NHS
Wirral University Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS

26 February 2024

14:30 GMT Europe/London

AGENDA

1. COUNCIL OF GOVERNORS

REFERENCES

Only PDFs are attached

- 0.1 Council of Governors Agenda.pdf
- 3 Council of Governors Minutes - 30 October.pdf
- 4 Action Log.pdf
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- 9 Car Parking Update.pdf
- 10.1 Finance Business Performance Committee.pdf
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- 10.7 Research and Innovation Committee.pdf
- 11 Integrated Performance Report - Jan 2024.pdf
- 11.1 WUTH IPR SPC Dashboard - Jan 2024 - Intro.pdf
- 11.2 WUTH IPR SPC Dashboard - Jan 2024 - 1 COO.pdf
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- 11.5 CN Commentary - Nov figs for Jan 2024 BoD.pdf
- 11.5 WUTH IPR SPC Dashboard - Jan 2024 - 4 CPO.pdf

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- 11.8 CFO Commentary M9.pdf
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- 12.1 Statement on composition of Non-Executive Directors.pdf
- 12.2 Tenure Matrix.pdf
- 12.3 Skills Matrix.pdf
- 13 NED Appraisals and Effectiveness Policy.pdf
- 13.1 Board Effectiveness Policy - Revised Template.pdf
- 14.1 Board of Directors in Public Minutes - 4 October.pdf
- 14.2 Board of Directors in Public Minutes - 1 November.pdf
- 14.3 Board of Directors in Public Minutes - 6 December.pdf

Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Council of Governors
Date	Monday 26 February 2024
Time	14:30 – 16:30
Location	Boardroom, Education Centre, Arrowe Park Hospital

Page	Agenda Item		Lead	Exec Lead
	1.	Welcome and Apologies for Absence	Sir David Henshaw	
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	5.	Chair's Business and Strategic Issues – **Verbal**	Sir David Henshaw	
	6.	Lead Governor Feedback – **Verbal**	Sheila Hillhouse	
	Items for Discussion			
	7.	Patient Experience Strategy Story	Debs Smith	
14-68	8.	WUTH Strategy 2021/26 Update	Matthew Swanborough	
69-77	9.	Car Parking Update	Matthew Swanborough	
	10.	Committee Updates		
78-79		10.1) Finance Business Performance Committee	Sue Lorimer	Mark Chidgey
80-81		10.2) Charitable Funds Committee	Sue Lorimer	Mark Chidgey
82-84		10.3) Quality Committee	Dr Steve Ryan	Dr Nikki Stevenson
85-86		10.4) People Committee	Rajan Madhok	Debs Smith
87-89		10.5) Audit and Risk Committee	Steve Igoe	Mark Chidgey
90-91		10.6) Estates and Capital Committee	Sir David Henshaw	Matthew Swanborough
92-93		10.7) Research and Innovation Committee	Sir David Henshaw	Dr Nikki Stevenson
94-114	11.	Integrated Performance Report	All NEDs	Executive Directors
115-126	12.	NED Recruitment and Tenure Renewal	Sir David Henshaw	David McGovern

127-143	13. NED Annual Appraisal Process	Sir David Henshaw	David McGovern

Wallet Items for Information

144-173	14. Board of Directors' Minutes	Sir David Henshaw

Closing Business

	15. Meeting Review	Sir David Henshaw
	16. Any other Business	Sir David Henshaw

Date and Time of Next Meeting

Monday 15 April 2024, 14:30 – 16:30

Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Council of Governors
Date	Monday 30 October 2023
Location	Boardroom, Education Centre, Arrowe Park Hospital

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SH	Sheila Hillhouse	Lead Public Governor (New Brighton & Wallasey)
RT	Robert Thompson	Public Governor (Heswall, Pensby & Thingwall)
PP	Peter Peters	Public Governor (North West & North Wales)
PI	Paul Ivan	Public Governor (Leasowe, Morton & Saughall Massie)
TC	Tony Cragg	Public Governor (Bebington & Clatterbridge)
EH	Eileen Hume	Deputy Lead Public Governor (Greasby, Frankby, Irby and Upton)
PD	Paul Dixon	Public Governor (Oxton & Prenton)
NW	Neil Wright	Public Governor (Bromborough & Eastham)
KJ	Keith Johns	Public Governor (Neston & Burton)
JC	John Brace	Public Governor (Bidston & Claughton)
PB	Philippa Boston	Staff Governor (Other Trust Staff)
GB	Gary Bennett	Appointed Governor – Wirral Council

In attendance:

SI	Steve Igoe	Deputy Chair & SID
SL	Sue Lorimer	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
RM	Professor Rajan Madhok	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
TF	Tracy Fennell	Chief Nurse
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer

Apologies:

CC	Chris Clarkson	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
AK	Anand Kamalanathan	Staff Governor (Medical and Dental)
AT	Ann Taylor	Staff Governor (Nurses & Midwives (AP)
CH	Christine House	Public Governor (Liscard & Seacombe)
JM	Julie McManus	Appointed Governor – Wirral Council

Agenda Item	Minutes	Action
1	**Welcome and Apologies for Absence** DH welcomed everyone to meeting and everyone introduced themselves. Apologies are noted above.	
2	**Declarations of Interest** JB declared he was a journalist and had previously written about the junior doctor strike at the Trust in August. SH, EH, RT, and GB declared an interest in Item 9. It was agreed that they would not participate in the discussion relating to their appointments or vote on those particular recommendations. SR declared an interest in Item 10, and it was agreed that he would leave the meeting to allow discussion on that item.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on 31 July were **APPROVED** as an accurate record.	
4	**Action Log** The Council of Governors **NOTED** the action log and that no actions were required from the July meeting.	
5	**Chair's Business and Strategic Issues** DH stated he had made Governors aware of matters in the private meeting of the Council of Governors, and that the Executive and Non-Executive Directors were aware of those matters. The Council of Governors **NOTED** the update.	
6	**Lead Governor Feedback** SH thanked Governors for their continued attendance at Board and Committee meetings and encouraged Governors to attend where they can. SH also welcomed newly appointed and elected Governors. SH stated Governors were keen to explore innovative ways to engage with members and improve member attendance at future meetings. The Council of Governors **NOTED** the update.	
7	**Committee Updates** **7.1) Finance Business Performance Committee**	

SL highlighted the Committee noted the good financial performance to month 6. The deficit of £13.4m represented a small positive variance against plan. SL added that the cost improvement programme (CIP) performance has continued well and of the target sum of £26.1m, £23.1m is forecast for year-end achievement.

SL stated the Committee received a deep dive on the Estates, Facilities and Capital financial performance, noting there was expenditure above budget, but a series of mitigations were being implemented in order to improve the position.

RT queried who set the cost improvement programme (CIP) target.

MC stated each year NHS England set the target, for 2023/24 it was between 2-3% and to breakeven. MC added regionally this can increase or decrease and the overall target for the North West was 5%. This would leave a number of regional Trust in a deficit position.

JB queried which cancer standards were most at risk of underperformance.

HK stated the 62 and 104 days to treatment consistently failed to achieve the target and the specialties of most concern remain colorectal and urology.

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

7.2) Quality Committee

SR stated there remained challenges with the levels of infection for C diff and other gram-negative bacteria cases being above trajectories. This was due to the lack of isolation rooms and high levels of bed occupancy, noting there was robust infection prevention and control (IPC) measures in place at the Trust.

SR also stated progress continues to be made in dealing with delays in responding to complaints beyond the 40-day Trust-set target. SR added when benchmarked against other similar Trusts in the region, the Trust compares equivalent to or lower.

SR highlighted there had been one technical breach in Duty of Candour. This meant that the patient did receive verbal feedback and an apology, but this was not followed up with a letter within the required timescales.

NS highlighted the threshold for C diff was set by NHS England and continued to be set lower each year. NS added the Trust would continue to see more cases due to the lack of side rooms, but mitigation was in place to reduce hospital acquired cases.

	RT queried it was viable to have C diff wards similar to when the Trust had COVID wards. TF stated currently the Trust has low numbers of C diff patients and in the event of a positive case a patient would be moved to a side room within 1 hour. TF added the Trust was working with Wirral system partners to reduce patients at risk from over prescribed antibiotics. RT also queried the IPC training. TF stated that all staff were required to complete the mandatory training module for IPC. JB queried if all newly admitted patients were tested for C diff and if it was necessary to prevent visitors. TF stated it was only necessary to prevent visitors when there were high cases of norovirus. NS explained it was not clinically or cost effective to test all newly admitted patients to the hospital for C Diff. NS added there was also not sufficient testing capacity. Therefore, standard practice is to wait for symptoms to appear, and the challenge then for the Trust is addressing this in a timely manner. SH queried complaints and whether the themes remained the same as previously. SR stated key themes remained communication, waiting times for treatments and access to A&E. The Council of Governors **NOTED** the report. **7.3) People Committee** DS stated the Committee discussed the risks associated with the move in payroll supplier, specifically the risk in a onetime move instead of in stages. DS added this risk was being investigated to mitigate the risk of disruption. JB queried the culture in the Trust regarding freedom to speak up and if staff had experienced detriment because of speaking up. DS stated there was a good culture of speaking up at the Trust and no person speaking up had reported experiencing detriment, which the Trust was required to report on. DS added there were very few anonymous concerns raised, demonstrating staff feel confident in the process and speaking up. JB also queried how the Trust ensures staff with disabilities were not disadvantaged.	

DS stated the experience of disabled staff at the Trust had been a focus and a priority in the People Strategy this year. DS added the Trust had a Sunflower Network who had been making sure staff who identify as disabled were provided the right information to access support, particularly around hidden disabilities.

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

7.4) Audit and Risk Committee

SI summarised the work undertaken by the Committee at its September meeting, highlighting the Committee received a deep dive on the people related internal audit recommendations and progress towards completion. The Committee also heard about the significant risks related to Estates and Facilities and subsequently requested a deep dive on this.

SI added the Committee received four internal audit reviews, noting three were given moderate assurance and one substantial assurance. SI stated recommendations for one review had been completed in a timely manner with associated actions being completed in August before the Committee meeting.

SI commented that at the end of each Committee meeting, members meet with the auditors privately who consistently give positive comments on the Trust's proactive and response approach.

JB queried the debt with Wirral Borough Council and how this occurred.

SI stated this was a long term debt from several years ago and a number of challenges, including staff turnover at the Council, has impacted this position.

MC highlighted the Trust was working with Wirral Borough Council to reach a negotiated settlement.

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

7.5) Estates and Capital Committee

DH stated the Committee discussed the increasing backlog maintenance risks and the estimated costs of replacements and repairs to eradicate the backlog, noting for 2023/24 this totalled approximately £46.5m and this would be subject to ongoing monitoring by the Committee.

DH added work was ongoing between Wirral Place and the ICB Strategic Estates Group to understand NHS and Council estate

	across Wirral and consider ways to improve estate and estate investment. TC commented he observes meetings of the Committee and felt assured that the controls were place for identified risks. TC also commented about the number of capital projects undertaken and that these were delivered in a timely manner. The Council of Governors **NOTED** the report.	
8	**Integrated Performance Report** HK stated the 4hr A&E standard continued to not meet the threshold and explained ambulance and walk in attendance remained higher than average, which was impacting on waiting times and patient experience. HK added industrial action continued to have an impact on patients waiting 52 weeks for treatment and the overall waiting list due to cancelled appointments. HK highlighted overall the Trust benchmarked well regionally for elective recovery. RT queried if it was appropriate to communicate to the community the different healthcare services available and when to attend A&E. HK stated the communications team were proactive regarding this and there had been no change in behaviour. HK added for winter there was a wider Wirral Place communications plan. JB queried ambulance handover delays and if there was anything that could be done differently. HK stated the Trust had good engagement with North West Ambulance Service (NWAS) and had received positive feedback regarding the measures put in place to reduce delays. HK added NWAS had suggested employing a paramedic to oversee ambulance handovers and this was being explored by the Trust. HK highlighted the team would visit Warrington Hospital to understand their approach and share best practice. The Council of Governors **NOTED** the report.	
9	**Governance Update** CH presented requesting the appointment of Sheila Hillhouse and Eileen Hume as Lead and Deputy Lead Governors, respectively, and approval of the Nominations Committee membership and Terms of Reference, which were approved by the Nominations Committee at its last meeting. DH thanked Sheila and Eileen for volunteering to stand the roles. The Council of Governors:	

	• **APPROVED the appointment of** Sheila Hillhouse and Eileen Hume as Lead and Deputy Lead Governors, respectively; and • **APPROVED** the proposed Nominations Committee membership; and • **APPROVED** the reviewed Nominations Committee Terms of Reference following approval taken at their meeting in August.	
10	**Renewal of Tenure – Steve Ryan** *SR left the meeting.* *The meeting was paused to convene a meeting of Nominations Committee.* *Council of Governors was reconvened.* DH requested the Council of Governors approve the extension of Steve Ryan's tenure, following consideration and approval by the Nominations Committee. The Council of Governors **APPROVED** the extension of Steve Ryan for a second 3 year term.	
11	**Board of Directors' Minutes** *SR re-joined the meeting.* DH stated Governors were welcome to attend private meetings of the Board of Directors but would be required to step out on occasions when confidential business was being discussed. The Council of Governors **NOTED** the Board of Directors' Minutes.	
12	**Any other Business** DH stated a question had been emailed in from JM regarding car parking changes. MS agreed to respond to the Councillors query. DH queried how new Governors found their first meeting. GB stated the meeting was transparent, documents were accessible and would feel comfortable asking questions when appropriate. JB stated there was a number of acronyms within reports and explained it would be helpful if these could be explained in future. JB queried if members of the public attended meetings.	Matthew Swanborough

	NS stated members of the public had attended in the past and gave an example of a consultant who observed a Board meeting and subsequently applied for a job at the Trust. PI commented the SPC charts were informative and suggested training would be beneficial for Governors on how to interpret the charts. No other business was raised.	

(The meeting closed at 15:40)

Action Log
Council of Governors
26 February 2024

Wirral University Teaching Hospital NHS Foundation Trust

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	30 October 2023	12	To respond to the Councillors query regarding car parking	Matthew Swanborough	Complete.	November 2023

23-24 Annual Strategic Priorities

Q1&2 Progress Update

Council of Governors February 2024

v2

2021-2026 Trust Strategy

- **Trust Strategy and Strategic Framework**
  - Developed 2021-2026 Trust Strategy and launched in January 2021, with focus on:
    - Outstanding Care
    - Compassionate Workforce
    - Continuous Improvement
    - Our Partners
    - Digital Future
    - Improving our infrastructure

2021-2026 Trust Strategy

- **Strategic Framework**
  - Developed eight enabling strategies, aligning to Trust Strategy
  - Designed speciality level clinical service strategies and priorities

- **Delivery of Trust Strategy and Framework**
  - Focus on delivery of objectives and priorities
  - Annual strategic priorities and delivery process with Divisional and Corporate Leadership Teams, ensuring we are delivering our strategic objectives each year

- **Annual Strategic Objectives delivery**
  - Objective and action setting in April, aligning to Strategic Objectives
  - Executive ownership and accountability for delivery
  - Half Year check-in and updates in October each year
  - Duplicate process for Enabling Strategies and Divisional Objectives (encompassing clinical service strategies)

Outstanding Care

WUTH Annual Actions 2023/24 to support strategic priorities delivery

Wirral University Teaching Hospital NHS Foundation Trust

Outstanding Care
Provide the best care and support

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Outstanding Care Provide the best care and support	Empower patients through their care journey	1.Continue to deliver UEC improvement programme 2.Delivery of year 2 Quality & Safety and Patient Experience strategies 3.Assess trust performance against CQC KLOEs and develop action plans 4.Delivery of constitution standards 5.Implement improvements to patient flow - including reconfiguration of IDT/discharge functions 6.Delivery of maternity improvement plan 7.Embed medical device safety including training of staff and training and maintenance of equipment		1. COO 2. CNO/MD 3. MD 4. COO 5. COO 6. CNO 7. MD
	Improve patient flow, ensuring the patient is in the right place at the right time			
	Strive to deliver intimate and personal patient experience			
	Provide services in the most appropriate and accessible setting			
	Embed a culture of safety improvement that improves outcomes			

NHS Wirral University Teaching Hospital NHS Foundation Trust

Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	1. Continue to deliver UEC improvement programme	Delivery of the National UEC Quality Standards including: • Achieve 4 hour wait target • Less than 12 hours wait for an admission • Reduction in ambulance handover time • Timely review by specialty	COO

Details of progress Q 1& 2	Next steps Q 3 & 4
• Full review of UEC workforce establishment and productivity which includes the implementation of the new junior medic's rota within ED following ECIST recommendations. Rota implemented from August 23 rotation • Implementation and embedding of working of the Ambulance Arrivals Zone • Implementation of the splitting of the medical rota across the majors and minors improving the timely delivery of assessments and treatment • Introduction of the reverse cohort model ensuring that patients arriving by ambulance are prioritised and assessed in a timely manner • Updated UEC Improvement Plan developed with key milestones	• Complete review of the service provision for the remaining ED workforce and implement actions from the output of the review • Embed the reverse cohort model • Increase the Trusts access to Same Day Emergency Care Services across specialties • Review and relaunch of the Trust Escalation Policy, including the implementation of the new National OPEL reporting framework • Build on further attendance and admission avoidance with our Community and Mental Health Providers • Work with ICB colleagues develop and implement a service to support patients that are frequent attenders to our UEC services

Wirral University Teaching Hospital NHS Foundation Trust

Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	2. Delivery of year 2 Quality & Safety and Patient Experience strategies		CNO/MD

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
Patient Experience: • Patient experience web page developed • Engagement events held in community – e.g. Woodchurch Asda • Patient experience strategy awards developed • Deaf and hearing awareness group task and finish group developed • Trans nonbinary awareness Task and finish group established • Catheter , carer and patient passports developed • Keeping you safe video launched • Discharge leaflet co produced with patients for patients • Young carers workstream developed • Film developed for patient initiated follow up **Quality and Safety** • Role essential training has been reviewed with the Role Essential Training Project group • Quality Matters Newsletters have been published • Ulysses workstreams and priorities have been established • Data Pack has been produced and continues to be developed following discussions with the divisions and as Ulysses functionality is increased • PSIRF policy published and PSIRF plan implemented; • One Patient Safety Partner has been recruited; • Just and Learning Culture steering group established; FTSU data is triangulated with patient safety data for the Intelligence report to determine themes and opportunities for learning; • QIA process policy reviewed and updated. Quorate attendances at QIA meetings with up-to-date terms of reference. • COG reports on compliance with NICE, audit, policies, guidance and PILs. • Lessons Learned Forum established	• Expand patient story library • Further events planned • Launch of awards • Launch of ward folders • Launch needle phobia video • Conclude deaf and hearing impairment and non-binary improvement plan • Story board and service user feedback to be collated Dec 23 • Relaunch Hello my name is • Discharge leaflet being evaluated • Conclude young carer developments • 2 monthly focus promise groups throughout 2024 • Revise Quality and Safety Policies

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Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	3. Assess trust performance against CQC KLOEs and develop action plans		MD

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
• Continued to have divisional check and challenge meetings for CQC action deliver that's reported to PSQB and Quality Committee. • Mock inspections Acute, medicine., pharmacy surgery, health and safety have been undertaken. Revisit to Women and Children's division scheduled • Those actions if any tracked through TMB.	• Prepare for CQC inspection • Implement new CQC standards across Trust

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Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	4. Delivery of constitution standards	• Zero 104 week waits • Zero 78 week waits • DM01 compliance • Reduced 62 and 104 day cancer waits	COO

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
• Positive progress made against elective recovery trajectories of 104 weeks and 78 weeks. Zero 104 week breaches since April 2023. 78 week performance has been pressured due to Industrial Action but overall positive position and zero from October. • Successful introduction of the national Patient Initiated Requests to Move Provider (PIDMAS) sending notifications out to all patients waiting longer than 12 weeks. Implementation of partial booking across outpatient areas to reduce DNAs and increase waiting list KPIs. • Achievement of the national diagnostic DM01 6 week target for two months in the period. Significant reduction in the backlog of cystoscopy patients and delivered 6 week compliance across Radiology modalities. The Trust remains one of the strongest performers in C&M. Significant achievement to ensure endoscopy waiting times are achieving compliance with the 6 week DM01 target. • Delivery of the 62 day cancer NHSE recovery trajectory. 104 days remains a challenge.	• Plan to deliver compliance with 65 week target by the end of April 2024, but Industrial Action remains a significant risk. • Deliver an ECHO recovery plan that delivers DM01 compliance by March 2024. • Ensure delivery of the year end NHSE 62 day recovery trajectory. • Significantly reduce the number of patients waiting longer than 104 days for cancer treatment.

