement noted in February

Joint working processes are in place, between critical care and the Patient Flow Team, to expedite discharges in response to an increase in acuity of patients.

Robust processes remain in place to ensure that delivering same sex accommodation continues to be a high priority and that breaches are managed promptly via bed capacity and operational meetings.

Expected Impact:
All patients are transferred to their specialty bed within 24 hours of discharge.



Responsive Domain

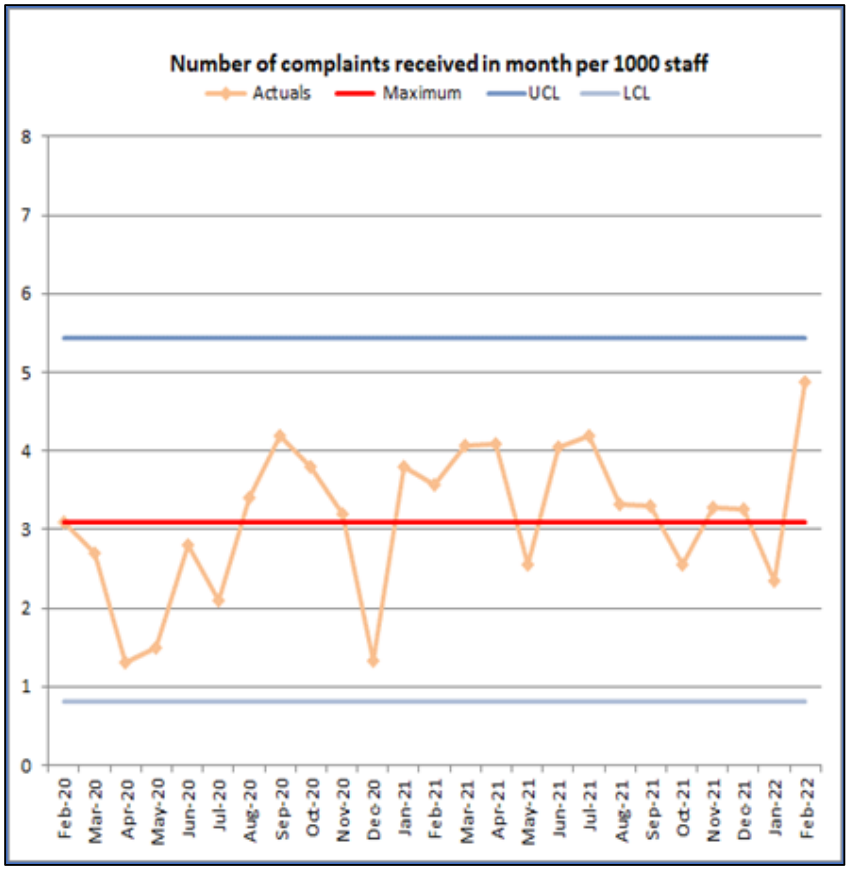
Number of complaints received in month per 1000 staff

Executive Lead: Chief Nurse

Performance Issue:
WUTH has set a maximum threshold for the number of complaints received in month at less than or equal to 3.1 per 1000 staff. The rate for February 2022 was 4.87

Action:
The complaints number, timeliness and learning themes are reported regularly to Patient Safety Quality Board (PSQB). Training to support staff to respond to patient feedback, promote positive complaints management, local resolution and learning is being developed for introduction this year (2022).
The ongoing COVID-19 pandemic meant clinical staff needed to prioritise direct patient care, At the start of 2022 it was agreed that while complaints would continue to be acknowledged and investigated, the complainant would be informed that timescales for completion would not be indicated until the surge and subsequent clinical pressures reduced. The Trust continued to record internal deadlines for response, with the Patient Experience Team working with the Divisions to reduce the number of breached complaints. The Patient Safety Quality Board (PSQB) reintroduced the requirement to confirm timeframes in March. Complainants are now advised of specific deadlines for response, signaling a move back to business as usual.
Complaints accrued during the "stepdown" period are subject to a recovery plan. Required improvement in response times is supported by increased operational oversight of the Corporate Complaints Team, with weekly meetings between Divisional and Corporate Complaints Teams.
The key reported complaint themes in February have been Treatment/Procedure – Delay/Failure. In the main these have been due to the impact of COVID on elective surgery and delays in the Emergency Department. Assurance of learning and actions continues to require focus. To support this, actions identified within divisional reports and responses are now set out as a list in a new closing section of each response letter.

Expected Impact:
Actions being taken will strengthen the approach to complaint management within the Trust.



Well-led Domain

Appraisal compliance %

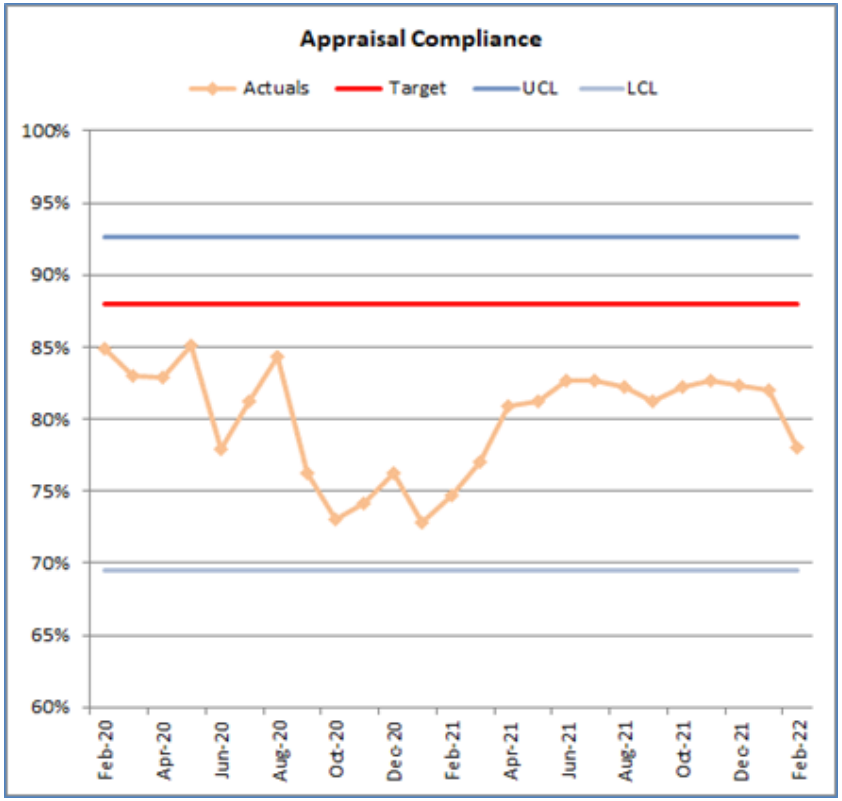
Executive Lead: Chief People Officer

Performance Issue:

The target for annual appraisal compliance is 88%. At the end of February 2022 78% of the workforce had received an appraisal in the last 12 months. This is a reduction from 82% in January 2022.

From a divisional perspective, appraisal compliance has reduced compared to the previous month across all divisions, except for Women and Children's who have remained static. No divisions this month have achieved the Trust KPI of 88%. The division with the highest compliance rate is Women and Children's at 82.21%, and the divisions with the lowest compliance rates are Acute (69.9%) and Medicine (74.6%).

Please note that Medical appraisal is currently excluded from the above figures.



Action:

Workforce compliance data is available to Divisions and the HR Services team to enable them to manage non-compliance for their areas and alerts of appraisals due are generated via the ESR system. HR Business Partners continue to support Divisional Management teams to identify and deliver actions to address low levels of compliance in specific areas. Check and challenge discussions take place at a divisional triumvirate levels and recommencement of divisional performance review meetings will see this challenged further.

As highlighted in last month's report a review of appraisal has now commenced. The scope of the review has broadened to also incorporate wellbeing

conversations into appraisal process. The rationale for this is to enable a more person-centered approach to appraisal conversation. Questions pertaining to quality of appraisals have been incorporated into a trust-wide wellbeing survey run this month, the results of which will inform findings of the review and subsequent development plans.
Expected Impact: Improvement in performance as the Trust returns to business as usual although it is acknowledged that winter pressures and pressures driven by the impact of covid-19 may create some challenges in maintaining appraisal completion rates across clinical areas over forthcoming months.

Wirral University Teaching Hospital
NHS Foundation Trust

2022-23 Operational Plan update

Council of Governors: 25th April 2022

Contents

Wirral University Teaching Hospital
NHS Foundation Trust

1. Recap of 2022/23 Priorities

Wirral University Teaching Hospital NHS Foundation Trust

2022/23 Operational Plan sets out 10 priorities for Trusts/Systems to deliver

April update focussed on the following:

C. Deliver significant more elective care to tackle the elective backlog, reduce long waits and improve performance against caner waiting times standards

D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12 hour waits in Emergency Departments (EDs) and minimising ambulance handover delays

I. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this

2. 2022/23 Planned activity and exceptions

Wirral University Teaching Hospital NHS Foundation Trust

Trust Elective Plan (excluding Obstetrics)

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
Day Case	Baseline	3,449	3,875	3,766	4,264	3,493	3,725	4,020	3,640	3,043	3,866	3,378	3,899	44,418
	Planned	3860	4224	4165	4614	3776	3986	4313	3986	3380	3731	3531	4138	47,704
	%	111.9%	109.0%	110.6%	108.2%	108.1%	107.0%	107.3%	109.5%	111.1%	96.5%	104.5%	106.1%	107.4%
Inpatient	Baseline	587	599	600	679	512	600	650	521	473	576	588	639	7,024
	Planned	569	587	590	662	496	584	632	521	462	529	542	657	6,831
	%	96.9%	98.0%	98.3%	97.5%	96.9%	97.3%	97.2%	100.0%	97.7%	91.8%	92.2%	102.8%	97.3%
Combined	Baseline	4,036	4,474	4,366	4,943	4,005	4,325	4,670	4,161	3,516	4,442	3,966	4,538	51,442
	Planned	4,429	4,811	4,755	5,276	4,272	4,570	4,945	4,507	3,842	4,260	4,073	4,795	54,535
	%	110%	108%	109%	107%	107%	106%	106%	108%	109%	96%	103%	106%	106%

	< 19/20 levels
	> 100% of 19/20
	>104%

- Ambitious elective plans to reduce the backlog of long waiting times
- Strong daycase performance
- Inpatient underperformance across specialities being explored:
    - Surgery delivering 100% but further work to explore increasing this to 104%
    - Medicine forecasting variance – undergoing critical challenge
    - January 2023 forecast being reviewed as activity should be at least 100%

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2. 2022/23 Planned activity and exceptions

Wirral University Teaching Hospital NHS Foundation Trust

Trust Outpatient Plan (excluding Obstetrics)

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	TOTAL
New	Baseline	10,643	10,766	11,081	12,515	10,369	12,006	13,503	11,994	10,180	12,383	10,461	10,813	136,714
	Planned	10926	11316	11138	12256	11256	12582	13366	12706	11330	11599	10708	12178	141,361
	%	102.7%	105.1%	100.5%	97.9%	108.6%	104.8%	99.0%	105.9%	111.3%	93.7%	102.4%	112.6%	103.4%
F/Up	Baseline	24,141	24,531	23,969	27,340	23,010	25,040	27,129	25,698	21,541	26,322	22,975	24,483	296,179
	Planned	25518	26279	25171	27864	24636	26394	27467	26821	23865	26362	25888	29065	315331
	%	105.7%	107.1%	105.0%	101.9%	107.1%	105.4%	101.2%	104.4%	110.8%	100.2%	112.7%	118.7%	106.5%
Combined	Baseline	34,784	35,297	35,050	39,855	33,379	37,046	40,632	37,692	31,721	38,705	33,436	35,296	432,893
	Planned	36,444	37,595	36,310	40,120	35,893	38,976	40,833	39,527	35,196	37,960	36,596	41,243	456,692
	%	105%	107%	104%	101%	108%	105%	100%	105%	111%	98%	109%	117%	105%

< 19/20 levels
> 100% of 19/20
>104%

- Overall performance forecasting to be compliant with 104%
- National mandate to reduce follow ups but WUTH has a significant overdue follow up backlog
- Formal recovery plans requested for Gastroenterology linked to demand levels
- Formal outpatient transformation programme to be launched to adopt new guidance (PIFU etc)

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3. Activity and ERF implications

Wirral University Teaching Hospital NHS Foundation Trust

Forecast ERF based on final activity plans

- New outpatients high due to backlog and plans to recover
- Follow up financial penalty as not planning to achieve the 25% reduction in follow ups (backlog of over due patients)
- Daycase performance significantly above 19/20
- Marginal increase in elective activity but opportunities to maximise the surgical hub development

Notes:

- *Excludes obstetrics in line with planning submission*
- *Excludes physiotherapy and OT specialities*
- *No adjustments for working days – 22/23 has 2 less than 19/20 (0.787%)*
- *Counterfactual 19/20 baseline for March 2020 may differ to ICS approach*

	TRUST TOTAL (-OBS)			
	2019/20	2022/23	Variance	% Variance
Outpatients				
New	19,191,167	20,251,236	1,060,069	5.52%
F/up	17,054,814	16,944,214	-110,601	-0.65%
Procedures	3,851,347	4,042,997	191,650	4.98%
Total Outpatients	40,097,328	41,238,447	1,141,118	2.85%
Inpatients				
Day Case	32,772,198	35,198,847	2,426,649	7.40%
Elective	26,229,138	26,662,382	433,244	1.65%
Total Inpatients	59,001,336	61,861,229	2,859,893	4.85%
TOTAL	99,098,664	103,099,676	4,001,012	4.04%

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4. Performance targets and WUTH response

Wirral University Teaching Hospital NHS Foundation Trust

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52 Weeks	550	545	540	535	530	525	520	515	510	505	500	495

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
78 Weeks	70	64	58	52	46	40	34	28	22	16	10	4

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
104 Weeks	6	4	2	0	0	0	0	0	0	0	0	0

- 104 week waits to be eliminated in March 2022 (excluding patient choice and planned patients)
- WUTH setting a stretch target to achieve waits no longer than 78 weeks by end quarter two
- 52 week position submitted is prudent and further ambitious targets will be set during April to reduce the backlog earlier

Notes

- The above excludes any mutual aid that the Trust may provide to other organisations
- The development of the South Mersey Surgical Hub may increase breaches across the above but auditable

5. Risks to delivery and mitigation

Wirral University Teaching Hospital NHS Foundation Trust

Item	Risk	Mitigation
1.	Inability to recruit and retain additional workforce and lack of uptake of additional sessions	• Specific campaign to recruit to cold site working as part of SM Hub • Options for alternatives for additional activity above core staff • Build resilience for staffing theatres
2.	Non-elective demand continues at current levels along with Covid demand increases impacting ability to secure ERF	• Maximise utilisation of the Clatterbridge site for the high volume routine elective activity • Maintain close monitoring of Covid positive patients ensuring isolation occurs rapidly (national guidance likely to reduce current limitations)
3.	Infrastructure fails / unavailable particularly in relation to theatres	• Planned maintenance to be scheduled to ensure efficient running • Maximise use of new theatres for resilience at CGH

6. Next steps and full Operational Plan

Wirral University Teaching Hospital
NHS Foundation Trust

- Explore other opportunities to maximise elective throughput
- Alternative workforce models to be explored to deliver further SM Hub opportunities
- Presentation of full 2022/23 Operational Plan to Board in May:
  - Inclusion of all enabling plans (workforce, divisional plans etc)
  - Final recovery trajectories across cancer and elective waiting times

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Council of Governors **Item No 7.1**
25 April 2022

Title	Chair's Report – Finance and Business Performance Committee 14th March 2022
Area Lead	Robbie Chapman, Interim Chief Finance Officer
Author	Sue Lorimer, NED
Report for	Information

Report Purpose and Recommendations

The purpose of this report is to provide assurance on the detailed work and assumptions made in preparing the activity and finance elements of the annual operational plan for 2022/23

It is recommended that the Council of Governors:

- Note that the Committee was content that the financial plan reflects the activity plan, that sufficient executive challenge has been made about cost pressures and CIP plans and that assumptions are reasonable at this stage.
- Note that the Committee gained assurance on the risk-based nature of the capital plan, engagement with the divisions and the investments support the Trust strategy.