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NHS Foundation Trust

Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	5. Implement improvements to patient flow - including reconfiguration of IDT/discharge functions	• Good NCTR performance as a % of the bed base • Time between NCTR declaration and discharge	COO

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
• Successful implementation of the Transfer of Care Hub (TOCH) combining teams from WUTH, Local Authority and the Voluntary and Faith Sector. • Developed Standard Operating Procedures (SOP) that align workflows and personnel to the most in demand areas – near completion. • Delivered an executive led Wirral Discharge Cell that provides an escalation route for patients that have delays in pathways across system partners. • Delivered a 50% reduction in the number of patients that do not have a criteria to reside and a similar reduction in patients with a Length of Stay (LOS) of 14 and 21 days. • Hospital Wide Flow Programme established featuring a broad range of KPIs, very positive engagement from across the Trust, in collaboration with the Service Improvement Team. • Significant regional and national recognition for the improvements brought about by the implementation of the Transfer of Care Hub at WUTH.	• Complete SOP and implement full new ways of working. • Implement full control room set up for the TOCH to facilitate even better workflows. • Continue to embed the new processes and sustain the performance improvement made to date.

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Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	6. Delivery of maternity improvement plan	• Improvement in maternity quality of care	CNO

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
• Compliance with Ockenden Part 1 and 2 • MIS Year 4 compliance • SBL2 compliant • CQC visit in April 2023 including APH and Seacombe Birth Centre (FMLU) both rated GOOD for Safe and Well Led • Achieving Maternity Continuity of Carer (MCoC) >55% including deprivation and vulnerable areas • Bespoke Ward Accreditations initiated in maternity including Ockenden assurance via Tendables • MNVP relationship and service user engagement • BSOT's in Triage implemented • MatNeo collaboration with a number of QI Projects • PROMPT Year 10 >95% compliance • CSSI project • GAP – One of the top 10 consistent performing organisation • Maternity vision established in line with clinical strategy • >1% vacancy rate in midwifery staff group and successful recruitment of newly qualified midwives • Review and strengthen governance structure	• Sustain compliance • Working towards MIS Year 5 • To achieve SBLv3 compliance by 03/24 • Work towards outstanding rate • Plans to roll out as default model in 2024 • Amber status & GREEN status ambition • EOI out for MNVP Chair • Maintain 2 midwives in Triage • Several projects underway • On target to achieve by 12/23 • Part of T&F group wider Trust • Consistently achieve and part of SBLv3 • Continue to embed • Rolling recruitment campaigns • Q&S Matron for Maternity to be in post by 03/24

Wirral University Teaching Hospital NHS Foundation Trust

Outstanding Care
Provide the best care and support

Action

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Action 23/24	Key deliverables:	Action Ownership
Outstanding Care Provide the best care and support	7. Embed medical device safety including training of staff and training and maintenance of equipment		MD

Outcome

Details of progress Q 1& 2	Next steps Q 3 & 4
• Plan to appoint Medical Device Safety Officer to have overview • Full business case going to BDISC – October 2023	• Appoint to the MDSO post • Register for compliance for medical safety • Training record and oversight being developed by HROD with recording on ESR • Develop medical device safety plan

Compassionate Workforce

Wirral University Teaching Hospital NHS Foundation Trust

Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Compassionate Workforce Be a great place to work	Develop and maintain a healthy organisational culture based on our values	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future 2. Undertake a review and develop options for future payroll provision 3. Create and embed a positive narrative internally and externally. 1. Undertake future workforce planning - including focus on specialist nurses and consultants.		1. CPO 2. CPO 3. CPO 4. CPO/ COO
	Retain, attract and recruit high calibre and skilled staff			
	Support our staff to enjoy the best health and wellbeing			
	Invest in our staff's continuous learning, education and innovation			

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Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Compassionate Workforce Be a great place to work	1. Deliver year 2 of the people strategy – four principles 1) looking after ourselves and each other 2) belonging at WUTH 3) transforming ways of working and 4) shaping our future		CPO

Outcome

Details of progress
• **Flexible working offer** – Policy developed and launched. Guidance brochure in complete and launched. Extensive engagement programme underway. • **Just and learning culture** – Co-creation group established. Process to triangulate themes from incidents, FTSU, ER Cases and student feedback to be triangulated and common themes escalated to WUTH Lessons Learnt forum. Link established between Lessons Learnt Forum and Education Governance group to ensure training investment is prioritised. • **Transform OHWB to align to the Grow OH Strategy** –Priorities set to deliver Grow OH, drivers and areas for development plotted. Reviewed OH Mental health model and provision extended. Relaunched the EAP and increased uptake. • **Embed the WUTH LQF**– All programmes in place. Leading Self and Leading Team programmes have several cohorts underway; evaluating well. 2023 Leadership Conference delivered. • **Develop an Engagement Framework** – Engagement Framework developed and approved, including annual cycle for measuring employee experience. • **Disabled staf**f – Staff led group established. Priority area of focus identified as increased usage and awareness of assistive technology, awareness of options to support staff with disabilities, development of a central portal for access options. • **Coaching** – Two Level 5 accredited coaching cohorts implemented. 30 coaches trained; all are active coaches, many of which are supporting participants on management and leadership development programmes. • **Supervision and appraisal conversation** – New approached launched. 6-month evaluation conducted. Policy ratified. • **WUTH Perfect Start** - Co-creation group established. Safe Recruitment Policy redesigned. Recruitment Newsletter developed. One day manager training in place. • **Retention** – Career clinics, career stories library created, internal transfer pilot for B5 RNs commenced, Listening Events held, buddy scheme for CSWs, digitalisation of exit interviews commenced.

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Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Compassionate Workforce Be a great place to work	2. Undertake a review and develop options for future payroll provision		CPO

Outcome

Details of progress	Next steps Q3 & 4
• Payroll Assurance Group established (WUTH internal group). • Withdrawal notice issued to current provider in respect of both Shared Service and SLA. • Tender for new provider now closed.	• Completion of procurement process for new provider. • Implementation phase. • New provider live by 1.4.24.

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Compassionate Workforce Be a great place to work	3. Create and embed a positive narrative internally and externally		CPO DoCS

Outcome

Details of progress	Next steps Q3 & 4
• External review of Communications and Marketing Team complete. • External consultancy support provided to produce draft strategy and operational plan. • External training provided to Communications and Marketing Team. • Recruitment process for Director of Communications commenced. • Interim reporting arrangements put in place to support a strengthened focus on external media and marketing • Pipeline of positive news stories and narrative • Increased key stakeholder engagement and key visits. • Increased stakeholder engagement with key partners. • Stakeholder newsletter developed and produced. • Increase in nominations and shortlisting for awards.	• Complete recruitment • Revise reporting arrangements • Ratify strategy • Finalise operational plan

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Compassionate Workforce
Be a great place to work

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Compassionate Workforce Be a great place to work	4. Undertake future workforce planning - including focus on specialist nurses and consultants.		CPO/COO

Outcome

Details of progress	Next steps Q3 & 4
Trust-Wide Workforce Planning • Workforce planning methodology reviewed and selected. • Template documentation created – 'plan on a page' approach. • Workforce planning training delivered. • Workforce planning 24/25 round launched. Medical Workforce • Medicine Division have focused on plans at consultant level, to support a reduction in agency usage. Good plans have been put in place and good progress made, with scrutiny and challenge via Vacancy Control Panel. Medicine Division have been invited to present to the November People Committee meeting. • Acute Division have focused on plans at junior level, to support a reduction in bank and agency usage. Good plans have been put in place and a new implemented rota has been implemented in ED. Acute Division have been invited to present to the November People Committee meeting. Specialist and Consultant Nurses • Review of job planning completed by Service Improvement Team. • Review of rostering completed by Service Improvement Team. • Recommendations approved for implementation.	• Workforce planning round 24/25 to be complete in line with annual planning process. • Review recommendations to be implemented.

Continuous Improvement

NHS Wirral University Teaching Hospital NHS Foundation Trust

Continuous Improvement
Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	Embed a culture of improvement and transformation	1. Delivery of sustainability 23/24 financial year (MC) 2. Develop and deliver CIP 3. Deliver year 1 of financial strategy 4. Delivery of productivity improvements to support elective care 5. Develop and Delivery change management to support productivity improvement 6. Develop Quality Improvement approach and delivery mechanism 7. Deliver year 2 of the Research and Innovation strategy 8. Develop clinical outcomes group function and including cycle of business 9. Revise and embed Trust accountability frameworks 10. Enhance our culture of accountability through Divisions and Departments		1. CFO 2. COO 3. CFO 4. COO 5. CSO 6. CNO 7. MD 8. MD 9. DCS 10. DM
	Reduce variation in care pathways to improve outcomes			
	Use our resources effectively and sustainably, so we can improve our services			
	Create the conditions for clinical research to flourish			

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	1. Delivery of sustainability 23/24 financial year		CFO

Outcome

Details of Progress	Next Steps Q3&4
- The Trust has an underlying deficit of £28.1m and has set out an initial 3 year recovery plan to the Board and Cheshire and Merseyside ICB. - The Trust has a planned deficit of £18.9m for 23/24. This included a very challenging CIP target of £26.2m and did not include any provision for industrial action. - At M7 had an adverse variance to plan of £2.2m and the CFO has reported to Exec Team and Board full year risk of £8.8m. This forecast is driven by the costs of industrial action, under recovery of CIP, overspends in Estates and under performance in respect of the elective programme. Additional costs of winter and CSWs are not included in forecast risk.	- The continued cost of industrial action cannot be mitigated and the Trust is seeking agreement with the ICB about agreed deterioration to the planned deficit - The Trust has agreed a partial recovery plan for overspends in Estates. - The financial impact of the proposed elective recovery plan is currently being costed and will be brought to Execs for consideration.

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Wirral University Teaching Hospital
NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	2. Develop and deliver a Cost Improvement Programme (CIP) that supports financial sustainability	- Delivery of £26m CIP Target - Delivery of a robust governance structure for all CIP schemes	COO

Outcome

Details of Progress	Next Steps Q3&4
• For 2023/24, transformation workstreams have been established with the aim of leading and supporting the delivery of major change and cost saving projects across several areas, within the Trust. The Waste, Activity, Value & Efficiency (WAVE) programme is nine workstreams designed to meet the increasing demand for our services, whilst driving value for money throughout the Trust and being the best at making things better. • Following the introduction of WAVE, WUTH have delivered a £22m CIP in year position and delivered the full year effect of £26m. This has been delivered using data, innovation and best-practice to inform transformation through collaborative working. • The WAVE programme is now home to 9 transformation workstreams, with circa 290 operational projects and circa 30 digital projects. • The governance and reporting of cost improvement and productivity has been enhanced, with workstream reporting and overall CIP programme reporting on a fortnightly basis to the CIP Assurance Group and monthly to Programme Board and bi-monthly to FBPAC.	• Identify mitigation for £1m reduction in forecast • Review of remaining schemes to deliver in 23/24 and provide assurance on delivery • Identification of schemes for 24/25 • 24/25 CIP plans to be captured through annual planning round and early presentation to Executives

Wirral University Teaching Hospital NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	3. Deliver year 1 of financial strategy		CFO

Outcome

Details of Progress	Next Steps Q3&4
- The Trust's Financial Strategy to 2026 was approved by the Board in April. - A detailed action plan for 23/24 was developed to support delivery of the strategy. At the end of Q2 the Trust has completed 11 of the 26 agreed actions. - One action, the roll out of HFMA finance training to budget holders, has been delayed and one action, the use of LOGEX budgeting software, has been removed as we are developing an internal solution.	- The Trust is due to complete a further 14 actions in Q3 and Q4. - The action plan for 24/25 is currently in development and will be discussed with the Finance and Procurement team prior to further engagement with the wider-organisation. - Develop SLR information to support decision making in 24/25

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Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	Delivery of productivity improvements to support elective care	- Implementation of GIRFT principles across specialties - Introduction of HVLC operating principles	COO

Outcome

Details of Progress	Next Steps Q3&4
- Established **HVLC list over 6 days per week** as routine practice in a number of specialties, Orthopaedics (Joints), Urology (Flexicystoscopy) and General Surgery (Hernia's) - Regularly achieving the GIRFT **85% daycase standard** for the Clatterbridge site - **New Leverhulme Surgical Admission Unit** opened in October to support a better patient experience and enables the increase in throughput and list utilisation at Clatterbridge - Introduction of **MyMobilty app** (circa 500pts registered) for orthopaedic patients enables close clinical monitoring of joint replacement patient which improves patients' confidence and experience and reduces the risk of readmission (improving joint daycase numbers). - Improved utilisation of the CGH site linked to the WAVE workstream of Think Big evidenced through KPIs. - Implemented partial booking pilots across specialities with large outpatient backlogs delivering an improved position. - Improved performance with the roll out of Patient Initiated Follow ups (PIFU) reducing new to follow up ratios	• Roll out the routine use of MyPlanned Care and Surgery Hero to support patient optimisation pre-surgery • To reduce a proportion of joint replacement to overnight stays. • To ensure theatre utilisation of 85% across all sites and theatre complex • Implement a bottom up capacity and demand workforce model for theatres to drive planning for 24/25 and productivity based budgeting • Refocus the Think Big workstream to provide more focus on in session productivity • Deliver partial booking to maximise outpatient capacity

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Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	5. Develop and Delivery change management to support productivity improvement	- Delivery of service improvement and transformational programmes across 23/24 to support wider change and improvement across the Trust.	CSO

Outcome

Details of Progress	Next Steps Q3&4
- Associate Director of Service Improvement in place - Completion of Housekeeper review, identifying opportunities for role standardisation and change in working practices with Ward Clerks and Domestic Staff - Delivery of Hospital Wide Flow programme, reducing LoS, excess bed days and improving discharge processes across the Trust - Delivery of initial Theatres Think Big Programme and handover to Division - Development of Service Improvement methodology - Delivery of CT & MR and X-Ray reporting review, identifying opportunity to reduce outsourced provision and improve reporting times - Completion of Workforce Job Planning and Roster Review, identifying opportunities for improvements in job planning processes and use of E-roster	- Completion and approval of Quality Improvement integration, including drafting of proposal - Support to Think Big Programme - Lead taxi review, developing controls and processes to support reduction in use - Complete blood rationalisation project for a care set, reducing ordering of care set in line with clinical best practice - Delivery of Supplies and Stores Improvement programme, reducing time and delays in delivery of goods - Continue Hospital Wide Flow Programme

together we will

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NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	6. Develop Quality Improvement approach and delivery mechanism		CNO

Outcome

Details of Progress	Next Steps Q3&4
- Ward QI projects continued for Deteriorating patient , falls improvement , model board round , fluid balance , improving patient discharge using the discharge hospitality centre throughout Q2 - Agreement of approach to merge quality improvement and service improvement functions	– Centralise functions, with Service improvement, including transfer of funds – Establish QI methodology – Deliver QI projects – deteriorating patients

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Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	7. Deliver year 2 of the Research and Innovation strategy		MD

Outcome

Details of Progress	Next Steps Q3&4
- Appointed new R&I manager with expertise of working at regional level and with commercial sector - R&I centre established at Clatterbridge Hospital campus - Successful bid approved for capital funding from the NIHR to develop Wirral Research and Innovation Centre - Reviewing research process to strengthen study design and oversight	• Review of research portfolio to maximise commercial collaboration • Strengthen working with Wirral Research Collaborative to take a lead at regional level • Development of Target Operating Model

Wirral University Teaching Hospital NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	8. Develop clinical outcomes group function and including cycle of business		MD

Outcome

Details of Progress	Next Steps Q3&4
- Clinical outcomes group has been established and reports to PSQB - Cycle of business in place with focus on key clinical diagnosis and an oversight of the Trust clinical audit programme	• Continue with regular monthly meetings • Incorporate model hospital and GIRFT improvement into COG

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Wirral University Teaching Hospital
NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	9. Revise and embed Trust accountability frameworks	- Framework in place. - Accountability fora in place for Corporate Directorates.	DoCS

Outcome

Details of Progress	Next Steps Q3&4
- The whole trust accountability framework was developed and introduced in 2022/23 which leads to a refreshment of divisional governance processes and structures. - There is now a consistent approach to divisional governance. - This has been supported by a refreshment of the DPR process led by the COO. - Corporate function DPR has been created and the first meetings are being held in November 2023. - The second meetings will take place in March/April 2024.	• Monitor consistency of the process and develop the corporate function process incorporating lessons learnt from the first meetings.

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Wirral University Teaching Hospital
NHS Foundation Trust

Continuous Improvement

Maximise our potential to improve and deliver best value

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Continuous Improvement Maximise our potential to improve and deliver best value	10. Enhance our culture of accountability through Divisions and Departments	- Accountability Framework in place. - Accountability fora in place for Corporate Directorates. - Refreshed structure of internal governance.	DoCS

Outcome

Details of Progress	Next Steps Q3&4
- The whole trust accountability framework was developed and introduced in 2022/23 which leads to a refreshment of divisional governance processes and structures. - There is now a consistent approach to divisional governance. - This has been supported by a refreshment of the DPR process led by the COO. - Corporate function DPR has been created and the first meetings are being held in November 2023. - The second meetings will take place in March/April 2024. - Identification and mapping of all governance fora across the Trust.	• Monitor consistency of the process and develop the corporate function process incorporating lessons learnt from the first meetings. • Identify areas of duplication and assess membership of all fora to achieve further efficiencies. • Work with Divisional and Corporate teams to strengthen accountability and reporting into corporate governance. • Increase involvement in Corporate Governance and decision making.

Our Partners

NHS Wirral University Teaching Hospital NHS Foundation Trust

Our Partners
Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Our Partners Provide seamless care working with our partners	Integrate care to prevent ill-health, improve wellbeing and meet the needs of the Wirral population	1. Position the trust as the place partner 2.Develop collaboration models with WCT - to improve outcomes 3.Examine opportunities for collaboration with COCH and other acute partners 4.Develop our offer as a regional elective centre, across surgical specialties (HK) 5.Represent the Trust at ICB and CMAST level (system partnership) 6.Develop and implement plan for the trust as anchor institution		1. CSO 2. CSO 3. CSO 4. COO 5. CSO 6. Dir CS, CPO, CSO
	Deliver system partnerships which improve outcomes for our patients			
	Lever our clinical expertise to drive clinical quality and influence system working			
	Build partnerships with academic institutions to develop research and education capability			

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	1. Position the trust as the place partner (lead our offering of leading Place) (Major partner in place)	Support delivery of Place improvements and Place Plan	CSO

Outcome

Details of progress	Next steps Q3&4
• Support to the development and implementation of Place governance • Chairing of Place Partnership Board subcommittees • Participation on Place Based Partnership Board • Meetings with Lead Councillors and Chief Executive of Council • Participation at Wirral Health and Wellbeing Board	• Prepare for chairing of Place Based Partnership Board

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	2. Develop collaboration models with WCT - to improve outcomes	Delivery of collaboration and partnerships with WCT	CSO

Outcome

Details of progress	Next steps Q3&4
• Approval of desktop opportunities for collaboration report • Review of WCT scale of opportunities analysis • Developed approach to service review for Ophthalmology across WUTH and WCT • Drafted terms of reference for Independent Review	• Completion of Ophthalmology Service Review and development of next steps for collaboration • Support Independent Review, including analysis and governance • Support next steps following Review

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	3. Examine opportunities for collaboration with COCH and other acute partners	Delivery of opportunity analysis and establish approach to collaboration	CSO

Outcome

Details of progress	Next steps Q3&4
• Established methodology and approach with COCH • Undertook desktop exercise with Executive Directors reviewing corporate and clinical services and identifying opportunities for joint working and collaboration • Completion of reports and presentation to Executive Teams to determine areas of focus	• Meet with COCH Executive and finalise approach • Agree areas for focus and next steps • Determine resource and timeline

NHS Wirral University Teaching Hospital NHS Foundation Trust

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	4. Develop our offer as a regional elective centre, across surgical specialties	• Formalised offer of capacity and mutual aid to the region • Embed within the regional elective recovery plan • Achievement of national GIRFT accreditation for Surgical Hubs	COO

Outcome

Details of progress	Next steps Q3&4
• Operational **go live of module theatres 9 & 10** achieved in October, providing an additional 24 operating sessions over 6 days • Established a secure **digital solution for the transfer of patient information** from local Trust to the C&M Surgical Centre via Egress • **Standard Operating Procedure** produced for any new surgeons wishing to operate at C&MSC including onboarding as part of the SOP • Resolution to **procurement challenges** in the provision of implants, specifically Orthopaedics • **Clinical pathways developed** which will be extrapolated to other Trusts who utilise the C&MSC e.g. VTE, Therapy care • Application submitted to be an accredited GIRFT Surgical Hub	• Increase uptake of operating sessions at C&MSC for all specialties with a primary focus on the longest waits. • Attain GIRFT Accreditation as a marker of quality. • Establish the C&MSC Hernia pathway to reduce waiting times regionally for hernia repair • Resolution to the financial barriers brought about by PbR stopping the flow of patients to C&MSC • Finalise the plans to maximise the use of the cold site and medicine to the APH site – implement in 2024/25

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our Partners

Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	5. Represent the Trust at ICB and CMAST level (system partnership)		CSO

Outcome

Details of progress	Next steps Q3&4
• Representation at all CMAST Committees and Sub-Committees, across professional portfolios • Mapped out strategy and clinical service strategies for CMAST • Supported workshop to identify clinical services opportunities for joint working and partnership • Coordination and delivery of C&M Elective Recovery Programme	• Chair CMAST Strategy Directors Group

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Our Partners
Provide seamless care working with our partners

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Our Partners Provide seamless care working with our partners	6. Develop and implement plan for the trust as anchor institution		DoCS/CPO/CSO

Outcome

Details of progress	Next steps Q3&4
• Developed approach and timeline for health inequalities plan, aligning to Trust Enabling Strategies	• Completion of Health Inequalities Plan and key projects, encompassing anchor institution, CORE20PLUS5, Prevention Pledge priotities • Determine Executive Lead for 2024/25

Digital Future

NHS Wirral University Teaching Hospital NHS Foundation Trust

Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	Use digital technology to reduce waste, automate processes and eliminate bottlenecks	1.Deliver one patient record in 23/24		CFO
		2.Review and improve cyber security provision		CFO
	Empower patients with the data and tools to manage their own health and wellbeing	3.Implement year 3 digital strategy		CFO
		4.Implement Trust patient portal include self check-in capabilities technology to support patient booking/checking in (MC)		CFO
	Allow business intelligence to drive clinical decision making	5.Examine technologies opportunities for patient self-management		CFO
		6.Undertake NHS digital maturity assessment including comparison to peers (MC)		CFO
	Use health information to enable population health management for the Wirral	7.Implement/review digital governance through to board (DM)		Dir CS

Wirral University Teaching Hospital NHS Foundation Trust

Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	1. Deliver one patient record in 23/24		CFO

Details of progress	Next steps Q3&4
In terms of deliverables, delivery of One Patient Record Phase 1a is part of the overarching year 3 strategy – so there is significant cross over with point 3 which details progress on digital enabling projects. Scope of Phase 1a is the removal of centralised patient record – i.e. everything currently held on paper in the central notes. NB this does not include locally retained paper within divisions. • MIAA Audit completed to help inform baseline of paper types and volumes which currently remain on paper within the hospital. • Risk Stratification of paper records completed by divisions. • Phased approach to delivery agreed with Phase 1a implementation due for completion in March 2024 • Operational and Digital plans in place to deliver enabling technologies and achieve associated clinical adoption for Phase 1a scope. • Volumetrics work completed to understand scanning capacity and demand for enablement of Phase 1a. • Target Operating Model developed for Medical Records function.	Progression of digital enablers – namely: Digital ECG's, ERS interface, CTG tracing, Pilot for Consent, Who safer checklist, Inpatient referrals. Execution of Divisional plans: ensuring utilisation of implemented digital solutions – for example Outpatient noting.

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NHS Foundation Trust

Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	2. Review and improve cyber security provision		CFO

Details of progress	Next steps Q3&4

- To gain a baseline of current cyber position the organisation has engaged in a number of audit related activities – namely – the annual Data Security and Protection Toolkit (DSPT) where substantial assurance was received, Medical Devices Review and Penetration Testing. Opportunities identified resulting from these audits have now been collated into a Cyber Security plan which will focus our efforts over the next 12 months.
- From a technical implementation perspective there have been a number of implementations which further strengthen our Cyber position. Including:
  - Nearing completion of a new wired network with associated firewall products already in place.
  - Domain security measures being updated in line with national standards
  - The upgrade of 150 servers, migrating away from unsupported Operating systems
  - Introduction of a robust 3rd party access policy – assuring compliance with security standards
  - Implementation of 2 factor authentication for NHS mail
  - Implementation of tools to allow for in-house penetration testing
  - Domain encryption, helping to improve our password protection
- We are also key stakeholders in the Cheshire and Merseyside Cyber Security Programme and the protection of the associated C&M Cyber Strategy
- Implementation of the IT Health application to help monitor the health of digital devices across the Trust.
	In quarter 3 & 4 we will be implementing aspects of the Cyber Security plan, formulated from opportunities identified from recent audits.
	
	We will complete the implementation of the new wired network.
	
	We have commissioned an Independent Cyber audit from NHSE to re-baseline our cyber position following the implementation of this years plan.

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Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL FOUNDATIONS	Cyber security measures Network upgrade Single Sign On Enhanced governance processes & assurance reporting	CFO

Details of progress	Next steps Q3&4
Digital Foundations: • Roll out of circa 600 workstations and circa 100 iPads to replace unsupported operating systems. • Server Upgrade Programme of 150 Servers supporting clinical and operational systems. • Network Upgrade completion. This project replaces unsupported infrastructure and underpins all Trust IT services, including enhanced cyber provision. • IT Infrastructure and kit provision for Surgical Centre. • Pilot for Single Sign-on session persistence underway in Paediatric ED.	Implementation of structured policies across WUTH and partners, risk identification and stratification, assurance reporting. Implementation of Single sign on, including session persistence within ED and Fracture clinic.

Wirral University Teaching Hospital NHS Foundation Trust

Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL INNOVATIONS	Surgical Centre Information Provision Device Integration OP Transformation Technologies Millennium Optimisation Programme Cardiac and Ophthalmology system upgrades OPR Enabling Technologies	CFO

Details of progress	Next steps Q3&4
Digital Innovations • Implementation of Self Check-in Kiosks and Patient Calling Boards as part of Outpatient Transformation application suite. • Pilot for Vitalslink Observations integration with EPR underway in Clatterbridge Wards. • Egress solution implemented for Patient Data Transfer at C&M Surgical Centre at Clatterbridge. • Initial RPA process implemented within HR to facilitate New Starters process • Implementation of Bridge Transfusion solution • Implementation of Electronic Booking Form across all specialties • Capacity Management Optimisation delivered • Enabling digital elements completed for Virtual Ward • Table of contents optimisation	Digital ECG roll out. ERS / Millennium Integration go live. Implementation of Remote Surveillance for Cancer specialties Go Live of Digital CTG tracing Digital Pre-op assessment go live. Commence Digital Consent project Implementation of Paediatric Growth Charts. WHO Safer Surgery project commencement Progression of new alerting module in Millennium Trust roll out of Vitalslink

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Digital Future
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WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	3. Implement year 3 digital strategy DIGITAL EDUCATION & DIGITAL INTELLIGENCE	Learning Management System implementation Course content for initial cohorts.	CFO

Details of progress	Next steps Q3&4
Digital Education - First of type project will integrate the Learning Management System into Microsoft Teams. - Technical difficulties around working with the national tennent have caused delays to the project. - Estimated that Technical difficulties will be resolved by the end of the calendar year which will ultimately see initial content released in Summer 2024 - Recruitment has commenced for 2 fixed term content creation posts. - Content creation package has been acquired and has been utilised in pilot courses for training Radiographers. Digital Intelligence Info Function Review - Data Warehouse structure and report migration progressing with technical and resource risks around completion in December 2023. - Using DHT Performance Dashboard as pilot for procured SPC module in BI Portal. - Upskilling of corporate services affiliate BI members has commenced National Reqts - Millennium Pre-requisite work for CDS 6.3 upgrade is underway. - Inpatient and ED data sets completed for National Faster Data Flows Programme. Patient Flow - Virtual Wards statutory reporting requirements complete	Resolution of remaining technical issues. Configuration of Staffing hierarchy. Content creation for initial cohorts. Completion of Report Migration and Data Warehouse structure Commence delivery of Emergency Care Data Sets v4.0 Implementation of Governance and data validation processes (BI Kite mark)

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Digital Future
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WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	4. Implement Trust patient portal include self check-in capabilities technology to support patient booking/checking in 5. Examine technologies opportunities for patient self-management	- Implementation of Cerner / Zesty patient portal	CFO

Details of progress	Next steps Q3&4
• Project for implementation of the new Trust Patient Portal commenced in September 2023. Further central funding was secured in year to facilitate the project. • Functionality of the purchased product satisfies all stipulations required within the NHSE Patient Engagement Portal Programme – Including appointment administration, Clinical Messaging, NHS App Integration, ability to issue locally provided guidance and complete pre-appointment questionnaires. • Clinical engagement plan is being formed to ensure adoption of key clinical stakeholders in empowering our patient population and taking responsibility for their own care	Implement Zesty solution, with a planned go live date of March 2024.

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Digital Future
Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	6. Undertake NHS digital maturity assessment including comparison to peers		CFO

Details of progress	Next steps Q3&4

• Digital Maturity Assessment was undertaken for the organisation in Q1 of this year, which measured the organisations level of maturity against the 7 sectors of the what good looks like framework.
• Below are the 7 sectors, first set of brackets contains WUTH score, second set of brackets is regional Acute Trusts average.
  • Empower Citizens (2.1) (1.8)
  • Ensure Smart Foundations (3.9) (3.3)
  • Safe Practice (2.7) (2.9)
  • Support People (2.8) (2.8)
  • Improve Care (3.2) (2.6)
  • Healthy Populations (2.2) (2.3)
  • Well Led (3.0) (3.1)
• Areas of opportunity identified to level up with the ICS are around Safe practice, Healthy Populations and Well led.
	• The introduction of the Clinical Safety Officer role and extended training of all Divisional MIO's will improve our safe practice score by helping to embed a Digital safety culture.
	• Migration to the C&M CIPHA (Population Health System)
	• From a well led perspective the area that needs to be considered is around Digital Representation at Hospital Board level

Wirral University Teaching Hospital NHS Foundation Trust

Digital Future

Be a digital pioneer and centre for excellence

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key Deliverables:	Action Ownership
Digital Future Be a digital pioneer and centre for excellence	7. Implement/review digital governance through to board	- Increased reporting on Digital through governance processes.	DoCS

Details of progress	Next steps Q3&4
• Reporting now in place to all relevant bodies including Board. • Increased internal awareness and reporting through TMB and Corporate DPR.	Continue to examine future opportunities for highlighting digital across Sub-Committees.

Infrastructure

Wirral University Teaching Hospital NHS Foundation Trust

Infrastructure
Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Strategic Priorities	WUTH Annual Operational and Strategic Actions 2023/24	Alignment to NHS 2023/24 priorities and operational planning guidance	Action Ownership
Infrastructure Improve our infrastructure and how we use it	*Effectively use our estate to support the delivery of care*	*1.* Determine future service locations to improve space utilisation		CSO
		2.Implement estate strategy year 2		CSO
	Delineate the role and functions of the hospital sites	3.Develop retail future retail model		CSO
	Develop the case for the upgrades of the hospital campuses	4.Deliver 23/24 capital programmes/projects to timetable and budget		CSO
	Improve travel and transport to our hospital campuses	5.Continue to deliver UECUP programme		CSO
	Promote sustainability and social value			

Wirral University Teaching Hospital NHS Foundation Trust

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Infrastructure Improve our infrastructure and how we use it	1. Determine future service locations to improve space utilisation	▪ Reduce excess space expenditure and improve use of space across the Trust	CSO

Details of progress	Next steps Q3&4
• Ceased use and returned Porta-cabins and shipping containers across APH, reducing costs to Trust • Reviewed and identified all peripheral clinics across Trust, including use, utilisation and lease costs • Identified opportunities for peripheral clinic consolidation • Developed scope for Birkenhead Regeneration concept • Submitted S106 application to Council for use of part of Frontis Building as offices •	• Approval of S106 agreement and relocation plan for Frontis for 24/25 • Development of schedules of accommodation for Birkenhead regeneration concept

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Infrastructure Improve our infrastructure and how we use it	2. Implement estate strategy year 2		CSO

Details of progress	Next steps Q3&4
• Delivery of 23/24 Capital Programme • Development and delivery of Estates Scorecard, including maintenance response, compliance, food production, transport • Improvements in estates statutory compliance • Undertook NHSE PLACE assessment across Trust sites • Transitioned EBME Team to Estates Division • Undertook assessment of backlog maintenance risk, identifying areas of risk and scale of costs to repair and replace	• Continued delivery of strategy • Review of EBME function and future role • Development of 24/25 capital requirements • Implement key findings of PLACE Assessment

Wirral University Teaching Hospital NHS Foundation Trust

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Infrastructure Improve our infrastructure and how we use it	3. Develop retail future retail commercial model	Development of plan for commercial retail	CSO

Details of progress	Next steps Q3&4
• Transitioned League of Friends Store to Trust • Undertook retail functional review • Developed future retail proposal	• Finalise and share retail proposal • Undertake market supplier assessment • Proceed to development of case and tender documentation

Wirral University Teaching Hospital NHS Foundation Trust

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Infrastructure Improve our infrastructure and how we use it	4. Deliver 23/24 capital programmes/projects to timetable and budget	➢ Delivery of capital programme	CSO

Details of progress	Next steps Q3&4
• Identification of 15 capital projects for 23/24 • Completion and handover of Clatterbridge Modular Theatres, infrastructure and Theatres Refurbishment • Completion of Part 1 Pipework – including Ward 31 refurb • Completion of Part 1 Fire works – including dry risers and compartmentation • Completion of flooring and bathroom improvements	• Installation and commissioning of Sub D generator • Completion of SEAL boilers • Completion of CDC • Determination of Doctors Mess project funding and value engineering • Completion of Ophthamology procedure area light refurb • Determine 24/25 capital programme

Wirral University Teaching Hospital NHS Foundation Trust

Infrastructure

Improve our infrastructure and how we use it

WUTH Strategic Objectives	WUTH Annual Operational and Strategic Actions 23/24	Key deliverables:	Action Ownership
Infrastructure Improve our infrastructure and how we use it	5. Continue to deliver UECUP programme	• Delivery of in year programme to budget and timescales	COO

Details of progress	Next steps Q3&4
• Phase 2 of the new build commenced and is delivering against programme • Phasing proposal agreed which delivered a safer departmental set up during the next phase – phase 4 before 3 • Operational phasing plan developed to transition to the next phase during the most challenged time of the year • New leadership structure drafted with partners for single front door • Revised governance structure developed – streamlining steps and clear roles and responsibilities • Formal Project Delivery Group established with SRO chair and Principles meeting commenced with senior leaders from the construction company and project managers driving	• Redevelop risk register that reflects actual risk to build into forecast and potential risk • Formalise front door leadership model with partners through Programme Committee • Formalise the digital strategy for the single front door under UECUP • Finalise major equipment list

Car Parking

Update to Council of Governors

February 2024

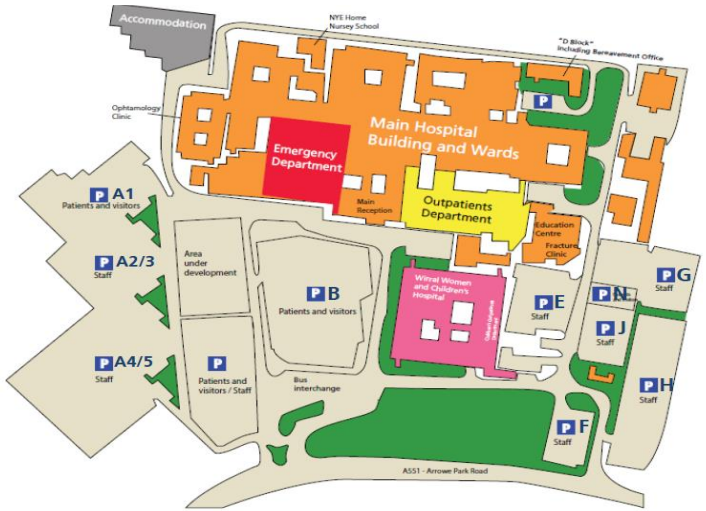
1. Overview of carparking across campuses

Arrowe Park Hospital Carparking

Wirral University Teaching Hospital
NHS Foundation Trust

Carparking capacity

- At present, there are 1,565 car spaces allocated to staff and 552 car spaces allocated to visitors across the Arrowe Park Hospital campus.
- Across summer of 2023, undertook remarking of spaces across carparks to increase capacity for visitors and staff and improve access at peak times.
- Staff carpark operating at 115% capacity on Tuesday and Wednesdays and approximately 90% capacity on Fridays
- Visitor carparking operating at 95%-100% capacity on weekdays, with up to 6 turnovers of a visitor space each day
- Both campuses also have major capital projects underway, with a number of contractors also utilising carparks



Clatterbridge Hospital carparking

Wirral University Teaching Hospital
NHS Foundation Trust

Carparking at CGH

- At present, there are 537 car spaces allocated to staff across the Clatterbridge Hospital campus.
- Approximately 350 car spaces for patients and visitors.
- 200 additional staff carparking spaces from February 2024, with the transfer of a carpark from Clatterbridge Cancer Centre to WUTH

Current Staff Car Parking Policy

Wirral University Teaching Hospital NHS Foundation Trust

Current Staff Car Parking SOP

- SOP established in December 2016 and revised in January 2018. SOP is used to allocated staff car parking Fobs, against the SOP criteria:

  The following criteria check will be followed regarding essential users for day time parking during week days:

  a) Distance – over 50 minutes public transport travel time or living within an area with restricted or poor access to public transport

  b) Need to leave site during working day - cross site, community, health centres and clinic and frequently need to leave site as part of job role (inc on-call).