Key Risks

This report relates to these key Risks:

- Failure to deliver the financial plan due to uncertainty around the future financial regime

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

1	Narrative
1.1	This report provides the Council of Governors with feedback on the robust nature of activity and financial planning for 2022/23. It is a report of an extraordinary meeting of FBPAC convened to scrutinize the compilation of the plan. Normally the plan would have Board approval prior to submission but due to uncertainties resulting from delays

	in central planning guidance and the formative nature of Cheshire and Merseyside ICB which is charged with approving Trust plans, the timescale has been extended. FBPAC considered an earlier draft of the plan at its previous meeting. Elective activity is planned to be 104% of 2019/20 levels to deliver treatment to as many patients as possible and to meet national targets enabling the Trust to receive elective recovery funding. The plan has been to Trust Management Board and the Executive Team for approval.

2	Implications
2.1	Income and Expenditure: - The I&E planned net deficit is £17.4m after assuming ERF funding of £15m and a CIP of £20.8m of which £13.8m to be recurrent. - Divisional cost pressures have been subject to check and challenge by the executive team resulting in a reduction of £4m and further scrutiny is planned. - The biggest areas of cost pressure are ED staffing, ward cover and high cost drugs. Risks: - The biggest risks are as follows: Achievement of CIP Achievement of activity levels to secure ERF funding Growth in high cost drugs Community Diagnostic Centre funding Pressure on maintenance budgets Growth in energy prices beyond assumptions Covid Capital Programme: - The capital programme is £9.8m - Major commitments of £7.9m are modular theatres, Ward 1 and essential IT - Bids against the balance hugely oversubscribed and allocations granted on a risk basis. Risks: - The biggest risks are as follows: Increasing cost of materials Demand for contractors exceeds supply Allocation is limited so risks remain relating to backlog maintenance and ageing equipment Risks will be monitored and managed through the performance management dashboard, systems of financial control and Executive oversight, Trust Management Board and FBPAC meetings.

3	Conclusion
3.1	The finance and activity plan 4th cut results in a deficit budget for the Trust but is sufficient to provide safe care and deliver the required elective activity. There are a number of significant risks but the executive team consider these to be manageable on balance. The Cheshire and Merseyside picture continues to develop and further refinement of the

	plan might be necessary. The capital budget does not meet all of the Trust's needs but there are likely to be further allocations released during the financial year and the Trust is in a good position to bid against these.

Report Author	Sue Lorimer, Non-Executive Director
Contact Number	07803 584 723
Email	Sue.lorimer@nhs.net

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
25 April 2022

Item No 7.4

Title	Workforce Assurance Committee Chair's Report
Area Lead	Debs Smith, Chief People Officer
Author	John Sullivan, Non-Executive Director
Report for	Information

Report Purpose and Recommendations

The purpose of this report is to provide the Council of Governors with feedback from Workforce Assurance Committee, which met on 29 March 2022. The meeting was not quorate and therefore the required procedure approvals will be completed outside the committee's meeting cycle.

The Committee received assurance that the strategic people agenda has evidenced momentum and is on a positive trajectory. 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.

It is recommended that the Council of Governors:

- To note the progress made in a number of Workforce Assurance areas.
- To note that staff issues with attitudes and behaviours form two thirds of recent Freedom to Speak Up reporting.
- To note the Monthly Nurse Safe Staffing Reports provided assurance regarding patient safety but that there is evidence the patient experience at WUTH is deteriorating due to increased Covid infections, demand pressures and high levels of staff absence.
- To note the continued progress made on the Trust's diversity and inclusion agenda.
- To note the embargoed 2021 Staff Survey results, demonstrating that WUTH is at or close to the average of 126 comparator acute Trusts across all of the survey themes.

Key Risks

This report relates to these key Risks:

- Risks 2.1, 2.2, and 2.3 the Board Assurance Framework

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

1	Narrative
1.1	To provide the Council of Governors with feedback on Workforce matters including: • Freedom to Speak Up • Annual Gender Pay Gap report • Equality Delivery System 2 (EDS2) progress • Staff Flu vaccination programme progress • People strategy formulation progress • 2018-2022 Diversity and Inclusion Strategy update on implementation • 2021 Staff Survey results, preview and next steps • Workforce key performance metrics at February 2022 • Employee Relations cases -- metrics and trends • Workforce Policies for approval • Monthly Safe Nurse Staffing reports (November 2021 and January 2022) • International Nurse Recruitment – experience evaluation report • Acuity and Dependency – Establishment Review proposal and decision • Workforce Steering Board reports • Board Assurance Framework -- Workforce review • Cycle of Business 2022 / 2023

3	Conclusion
3.1	• The committee received a staff story which reinforced the value of Workforce staff assignments that are at the patient's side (in this case Ward 38) and contribute to timely and safe patient discharge. • The Freedom to Speak Up processes are working well at WUTH and our numbers are in line with comparator organisations. Issues with attitudes and behaviours (of WUTH staff) are two thirds of all reported FTSU issues. • The annual Gender Pay Gap report again highlighted the reluctance of some female applicants for Clinical Excellence Awards. • The Trust's People Strategy was presented and endorsed and supported. Final Trust Board ratification will be at the May 2022 Board meeting. • The 2021 / 22 Flu vaccination campaign was reviewed. 72.1 % of eligible staff are now vaccinated. Focus will now shift to the 2022 / 23 influenza vaccination campaign. • The 2021 Staff Survey results were presented. There were no outlier results when compared to 126 other acute trusts. • The Workforce KPIs are characterised by continuing high staff absence levels particularly in Acute and Estates & Facilities. Overall vacancy rates have improved to 5.39% as a result of considerable successes in recruitment. Return to Work process compliance and appraisal rates remain areas for management attention and improvement. • The Employee Relations Report provided assurance that the visibility and management of employee relations cases have significantly improved. • Monthly Nurse Safe Staffing reports gave assurance regarding patient safety but it was observed that patient satisfaction and quality of some care are adversely

	impacted by increases in Covid cases, demand pressures and high levels of staff absence. • The Board Assurance Workforce risks were reviewed and no changes to risk ratings were recommended. **Recommendations to the Council of Governors** • To note the progress made in a number of Workforce Assurance areas. • To note that staff issues with attitudes and behaviours form two thirds of recent Freedom to Speak Up reporting. • To note the Monthly Nurse Safe Staffing Reports provided assurance regarding patient safety but that there is evidence the patient experience at WUTH is deteriorating due to increased Covid infections, demand pressures and high levels of staff absence. • To note the continued progress made on the Trusts' diversity and inclusion agenda. • To note the embargoed 2021 Staff Survey results, demonstrating that WUTH is at or close to the average of 126 comparator acute Trusts across all of the survey themes.

Report Author	John Sullivan, Non-Executive Director
Contact Number	n/a
Email	n/a

Council of Governors **Item No 7.5**
25 April 2022

Title	Report of the Quality Assurance Committee
Area Lead	Steve Ryan, Non-Executive Director
Author	Dr Nikki Stevenson, Executive Medical Director/Deputy CEO
Report for	Information

Report Purpose and Recommendations

This report provides a summary of business conducted during a meeting of the Quality Assurance Committee held on 30th March 2022.

It is recommended that the Council of Governors:

- Note the report

Key Risks

This report relates to these key Risks:

- Principle BAF Risk 4: Catastrophic Failure in Standards of Care

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

1	Narrative
1.1	**Temporary modification of infection control procedures to balance risks to patient safety** Pending further national advice on Covid-19 surveillance due today, over the last 2 weeks, the impact of pandemic infection prevention and control measures has been subject to exceptional review. Existing procedures meant a reduction in capacity of around 65 beds, even after curtailment of elective care. Restricting the flow of patients into wards substantially increased the risk to patient safety in the emergency department, which became extremely high. Increased numbers of patients were being subjected to corridor care. In addition, increasing numbers of ambulances were

delayed in transferring patients into the department increasing the response time to attend time-critical callouts to stroke and other patients.

As a result, in consultation with regional officers, it was determined that modification of infection control procedures could be adjusted to free up beds to reduce these extreme risks to patient safety. Comprehensive oversight, monitoring, executive level sign off and further technical enhancements aim to minimise the risk of cross infection.

The changes were reviewed and supported by the Clinical Advisory Group. On receipt of the new national guidance, the plan will be reviewed and adapted as necessary.

The committee was assured that the measures introduced had been carefully considered and were appropriately balanced and had a high-level of on-going scrutiny.

Maternity

The committee received a high degree of assurance in relation to the quality of maternity and neonatal services, with the benefit of externally validated internal assessments and regional datasets. Progress with staff consultation on the Continuity-of-carer model was also noted. Importantly an update on the equity and equality action plan was provided.

Concerns over deconditioning of frail patients

Noted in the Quality and Patient Safety Intelligence Report was the concern about the large number of frail patients who are not able to be discharged back into the community when they no longer require hospital care. Such patients are known to be at risk of "deconditioning" where they become frailer and more dependent, which is a clear detriment to their life and a risk to their health. There are around 150 such patients in the Trust.

Never event – misplaced nasogastric tube

This was reported in February. Fortunately, due to the vigilance of staff the misplacement was detected early, and the patient came to no harm. The error resulted from the insertion of an additional nasogastric tube; the initial tube being mistaken for it on X-ray checking. Initial measures were taken with the clinical team and the incident is subject to a detailed investigation. We have reported the issue externally to appropriate regulators.

Safe standards for invasive procedures

The committee received and update on the action plan from a report from internal auditors, originally received by the Audit Committee, which gave limited assurance. There were 1 high, 5 medium and 1 low-level recommendations. Sixteen specific actions were identified of which 13 are green and three are amber. In addition, clinical leaders are promoting a just and empowered culture to ensure these standards are truly embedded.

Emerging quality issues

Emerging themes noted in Quality and Patient Safety Intelligence report were falls, nutrition and hydration issues as well as improved signposting to the end-of-life care

	team. Immediate actions to address these concerns were noted and progress will be tracked at the Committee through monthly metrics and the quarterly intelligence report. **Actions to support emergency patient pathways and staff providing them** Through a number of agenda items, the Committee noted the range of engagement and actions particularly targeted at extreme pressure felt at the "front end' of our emergency pathways, through the emergency department. National and trust data is demonstrating the negative impact this is having on patient experience and this was echoed on behalf of residents at a recent Health Overview and Scrutiny Committee attended by the Medical Director. As well as the modification of infection control procedures noted in the first item, a number of areas of mitigation are being developed and proposed to system partners. Examples include: • Minor injuries – high numbers of attendees who could be better directed to community resources • Patients medically fit for discharge who need access to domiciliary care where this is not being provided.

2	**Conclusion**
2.1	The Committee received appropriate and detailed documentation in relation to the items it considered on 30th March 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.

Report Author	Steve Ryan, Non-Executive Director
Contact Number	n/a
Email	n/a

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2021 Annual Staff Survey

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Survey Coordination Centre

Organisation details

NHS

Wirral University Teaching Hospital NHS Foundation Trust

2021 NHS Staff Survey

Organisation details

Completed questionnaires	2,907
2021 response rate	46%

See response rate trend for the last 5 years

Survey details

Survey mode	Mixed
Sample type	Census

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2021 benchmarking group details

Organisations in group: **126**

Median response rate: **46%**

No. of completed questionnaires: **444,326**

Survey Coordination Centre

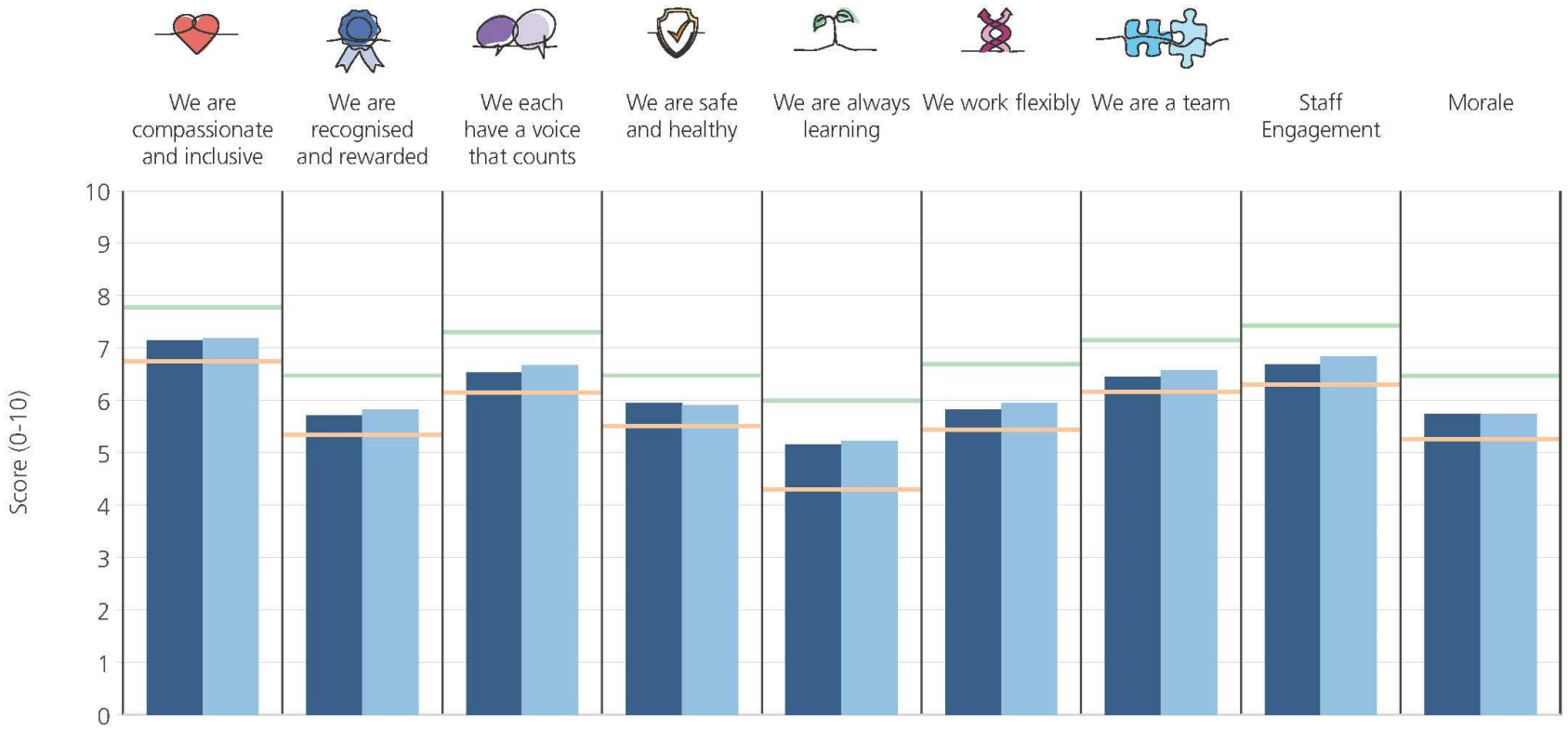
NHS

People Promise element and theme results

For more details please see the technical document.

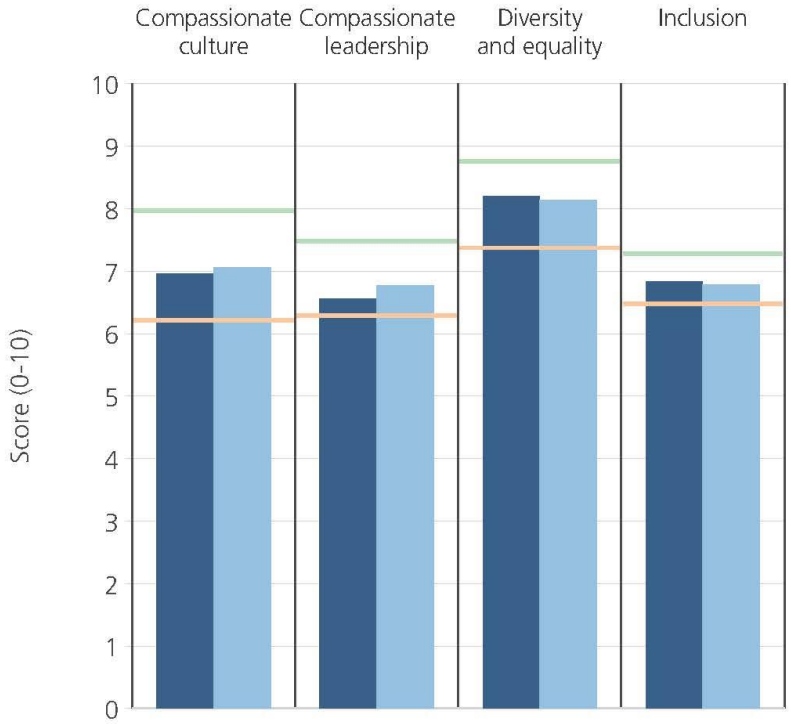
Wirral University Teaching Hospital NHS Foundation Trust

2021 NHS Staff Survey Results



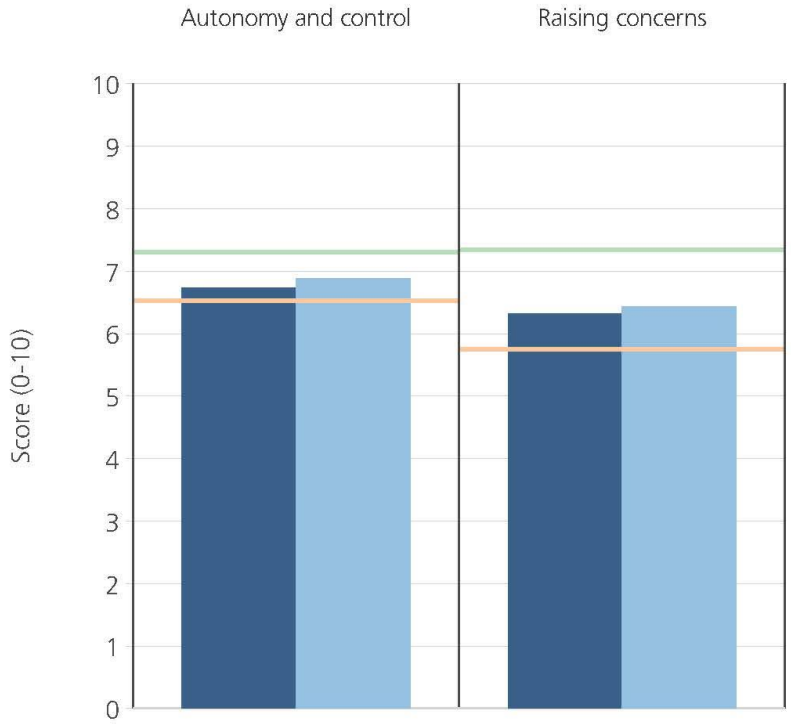
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.1	5.7	6.5	5.9	5.1	5.8	6.4	6.7	5.7
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,885	2,888	2,857	2,853	2,704	2,862	2,870	2,890	2,891

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	8.0	7.5	8.8	7.3
Your org	7.0	6.6	8.2	6.8
Average	7.1	6.8	8.1	6.8
Worst	6.2	6.3	7.4	6.5
Responses	2,879	2,884	2,887	2,871

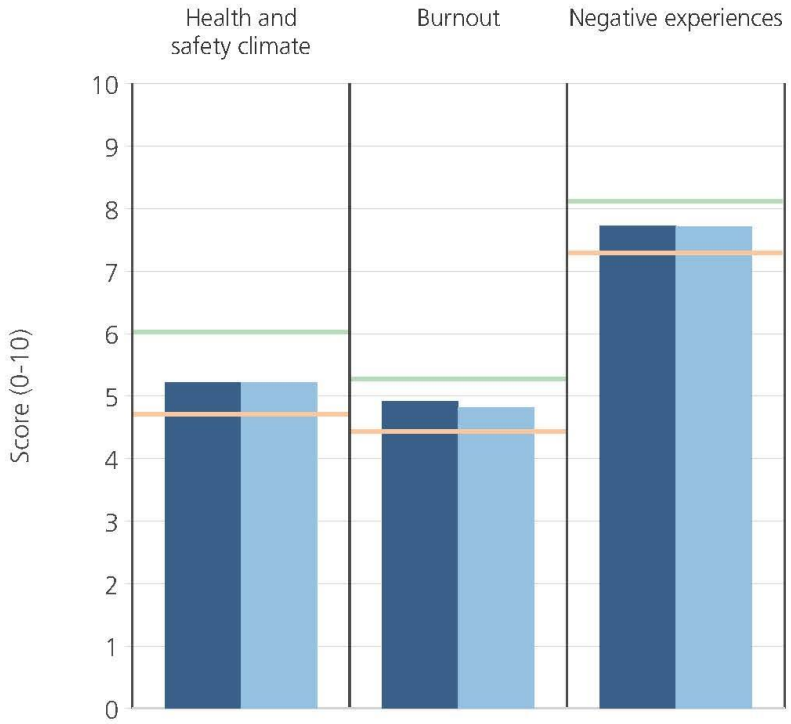
Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Best	7.3	7.3
Your org	6.7	6.3
Average	6.9	6.4
Worst	6.5	5.7
Responses	2,888	2,863

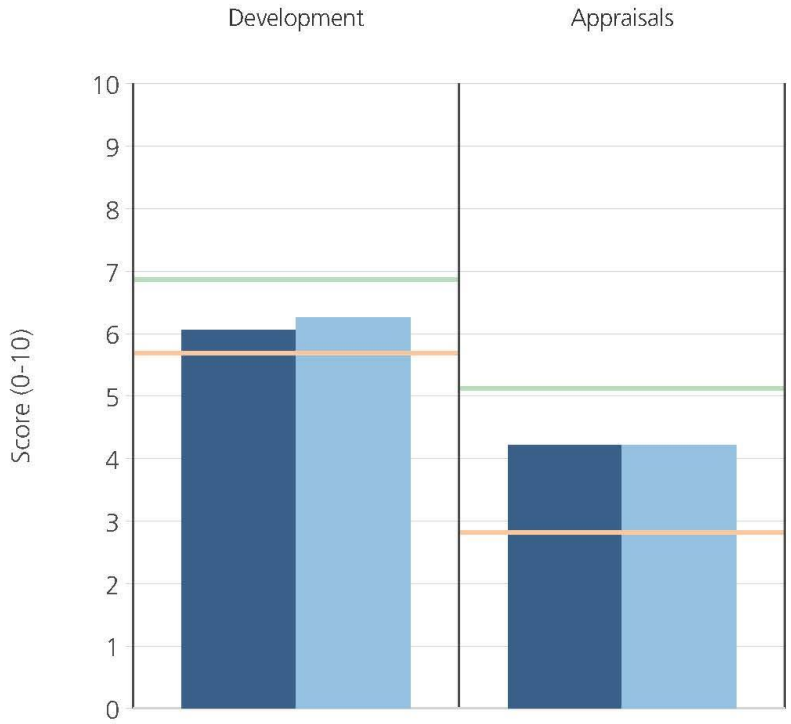
* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

Promise element 4: We are safe and healthy



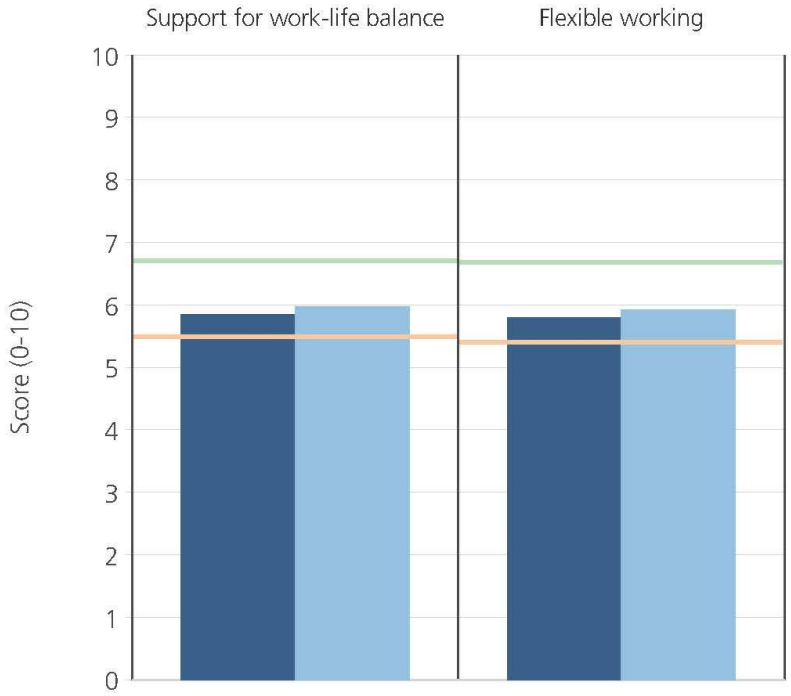
	Health and safety climate	Burnout	Negative experiences
Best	6.0	5.3	8.1
Your org	5.2	4.9	7.7
Average	5.2	4.8	7.7
Worst	4.7	4.4	7.3
Responses	2,887	2,882	2,866

Promise element 5: We are always learning



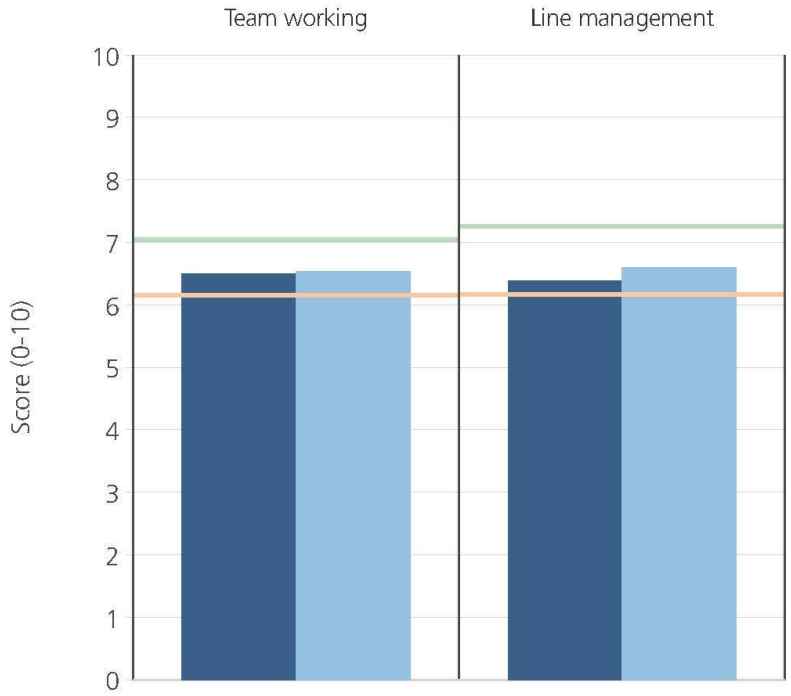
	Development	Appraisals
Best	6.9	5.1
Your org	6.1	4.2
Average	6.3	4.2
Worst	5.7	2.8
Responses	2,877	2,715