  - All staff allowed free access to parking for evenings/weekends

- Staff charged approximately 0.7% of base salary for carparking fob

- Appeals Panels meeting monthly, chaired by A/Director of Estates, with process detailed on Staff Intranet, with approval based on circumstances

Staff carparking

Wirral University Teaching Hospital NHS Foundation Trust

Staff carparking

- Approximately 3,656 staff of 6752 staff (53%) have been allocated staff car parking fobs, with approx. 80 non-Trust staff (CWP, council, WCT)
- This is a ratio of 1:1.7 staff carpark spaces to fobs, above industry recommended ratio of 1:1.6.

Changes to carparking arrangements implemented in September 2023

Changes to visitor parking

Wirral University Teaching Hospital
NHS Foundation Trust

Carparking capacity improvements

- Historically, patients and visitors had difficulty parking with staff utilising visitor carparks and all-day parking rates reducing access across both hospital campuses.
- Also an old ticket based system is used for visitor parking across the campus
- In September 2023, the Trust revised the visitor carparking fee arrangements from a flat day rates to a tiered hourly rate, with the aim to improve turnover of carparking and reduce staff utilising visitor car parking area.
- This has improved the turnover of visitor car parking spaces and access for patients and visitors.
- This did displace some staff who were utilising visitor car parking. Supported staff to apply for parking fobs, in line with SOP.
- Undertook staff surveys to examine changes to staff parking criteria and use of remote parking

together we will

Other improvements

Other improvements

- Additional 440 staff parking fobs issued between September 2023 and December 2023, in line with increasing capacity and management of the campus.

- Have reduced review, processing and collection times for staff parking applications to an average 11 working days

- Administrator at reception (peak weekday times 10am-3pm) to support visitors with tickets and payments

- Two new staff shower areas operational at Arrowe Park Hospital, went live late October 2023.
- Gender Neutral Shower – Opp Sim Suite.
- Female Shower – Therapies Dept.

- Drafted business case for a new ANPR carparking system, allowing for flexibility of carparks and payments
- Aiming for Board review in March 2024, with an implementation from November 2024.

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
26 February 2024

Item No 10.1

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

Executive Summary/Current Position

- At the end of December 2023, M9, the Trust has reported a deficit of £19.5m against a plan of £15.8m, the resultant variance of £3.7m is a deterioration on the M8 position. The position includes all expected mitigations against additional costs and reduced income as a result of industrial action. Any further costs incurred or income lost will result in a corresponding deterioration in our financial position.
- The risk ratings for delivery of statutory targets in 2023/24 are:

Statutory Financial Targets	RAG (M9)	RAG (Forecast)	Section within this report / associated chart
Financial Stability			I&E Position
Agency Spend			I&E Position
Financial Sustainability			N/A (quarterly update)
Financial Efficiency			Cumulative CIP
Capital			Capital Expenditure
Cash			Cash Position

New/Emerging Risks

- No new financial risks were identified though risks highlighted in previous financial reports are now beginning to materialise.
- The risk around elective performance and achievement of waiting times targets for Colorectal and Gynaecology are now significant due to continued industrial action.

Overview of Assurances Received and Committee Activity

This report updates on the work of the Finance Business Performance Committee at its meeting on 20 December 2023.

- The Committee noted that financial performance to month 8 had deteriorated with a deficit of £16.4m achieved against a planned deficit of £15m, an adverse variance of £1.4m. Of this sum £0.6m related to CIP underachievement with the balance related to industrial action and continued under-utilisation of surgical capacity by the Countess of Chester. The committee was assured that the H2 forecast had been submitted to the ICB assuming no further industrial action and an increase in utilisation by the Countess of Chester and this had been clearly stated in the submission. The submission had also assumed risk around the full achievement of CIP, and this had been shared with the committee previously. The committee were informed that surgical rotas had been received from the Countess of Chester for January to March 2024 so the position should improve subject to further industrial action. The committee were assured that the Estates and Facilities financial recovery plan was performing well particularly in the areas of Catering and Taxis.

- The Committee approved an amended capital plan for submission to the Board of Directors in January. The changes related to additional PDC funding received and noted the increase from £26.9m to £31.1m.
- The Committee noted the H2 financial and operational submission which had been approved by the Board of Directors earlier in December.
- The Committee received an update on the Cheshire and Merseyside Pathology Network LIMS business case. It was explained that the timetable for approval required a Board of Directors' decision by the end of February 2024 and that electronic approval or an additional committee meeting might be required in advance of that. The Committee agreed that it would be helpful to circulate the case when available along with a summary focussed on the 10 key evaluation questions outlined in the presentation.
- The Committee were pleased to see continued good performance on the 23/24 CIP. There was a shortfall of £0.6m on the target to date of £15m but still a significant achievement for the trust. Forecast achievement is £2.8m short of the target of £26.2m and balance sheet mitigations are being sought to meet the gap. The Committee were pleased to see the progress on development of the 24/25 CIP with circa £8m identified to date. The focus will be on zero based budgeting and the automation and elimination of administrative tasks with a pilot on process automation in Procurement and a focus on outpatient scheduling.
- The Committee received an update on the Limited Liability Partnership (LLP). It focussed on contract progress, the additional activity provided by the LLP and the governance operating between the LLP and the Trust. It was felt to be a positive and professional relationship, aided by Trusthealth, a third party adviser. The contract term ended on 30th November 2023 and the intention is to procure and award a new contract operational from April 2024. The Committee gave their approval for this and considered that this should also be subject to approval by the Board of Directors in the interests of transparency.
- The Committee noted that performance against Cancer targets was good, particularly in relation to peers in Cheshire and Merseyside. Colorectal and Gynaecology remain a risk as recovery plans are impacted by industrial action.
- The Committee noted the Integrated Performance Report.

Other comments from the Chair

- The Committee considered the BAF scores and requested MC to review risk 7 in light of the risks that have materialised since the H2 submission. The Committee also requested an update on Estates and Digital Infrastructure and a paper on Private Patients. It was noted that the Trust's Chief Information Officer will be attending future meetings to present updates.
- The Committee continue to be assured by the quality of information received and the forward planning undertaken despite the continued operational pressures.

Statement of Assurance

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

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
26 February 2024

Item No 10.2

Report Title	Charitable Funds Committee Update
Author	Sue Lorimer, Chair of the Charitable Funds Committee

This report updates on the work of the Charitable Funds Committee at its meeting on 22 November 2023.

New/Emerging Risks

- The Committee received the news that Head of Fundraising has been successful in securing a more senior fundraising post elsewhere in the NHS. The Committee thanked her for all of her hard work and noted that her departure would present a risk to the fundraising programme. It was also noted that the Director of Communications and Engagement was retiring so it was important that focus on fundraising should not be lost.

Overview of Assurances Received and Committee Activity

- The Head of Fundraising gave an update to the Committee regarding the cyber security of Harlequin, the charity's donor database. She explained that the Trust owns the data, and it is held on a secure server. She added that Information Governance had undertaken a review of Harlequin and no concerns were raised.
- The Chief Strategy Officer and Director of Estates, Facilities & Capital Planning provided a presentation on plans for the update of the Neonatal Unit which will be funded from the Tiny Stars appeal and Incubabies, a separate charity. They said that Incubabies had been kept informed and would receive the same presentation. A full reprovision of the unit would cost circa £4m -£5m but the charitable funds would amount to £1m at most so the Chief Finance Officer stressed the importance of understanding what could be achieved with that budget. The Committee was assured that there had been good clinical engagement in the plans.
- The Committee received a report from the Head of Fundraising. Results for the year to date were a little disappointing at £9k after costs. The "It's a Knockout" event had to be cancelled due to the weather and the team was short of one of their members for some months. However, more recent events had been successful, a £50k legacy had been notified and the charity shop was exceeding income expectations. The Committee noted that the League of Friends charity and shop had closed and requested that Chief Finance Officer follow up whether there were any funds to transfer to the Trust.
- The Committee agreed to defer the implementation of the "Pennies from Heaven" scheme pending the transfer to a new payroll provider.
- The Committee approved the rollout of the new grant approval process following testing within the Trust.
- The Committee received the Finance Report for the charity and noted the very welcome news that the Barclays Bank account has now been released to the charity.
- The Committee received a presentation on mitigating actions to enable the charity to make good some of the shortfall in funds raised to date. The Committee agreed the importance of achieving as close to the target as possible in order to maximise funds for the Neonatal Unit.
- The Annual Report and Accounts were approved for recommendation to the Board of Directors. The charity's auditor confirmed that they had found no issues with the report. The Committee also received the Independent Examination Report and the Letter of

Representation. There were no issues raised. The Committee commented on how engaging they found the Annual Report.

Statement of Assurance

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

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
26 February 2024

Item No 10.3

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

This report updates on the work of the Quality Committee at its meeting on 29 January 2024.

Executive Summary/Current Position

- The Trust continues to implement oversight of quality through the existing governance structures including Quality Committee as the subcommittee of the Board of Directors and Patient Safety and Quality Board as the Executive Director led assurance group.
- Assurances have been received in relation to a range of quality indicators through a variety of reports to the Committee which are detailed further in this report.
- Key escalations have included mental health and Care Quality Commission (CQC) Action Plan and Inspection Readiness as detailed below.

Items for Escalation/Action

- Mental Health: A Deep dive into unscheduled mental healthcare provision was presented. This provided an overview of the current capacity and demand challenges for the provision of care for those with primary mental health needs in the Emergency Department (ED) at Arrowe Park Hospital. There can be overcrowding, prolonged stays in the department for those waiting for inpatient mental health care, provision of care outside an appropriate setting and knock on effects to the care of all patients. Overseen by our joint Mental Health Transformation Board with Cheshire and Wirral Partnership Trust, recommendations set out changes needed in care pathways and in staffing models to improve the provision of mental health care in the ED. The Committee supported these recommendations.
- It was also noted that Children and Young People with significant behavioural care needs (not all of which relate to a mental health disorder) frequently couldn't access the care provision they need in a timely manner. As a result such children are admitted to the paediatric ward, which is the most immediate place-of-safety for them. Often this results in an extended stay for them in a less-than ideal environment. This situation has been escalated to the Integrated Care Board at Place and Region.
- CQC Action Plan and Inspection Readiness: One element of the outstanding CQC action plan is agreed not-to-be-completed this financial year; mitigations remaining in place. That is the environment of the neonatal unit, which requires structural work. In three other areas actions remain overdue as a result of further delays in implementing actions and the governance support team is working with relevant teams to address the delays. Work with the divisions is progressing to gain robust assurance on the 16 actions that have been identified as completed at divisional level. A commendable scheme was presented detailing how the Trust is ensuring that staff were prepared for an inspection. This is so that they understand how the CQC inspects services so that they can best outline both excellence in care and how challenges are identified and dealt with.

New/Emerging Risks

- No new/emerging risks identified.

Overview of Assurances Received and Committee Activity

- Patient Safety Incident Reporting Framework (PSIRF): Through a specific report and through intelligence gathered from other reports, the Committee gained assurance that the PSIRF was becoming embedded in the organisation and achieving the shift in safety culture which was intended by its implementation. Review and reflection is on-going as the Trust develops this methodology. In particular the recruitment and training of 8 patient partners for safety and 41staff who will receive training as patient-engagement leads will build on this good start.
- Quality and Safety of Maternity Services and Maternity Services Incentive Scheme declaration: The Committee received a comprehensive report from the Divisional Director of Nursing and Midwifery supported by the Clinical Director for Maternity Services. This detailed the current state assessment against the ten safety actions set out by the Clinical Negligence Scheme for Trusts' Year 5 Maternity Incentive Scheme. This involved over 400 individual lines of enquiry requiring to be evidenced. The Committee has had a thorough oversight over many months of the process of seeking, assimilating, and assessing the evidence. In addition the Cheshire and Merseyside Local Maternity and Neonatal System (LMNS) confirmed the Trust's compliance with the actions have tested the quality of the evidence. The Final submission was presented to the Trust Board to support Chief Executive sign off on the 24 January with the LMNS in attendance (virtually).
- Equality, Diversity, and Inclusion B-Annual Report: The Committee received this report and noted the significant progress having been made, particularly through the work of and engagement through the Patient Promise Groups. The Committee noted the report and also the continued work necessary to build on that progress and also the need for visible Board-level commitment to this agenda. The report was subsequently present to the Trust Board Public Meeting on 24th January.
- Cancer Services: The Committee received the Cancer Services Annual report prior to its presentation to the Trust Board in Public on 6th March. The Committee gained assurance on the approach and actions taken in recovering, maintaining, and developing high quality cancer services access. The Committee also noted that Wirral is an area of high cancer prevalence and the challenges to service provision post pandemic and following industrial action. Staff commitment and pride in the care they give and partnership working with other trusts and organisations has been essential to these achievements. A high level of assurance was given with metrics describing patient outcomes and experience.
- Special Educational Needs (SEND) services and Trust Wide Improving Services for Children Group (TWISCh): The Committee received a helpful and detailed report giving assurance that significant progress had been made in this area. Firstly the Trust's interaction with local partners in preparation for a re-inspection of SEND services for children on the Wirral was noted. Secondly the progress in waiting times and waiting list management for our Community Paediatric Service was noted, as was a business case for enhancing staffing to deliver better progress. Progress has been made in the Trust clinicians completing Education and Health Care Plans in agreed timescales and the quality of these plans remains high. There is a significant redesign process in place for access to diagnosis and intervention for children with neurodiverse needs. This will particularly need careful communication and engagement with families, as the model is moving away from a single diagnostic point that triggers access to services.
- Mortality oversight: The Committee remains assured that oversight of the review of mortality rates and individual deaths remains robust, giving a high level of assurance that unusual incidents and trends would be identified. Additionally robust processes for the scrutiny of maternity and neonatal mortality are in place with significant reporting to and oversight of external partners. Mortality reviews for maternity and neonatal services are also presented to the Trust Mortality Review Group.

Other comments from the Chair

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

Statement of Assurance

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

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors **Item No 10.4**
26 February 2024

Report Title	People Committee Update
Author	Rajan Madhok, Non-Executive Director and Meeting Chair

This report updates on the work of the People Committee at its meeting on 22 and 25 January 2024.

Executive Summary/Current Position

- The Integrated Performance Report demonstrated continued improvement in relation to many of the workforce indicators:
  - Sickness absence in November 2023 was 6.37% against a target of 5% and is mainly driven by short term sickness absence.
  - Turnover was compliant with Trust target in November 2023 at 0.77% against a target of 0.83%.
  - Mandatory Training was compliant with Trust target in November 2023 at 93.19% against a target of 90%.
  - Appraisal was compliant with Trust target in November 2023 at 88.28% against a target of 88%.
- Below is a summary of 'People' activity, which addresses the issues above and relates to the delivery of the People Strategy 2022-2026.

Items for Escalation/Action

- The Committee noted the Substance Misuse Team and HR Business Partner were supporting three employment relations cases regarding alcohol misuse. The Head of Occupational Health and Workforce Wellbeing would provide further information on what support is in place to support staff regarding alcohol and plans for future wellbeing initiatives.
- The Committee received the Safe Staffing Report and acknowledged the ongoing challenges due to the Clinical Support Worker industrial action. There have been no patient safety issues identified as a result and this continued to be closely monitored.

New/Emerging Risks

- No new/emerging risks identified.

Overview of Assurances Received and Committee Activity

- The Committee received the Equality Diversity and Inclusion Bi-annual Report which provided an overview of the Trust's Equality Delivery System (EDS) position and a summary of actions undertaken within 2023/24 to progress the agenda further. The Committee noted the strong progress but requested further information to measure the impact and positive

effect of this work. The Equality Diversity and Inclusion Bi-annual Report also included the Gender Pay Gap Report, and the Committee noted there were improvements in many areas, and recognised that further work was needed, not just within the Trust but in the system to ensure parity.

- The Committee received the Workforce Key Performance Report which provided an update on current workforce performance, key drivers of underperformance and the actions taken to improve performance. The Committee noted there was risk was around the impact of ongoing industrial action to the achievement of the KPIs, and that while mitigations are in place, performance may be impacted over time. The report also included a deep dive into Allied Health Professionals (AHPs) and the work ongoing to reduce turnover for this staff group. The Committee were given good assurance that there has been an improvement overall in turnover.
- The Chief People Officer updated the Committee on the three priorities for the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Workforce Group, and the priority work streams for the Cheshire and Merseyside Scaling People Services. Further updates and areas of development for the Trust would be provided to the Committee when appropriate. The Chief People Officer highlighted the Board of Directors had approved a new payroll provider and this piece of work will move to the implementation phase from February 2024.
- The Committee received the Employee Relations Report and was given good assurance on the management of the Trust's disciplinary and grievance processes.
- The Committee received an update on Workforce Planning and was given good assurance against actions agreed to support workforce planning as part of the People Strategy, and around workforce redesign to ensure that everything is in place in the future that the Trust requires. The Committee commended the joint working between different directorates to ensure a holistic approach. The Deputy Chief People Officer would provide a further update in May.
- The Committee received the Guardian of Safe Working Report and noted the majority of exception reports were in General Medicine and from junior doctors (F1). A new Guardian of Safe Working, Dr Alice Arch had been appointed in November 2023 replacing Dr Helen Kerss.

Other comments from the Chair

- The Occupational Health and Wellbeing team have again successfully achieved the SEQOHS accreditation, which is a benchmark for a Safe, Effective, and Quality Occupational Health Service.
- The Estates, Facilities and Capital Deep Dive into people KPIs, including controls and wider assurance was deferred to the next meeting.
- The Committee thanked the staff for its continued work.

Statement of Assurance

- I confirm that the Committee are assured on the progress being made in key areas and also assured that remaining challenges are recognised by the executives and there are plans in place to address these.

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
26 February 2024

Item 10.5

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

Items for Escalation/Action

There are no items for escalation from the Committee to the Council of Governors. All substantive issues are highlighted in this report.

Overview of Assurances Received and Committee Activity

This report updates on the work of the Audit Committee at its meeting on 23 November 2023. The work of the Audit Committee as well as being documented in its terms of reference is prescribed by Accounting /Auditing Standards and Regulatory requirements.

Updates on issues raised at the Meeting on 20 September 2023

The Committee received briefing updates on:

- Blood Transfusion service disruption due to ageing interface hardware issues, and,
- Assurances in relation to delayed transfers of care.

These papers updated the Committee and closed off actions from the previous meeting.

Internal Control and Risk Management

The Committee discussed the Chair's report from the Risk Management Committee. Many of the items raised in the report were the subject of debate and discussion by the Committee in other items and indeed the Estates risks and mitigations were the subject of a substantial briefing later on the agenda and discussion given the number of risks in the Trust's risk register. It was however noted that there is a strong risk management culture in the Trust, and this was evident in the report and responses.

A detailed review of the Board Assurance Framework took place (BAF). Potential discrepancies in scoring were noted although it was recognised that this is a subjective process. It was also recognised that the BAF will undergo a full refresh along with Risk Appetite as part of the Trust's ongoing annual review mechanisms.

A deep dive took place into Estates risks and mitigations. It was recognised that oversight of these issues at a Governance level rests with the Trust's capital Committee who themselves had recently undertaken such a deep dive. In recent years much work had taken place for the trust to fully understand its exposure to these risks most of which clearly arise as a result of substantial underspending over many years on infrastructure issues. Estates colleagues identified the many mitigations in place to deal with a multitude of risks however it was recognised that these would never fully resolve the challenges as substantial capital expenditure would be needed to do so. That is not going to happen in the short to medium term given the state of NHS finances and the strict control placed on such spend by the centre via the CDEL limited. There therefore remains a not inconsiderable level of residual risks in a number of areas that the Trust is managing albeit on a prioritised basis.

The Committee was updated on procurement spend controls and waivers. It was noted that the Trust continues to perform strongly against NHS benchmarks. A detailed analysis of waivers was presented and discussed with the vast majority of spend related to specific capital projects and specialist staffing requirements. This was the first of a more focussed report format which was welcomed by the Committee. The Committee were assured that the Trust in relation to these waiver items was achieving value for money and that due consideration had been given to the relevant and appropriate levels of financial scrutiny and authorisation alongside the use of framework agreements and measured term contracts.