Promise element 6: We work flexibly



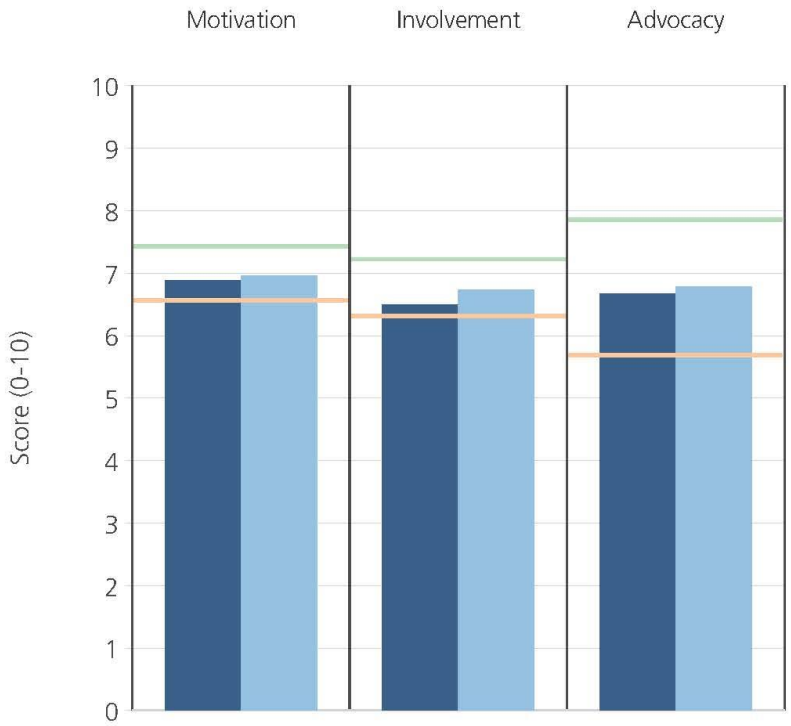
	Support for work-life balance	Flexible working
Best	6.7	6.7
Your org	5.9	5.8
Average	6.0	5.9
Worst	5.5	5.4
Responses	2,883	2,874

Promise element 7: We are a team



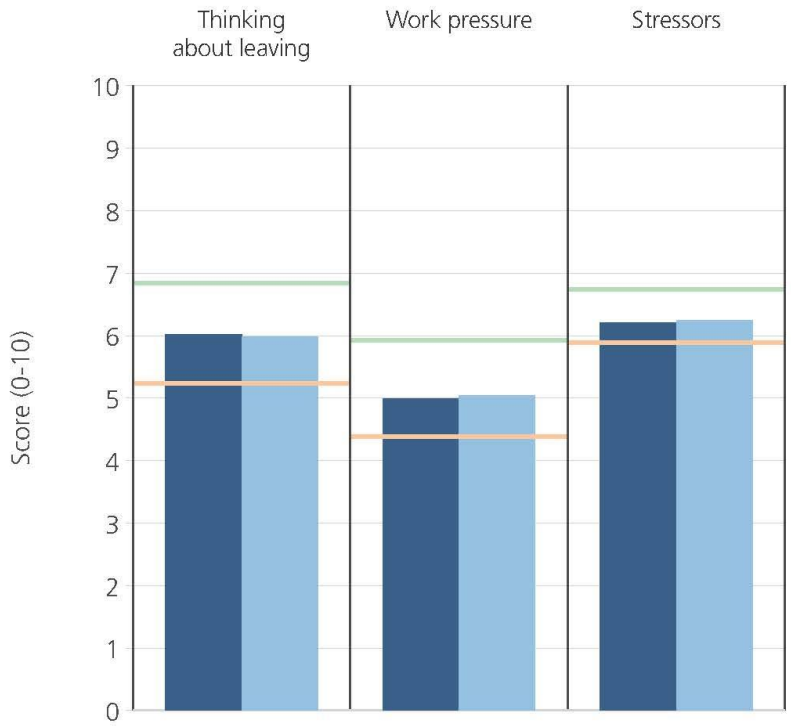
	Team working	Line management
Best	7.0	7.3
Your org	6.5	6.4
Average	6.5	6.6
Worst	6.2	6.2
Responses	2,874	2,883

Staff Engagement



	Motivation	Involvement	Advocacy
Best	7.4	7.2	7.9
Your org	6.9	6.5	6.7
Average	7.0	6.7	6.8
Worst	6.6	6.3	5.7
Responses	2,844	2,888	2,880

Morale



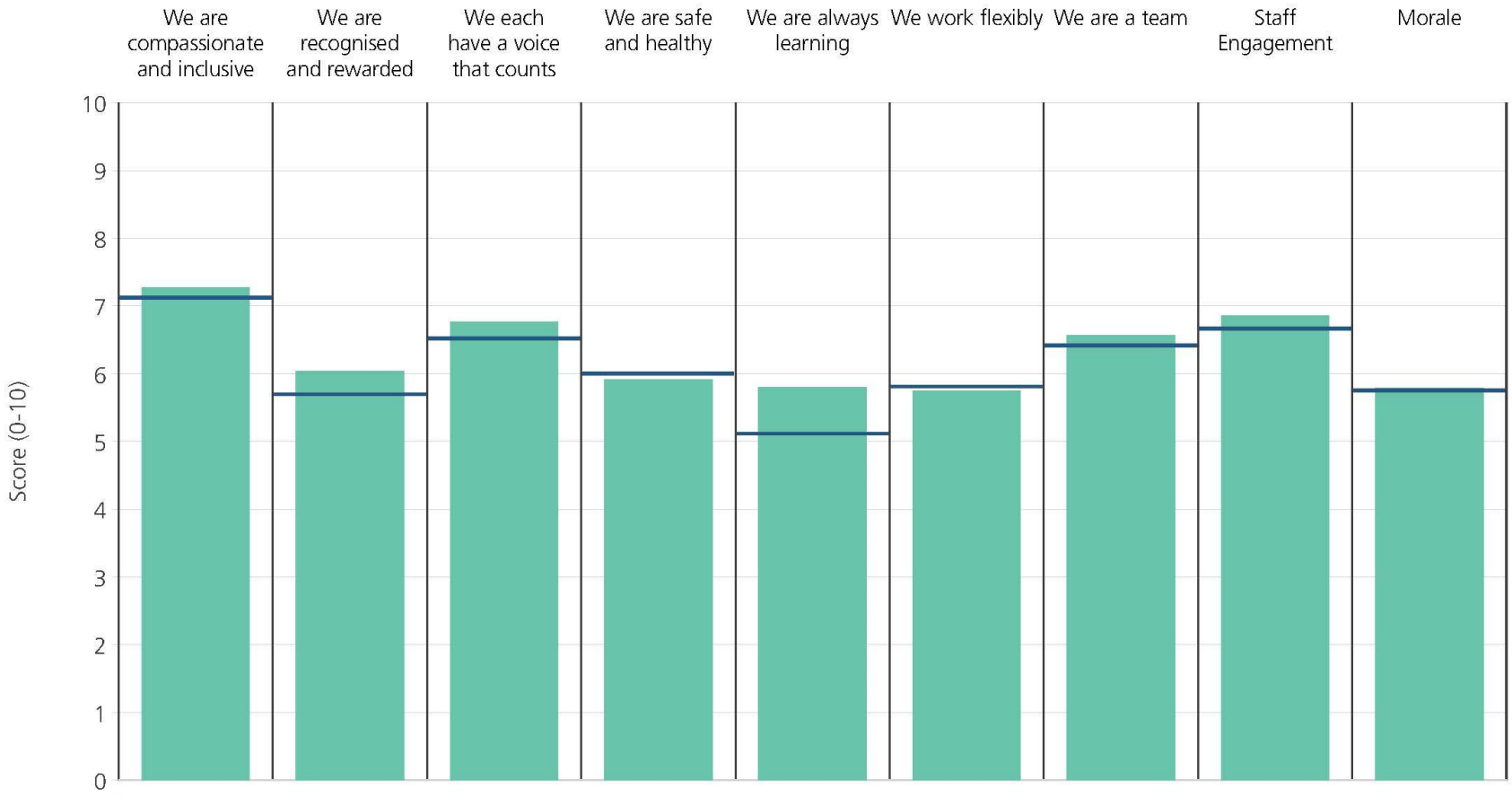
	Thinking about leaving	Work pressure	Stressors
Best	6.8	5.9	6.7
Your org	6.0	5.0	6.2
Average	6.0	5.0	6.2
Worst	5.2	4.4	5.9
Responses	2,884	2,887	2,883

Professional Groups

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Add Prof Scientific and Technic

NHS



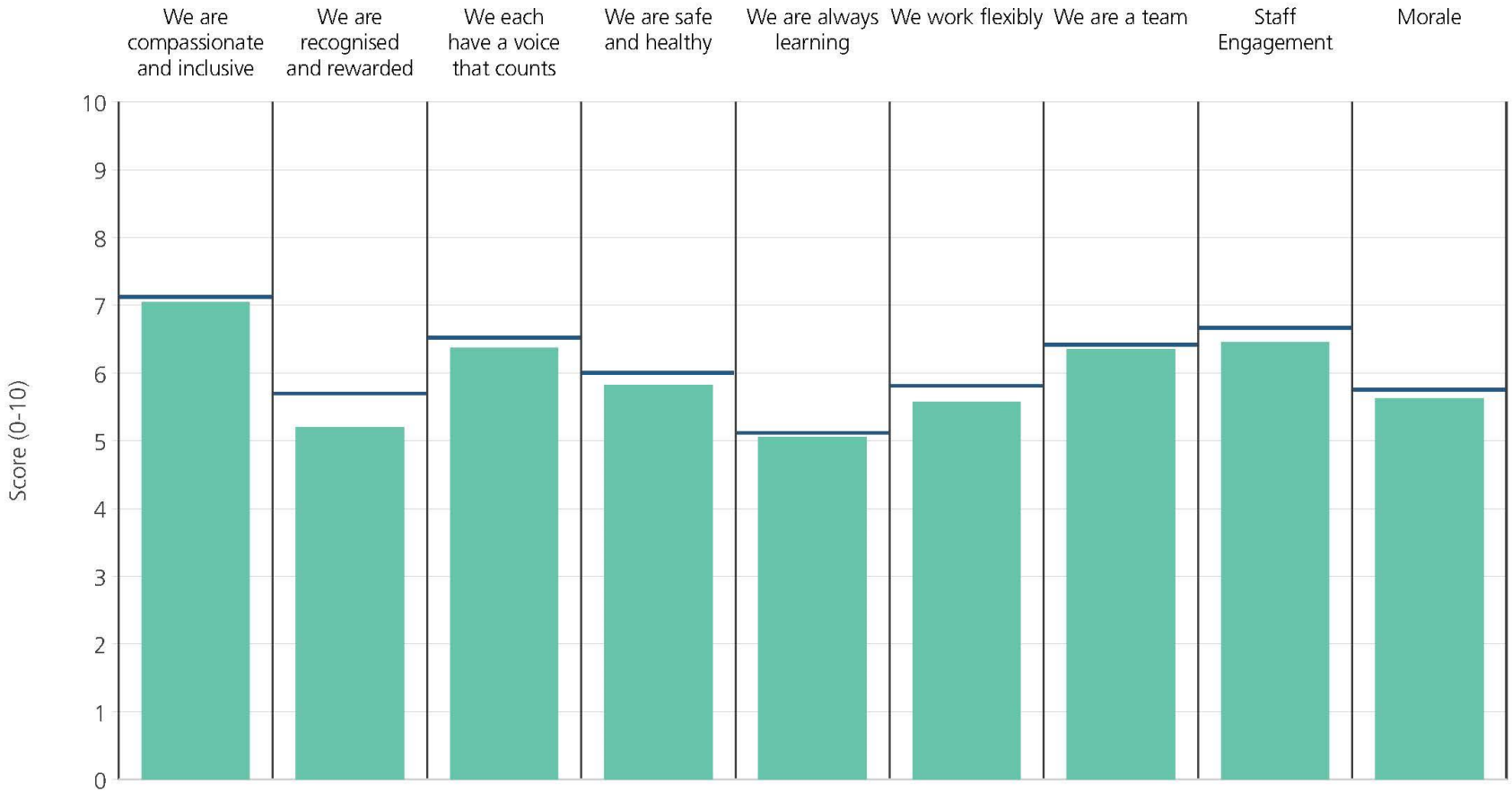
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.3	6.0	6.8	5.9	5.8	5.8	6.6	6.9	5.8
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	105	105	104	105	104	105	105	105	105

5

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Additional Clinical Services

NHS

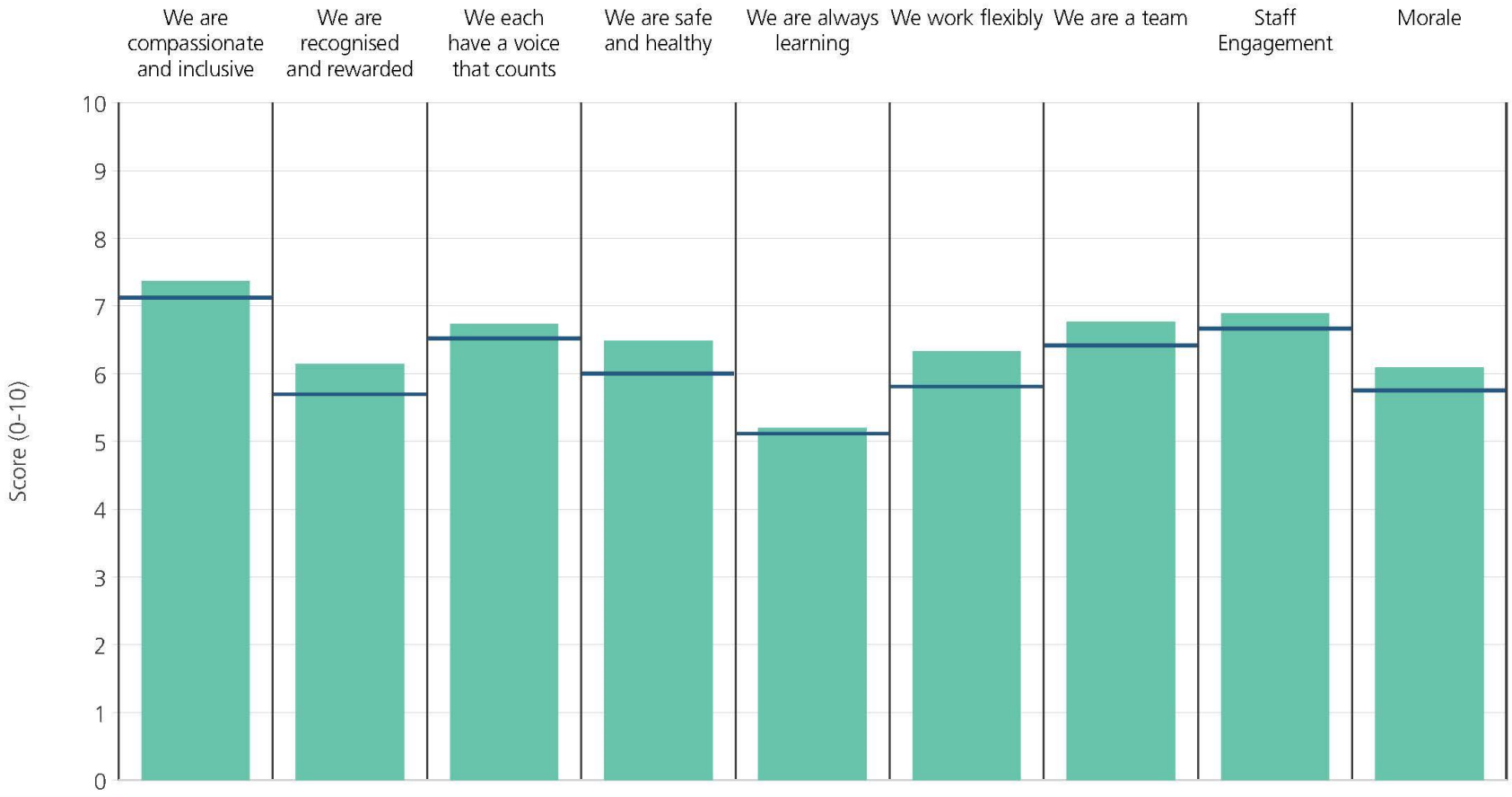


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.1	5.2	6.4	5.8	5.1	5.6	6.4	6.5	5.6
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	411	410	407	408	374	407	410	409	410

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Administrative and Clerical

NHS



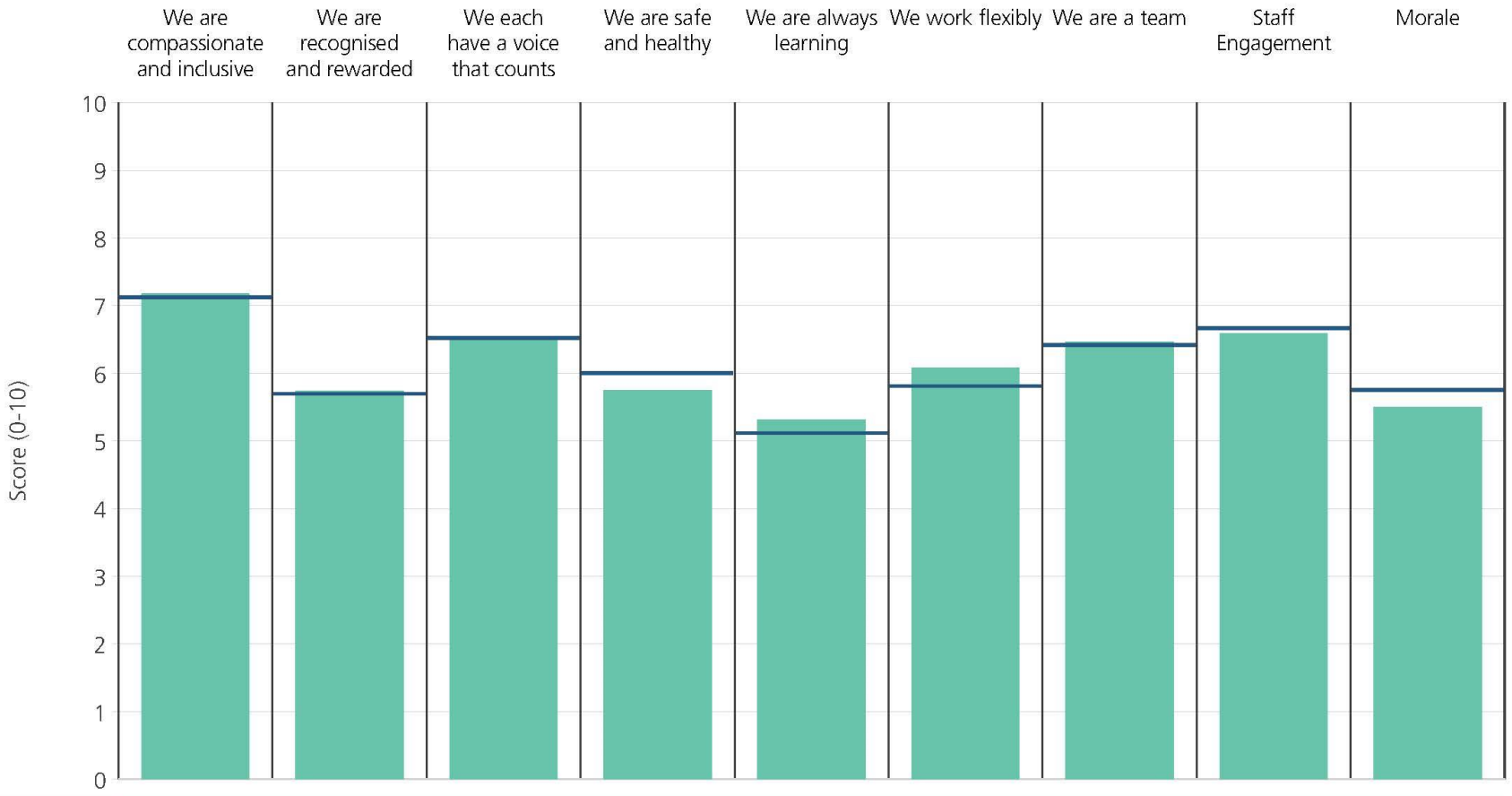
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.4	6.1	6.7	6.5	5.2	6.3	6.8	6.9	6.1
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	705	705	698	704	673	697	705	706	706

7

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Allied Health Professionals

NHS



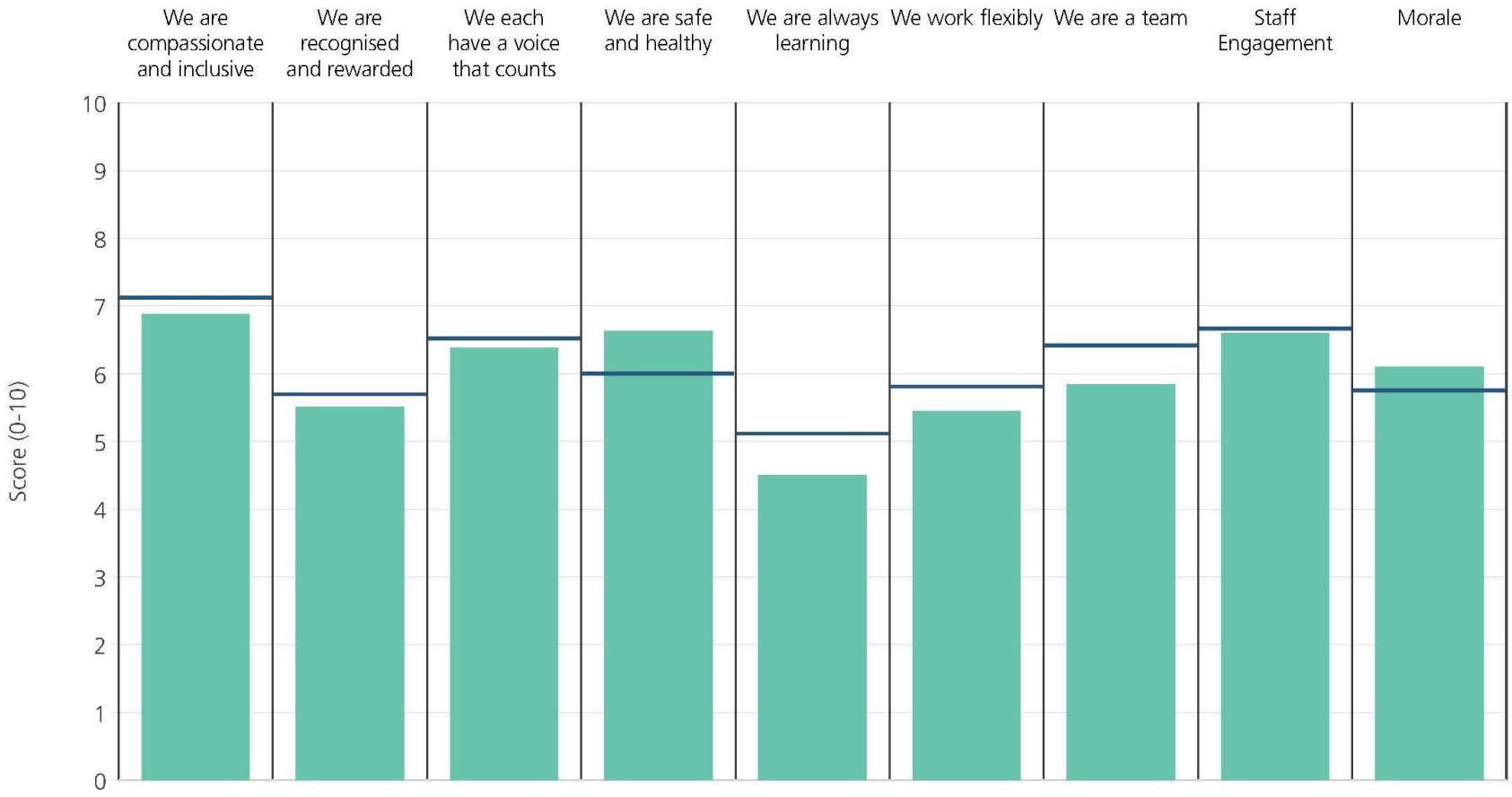
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.2	5.7	6.5	5.7	5.3	6.1	6.5	6.6	5.5
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	254	254	253	252	250	254	252	254	254

8

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Estates and Ancillary

NHS



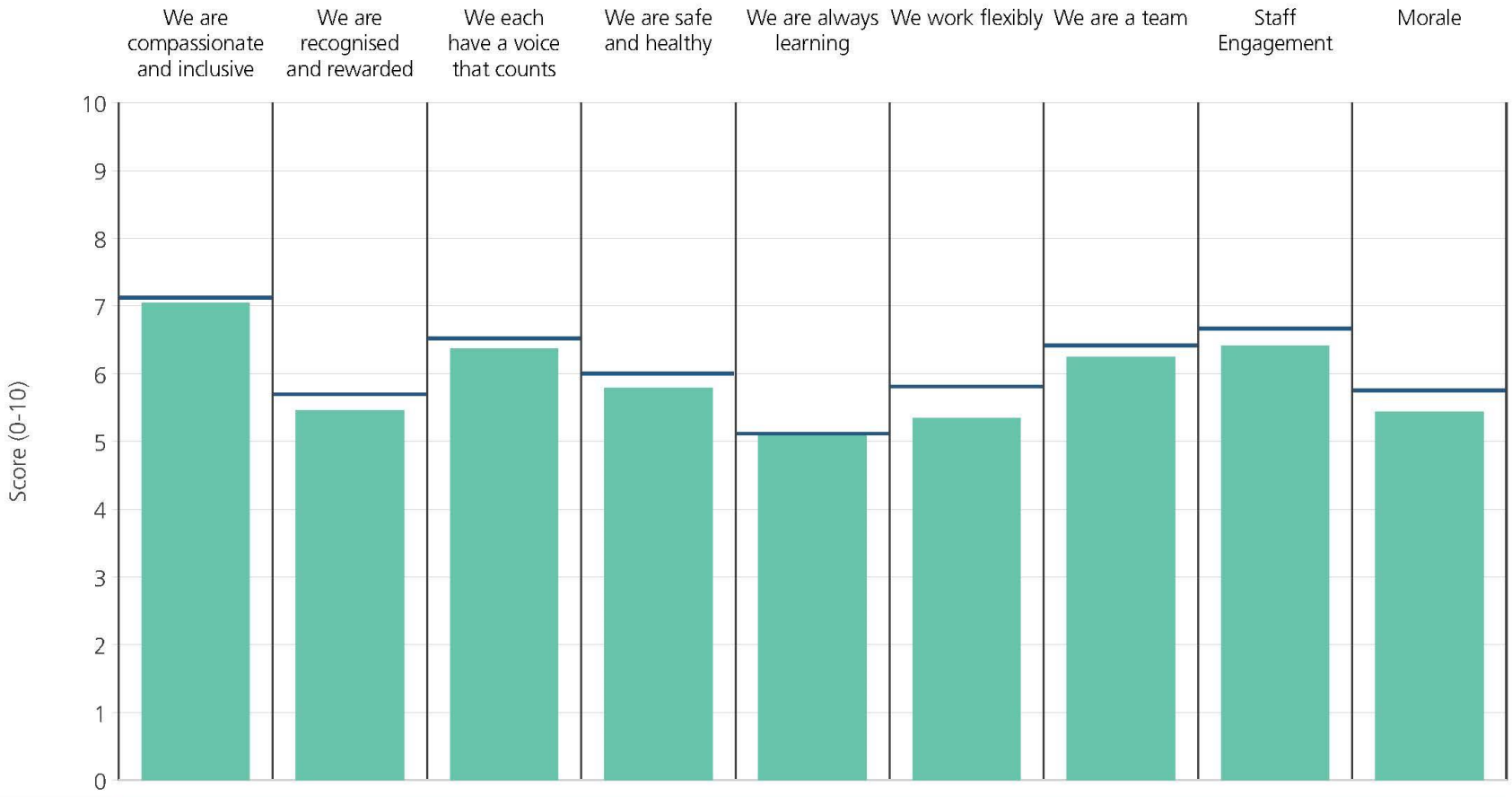
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	6.9	5.5	6.4	6.6	4.5	5.5	5.8	6.6	6.1
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	439	446	431	417	366	433	430	445	445