The Committee scrutinised the standing report on financial losses and special payments. Much of these losses were immaterial. The Committee was updated on the ongoing discussions with WBC relating to a substantial amount of unpaid debt. The Director of Finance confirmed that there was ongoing movement in relation to this and that he would further update the Committee at its next meeting in January.

An updated set of SFI's relating to capital schemes was presented to the Committee arising from recommendations made during a recent internal audit review. The Committee approved the proposed changes.

The Chief Information Officer introduced reports on recent work relating to Digital Maturity and Cyber Security. Whilst recognising the ongoing risks the Committee were comforted by the level of detail and performance set out in the documents. The Committee also considered the locus of ownership in Governance terms for the new Information Assurance Group (IAG). It was agreed that the IAG would report into the Audit Committee.

Anti-Fraud Progress Report

MIAA provided their regular update on Anti-Fraud issues and work being undertaken. The trust reported 12 green outcomes against the 12 return standards. A positive position.

The AFS reviewed the detailed documentation in relation to Conflicts of interest and confirmed to the Committee that there were no areas of significance to bring to the Committees attention.

Work continues on the National Fraud Initiative matching process which must be completed by the end of the current financial year.

Internal Audit

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

Two reviews were reported to the Committee both receiving Substantial Assurance, namely Managing conflicts of interest and freedom to speak up.

A request to change the Audit work plan to defer the audit of medical staffing was agreed however only on the basis that the work must be done during Q1 24/25. The outstanding action tracker highlights issues in relation to this area dating from 2019/20 and it is therefore a matter of urgency that this work is done, and the issues identified resolved.

Tracking Outstanding Audit Actions

Both the MIAA Audit Tracker and the Trust's own tracker report demonstrated good engagement with, and closure of, issues arising from Internal Audit reviews. This was confirmed orally by representatives from MIAA. There was strong evidence of items whose previous completion dates had slipped being actively completed. The Committee were assured that the final few items related to people issues would be completed by various policy ratification processes to be completed by

the end of the month. The outstanding work no medical staffing as highlighted above must be done by the end of Q1 24/25.

Statement of Assurance

As Chair I can confirm that the Audit and Risk Committee is discharging its function as set out in Government and NHS Audit manuals and in accordance with its agreed terms of reference. Assurance is being obtained and triangulated from a range of internal and external sources including but not limited to Specialist Audit, Internal Audit, External Audit and Anti-Fraud activities as well as from deep dive activities into areas of Risk as set out in the Board Assurance framework.

Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors
26 February 2024

Item No 10.6

Report Title	Estates and Capital Committee Update
Author	Sir David Henshaw, Chair of Estates and Capital Committee

This report updates on the work of the Estates and Capital Committee at its meeting on 31 January 2024.

Executive Summary/Current Position

- The Associate Director of Estates provided assurance to the Committee on the performance and risks related to Capital and Estates. This included the Estates Divisions performance against key metrics and indicators, such as maintenance, financial performance and statutory compliance.
- This highlighted the improvements made across the Division in relation mandatory training, statuary and HTM compliance. The report also detailed the increases in reactive maintenance requests and turnaround times for delivery of reactive maintenance for P2 (3 working days) -P4 (21 working days) requests and ongoing steps to manage maintenance across the Trust.
- The A/Director also described the delivery of the Estates Recover Plan across Q3 and improvements made the Divisions financial position.
- The Committee also noted the increase in sickness absence across the Division, in recent months, and agreed with the requirement for a Deep Dive focussing on reasons for sickness absence, by the People Committee in April 2024.
- The Committee was also appraised of the recent review of the Divisions risks, with the Chair of Risk Management Committee, resulting in additional detail of risks and actions as well as rescoring of risks, in line with recent improvements and developments.
- The Deputy CFO detailed the Capital Programme financial position at month 9, noting the underspend due to UECUP, with consideration given to bringing forward schemes from 24/25. The Committee noted the significant delivery of the £31m capital programme across 23/24 and improvements that it was making to the infrastructure across the campuses.
- The Associate Director of Estates detailed the progress with the 23/24 Capital Programme, which includes the 9 remaining capital (infrastructure) projects. This included information on the completion of the Phase 2 Modular Theatres construction in early October 2023 and detail of progress with the delivery of the Community Diagnostic Centre at Clatterbridge Hospital.
- The COO provided an update on the Urgent and Emergency Care Upgrade Programme (UECUP) and detailed progress with the construction as well as highlighting the programme status and steps taken to manage completion delays, including support from NHSE advisors.
- The Committee discussed the approach in relation to the Frontis Building and Your Housing Group, including the recent independent valuation of the building. The Committee supported the next steps with discussions with Your Housing Group.
- The Deputy CFO detailed the revised approach to capital planning for 24/25 – 26/27, detailing the use of budgets for key areas of infrastructure and equipment, with responsibility through Executive leads.
- The Committee also reviewed progress with the Green Plan delivery across the Trust and progress made with sustainability across the campuses.

Items for Escalation/Action

- The Chair noted the Deep Dive of reasons for increase of Estates Sickness Absence Rates by the People Committee

New/Emerging Risks

- The Committee noted the increasing backlog maintenance risks and requested ongoing monitoring through the Committee. The Committee also noted the delivery timetable risks related to UECUP.

Overview of Assurances Received and Committee Activity

- The Committee noted the following reports:
    - Estates Division Performance Report
    - Capital Programme Financial Position
    - 23/24 Capital Programme Report
    - UECUP Progress Report
    - Frontis Building Update
    - 24/25-26/27 Capital Programme Approach
    - Green Plan – Annual delivery Report

Other comments from the Chair

- Sir David to update as required.

Statement of Assurance

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

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 10.7**
26 February 2024

Report Title	Research and Innovation Committee Update
Author	Sir David Henshaw, Chair of Research and Innovation Committee

This report updates on the work of the Research and Innovation Committee at its meeting on 11 January 2024.

Executive Summary/Current Position

- The Trust remains committed to the Research and Innovation Strategy which was launched in May 2022 and set out the key priorities to Research and Innovation transformation by 2026.
- Due to a change in management, The Research and Innovation Operational Group has been put on hold for the immediate term while changes to the team structure and associated processes have been made. However, the Research and Innovation Manager currently meets with the Clinical Lead for Research and the Deputy Medical Director on a weekly basis, and they meet quarterly with the Medical Director.
- The team of Research Nurses, Clinical Research practitioners and Administrators meet for a weekly 'huddle' with the Research and Innovation Manager.
- The process for approving studies has been revised so that the Divisional Leads are involved only once the study has been through the approval process for R&D, at which point they are given two weeks to declare their opposition to a study being conducted in their department.
- The Trust has identified four priority disease areas to focus on: Cancer, Respiratory Disease, Stroke and Women's Health. These have been chosen in relation to disease prevalence and departmental strengths in the Trust.
- The portfolio of research studies has been rationalised to ensure its effective delivery. Fifteen studies are in the process of being closed due to lack of activity and a further three have been put on hold until research teams have more capacity. There are currently thirty nine open and recruiting studies on the portfolio.
- There is only one commercial study on the portfolio which is a surgical study of a new type of wound dressing. In line with the recent report by Lord O-Shaunessy, it is important to increase the commercial activity at the Trust. To this effect, two studies are currently in set up (one MSK and one Stroke) and expressions of interest have been sent for two commercial studies in Renal disease.
- The current accumulated recruitment exceeds the monthly accumulated target, but this is largely due to the observational Loneliness study which was active between June and November. However, we are confident the POPPY study of post operative pain in patients having day surgery will boost the numbers to meet the annual target for this financial year.
- The R&I team are more settled after the move to the Wirral Research Hub based on the Clatterbridge campus and plans are in progress for the refurbishment of the site using funds from two successful bids from the NIHR and CRN:NWC which total to £110K.
- We look forward to developing the site to conduct non acute commercial and academic studies which will are relevant to the local population of the Wirral and will help address their local health and social care needs.

Wirral Research Collaborative

- WUTH remains as one of the key partners of the Wirral Research Collaborative, but this is still very much in development as an initiative. The Clinical Lead and Research and Innovation Manager attend the monthly meetings when available but are being very conservative on what the Trust can offer at this stage.
- The current focus is to refurbish the Research Hub which will provide space and WRC partners and other external collaborators to conduct studies. Plans are also being explored for innovation projects to be developed at WUTH.

New/Emerging Risks

- Recruitment to studies remains a key risk but having rationalised the portfolio and prioritised key disease areas, it is hopeful that the annual target will be attained.

Overview of Assurances Received and Committee Activity

- The Committee continues to meet on a quarterly basis and provides scrutiny over KPI's as well as delivery against strategic aims.

Other Comments from the Chair

- Sir David to update as required.

Statement of Assurance

- As a Committee, we are assured that the activity being undertaken on this agenda is both correct and will push the research agenda at WUTH forward.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 11**

26 February 2024

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

Executive Summary and Report Recommendations

This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of November 2023.

It is recommended that the Council of Governors:

- Note performance to the end of November 2023

Key Risks

This report relates to the key risks of:

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

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

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

Governance journey

Date	Forum	Report Title	Purpose/Decision
This is a standing report to the Council of Governors.			

1	Narrative
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric. Grouping the metrics by CQC domain shows the following breakdown for the most recently reported performance: **Summary of latest performance by CQC Domain:**

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	5	17	22
Well-led	3	0	3
Use of Resources	2	3	5
All Domains	17	25	42

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

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

Integrated Performance Report - January 2024

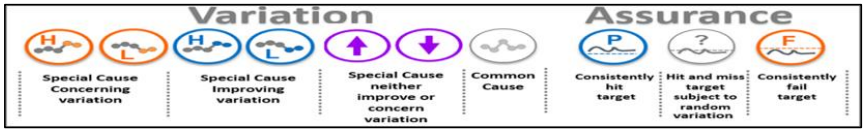
Approach

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

Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	5	17	22
Well-led	3	0	3
Use of Resources	2	3	5
All Domains	17	25	42

Key to SPC Charts:



Issues / limitations

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

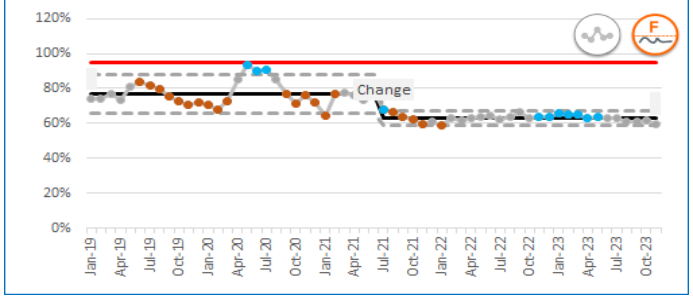
Changes to Existing Metrics:

Metric	Amendment
Clostridioides difficile (healthcare associated)	Threshold target for 2023/24 is now confirmed - maximum 71 cases for the year.
% Appraisal compliance	Likely change of the target threshold to 90% from Q3 2023/24

Chief Operating Officer (1)

CQC Domain : Responsive

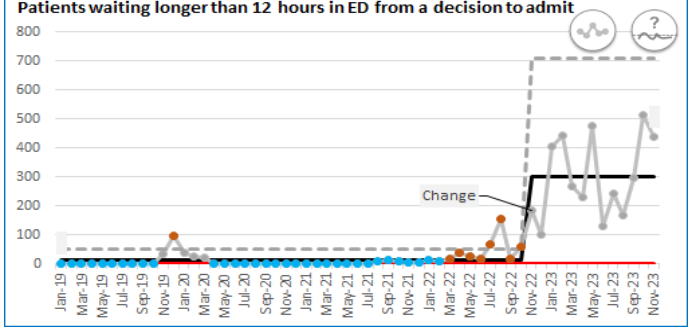
4-hour Accident and Emergency Target (including APH UTC)



Nov-23
59.8%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

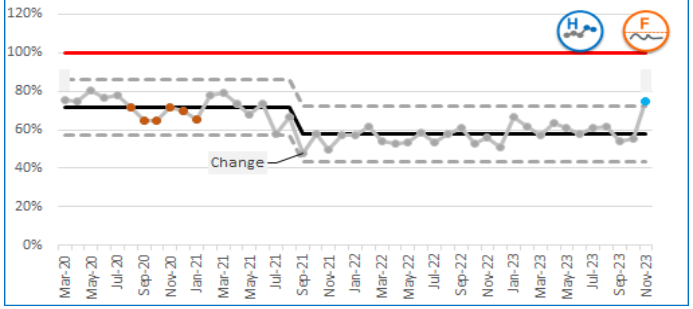
Patients waiting longer than 12 hours in ED from a decision to admit



Nov-23
437
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

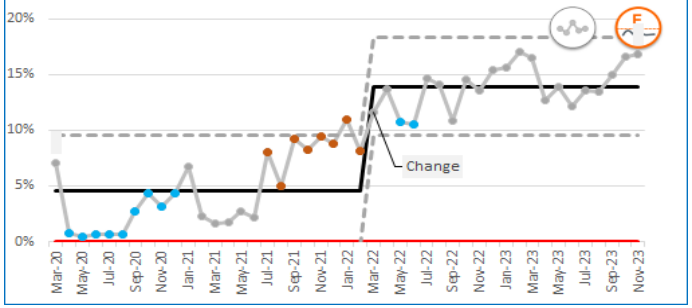
Time to initial assessment for all ED patients - % within 15 mins



Nov-23
74.9%
Variance Type
Special cause variation - improving
Threshold
100%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

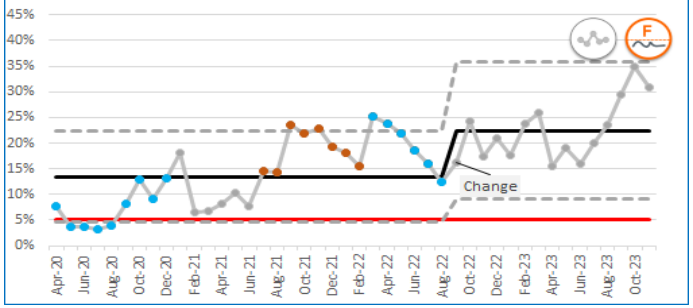
Proportion of patients more than 12 hours in ED from time of arrival



Nov-23
16.8%
Variance Type
Common cause variation
Threshold
0%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

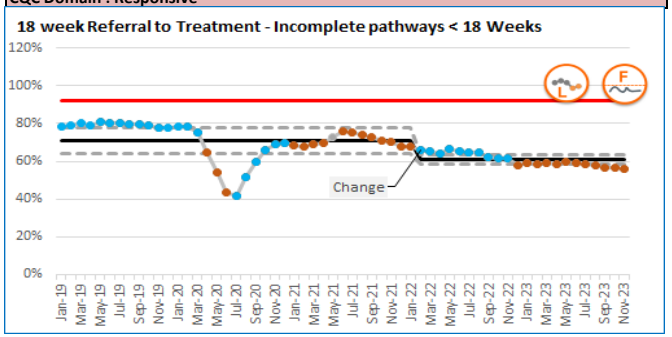
Ambulance Handovers: > 30 minute delays



Nov-23
30.8%
Variance Type
Common cause variation
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target

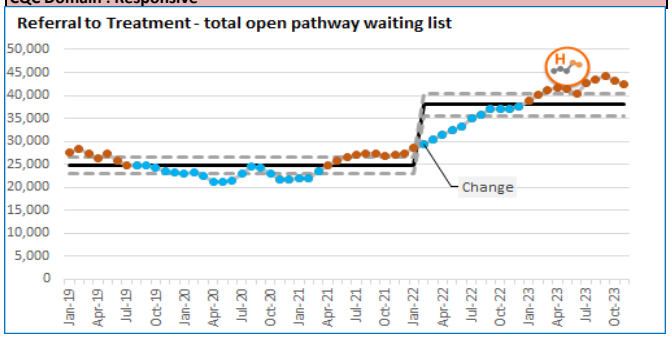
Chief Operating Officer (2)

CQC Domain : Responsive



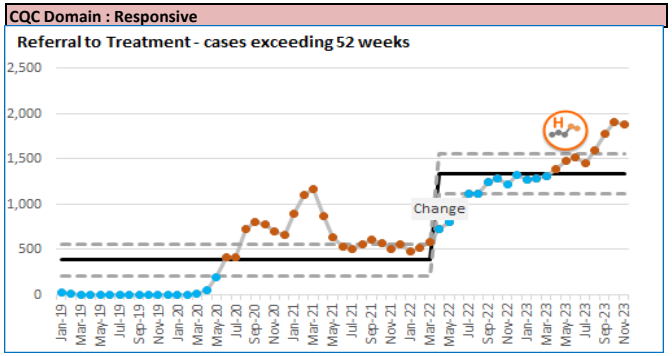
Nov-23
55.93%
Variance Type
Special cause variation - concerning
Threshold
≥92%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive



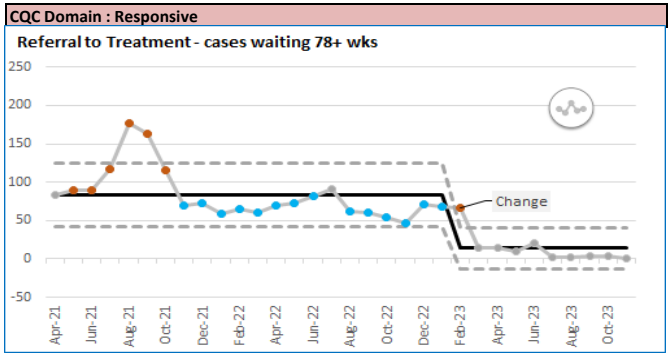
Nov-23
42552
Variance Type
Special cause variation - concerning
Threshold
≤ 39104
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive



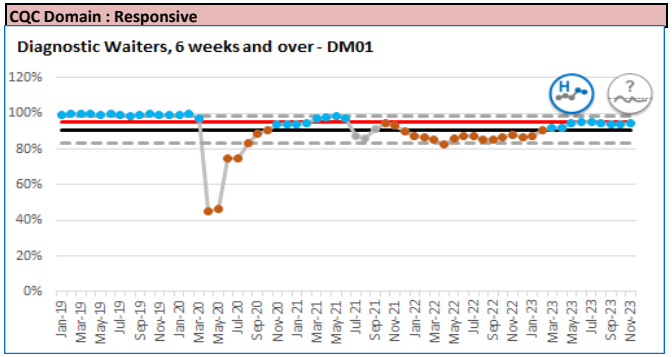
Nov-23
1880
Variance Type
Special cause variation - concerning
Threshold
1330
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive



Nov-23
0
Variance Type
Common cause variation
Threshold
0 (exc choice / complex)
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive

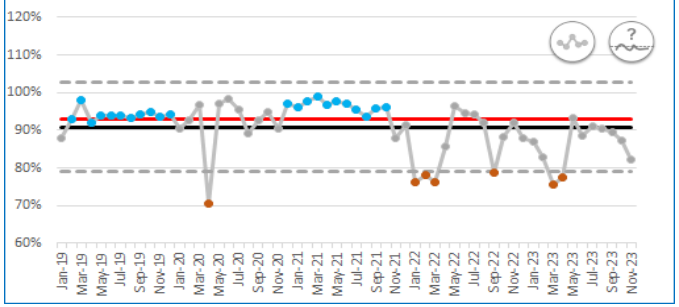


Nov-23
94.7%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Chief Operating Officer (3)