9

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Healthcare Scientists

NHS



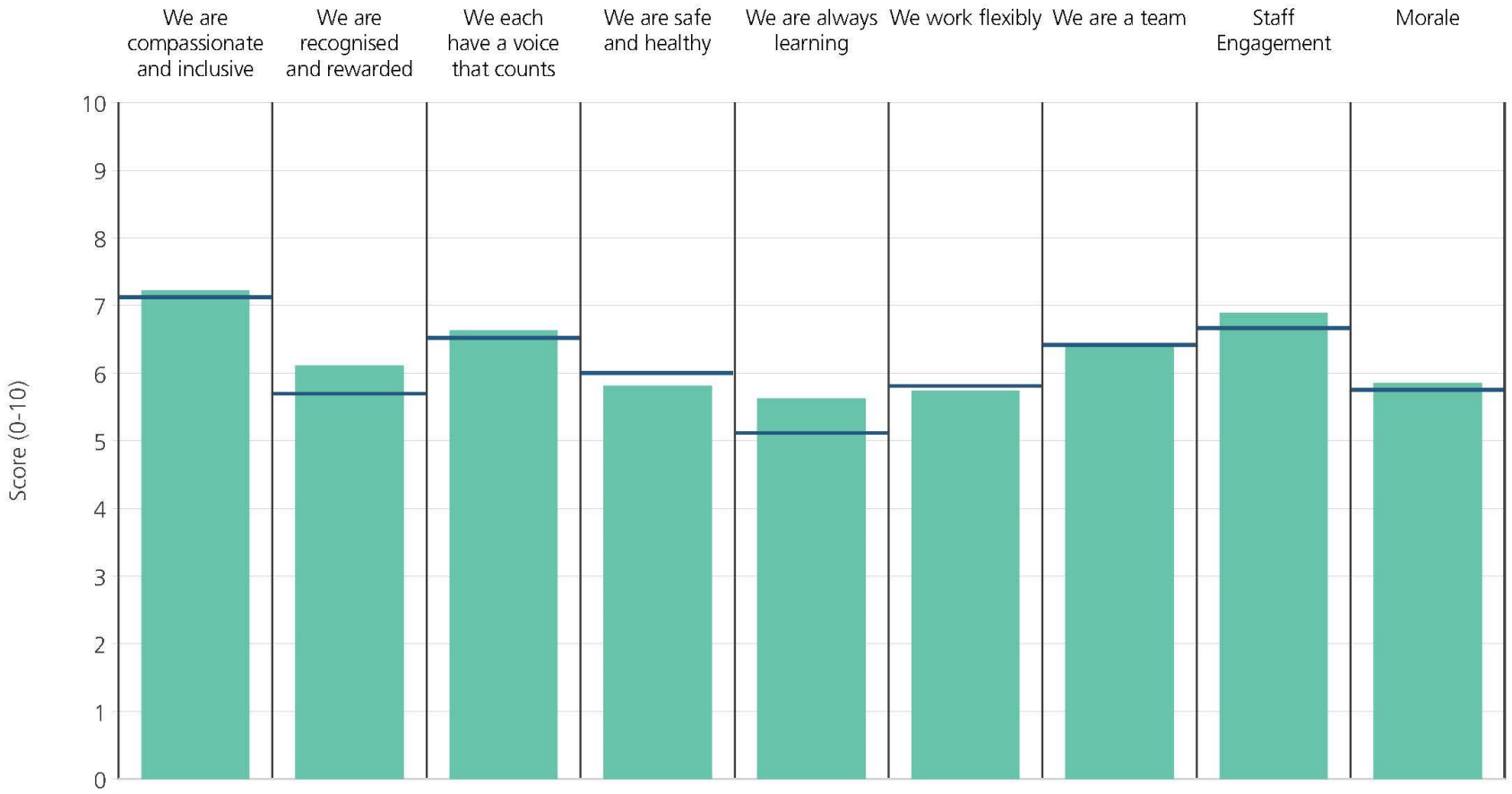
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.0	5.5	6.4	5.8	5.1	5.3	6.2	6.4	5.4
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	80	80	80	80	78	80	79	80	80

10

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Medical and Dental

NHS



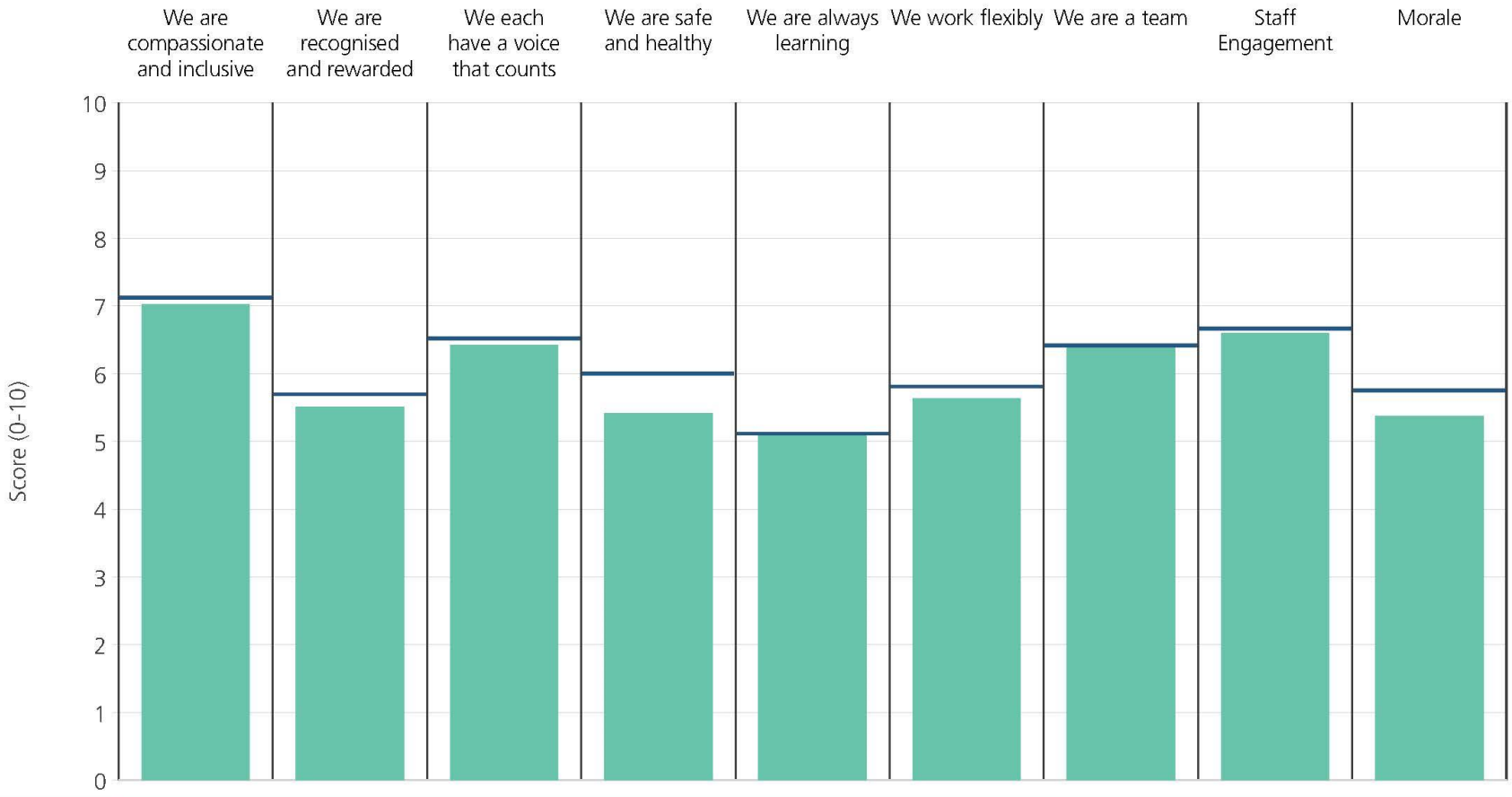
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.2	6.1	6.6	5.8	5.6	5.7	6.4	6.9	5.9
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	189	189	187	189	182	189	189	189	189

11

Survey Coordination Centre

2021 NHS Staff Survey Results > Directorates 1 > Nursing and Midwifery Registered

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Directorate	7.0	5.5	6.4	5.4	5.1	5.6	6.4	6.6	5.4
Your org	7.1	5.7	6.5	6.0	5.1	5.8	6.4	6.7	5.8
Responses	702	699	697	698	677	697	700	702	702

12

Areas of Decline

Wirral University Teaching Hospital NHS Foundation Trust

- Staff Engagement
- Morale
- Compassionate Culture
- Autonomy and Control
- Health and Safety Climate
- Flexible working opportunities, work-life balance
- My immediate manager takes an interest in my health and wellbeing
- We are always Learning - Development

Areas of Improvement

Wirral University Teaching Hospital NHS Foundation Trust

- Raising concerns
- Equality and Diversity
- Staff have strong personal connections to their team
- Experienced MSK in the last 12-months
- Experienced work related stress in last 12-months
- Experienced physical violence by patients / services users
- Experience of harassment / bullying by patients / service users

Priority Areas of focus for 2022

Wirral University Teaching Hospital NHS Foundation Trust

- **Staff Engagement**. In particular scores surrounding staff **looking forward to coming to work** and staff **recommendation of the Trust as a place to work or receive treatment.**
- Development for **immediate managers** to help empower them to better support their direct reports.
- Ensure staff are **recognised and rewarded** for good performance
- Explore lower scores in '**autonomy and control**.' In particular seek to **involve staff** in key decisions.
- Continued priority of **health and wellbeing and stress at work**
- Review **learning and development** opportunities for staff. Drill down into professional groups
- Explore lower scores within '**flexible working**' and '**team working**' – NOTE: these will have been affected by Covid-19.

Next steps:

Wirral University Teaching Hospital NHS Foundation Trust

- **April 2022** - Cascade results to divisions and through our HR business partners identify priority actions
- **April – End August 2022** - Implementation of communication plan to make staff aware of results, priority areas of action
- **April & May 2022** - Engagement activities with staff networks and wider staff forums to inform plans
- **May 2022** - Ensure Trust-wide priority activities are reflected in 2022/22 plans for People strategy and other enabling strategies

Thank You

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors **Item No 11**
25th April 2022

Title	Non Executive Director Appointments
Area Lead	David McGovern, Director of Corporate Affairs
Author	Ben Westmancott, Interim Board Secretary
Report for	Approval

Report Purpose and Recommendations

The purpose of this report is to provide an update on the process for recruiting new Non Executive Directors. In doing so, governance arrangements (relating to the Nominations Committee) for future appointments have been updated.

The process has been overseen by the Director of Corporate Affairs in conjunction with the Trust chair.

It is recommended that the Council of Governors:

- Ratifies the process followed to recruit two new NEDs; and
- Approves the revised terms of reference of the Nominations Committee.

Key Risks

This report relates to these key Risks:

- Ensuring the Board has skilled membership to effectively operate and guide the Trust, and is composed in line with the requirements of the Trust's constitution;
- A transparent and robust process for NED appointment is in place.

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.	No

Governance journey

This is the first formal report to the Council of Governors. The appointment panel has met to shortlist and interview the candidates, and Governors were included in a stakeholder engagement opportunity to view video statements from the candidates.

1	Narrative
1.1	The Trust is required to have Non Executive Directors (NEDs) on its Board of Directors. The role of NEDs is to provide independent challenge, drawing on their experience and expertise, in order to support high quality leadership and decision-making. NEDs typically chair Board Assurance Committees. The role of the Council of Governors (CoG) is to ensure the recruitment process for NEDs is sound, to agree the appointments recommended, and to hold the NEDs to account for their work which it does via receipt of regular reports from the NEDs. Normally, the CoG would ask the Nominations Committee to establish a selection Panel to lead the recruitment of NEDs and make a recommendation back to the CoG for ratification. However, this has not been possible because: a) the Nominations Committee terms of reference is out of date; b) a number of committee members have left their role leaving insufficient members to form a quorum and to allow meaningful engagement; and c) timescales are such that rectifying these points would prolong the appointment process leaving significant continuity issues. Therefore the Council of Governors, in their role as parent body to the Nominations Committee, are asked to ratify the appointment process undertaken, and approve the revised arrangements for the Nominations Committee to allow for future appointment processes to be undertaken swiftly.
1.2	<u>Process for NED selection</u> Governors may recall that Jayne Coulson stepped down from the Board in January 2022, and following this, recruitment agency Seymour John was contracted to facilitate the search for her replacement. As John Sullivan's tenure completes in June 2022, it was also felt prudent to carry out the search for his replacement at the same time, to ensure continuity and succession planning at Board level. Therefore, the search was undertaken for two NEDs, and an appointment panel of Governors was convened. This appointment panel consisted of the Chair, Sheila Hillhouse, Eileen Hume, and Robert Thompson. The appointment panel shortlisted 6 candidates, and these were interviewed on the 31st March 2022. As part of the selection process, the 6 interviewees provided a video statement for stakeholders to view. The rankings received from stakeholders were anonymised, and provided to the appointment panel for their consideration. Following the interviews and the incorporation of stakeholder feedback, the panel selected Rajan Madhok and Lesley Davies. HR processes are ongoing to finalise these appointments, and once these are completed, the Council of Governors will be asked to approve these appointments. Governors will be informed if this process completes by the time of the meeting.
1.3	<u>Nominations Committee Terms of Reference</u> To allow for future NED appointment processes to be undertaken, the Terms of Reference for the Nominations Committee have been reviewed and are attached at Appendix 1 for approval.
1.4	<u>Nominations Committee Membership</u> The Trust's Constitution requires that membership of the Nominations Committee is: • The Chair of the Foundation Trust • Senior Independent Director • Three Elected Public Governors

	• One Elected Staff Governor • One Appointed Governor Any governor wishing to be considered for Nominations Committee membership should contact the Board Secretary so that the next meeting can approve a revised membership.

2	Implications
2.1	<u>Risk implications</u> Skilled NEDs are required for effective Board leadership and decision making. Appointing these two candidates and agreeing the process for future appointments is a key part of ensuring that the appropriate skills mix is retained and future reviews are clear and effective. <u>Financial implications</u> These are like-for-like appointments and any minor variations in expenditure that may occur (travel, training etc) are budgeted for. <u>Business implications</u> These roles are essential for business continuity and good governance. <u>Regulatory implications</u> These roles support good governance and contribute to positive outcomes in the well-led review and other governance requirements.

3	Conclusion
3.1	In conclusion, the CoG is asked to ratify the process undertaken so far. The Director of Corporate Affairs will then take necessary steps to complete the appointments. Governors are also requested to approve the refreshed Terms of Reference for the Nominations Committee.