CQC Domain : Responsive

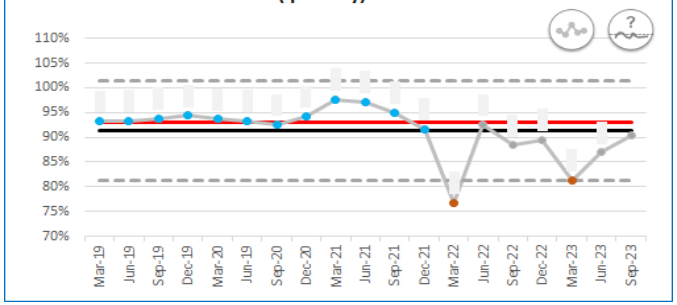
Cancer Waits - 2 week referrals (monthly)



Nov-23
82.6%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

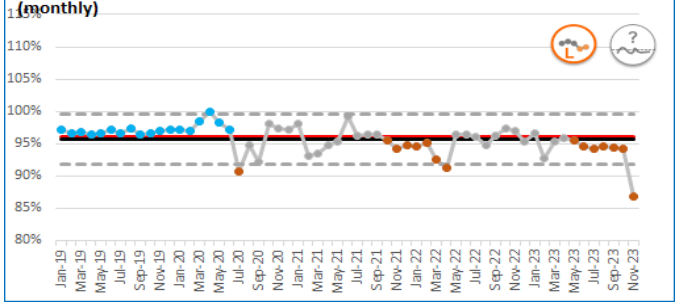
Cancer Waits - 2 week referrals (quarterly)



Sept-23
90.4%
Variance Type
Common cause variation
Threshold
≥93%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

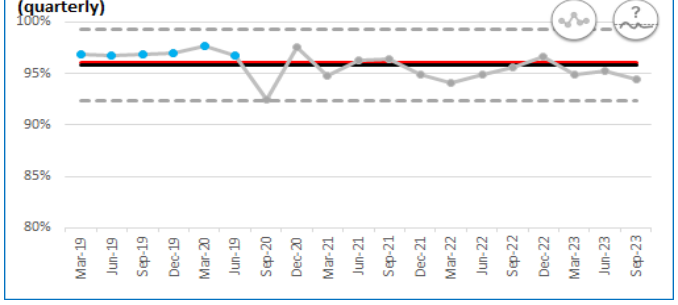
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)



Nov-23
86.7%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

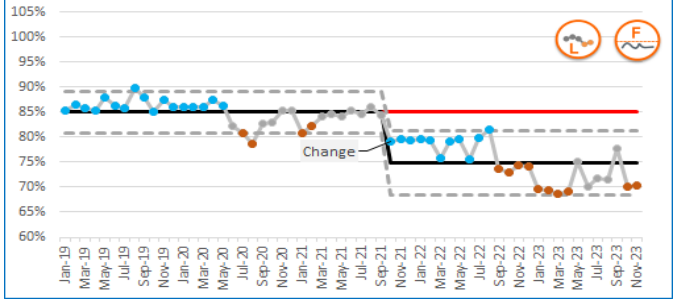
Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (quarterly)



Sept-23
94.4%
Variance Type
Common cause variation
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

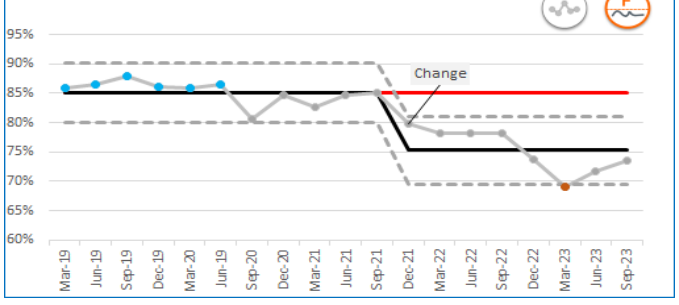
Cancer Waits - 62 days to treatment (monthly)



Nov-23
70.3%
Variance Type
Special cause variation - concerning
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

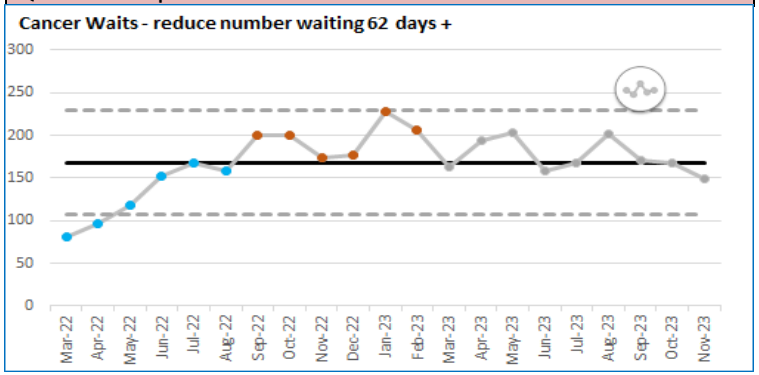
Cancer Waits - 62 days to treatment (quarterly)



Sept-23
73.6%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

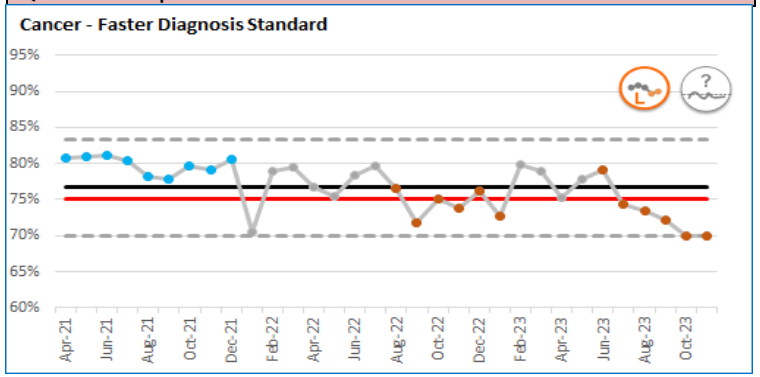
Chief Operating Officer (4)

CQC Domain : Responsive



Nov-23
149
Variance Type
Common cause variation
Threshold
170
Assurance
Trajectory target not appropriate for SPC Assurance reporting

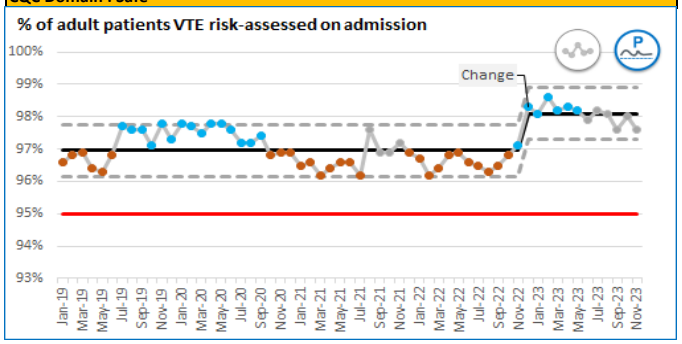
CQC Domain : Responsive



Nov-23
69.9%
Variance Type
Special cause variation - concerning
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

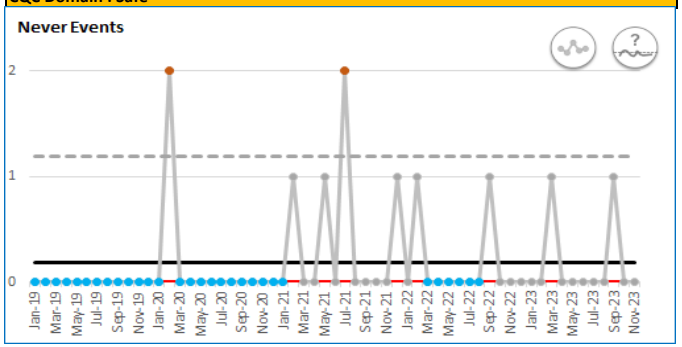
Medical Director (1)

CQC Domain : Safe



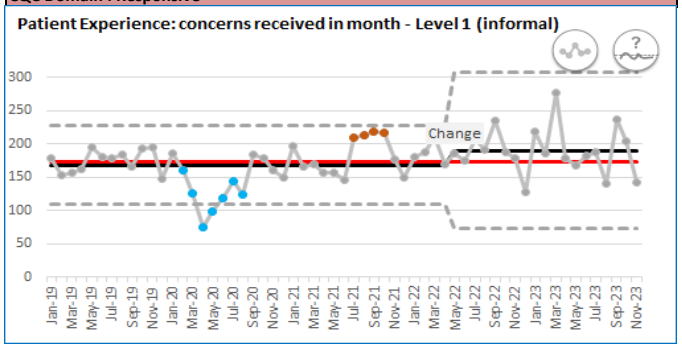
Nov-23
97.6%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target

CQC Domain : Safe



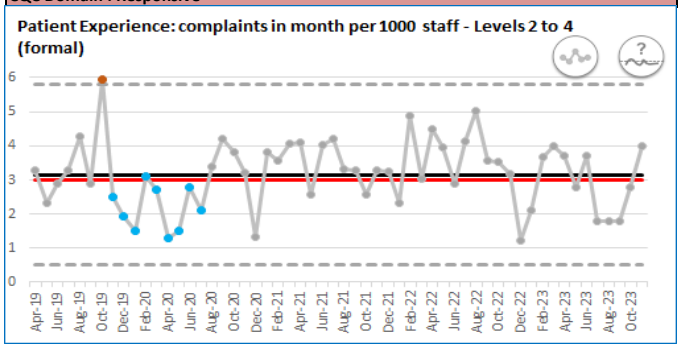
Nov-23
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive



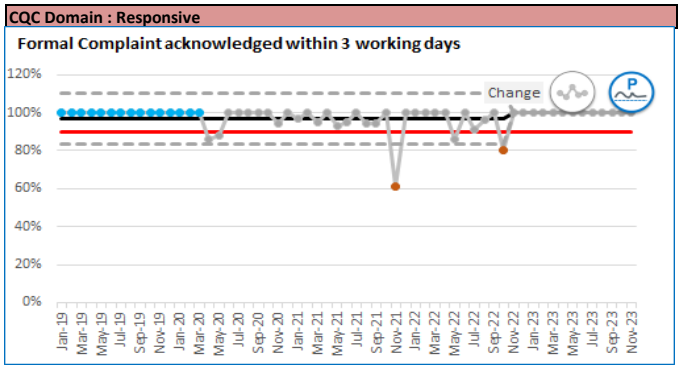
Nov-23
142
Variance Type
Common cause variation
Threshold
≤173
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive



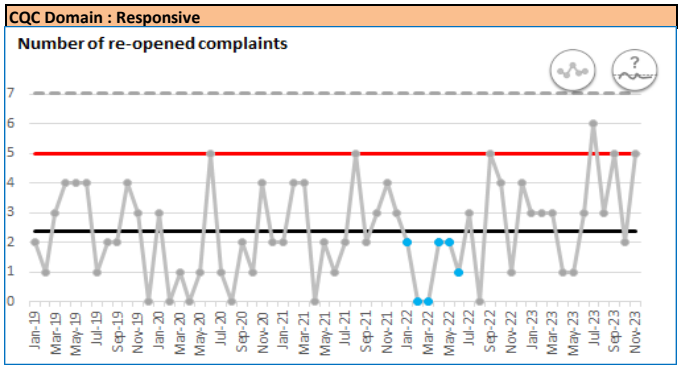
Nov-23
4.0
Variance Type
Common cause variation
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive



Nov-23
100%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Performance consistently achieves the target

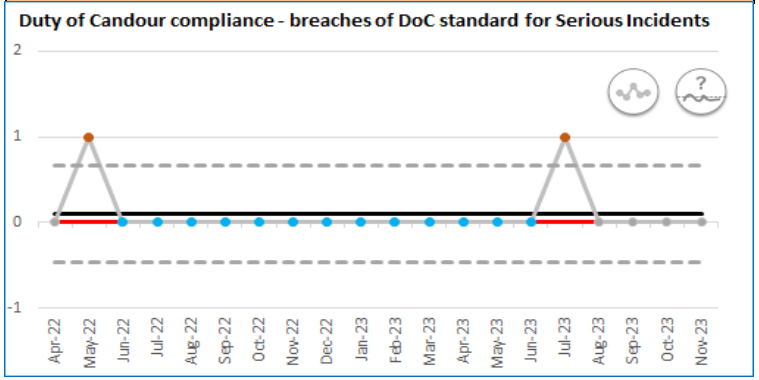
CQC Domain : Responsive



Nov-23
5
Variance Type
Common cause variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

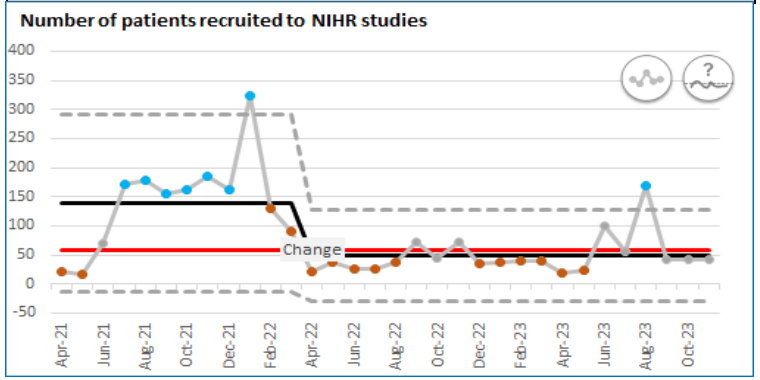
Medical Director (2)

CQC Domain : Well-led



Nov-23
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Well-led

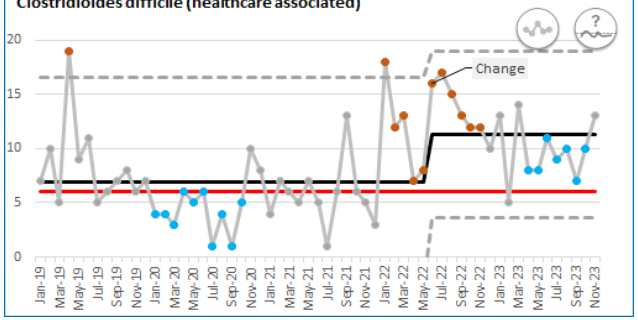


Nov-23
42
Variance Type
Common cause variation
Threshold
700 pa (trajectory)
Assurance
Hit & miss target subject to random variation

Chief Nurse

CQC Domain : Safe

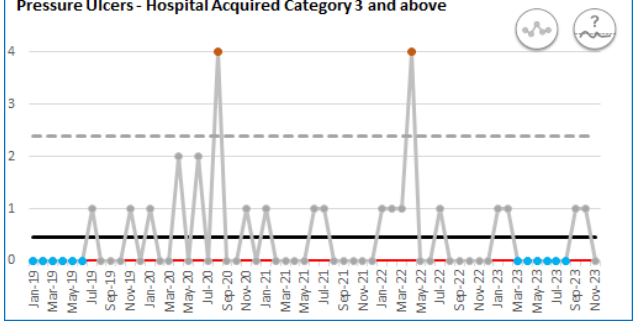
Clostridioides difficile (healthcare associated)



Nov-23
13
Variance Type
Common cause variation
Threshold
≤6
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe

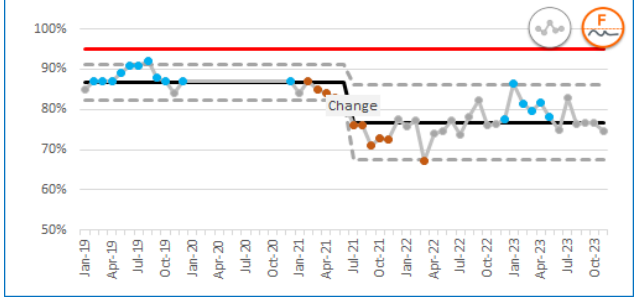
Pressure Ulcers - Hospital Acquired Category 3 and above



Nov-23
0
Variance Type
Common cause variation
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Caring

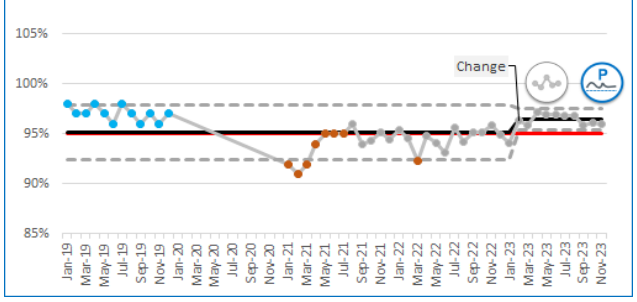
FFT Overall experience of very good & good: ED



Nov-23
74.7%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Caring

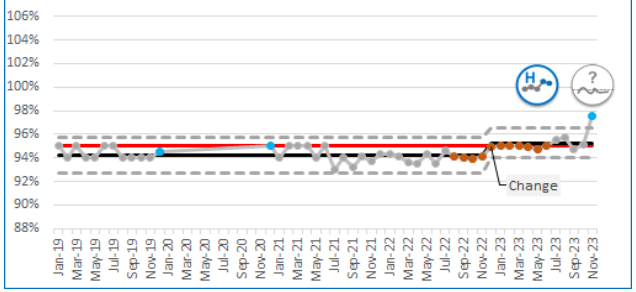
FFT Overall experience of very good & good: Inpatients



Nov-23
95.9%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target

CQC Domain : Caring

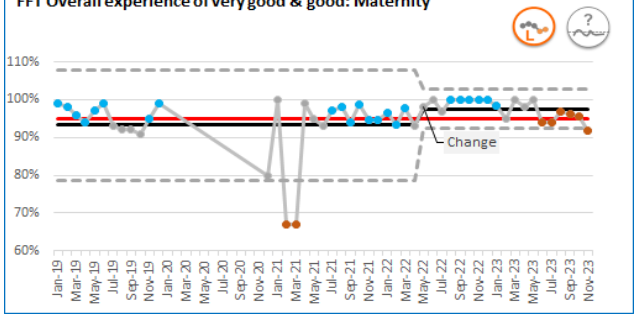
FFT Overall experience of very good & good: Outpatients



Nov-23
97.6%
Variance Type
Special cause variation - improving
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

CQC Domain : Caring

FFT Overall experience of very good & good: Maternity



Nov-23
91.8%
Variance Type
Special cause variation - concerning
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Chief Nurse – for Jan 2024 BoD

Overall position commentary

The Trust exceeded its monthly *Clostridioides difficile* threshold by 7 in November 2023. In order to meet the year end objective of 71, the Trust set a local threshold of 6 *Clostridioides difficile* per calendar month and whilst we exceeded this by 7 in November 2023 we have seen an overall decrease of 24 when compared to the same period in 2022/23. The downward trend in the number of positive cases reported over the past 12 months continues. In line with the IPC annual plan, the 5 key priorities identified that underpin the CDT improvement work continue to be communicated in The Trust bulletin with monthly related themes and weekly newsletters to improve awareness to staff as per the agreed IPC communication and engagement strategy.

The Friends and Family Test (FFT) for Inpatients and Outpatients have exceeded the required threshold. Two areas where the target was not achieved was Emergency Department (ED) at 74.7% and Maternity at 91.8%.

***Clostridioides difficile* (healthcare associated)**

Narrative:

The NHS standard contract for 2023-24 identifies the *C.difficile* threshold for each trust; our threshold for 2023-24 is 71. To meet this, we have set internal monthly threshold of 6 each month with 1 month having 1. In November 2023 there were 13 patients diagnosed with CDT, exceeding the monthly threshold by 7.

Actions:

- Dynamic CDT improvement plan is in place, with mechanisms to cross reference learning from *C difficile* investigations to instigate actions from learning outcomes identified at PSIRF.
- Improved processes regarding the use of side rooms to enable prompt isolation.
- Priority focus on cleaning, De-cluttering the environment, Isolation, Sampling, hand hygiene.
- Use of newly developed IPC dashboard that incorporates local intelligence to highlight priority areas where targeted work can be focused to improve patient outcomes.

Risks to position and/or actions:

- Annual threshold has been exceeded by 5.
- Bed occupancy levels may inhibit the ability to implement the HPV proactive and reactive cleaning schedule and the rapid isolation of infected patients.

FFT Overall experience of very good and good.

Narrative:

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

Performance against the 95% threshold for November 2023 was:

- Emergency Department (ED) – 74.74% (below threshold) - slightly below the national average of 82% (using August's Benchmarking)
- Inpatients – 95.93% (above threshold) - above national average of 94% (using August's Benchmarking)
- Outpatients – 99.58% (above threshold) – above national average of 94% (using August's Benchmarking)
- Maternity 91.8% (below threshold) - above national average of 92% (using August's Benchmarking)

Actions:

- Continued focus on providing people with access to provide feedback via FFT: volunteers are visiting ED and out-patient areas at varied times and days.
- Monitor FFT performance against national average: we perform similar or above the national average since December 2022.
- Proactive response to feedback, making immediate rectifications when able, and encourage patient and carer participation through Patient Experience Promise groups.
- Responses shared with Women and Children's Division who have taken the following action:
- Feedback has been provided to Matron, Ward Managers and Deputies and with teams at safety huddles.
- Shared feedback and discussions regarding Trust values and behaviours at team meetings.
- Practice Development Midwife holding discussion with students regarding values and behaviours.

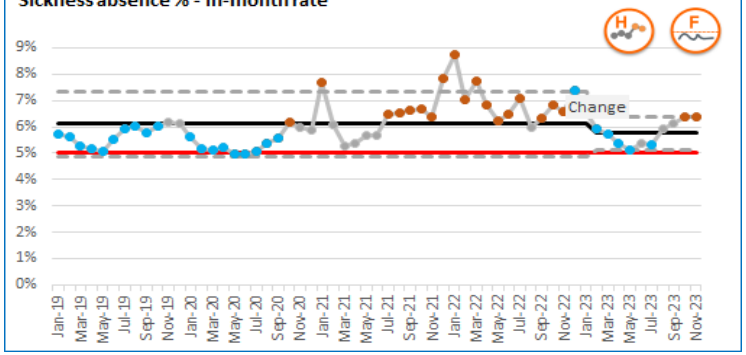
Risks to position and/or actions:

- Bed occupancy impacting on the length of time patients remain within ED: Processes are in place operationally to prevent this where possible.
- Car parking facilities impacting on patients' ability to easily access outpatients' appointments on time at the Arrowe Park Hospital site: organisational strategies are being taken to improve the position.

Chief People Officer

CQC Domain : Safe

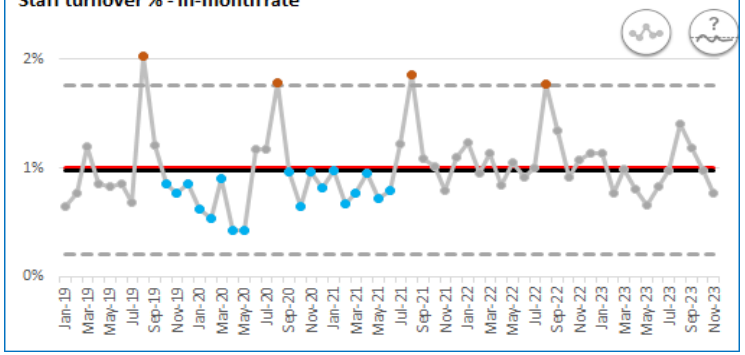
Sickness absence % - in-month rate



Nov-23
6.37%
Variance Type
Special cause variation - concerning
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Safe

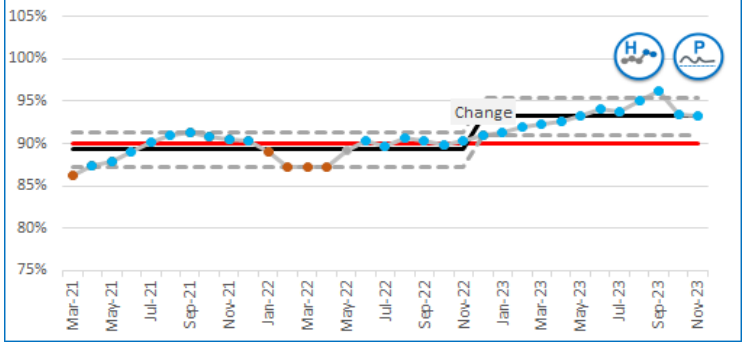
Staff turnover % - in-month rate



Nov-23
0.77%
Variance Type
Common cause variation
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe

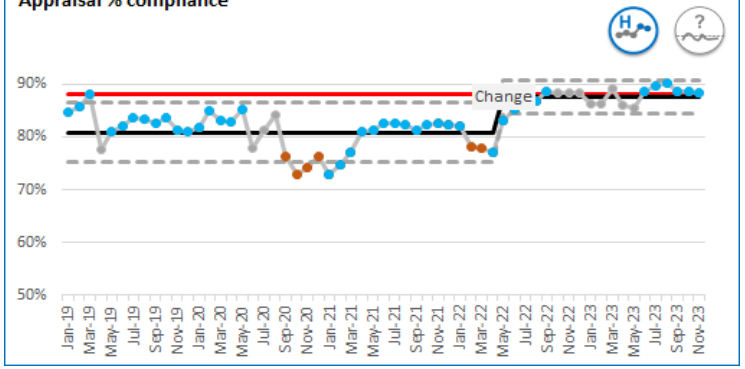
Mandatory training % compliance



Nov-23
93.19%
Variance Type
Special cause variation - improving
Threshold
≥90%
Assurance
Performance consistently achieves the target

CQC Domain : Well-led

Appraisal % compliance



Nov-23
88.28%
Variance Type
Special cause variation - improving
Threshold
≥88%
Assurance
Hit & miss target subject to random variation

Chief People Officer – for Jan 2024 BoD

Overall position commentary

Despite winter pressures and strike action overall the Trust's People KPIs for both mandatory training, appraisal compliance and turnover continue to be achieved.

Sickness absence remains at 6.37%, which is reflective of flu and Covid-19 circulating, as well as the challenges posed by industrial action.

Sickness absence % in month rate

Narrative:

The Trust threshold for sickness absence is 5%. For November 2023 the indicator remained at 6.37%, demonstrating special cause variation.

The position is mainly driven by short term sickness absence, which accounts for 77% of absences across the Trust. Cold/flu, gastrointestinal problems and COVID are the most commonly occurring reasons for short term sickness absence. The most commonly occurring reason for long-term absence is anxiety/stress/depression. Industrial action is adversely affecting the ability of line managers to manage sickness absence, and this is most challenging in Medicine and Surgery Divisions.

Actions:

- A comprehensive briefing paper reviewing risk number 397 which relates to sickness absence levels across the Trust was undertaken and reported to Workforce Steering Board in December 2023. The recommended target actions were approved. the risk score was also reviewed, and reflective of the level of flu and Covid circulating, the likelihood was appropriately increased.
- The promotion campaign for the uptake of the winter vaccine programme continues and has been further enhanced utilising screen savers, email signatures and a promotional video by Dr Ranjeev Mehra, Deputy Medical Director. The campaign is supported by a roaming vaccinator delivery model, as well as the introduction of 'dial a jab' for targeted delivery, which is experiencing a good uptake.
- Occupational Health have delivered targeted wellbeing following traumatic events in Neonates NICU and A&E, and they are currently planning the next Trust wide Wellbeing surgeries for February 2024 with a 'know your numbers' focus on cardiovascular health.
- The Clinical Psychotherapist is attending WEPP preceptorship programme, Managers Essentials training and Leading Teams programmes. Further ESR sessions are due to be launched via ESR.
- The intranet has been further updated to link to wider Wellbeing support available to staff from the wider community and pomotion of the Trust's EAP has been prioritised following a reduction in uptake during December.

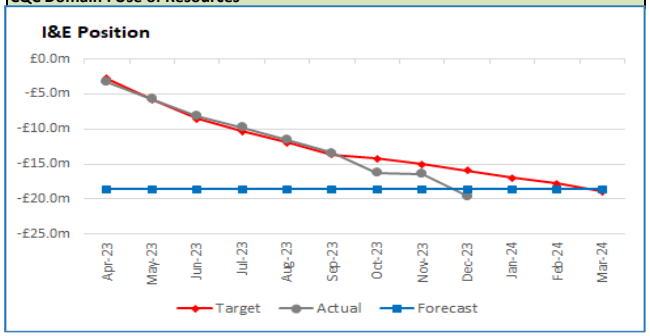
Risks to position and/or actions:

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

Work continues on the agreed year 2 deliverables within the People Strategy with a number of workstreams that will support attendance across the Trust, this includes the development of the new flexible working brochure, which is available to all staff, and the implementation of WUTH Perfect Start as part of the Trust-Wide Strategic Retention Group.

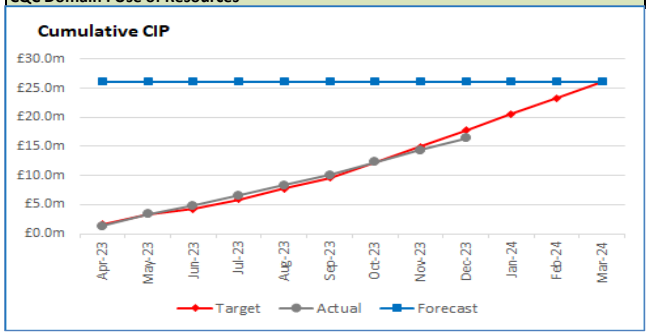
Chief Finance Officer

CQC Domain : Use of Resources



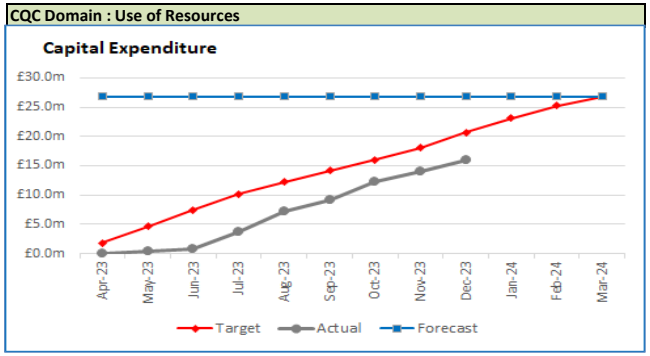
Dec-23
-£19.59m
Variance
Position worse than plan
Target
-£15.91m

CQC Domain : Use of Resources



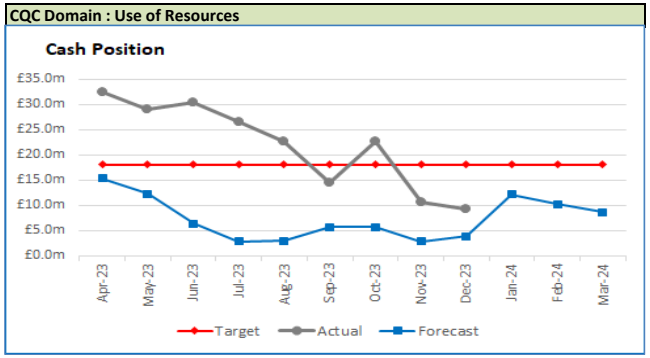
Dec-23
£16.42m
Variance
Position worse than plan
Target
£17.75m

CQC Domain : Use of Resources



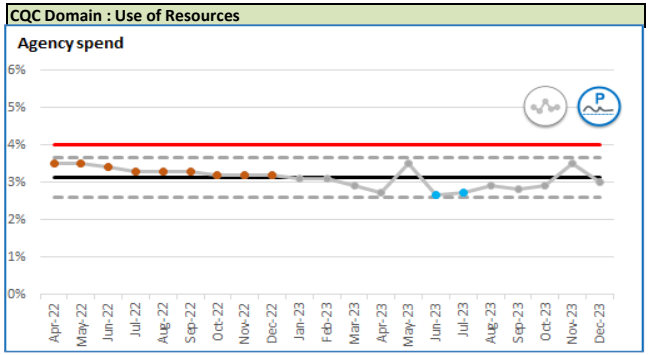
Dec-23
£15.90m
Variance
Position not worse than plan
Target
£20.7m

CQC Domain : Use of Resources



Dec-23
£9.3m
Variance
Position worse than plan
Target
£18.0m

CQC Domain : Use of Resources



Dec-23
3.0%
Variance
Position better than threshold
Threshold
3.7%

Chief Finance Officer

Executive Summary

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

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

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

Statutory Financial Targets	RAG (M9)	RAG (Forecast)	Section within this report / associated chart
Financial Stability	🔴	🔴	I&E Position
Agency Spend	🟢	🟢	I&E Position
Financial Sustainability	🔴	🔴	N/A (quarterly update)
Financial Efficiency	🟢	🟢	Cumulative CIP
Capital	🟢	🟢	Capital Expenditure
Cash	🟢	🟡	Cash Position

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

I&E Position

Narrative:

At the end of December 2023, M9, the Trust has reported a deficit of £19.5m against a plan of £15.8m, the resultant variance of £3.7m is a deterioration on the M8 position. The position includes all expected mitigations against additional costs and reduced income as a result of industrial action. Any further costs incurred or income lost will result in a corresponding deterioration in our financial position.

The table below summarises this I&E position at M9:

Month 8	In Month			Year to Date		
Cost Type	Plan	Actual	Variance	Plan	Actual	Variance
Clinical Income from Patient Care Activities	£37.4m	£35.1m	-£2.3m	£332.5m	£324.2m	-£8.3m
Other Operating Income	£3.3m	£3.1m	-£0.1m	£29.6m	£29.1m	-£0.5m
Total Income	**£40.7m**	**£38.2m**	**-£2.4m**	**£362.1m**	**£353.3m**	**-£8.8m**
Employee Expenses	-£29.5m	-£29.8m	-£0.3m	-£265.8m	-£266.2m	-£0.4m
Operating Expenses	-£14.3m	-£14.9m	-£0.6m	-£125.0m	-£123.8m	£1.2m
Non Operating Expenses	-£0.5m	-£0.6m	-£0.0m	-£4.8m	-£3.3m	£1.5m
CIP	£2.8m	£2.1m	-£0.7m	£17.8m	£16.5m	-£1.3m
B/S Release	£0.0m	£1.8m	£1.8m	£0.0m	£4.0m	£4.0m
Total Expenditure	**-£41.6m**	**-£41.4m**	**£0.2m**	**-£377.9m**	**-£372.8m**	**£5.1m**
Total	**-£0.9m**	**-£3.2m**	**-£2.3m**	**-£15.8m**	**-£19.5m**	**-£3.7m**

Key variances within the position are:

Clinical Income – £8.3m adverse variance relates to planned-care activity cancelled due to strike action, capacity at the CMSC not taken up by ICS partners and underperformance against the elective plan in Surgery. There has also been a reduction in PbR excluded drugs which is offset by operating expenses.
Operating expenses – The underspend is partially due to the corresponding reductions in elective activity. However, this is offset by adverse variances in Estates.
Non-operating expenses –PDC dividend payable was lower than expected and interest payable has increased.
CIP – CIP is £1.3m behind plan at M9 and outturn is forecast to be £2.9m below plan. The full year effect of the CIP is forecast to be in line with plan at £26.2m.

It is confirmed that the Trust's agency costs were 3.4% of total pay costs compared to a maximum target of 3.7%. This is a deterioration against the target from previous months and is mainly driven by increase in escalation beds in from M8 onwards.

Risks to position:
The main risks to the I&E position are:

- The Trust fails to fully deliver the recurrent Cost Improvement Programme (see below and separate agenda item).
- Continuation of strike action, with a consequential impact on both expenditure and income (elective activity).
- The overspend in Estates continues and no mitigations are identified.
- That the reducing trajectory of patients with no criteria to reside is either not maintained and/or reverts to previous levels.

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

Cumulative CIP

Narrative:

The Trust delivered £2.1m CIP in M9 which is an adverse variance to plan of £0.7m. The YTD position is £16.4m against a target of £17.8m and the forecast for in year effect of CIP is £23.3m, £2.9m below target. The full year effect of the schemes remain in line with target.

Risks to position:

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

Actions:

- Continuation of the Productivity and Improvement Programme.

Capital Expenditure

Narrative:

The Board is asked to approve an increase in the capital programme of £4.145m, which reflects additional funding and a net reduction of £0.067m which reflects rephasing of approved schemes:

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

At M9 the capital programme is £4.8m behind plan and is forecast to be on plan by year end:

Scheme	Plan spend @ M9	YTD spend	Variance
Backlog maintenance	964	359	-605
Medical equipment and corporate schemes	1,668	782	-886
Heating and chilled water pipework	2,080	2,371	291
IT equipment	450	199	-251
UECUP - Trust funding	1,368	-	-1368
UECUP - PDC	10,000	8,627	-1373
CDC	4,108	3,396	-712
Diagnostics Digital	49	-	-49
CDC - equipment	-	98	98
PDC - Ultrasound equipment	-	72	72
NHSE/I TOTAL CAPITAL PLAN 23/24	**20,687**	**15,904**	**- 4,783**

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

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

Risks to position:

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

Actions:

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

Cash Position

Narrative:

The underlying deficit position places increasing pressure on the Trust's ability to maintain a positive cash balance. At the end of December the cash balance was £9.3m. The large capital programme and a planned deficit of £18.9m means that a positive cash balance is only possible by active daily management of the level of debtors and creditors. This arrangement is not sustainable but does mean the Trust does not need to draw upon additional borrowing from NHSE in 2023/24.

Risks to position:

- Achievement of the cash trajectory will place delivery of the Public Sector Payment Policy at risk.

- Failure to achieve the full recurrent CIP plan would mean that the cash trajectory cannot be achieved.
- The low level of cash headroom that the Trust is working within increases the impact of any delayed payment of income due to the Trust.

Actions:

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

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 12**

26 February 2024

Title	Non-Executive Director Succession Report
Area Lead	David McGovern, Director of Corporate Affairs
Author	Cate Herbert, Board Secretary
Report for	Approval

Executive Summary and Report Recommendations

This report provides the Statement of Composition of the Board and a proposed succession plan to retain that composition over the next few years. It also highlights the current tenure of the Non Executive Directors (NEDs) on the Board, and requests approval for a recruitment exercise to replace Sue Lorimer, and for a tenure extension for Chris Clarkson.

It is recommended that the Council:

- Approves the statement of composition of the Board;
- Approves the commencement of a recruitment exercise to replace Sue Lorimer, and a tenure extension for Chris Clarkson;
- Note and adopt the proposed succession plan, with the caveat that all tenure extensions or recruitment exercises will be taken through due process and approval as they fall due.