Report Author	David McGovern, Director of Corporate Affairs
Contact Number	Via Switchboard
Email	David.mcgovern2@nhs.net

Wirral University Teaching Hospital NHS
NHS Foundation Trust

Nominations Committee

Terms of Reference

Authors Name & Title: David McGovern, Director of Corporate Affairs	
Scope: Trust Wide	**Classification: Terms of Reference**
Replaces: Nominations Committee Terms of Reference	
To be read in conjunction with the following documents: **WUTH Constitution** **NHSFT Code of Governance (Monitor)** **Monitor's Reference Guide for NHS FT Governors**	
Document for public display? Yes	

Unique Identifier:	**Review Date: April 2023**	
Issue Status: Draft	**Issue No:2.1**	**Issue Date: 4 April 2022**
Authorised by: not yet authorised	**Authorisation Date:**	
After this document is withdrawn from use it must be kept in an archive for 10 years		
Archive: Document Control	**Date added to Archive:**	
Officer responsible for archive: Board Secretary		

1. Constitution

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

2. Authority

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

3. Objectives

3.1 Chair / Non Executive Director vacancies

To recommend and agree with the Council of Governors a process for nomination of a new Chair or Non Executive Director.

This is likely to include:

- Review of the Policy on Composition of Non Executive Directors
- Receipt of role description/s and person specification/s defining the role and capabilities required, from the Board of Directors
- Agreeing the arrangements for advertising / raising awareness of the post/s and ensuring a process of open competition (this may involve consideration of the appointment of a Head Hunter)
- Arrangements for shortlisting applicants against agreed criteria
- Appointment of a Selection Committee, drawn from the Committee Members, and comprising not less than the required quorum, that will conduct the selection process, including formal interview, and make recommendations of the successful candidate/s to the Council of Governors for approval.

3.2 Re-appointments

To make recommendations to the Council of Governors following receipt of confirmation from the Chair (in the case of NED re-appointments) and Senior Independent Director (in the case of the Chair's re-appointment) that the performance of the individual continues to be effective.

The Committee may also seek to undertake an interview with the individual concerned to inform any recommendation to the Council of Governors.

3.3 Annual Appraisal of the Chair and Non Executive Directors

The Nominations Committee will oversee a process, agreed by the Council of Governors, for the annual appraisal of the Chairman and the outcome of the Chairman's annual appraisal will be reported to the Council of Governors. This process will be led by the Senior Independent Director.

The Chairman will conduct the annual appraisal of each Non Executive Director and report to the Committee on each Non Executive Director's performance. The outcome of the appraisals will be reported to the Council of Governors.

3.4 Chair / NED Remuneration and Terms of Service

The Committee will recommend suitable levels of remuneration and terms of service (including expenses) for the Chair and Non Executive Directors after taking expert advice from the Chief People Officer and / or an appropriate external body.

The Committee will review levels of remuneration against any changes in market conditions through external benchmarking and changes to individual responsibilities which may involve a greater level of commitment than previously otherwise required.

4 Equality and Diversity

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

5 Membership

The Committee shall consist of:

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

The Committee will be Chaired by the NHS Foundation Trust Chair. However, where the Chair has a conflict of interest, for example, when the Committee is considering the Chair's re-appointment or remuneration / terms of service, then the Chair shall withdraw from the meeting and the Committee will be chaired by the Senior Independent Director. In the event that the Senior Independent Director wishes to stand for the appointment of Chair then the Committee will be chaired by another Non Executive Director appointed by the Board of Directors.

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

6 Attendance

The Committee may seek the attendance of appropriate (non voting) advisors, including the:

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

Any appointment panel may include an external assessor who will act in an advisory capacity (non voting).

7 Quorum and Frequency

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

The quorum necessary for the transaction of business shall be three members of the Committee, at least two of whom shall be Governors.

8 Reporting

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

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

9 Review

The Committee will review its own performance, relevant sections of the constitution and Terms of Reference regularly to ensure that it is operating effectively.

10 Conduct of Meetings

The Chair of the Committee will ensure that appropriate procedure is followed:

- A Secretary to the Committee will be nominated and accurate minutes kept
- Meetings will be called at the request of the Chair with details of the meeting and agenda distributed to members no less than 5 working days ahead of the meeting.

11 Other Matters

Members of the Committee may be required to undertake training and development commensurate with the responsibilities of the Committee.

BOARD OF DIRECTORS

MINUTES OF MEETING HELD IN PUBLIC

26 January 2022

VIRTUAL MEETING VIA MICROSOFT TEAMS

Commencing at 12 NOON
Concluding at 2.17 pm

Present

Sir David Henshaw	Non-Executive Director/Chair
John Sullivan	Non-Executive Director/Vice Chair
Chris Clarkson	Non-Executive Director
Janelle Holmes	Chief Executive
Dr. Steve Ryan	Non-Executive Director
Sue Lorimer	Non-Executive Director
Claire Wilson	Chief Finance Officer
Dr. Nicola Stevenson	Medical Director / Deputy CEO
Debs Smith	Chief People Officer
Matthew Swanborough	Director of Strategy and Partnerships
Steve Igoe	Non-Executive Director
Hayley Kendal	Chief Operating Officer
Tracy Fennell	Interim Chief Nurse

In attendance

Chris Mason	Chief Information Officer
Jonathan Lund	Associate Medical Director
Sally Sykes	Director of Communications & Engagement*
David McGovern	Director of Corporate Affairs
Debbie Edwards	Director of Nursing and Midwifery
Sheila Hillhouse	Public Governor/ Lead Governor
Tony Cragg	Public Governor
Paul Ivan	Public Governor
Dr. Robert Thompson	Public Governor

Reference	Minute	Action
1	**Apologies for Absence**	
	Apologies for absence were submitted on behalf of Eileen Hulme.	
2	**Declarations of Interest**	
	There were no declarations of interest submitted.	
3	**Patient Story**	
	The Board viewed a version of the Patient Story video, featuring a patient from the deaf community who had experienced some issues in their care particularly in relation to access and staff communication. TF was able to provide assurance in relation to the Trusts response on this matter and lessons learned. This included a commitment to further work with the deaf community through our Patient Experience Strategy. CM also provided commentary in relation to the work that is being carried out on the estate which would further improve access requirements for all service users. The Chair recorded the thanks of the Board and asked for a letter of thanks to be sent on his behalf to the patient. The Board **NOTED** the patient story	**DoCA**
4	**Minutes**	

Reference	Minute	Action
	The minutes of the meeting held on 1st December 2021 were approved as an accurate record subject to minor amendments in relation to the attendance list.	
5	**Board Action Log** The Board reviewed the actions log noting that items had either been actioned or were on the agenda.	
6	**Chair's Business**	
	The Chair reported that the Trust was coping well with the current level of unscheduled care demand and that there was a high and commended the team on this. He went on to highlight work that he was involved in around the Wirral Place and with partners including roles in the partnerships and the move towards a shadow status for key fora. The Board **NOTED** the Chair's Business	
7	**Key Strategic Issues**	
	The Chair identified that there were no additional strategic issues to report. The Board **NOTED** the update	
8	**Chief Executive's Report**	
	The Chief Executive (JH) presented her report which gave an overview of work undertaken and important announcements for the month of December 2021. The report highlighted the outcome of a recent CQC unannounced inspection of the Urgent and Emergency Care and Medical Services which indicated positive findings and improvements since the last inspection in 2019. The Chair indicated what great progress the Trust had made in a relatively short period of time and congratulated the team. The report went on to provide updates in relation to the current position on COVID as well as the review of the vaccination centre 1 year on from its creation. JH went on to discuss the national cyber security risks that had been identified in regard to IT systems and in particular access to web based applications and the ongoing work to mitigate this. The Board were also asked to ratify 2 decisions taken in between meetings and using the urgent procedures. SI indicated that the Audit Committee had also considered and ratified these decisions relating to (a) a contract award for modular theatres and (b) a short term amendment to the financial instructions to support activity during the pandemic surge. That the Board **RECEIVED** and **NOTED** the report and **APPROVED** the ratification of the 2 items of urgent business outlined.	

Reference	Minute	Action
9	**Chief Operating Officer Report**	
	The Chief Operating Officer (HK) presented her update report outlining the current organisational performance data for planned (elective) and unscheduled (non-elective) care. The report also covered the performance against the reset and recovery planned trajectories which includes: High level outpatient and elective activity v trajectory • P2 performance • 52 and 104 week performance against trajectories • Cancer performance • DM01 compliance The report also provided performance against the following unscheduled care standards: • Emergency Department (ED) Performance • Ambulance Conveyances • Long Length of Stay A question was asked in regard to performance and capacity restraints for cancer services. It was indicated that tracking had highlighted high levels of referrals at the present time particularly in relation to Breast Services. HK went on to outline the work that has been undertaken to increase capacity and support in this area and the recovery planning in place. A further discussion took place in regard to broader capacity issues and the work being carried out to manage this during this busy period. JS asked a question about appraisal of the robot usage in non-cancer specialities. HK indicated that teams have been asked to look at prioritisation of usage in areas experiencing current backlogs. SR asked a question about current levels of discharge into Care Homes. HK referred to the daily tracking that was being carried out and the close working with local partners to improve flow but this was certainly a challenge for Trust occupancy levels. NS referred to recent Government guidance introduced in relation to Care Home closures for COVID outbreaks and suggested that this would lead to improvements when fully adopted and evaluated. The Chair noted recent discussions with partners and stated that we would need to find some innovative ways to approach this problem. JH went on to outline potential ideas that were being discussed in this regard and noted that it would be discussed at the Board seminar later in the day. The Board **RECEIVED** and **NOTED** the report**.**	
10	**Quality and Performance Dashboard and Exception Reports**	
	The Executive Directors briefed the Board on the content of the Quality & Performance Dashboard up to end of December 2022. It was noted that of the Of the 47 indicators that are reported (excluding Use of Resources):	

Reference	Minute	Action
	• 24 are off-target or failing to meet performance thresholds • 23 are on-target The Board were asked to note that during the current Covid-19 pandemic some metrics have been suspended from national reporting, and departments within the Trust have been focused on operational priorities over some internal reporting. Where the information is still available and reported within the Trust it has been included. The metrics included are under continual review with the Directors to consider the appropriateness and value of inclusion and the performance thresholds being applied. Executive Directors went on to outline detail in their own section of the report. JS asked whether there was risk of losing key staff to other organisations as a result of Vaccination as a Condition of Deployment (VCOD). DS indicated that there was the potential for this in regard to North Wales where there is no similar requirement in place. JS requested that future benchmarking be provided in relation to attendance. It was agreed that this would be provided. That the Board of Directors **RECEIVED** and **NOTED** the Quality and Performance Dashboard and the Exception Reports for the period to end of December 2021.	
11	**Month 8 Finance Report**	
	The Chief Finance Officer presented the report as previously circulated. In summary it was reported that the Trust is reporting a deficit of £2.296m at M9, an adverse variance against budget of £1.338m. It was noted that our financial plan for H2 included £4.5m in ERF and at M9 we were profiled to have received £2.250m. However, no income was recognised in respect of the Elective Recovery Fund so far in H2, despite RTT pathway performance being above the 89% threshold. This is due to the aggregate performance for the C&M system being below plan. Based on current levels of performance and the pressures of Omnicrom across the system, we are not anticipating any further ERF income for the remainder of the year. This reduction in income means that the Trust is now forecasting a deficit of £4.5m. This forecast and the potential mitigations were included within the report at section 4.6. MS went on to provide the Board with an additional update in relation to the Capital programme and the current challenges in relation to the volume of work being carried out. SL noted that the Finance and Business Performance Committee were pleased with recent progress in relation to the Cost Improvement Programme (CIP). The Board **NOTED** the report.	

Reference	Minute	Action
12	**Maternity Services and Ockenden Report**	
	The Interim Chief Nurse (TF) presented a report providing information around the last quarterly update on the quality and safety of maternity services at the Trust. This paper also focused on a gap analysis undertaken against the NHSE/I publication – Maternity Self-Assessment Tool (July 2021) and included an update on Year 4 of the Maternity Incentive Scheme. The Perinatal Clinical Surveillance Quality Assurance report also provides an overview of performance within Neonatal/Maternity services, with the Cheshire & Merseyside outlier report providing a clinical outcome update for WUTH when compared to all other maternity providers within the C&M Region. The report further provided an update regarding the evidence submitted nationally to support compliance with Part 1 of the Ockendon recommendations, with a further summary as to the ongoing challenges faced by maternity service providers both regionally and nationally. SR stated that he appreciated the high level of assurance received from the report and the leadership team in Maternity. The Board **NOTED** the report.	
13	**CQC National Inpatient Patient Experience Survey Results 2021**	
	TF presented the report in which it was noted that The CQC National Inpatient Survey is an annual requirement and for which the results are used to support preliminary intelligence as part of the CQC inspection process. The CQC uses a banding system in order to benchmark results with other organisations. WUTH was banded as “about the same” for 42 of the indictors, “somewhat better than expected” for 2 indicators and “somewhat worse than expected” for 1 indicator. During 2020 CQC made changes to the way the survey was undertaken including amendments to the question set. It was explained that in light of this a direct comparison to previous years isn’t possible and the focus of the report is on benchmarking data with other organisations. Areas where good patient experience have been highlighted by in the survey as follows: • Written information on discharge: patients being given written information about what they should or should not do after leaving hospital; • Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital; • Help with eating: patients being given enough help from staff to eat meals, if needed; • Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards; • Changing wards during the night: staff explaining the reason for	

Reference	Minute	Action
	patients needing to change wards during the night. Areas where patient experience has been highlighted as could be improved are as follows: • Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital; • Taking medication: patients being able to take medication they brought to hospital when needed; • Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard; • Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital; • Feedback on care: patients being asked to give their views on the quality of their care. It was noted that a full improvement work stream review of any of the indicators that had a standardised score of below 8 has been undertaken. The review provided details of the work stream to reduce the risk of duplication and identifies any indicators that are not currently supported with proposed actions to monitor improvements. The Board **NOTED** the report.	
14	**Charitable Funds Annual Report**	
	The Chief Finance Officer presented the annual report in relation to the WUTH Charity and Charitable Funds. It was noted that Throughout the year, the Charity Office at Arrowe Park continued to be a hub for community donations for the staff. The outpouring of support was phenomenal. Despite charity activity refocusing to staff, community and patient support in response to the COVID-19 pandemic, the impact of the Charity however was still felt as a number of excellent projects were supported. In November 2020, the Charity received a generous grant of £50,000 from NHS Charities Together (National Charity leading on the COIVD-19 Urgent appeal). This discretionary funding provided staff with a number of different items and activities to boost morale and recognise their outstanding efforts during the year. The Charity once again began raising funds for the Neonatal appeal 'Tiny Stars' to contribute towards a new neonatal unit at The Wirral Women's and Children's Hospital on the Arrowe Park site, which has a target of £1.5m. The Board **NOTED** the report**.**	
15	**Chair's Report – FBPAC**	
	The Chair of the Committee provided information on discussions that had taken place at its last meeting. The Board **NOTED** the report	

Reference	Minute	Action
16	**Chair's Report Quality Assurance Committee**	
	The Chair of the Committee provided information on discussions that had taken place at its last meeting. The Board **NOTED** the report	
17	**Chair's Report Audit Committee**	
	The Chair of the Committee provided information on discussions that had taken place at its last meeting. The Board **NOTED** the report	
18	**Communications and Engagement Monthly Report**	
	The Director of Communications and Engagement presented the report as previously circulated on the Trust's communications and engagement activities since the last Board meeting. The Board **NOTED** the report	
22	**Questions from the Public**	
	There were no questions from the public.	
23	**Any other business**	
	There was no other business conducted during the meeting.	
24	**Date of Next Meeting** 2nd March 2022 via MS Teams	
25	**Exclusion of the Press and Public**	
	RESOLVED: That under the provision of Section 1, Subsection 2 of the Public Bodies (Admissions to Meetings) Act 1960, the public and press is excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.	

Meeting	Board of Directors in Public
Date	2nd March 2022
Location	Teams

Members present:

DH	Sir David Henshaw	Chair
JS	John Sullivan	Non-Executive Director & Vice Chair
CC	Chris Clarkson	Non-Executive Director
SI	Steve Igoe	Non-Executive Director
SL	Sue Lorimer	Non-Executive Director
SR	Steve Ryan	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Nicola Stevenson	Medical Director & Deputy Chief Executive
TF	Tracey Fennell	Interim Chief Nurse
HK	Hayley Kendal	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Director of Strategy and Partnerships
CW	Claire Wilson	Chief Finance Officer

In attendance

TC	Tony Cragg	Public Governor
AM	Alan Morris	Public Governor
AT	Andrew Tallents	Public Governor
RT	Robert Thompson	Public Governor
JL	Jonathan Lund	Associate Medical Director
CM	Chris Mason	Chief Information Officer
DMcG	David McGovern	Director of Corporate Affairs
SS	Sally Sykes	Director of Communications and Engagement

The meeting opened at 10:00am

Agenda Item	Minutes	Action
1	**Apologies for Absence** Apologies for absence were submitted on behalf of Sheila Hillhouse and Eileen Hume.	
2	**Declarations of Interest** No new interests were declared and no interests in relation to the agenda items were declared.	

3	**<u>Patients Story</u>** The Chief Nurse (TF) gave an update from the previous patient story and stated that visors were being distributed to staff to aid communications with deaf patients. The Board received a video story of the experiences of a patient and their carer. The story highlighted the importance of understanding and responding to the needs of individuals in a holistic way and not just focussing on physical health especially with regards to visiting and contact during a patient's stay. The Board welcomed the feedback and supported the executive directors in sharing the learning across the staff both in terms of care and in answering telephones on wards and noted that regional funding had been received to help in this endeavour. The Board **NOTED** the patient story	
4	**<u>Minutes of the Previous Meeting</u>** The minutes of the meeting held on 26 January 2022 were approved as an accurate record of the proceedings.	
5	**<u>Action Log</u>** The Board noted that all actions had been closed or completed.	
6	**<u>Chair's Business</u>** The Chair updated the Board on recent matters. The key points were: • he had recently been appointed as co-chair of Healthy Wirral Partners and • the start date for new integrated NHS governance arrangements had been moved back to May 2022 and good progress was being made developing the arrangements which were hoped to enable resolution of system-wide challenges such as delayed discharges. **The Board NOTED the Chair's business**.	
7	**<u>Strategic Issues</u>** The chair identified that there were no additional strategic issues to report. **The Board NOTED the update.**	
8	**<u>Chief Executive's Report</u>** The Chief Executive (JH) introduced her report on recent activities	

	at the Trust. The report covered updates on: • Covid-19 • Vaccination as a condition of employment consultation • Preparations for the national Covid public enquiry • Serious Incidents in January and one Reportable incident • the emergency care upgrade project and • modular theatre construction at Clatterbridge Hospital. In discussion, the following points were raised: • The Chief People Officer stated that it was had been announced that the requirement for staff to be vaccinated against Covid as a condition of deployment would be revoked as a result of the recent national consultation. • the Director of Corporate Affairs stated that a board workshop was being planned in the next couple of months to consider new streamlined governance proposals. It was also hoped that in-person meetings could re-commence subject to appropriate risk assessments. • There was a discussion on serious incidents and the Medical Director noted that these were across various divisions and that learning from each was shared. • the new system-wide governance arrangements were hoped to deliver financial and operational benefits. **The Board NOTED the report.**	**DMcG**
9	**<u>Chief Operating Officer's Report</u>** The Chief Operating Officer (HK) presented her update outlining the current organisational performance data for planned care (elective) and unplanned care (non-elective). Performance against the re-set recovery programme for planned care remained encouraging; however, performance against the target of 95% of patients attending the emergency department being seen and treated within 4 hours remained significantly challenged. There were also significant challenges noted with regards to patients waiting longer than 12 hours for access to Mental Health beds in Wirral but this had been escalated to system partners. Improvements in Trust performance was heavily reliant on working across the local health and care system as part of the Wirral Urgent Care Improvement Programme. Attending to the backlog of patients together with winter pressures and a surge in Covid-19 cases had let to challenges in achieving the Winter Improvement Plan.	

	Managing emergency and urgent care across the system was a priority including making best use of Walk-in centres and ensuring patients are given the right level of care. The Board thanked staff across the Trust for their continued efforts in delivering high quality care in challenging circumstances. **The Board NOTED the Chief Operating Officer's Report.**	
10	**<u>Assurance reports</u>** **<u>10.1 Board Assurance Report</u>** The Director of Corporate Affairs (DMcG) introduced the Board Assurance Framework (BAF) which set out the key risks to achieving the Trust's objectives. The BAF included a covering report highlighting changes. The Board welcomed the report and agreed to merge risks 4.1 and 4.2 into a consolidated risk relating to the emerging new governance arrangements of the Integrated System and Place based governance. The Board also agreed to merge risks 6.2 and 6.1 which both related to potential negative impacts on quality of care if estates, facilities, and supply chains are disrupted. The Board also agreed to amending some risks scores as set out in section three of the report, the most significant of which were raising scores from 16 to 20 (out of a maximum of 25) of risk relating to: - failure to manage unscheduled care - failure to meet constitutional standards, and - failure to meet scheduled care demand. The Medical Director added that, in light of recent global events, the cyber security risk had been reviewed and the score was likely to increase with a corresponding review of the controls in place. It was noted that the role of the Audit Committee in reviewing the BAF would be considered as part of the internal governance review. **The Board NOTED the assurance update and APPROVED merging the risks set out in section 2 and APPROVED amendments to risk scores set out in section 3.** **10.2 Quality and Performance** The Executive Directors briefed the Board on metrics in the dashboard and highlighted that some metrics had been suspended	

	during the pandemic response. It was noted that 27 were off-target or failing to meet performance thresholds and 20 were on-target. The Chief Nurse drew attention to recent cases of C-Difficile identified in patients. The Trust had exceeded its tolerance of cases and root cause analyses would help to put measures in place to manage the cases. Staff sickness had increased in December and January, primarily due to Covid-19. Work was ongoing to develop a well-being culture at the Trust and managing attendance levels in a supportive way. The COO noted concerns about the way the report was presented and stated that a review of the report format was underway with executive colleagues as part of the overall governance and assurance review, with a plan to move to Statistical Process Control (SPC) reporting to highlight variation of concern. The Board **NOTED** the dashboard. **10.3 Finance report** The Deputy Chief Finance Officer introduced the month 10 finance report. There had been a significant improvement from month 9 and the Trust was now forecasting a break-even position for the year. The key change, as well as budgetary controls had been the receipt of £2.5m non-recurrent funding from Cheshire and Merseyside Health and Care Partnership. In discussion it was noted that capital spend was high at present as the Trust responded to a need to update the facilities. There was an internal governance structure in place to ensure value for money and this had ensured that, even though the capital spend had increased in-year, capital was being invested wisely. The Board **NOTED** the report. **10.4 Maternity report** The Interim Chief Nurse (TF) briefed the board on progress in improving maternity services, a project that had been initiated following the publication of the Ockenden report in December 2020 and subsequent reports from across the country. TF assured the board that the Perinatal Clinical Surveillance Quality Assurance report was rated as green for January 2022 and that there were no issues for escalation. The Board **NOTED** the report.	**HK**

11	**<u>Estates Strategy</u>** The Director of Strategy and Partnerships (MS) presented the estates strategy which set out four campaigns of developments that would support delivery of the Trust's overall strategy. The Board was asked to approve the strategy. In discussion the following points were raised: • the strategy set out the approach at a high-level; detail would be added with each project in five phases • the strategy responded to identified risks • a board seminar of the developing plans was requested. The Board **APPROVED** the estates strategy.	**MS**
12	**<u>Green Plan</u>** The Director of Strategy and Partnerships (MS) introduced the Trust's Green Plan which had been developed as part of the overall approach being adopted by the Integrated Care System. The plan was in response to the guidance issued by NHS England and NHS Improvement in June 2021. It was noted that the executives had submitted a draft version by the deadline of 14 January. It had since been updated and was presented to the Board for approval prior to the deadline of 22 March 2022. A sustainability lead had been identified in the estates team and the board looked forward to progress in delivering the strategy. The Board **APPROVED** the Green Plan	
13	**<u>EPPR – Annual Report</u>** The Chief Operating Officer (HK) introduced the Emergency Preparedness, Resilience & Response annual report. Production of the report was a requirement under the Civil Contingencies Act 2004. It was reported that that Trust had met all three of the areas in which it was required to demonstrate robust plans in the event of serious disruption as reviewed by NHS England's assurance process. The Board was asked to note the report. The Board **NOTED** the report.	
14	**<u>Guardian of Safe Working Quarterly Report</u>** The Medical Director (NS) introduced the Guardian of Safe Working report which provided an update on compliance with the terms and conditions of service for NHS doctors and dentists in	

	training. NS stated that there were a number of gaps in the trainee medical workforce, and this had been making it difficult to ensure a safe working environment with all required self-development opportunities for trainee medics as well as meeting the working hours directive. In discussion it was noted that the Trust was being very supportive and had since resolved the issue by incorporating self-development time into foundation doctors' rotas. A reduction in exception reports was envisaged. The Board was reassured by the intervention and looked forward to an improved report for the next quarter. The Board **NOTED** the report.	
15	**<u>Chair's Report FBPAC</u>** The Chair of the Finance and Business Performance Committee provided a verbal report to the Board on recent proceedings of the committee. It was noted that finances continued to be scrutinised and the committee had been assured that a breakeven position would be achieved at year end. Regarding operational performance, the Trust was working hard to deal with the backlog of patients with a particular focus on cancer patients. An establishment review was underway to ensure appropriate levels of medical staffing across the Trust as part of reducing locum and agency costs. It was suggested that the Committee might look at high-cost drugs and see if financial efficiencies could be found. The Board **NOTED** the report	
16	**<u>Communications and Engagement report</u>** The Director of Communications and Engagement (SS) introduced the Communications and Engagement report which covered internal and external communications activities in January and February 2022. The importance of a two-way dialogue with staff was mentioned and listening events were welcomed. The Board **NOTED** the report.	
17	**<u>Questions from the Public</u>** Those members of the public in attendance were invited to ask	

	questions relating to items on the agenda. There was a question about upgrades of domestic staff areas and MS would discuss further with the team to ensure concerns were understood.	
18	**<u>Any Other Business</u>** There was no other business to discuss.	
19	**<u>Date of Next Meeting</u>** The date and time of the next meeting will be confirmed in due course as part of agreeing the calendar of business for the 2022/23 year.	

(The meeting closed at 11.51am)

Council of Governors Work Plan 2022/23

Item	Lead/ Author	25 Apr	25 Jul	24 Oct	20 Feb
Welcome and apologies for absence	Chair	✓	✓	✓	✓
Declarations of interest	Chair	✓	✓	✓	✓
Minutes of previous meeting and matters arising	Chair	✓	✓	✓	✓
Action log	Chair	✓	✓	✓	✓
Chair's business	Chair	✓	✓	✓	✓
Key issues	Chair				
Quality and Performance Dashboard	Executive Directors	✓	✓	✓	✓
Feedback from Board Assurance Committees	NEDs/CoG representatives	✓	✓	✓	✓
COVID-19 Update	Medical Director	✓	✓	✓	✓
NHS Staff Survey Results	Chief People Officer	✓			
Infection Prevention and Control Improvement Actions Update	Associate Director of Infection Prevention and Control		✓		
Trust Capital Programme Update	Director of Strategy and Partnerships				✓
Trust Strategy Update	Director of Strategy and Partnerships		✓		
Annual Report and Accounts	Chief Finance Officer		✓		
Board of Directors' Minutes and Meeting Update	Chair	✓	✓	✓	✓
Quality Accounts	Director of Quality Governance				✓
External Auditor Report of Quality Accounts	MIAA				✓
Report from Governor Workshop	Governors				
Feedback from Council of Governors Sub-Committees	Governors				
Cycle of Business Annual Update	Board Secretary	✓			
Review of Governor Attendance	Board Secretary		✓		
Annual Review – Declaration of Interests	Board Secretary		✓		
Annual Review – Terms of Reference (Nominations Committee)	Board Secretary	✓			
Annual Review – Terms of Reference	Board Secretary		✓		
Annual Review – Governor Election	Board Secretary			✓	

Item	Lead/ Author	25 Apr	25 Jul	24 Oct	20 Feb
Update/Outcomes					
Annual Review – Council Effectiveness	Board Secretary		✓		
Annual Review – Governor Code of Conduct	Board Secretary		✓		
External Auditors • Fee • Procurement process onwards	MIAA				
Any other business	Chair	✓	✓	✓	✓
Date and time of next meeting	Chair	✓	✓	✓	✓