Key Risks

This report relates to these key risks:

- Ensuring the Board is composed in line with requirements and has a sufficient skills mix to make robust decisions

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

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

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**
26 Feb 2024	Nominations Committee	Non Executive Director Succession Report	Approval

1	Narrative
1.1	**Overall Board Composition** The overall composition of the Trust Board of Directors has been determined by Section 20 of the Trust's constitution, which states that the Board shall be composed of both Non-Executives (NED) and Executives (ED), with a NED chair, not more than 7 other NEDs, and not more than 7 EDs. The Constitution also requires that the Chief Executive Officer and Chief Finance Officer must be on the Board, as must a registered medical practitioner or registered dentist, and a registered nurse or registered midwife. It should be noted that the Trust interprets the requirement for a registered medical practitioner to require the membership of the Medical Director. Additionally, as the Chief Nurse role is currently vacant, the requirement for a registered nurse or midwife is fulfilled by the CEO, who is a registered nurse. The Chief Nurse will be appointed to the Board once the vacancy is filled. Therefore, the current membership, in line with the Constitution, is fulfilled as follows:
1.2	**Board Tenure** NEDs are subject to the requirements of tenure, which is established by the Constitution and by the NHS Code of Governance as 2 terms of 3 years. This 6-year tenure can be extended, and it is generally accepted that this is done in 12-month intervals, which are reviewed annually. The current Board tenure is attached to this report at Appendix 1. Members will note that Sue Lorimer's tenure was extended for 12 months, as approved last year by both this Committee and the Council of Governors, and that Chris Clarkson's 6 year tenure is due to finish in July 2024. Both Steve Igoe and Sir David Henshaw are also due to expire within this financial year. Executive Directors are not subject to tenure.
1.3	**Succession Planning Considerations**

	Non-Executives	**Executives**
1.	Sir David Henshaw – Chair	Janelle Holmes – CEO (and registered nurse)
2.	Steve Igoe – Deputy Chair, SID	Dr Nikki Stevenson – Medical Director
3.	Sue Lorimer	Mark Chidgey – Chief Finance Officer
4.	Lesley Davies	Hayley Kendall – Chief Operating Officer
5.	Chris Clarkson	Debs Smith – Chief People Officer, non-voting
6.	Dr Steve Ryan	Matthew Swanborough – Chief Strategy Officer, non-voting
7.	Rajan Madhok	*Vacancy – Chief Nurse*

	Succession planning requires consideration of upcoming challenges, the current and expected future operating environment, and key risks and opportunities that could be faced by the Trust. These factors will help to determine the skills mix required on the Board and can make a case for extending tenure so that the Board retains corporate memory, key skills, and overall continuity during periods of significant challenge or upheaval. There are currently several areas of significant challenge, which include the unprecedented demand for services, the ongoing industrial action across a number of staff groups and addressing the backlog of waiters as efficiently as possible while ensuring those waiters do not come to harm. There is also ongoing pressure around finances, with the Trust delivering ambitious CIP targets. Additionally, the Trust is expecting a CQC inspection imminently, which presents both a risk if the Trust is unprepared, but also a key opportunity to showcase the improvements and the excellent work our staff undertake on a daily basis. It is important, therefore, that The Trust retains key skills and understanding on our Board whilst the Trust addresses these challenges and prepares for the upcoming inspection.
1.4	**NED recruitment exercise** Section C.2.4 of the Code of Governance states: "The Governors should agree with the Nominations Committee a clear process for the nomination of a new Chair and Non-Executive Directors. Once suitable candidates have been identified, the Nominations Committee should make recommendations to the Council of Governors." Therefore, the Nominations Committee were asked at their meeting on 26th February to consider the outlined process for a recruitment exercise to replace Sue Lorimer when she steps down in July, noting that further detail such as the Candidate packs, shortlisting, and other tasks will be undertaken by the Nominations Committee as the process continues. The outline process for the recruitment exercise is as follows: The process will commence with the appointment of Gatenby Sanderson, who has worked with the Trust and the Chair on other high-level appointments in the past. Gatenby Sanderson will, with the input of the Chair, CEO, and Director of Corporate Affairs, put together a recruitment pack to include a person specification, outlining the required skills and behaviours profile. These required skills will be based on Sue's skills profile and will focus on replacing her financial acumen and NHS related experience. Gatenby Sanderson will then issue and complete the recruitment and screening process, before providing the Trust with a long list of candidates. The Nominations Committee will then be part of the shortlisting process, and the final interview and selection process.

	Following the interviews and selection, the Nominations Committee will make a recommendation to the Council of Governors on the appointment of a new NED, to commence in July 2024. As mentioned, the Nominations Committee met on 26th February 2024 to consider this and recommend the process to the Council of Governors. Any feedback from the Committee will be provided to the Council verbally and minuted appropriately.
1.5	**Renewal of tenure** As noted above, Chris Clarkson's 6-year tenure is coming to an end in July 2024, and it is proposed that his tenure is extended for a further 12 month period. Chris is a valued member of the Board, with his focus on Health and Safety and his involvement with the Estates and Facilities team. His background in engineering and industry lends him a unique perspective on the challenges faced by the NHS, allowing him to provide scrutiny through a different lens. Chris is a member of several Committees, including Quality, Estates and Capital, Audit and Risk, Finance Business and Performance, and People Committee. He also serves as NED champion for Cyber Security, and for Emergency Preparedness, Resilience, and Response. Chris has also successfully completed his performance appraisals for the entirety of his tenure. As with the recruitment exercise above, any feedback from the Nominations Committee on this matter will be provided to the Council verbally and minuted appropriately.
1.6	**Further Succession Planning** The operating environment may change over the next several months, which is why the Trust will address the further afield tenure changes at a later point in time. However, with the assumption that the current situation is maintained, the following succession plan is proposed for adoption over the next two years, maintaining the past practice of the Trust of allowing only one 12-month skills-based tenure extension per NED:

Non-Executive	**Proposal**	**New Tenure End**
Sir David Henshaw – Chair	Extend 12 months at end of tenure – skills based	September 2026
Steve Igoe – Deputy Chair, SID	Extend 12 months at end of tenure – skills based	October 2025
Sue Lorimer	Recruit replacement with financial skills	New NED – 1st term tenure end 2027
Lesley Davies	N/A – tenure ends 2028	
Chris Clarkson	Extend for 12 months at end of tenure – skills based	July 2025
Dr Steve Ryan	N/A – tenure ends 2027	
Rajan Madhok	N/A – tenure ends 2028	

	2025	2026	2027	2028
Sir David Henshaw		Tenure end		
Steve Igoe	Tenure end			
New NED			2nd term	
Chris Clarkson	Tenure end			
Steve Ryan			6 yr end	
Lesley Davies				6 yr end
Rajan Madhok				6 yr end

Agreeing this plan does not constitute an approval of the upcoming tenure extensions, and only highlights the upcoming risks of losing significant skills and key Board members at one time. The tenure expirations, as they fall, will continue to be subject the approvals of the Nominations Committee and subsequently the Council of Governors, following robust consideration of the operating environment and other challenges that arise. This will therefore only be a forward-looking planning tool that can be used by the Corporate Governance Team and the Governors in considering future appointments, skills gaps, and recruitment exercises.

2	Implications
2.1	**Patients** • No direct impact on patients
2.2	**People** • The recruitment exercise will provide an opportunity to consider EDI. • Relevant stakeholders will be engagement through the recruitment process.
2.3	**Finance** • The recruitment exercise will incur a cost on the appointment of the consultant, and a competitive quote will be sought prior to this.
2.4	**Compliance** • The Code of Governance requires the periodic review of the statement of composition of the Board, and sets out the parameters for both recruitment and tenure extension. Both the recruitment and tenure extension has been outlined in this report in line with the Code's requirements.

STATEMENT ON THE COMPOSITION OF NON-EXECUTIVE DIRECTORS

1. INTRODUCTION

1.1 The Board of Directors (The Board) consists of both Executive and Non-Executive Directors. The Non-Executive Directors are the public's representatives on the Board and share responsibility for the success of the organisation and the duties of the Board. The Trust's Constitution requires the Board to be constituted so that the number of Non-Executive Directors exceeds the number of Executive Directors, the Chairman being a Non-Executive Director.

1.2 The Trust's Chairman and Non-Executive Directors are appointed by the Council of Governors in accordance with paragraph 22 of the Trust's Constitution. Annex 6 of the Constitution paragraph 1 states that the Council of Governors shall review the structure, size and composition of the Board of Directors from time to time and make a recommendation to the Council of Governors.

1.3 This statement, which is drawn up by the Board of Directors, provides guidance on the background and abilities required by the Trust's Non-Executive Directors.

2. BACKGROUND

2.1 Non-Executive Directors should bring a variety of backgrounds and experience to the Board. Whilst it is important that this is diverse, it should remain relevant to the Trust's role as a provider of healthcare in a competitive market and to the Board's role as a corporate decision-making body. The role of the Non-Executive Directors, as members of the Board, will be to consider the key strategic and leadership issues facing the Trust in carrying out its statutory and other functions.

2.2 Ideally, a Non-Executive Director should have held a board position in the past and will usually have enjoyed a successful career in one or more areas of industry, commerce, a profession or public life (see below). However, it is important not to be prescriptive about preferred background as each individual will bring particular abilities to the Board. The Council of Governors should consider what "added value" would be brought to the Board by the specific expertise of each individual.

2.3 However, the Code of Governance requires that the Board has at least one member of the Audit Committee has recent and relevant financial experience. The Code of Governance also requires that Foundation Trusts consider the benefits of appointing a Non-Executive Director with clinical experience. Both of these should therefore be taken into consideration when appointing Non-Executive Directors.

3. EXPERIENCE REQUIRED

3.1 The Board will refer to the skills identified in Skills Matrix in developing the person specification for the Non-Executive Directors, including the Chairman (taking into consideration the views of the Council of Governors).

4. ATTRIBUTES

It is important to take account of the Code of Conduct for NHS Boards and the Code

of Accountability for NHS Boards for selection to public appointments which emphasises the need for applicants to uphold standards in public life and display:

*Selflessness, integrity, objectivity, accountability, openness, honesty and leadership (*the Nolan Principles).

4.2 NHSE identifies a number of competencies required for this type of senior board role. These include: commitment to patient needs and commitment to devote the necessary time; common sense; courage to ask questions that no one else has asked or query why a certain approach is being recommended; forward planning capability; ability to challenge constructively; influencing and persuasion skills; communication skills; team working approach; self-motivation; clear and creative thinking.

4.3 The NHS Code of Governance describes the need for Non-Executive Directors to be independent in character and judgement. Non-Executive Directors must also meet the "fit and proper" person test as required by each Trust's provider licence and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

5. REMUNERATION

5.1 The level of remuneration for the Chair and Non-Executive Directors should be in line with the national framework, Chair & NED remuneration structure (September 2019) and will be reviewed by the Nominations Committee and approved by the Council of Governors.

6. TERM OF OFFICE

6.1 Initial terms of office will be for up to three years, with the opportunity for re-appointment at intervals of three years. Any term longer than six years (ie. two three-year terms) will be subject to particularly rigorous review. Non-Executive Directors may serve longer than six years (ie. two three-year terms), subject to annual re-appointment, and rigorous determination of the Non-Executive's continued independence.

7. APPRAISAL

7.1 The Chairman will conduct annual appraisals of each Non-Executive Director, and will advise the Nominations Committee of the suitability of a Non-Executive Director of re-appointment as required.

8. STATEMENT REVIEW

8.1 This statement will be reviewed at intervals not exceeding three years by the Board of Directors and subsequently approved by the Council of Governors. Specifically, it will be reviewed before each Non-Executive Director recruitment campaign. Suggested amendments are to be discussed in the first instance with the Chairman and Chief Executive Officer.

Appendix 1

Current Tenure for Non-Executive Directors

	Appointed	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Sir David Henshaw	20/02/2019			1st term			2nd term			6 yr end			
Steve Igoe	01/10/2018		1st term			2nd term			6 yr end				
Sue Lorimer	01/07/2017	1st term			2nd term			6 yr end	12 mo ext.				
Chris Clarkson	01/07/2018		1st term			2nd term			6 yr end	12 mo ext.			
Steve Ryan	18/01/2021					1st term			2nd term			6 yr end	
Lesley Davies	18/05/2022						1st term			2nd term			6 yr end
Rajan Madhok	01/07/2022						1st term			2nd term			6 yr end

Appendix 2

Board Competencies Profile

Competency	Areas that contribute to this skill	Rating (using key below)
Strategic Leadership *Board members should be able to determine strategic vs operational issues, understand high level trends and issues, and look to work with partners/networks, etc.*	Strategic Understanding	
	Stakeholder management	
	Influencing Skills	
	Understanding of Organisational Change	
	Analytic thinking	
Behaviours *Board members should conduct themselves professionally, and with respect towards others.*	Interpersonal Skills / Communication/ Listening	
	Maintaining professional relationships	
	Good team working	
	Able to communicate and interact respectfully even when challenging	
Ethics and Maintaining Independence *Board members should demonstrate high ethical standards and follow all requirements to maintain independence and ensure they are not unduly influenced by outside interests.*	Personal Integrity	
	High ethical standards	
	Commitment to Trust values	
	Ensuring no circumstances or relationships create conflicts of interest	
Board Level Skills *Board members should have an awareness of the areas which are key to Board reporting and understanding the Trust and understand their responsibilities as Board members.*	Governance	
	Legal awareness	
	Risk management	
	Performance management/understanding	
	Experience of NED roles	
Financial Knowledge *Board members need a working financial understanding, and at least one should have a formal qualification/specific and relevant financial experience.*	Financial experience/qualifications	
	Understanding of Financial reports	

Other technical/ vocational knowledge *Board members should have an understanding of several areas of operation and the priorities which form a part of the Board's work.*	Procurement and tendering	
	People/HR	
	Digital	
	Estates/property management	
	Communications/Media	
	Research/Innovation	
Sector Specific Knowledge *Board members need to understand the sector specific challenges, and the operating environment specific to the NHS.*	Industry (NHS/health) knowledge and experience	
	Clinical qualification/experience	
	Government legislation/public policy	

Board Skills Profile

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

Ratings Key

4	Extensive experience and knowledge	A recognised expert or leader in the field with significant understanding and ability to articulate/explain. Can lead discussions and is recognised as an expert by peers.

3	High levels of experience and knowledge	Significant understanding and experience in this area. Able to articulate challenges, understand mitigations. Continuously contributes at a high level with well-considered insight.
2	Good levels of experience and knowledge	Able to articulate challenge, demonstrates understanding and can explain this area to others. Can contribute at most discussions on this topic.
1	Working experience or knowledge	Able to understand at a basic level. Can read and understand reports but may not be able to provide detailed challenge. Some development required in this area.
0	No experience or knowledge	Requires development in this particular area.

Wirral University Teaching Hospital NHS Foundation Trust

Council of Governors **Item 13**

26 February 2024

Title	NED Annual Appraisals Process
Area Lead	David McGovern, Director of Corporate Affairs
Author	Cate Herbert, Board Secretary
Report for	Approval

Report Purpose and Recommendations

The purpose of this report is to request approval for this year's approach to the NED appraisals for 2023/24. This approach will be undertaken in line with the policy written and approved last year, with no material amendments proposed.

It is recommended that the Council of Governors:

- Approves the proposed approach for the NED annual appraisals.

Key Risks

This report relates to these key Risks:

- Compliance with the NHS Code of Governance, and the requirements for Governors to approve a process for annual appraisal.

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

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

Governance journey

This is a standing annual report for both Nominations Committee and the Council of Governors.

1	Narrative
1.1	In March 2023, the Board approved a Board Evaluation and Effectiveness Policy, which outlined the approach to conducting annual skills assessments and individual appraisals. This policy was written in line with the requirements of the Code of Governance for NHS Provider Trusts (effective as of April 2023) and is attached to this report at Appendix 1 for information.
1.2	There are no proposed amends to the process outlined in the policy, aside from a single enhancement to ensure that the NEDs meet without the Chair present to appraise the Chair. In past years, the SID has collated feedback from the NEDs, and this year, this will be completed within a meeting to comply with the requirements of the Code of Governance.
1.3	It is therefore requested that the Committee approve the process outlined in the attached policy for this year, noting the amendment at 1.2.

2	Implications
2.1	**Patients** • No direct impact on patients.
2.2	**People** • This process is important for ensuring a high performing Board, and there is sufficient time and capacity to carry out these requirements.
2.3	**Finance** • No financial implications
2.4	**Compliance** • This process supports compliance with the Code of Governance, and with the requirements for annual skills appraisals from NHS England.

Author	Cate Herbert, Board Secretary
Email	Catherine.herbert5@nhs.net

Policy Reference: POL393

Board Evaluation and Effectiveness Policy

Version: 1

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

CONTENTS

Content **Page**

1 Introduction & Purpose

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

2 Definitions

No definitions required.

3 Duties & Responsibilities

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

4 Skills Assessment and Appraisal Processes

4.1 Non-Executive Director and Chair Appraisals

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

Non-Executive Directors will be assessed by the Chair of the Board, and the Chair will be assessed by the Senior Independent Director.

Forms are issued each year by NHS England, and all assessments should finish with the completion of these forms. While Foundation Trusts are not required to submit appraisals to NHS England, these are completed for transparency and to ensure the audit trail is clear.

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

4.1.1 Appraisal Process

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

Appraisals will be underpinned by an appraisal form (as issued by NHSE annually), a self-assessment against the skills matrix (appendix X), and a 360 degree feedback form. All forms should be discussed at the appraisal meeting, and factored into the outcomes, which will be forwarded to the Board Secretary and then to the Nominations Committee.

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

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

4.1.2 Using the Outcomes of the Appraisals

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

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

4.2 Evaluation of the Board

At least annually, the Board will undertake an exercise to consider its own effectiveness. The approach and delivery of this shall be decided by the Chair and approved by Council of Governors and may differ depending on the challenges or environment at the time, i.e. using an external moderator or to be conducted internally.

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

Depending on the method used, the Board should expect to fill in self assessment forms, and to provide feedback on any areas for improvement that they have identified since the last evaluation. The outcomes of this evaluation should be

provided to the following Board meeting as soon as possible, and be forwarded to the Council of Governors (this may be via the Nominations Committee depending on the timeframe and process agreed).

4.3 Evaluation of Committees

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

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

4.4 Evaluation of the Council of Governors

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

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

5 References

NHS Providers Code of Governance 2022

Appendix 1

NED appraisal summary

Name	
Organisation	
Year	

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

2.

Strong performance	Fully competent	Needs development	Poor performance

Assessment of performance against agreed objectives

3. Specific strengths and aspirations

4. Learning and development needs

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

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

YES/NO – If NO please provide details.

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

Appendix 2

WUTH NED 360 Feedback

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

4 – Very satisfied
3 – Satisfied
2 – Somewhat dissatisfied
1 – Very dissatisfied
0 – Unsure/do not know

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

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

	Comments
Name	
Name	
Name	
Name	
Name	

Appendix 3

Skills Matrix

Board Competencies Profile

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

Board Skills Profile

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

Ratings Key

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

Appendix 4

Committee Effectiveness Self Assessment

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

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

Equality Analysis

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

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

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

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

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

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

Section 1 – Initial analysis

What is the impact on the equality groups below?		
Positive: • Advance equality of opportunity • Foster good relations between different groups • Address explicit needs of equality target groups	**Negative:** • Unlawful discrimination, harassment and victimisation • Failure to address explicit needs of equality target groups	**Neutral:** • It is quite acceptable for the assessment to come out as Neutral impact • Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Group	**Any potential impact? Positive, negative or neutral**	**Comments / Evidence** (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)
Disability (inc physical and mental impairments)	Neutral	
Age	Neutral	
Race (all ethnic groups)	Neutral	
Religion or belief	Neutral	
Sexual Orientation	Neutral	
Pregnancy & Maternity	Neutral	
Gender	Neutral	
Gender Re-assignment	Neutral	
Human Rights	Neutral	
Mental Health	Neutral	
Other e.g. Carers	Neutral	

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

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

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

Section 2 – Full analysis

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

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

Section 3 – Action Plan

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

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

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

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

Consultation, Communication and Implementation

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

Date notice posted in the News Bulletin.	N/A	**Date notice posted on the intranet**	To be completed by the GSU

Describe the Implementation Plan for the Policy / Procedure (Considerations include; launch event, awareness sessions, communication / training via DMTs and other management structures, etc)	**By Whom will this be Delivered?**
Managed by the Board Secretary at year end	Board Secretary

Version History

To be completed by the author

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

Monitoring Compliance with the Policy

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

Performance Management of the Policy

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

Safety of Patients and Public To be completed by the author

Confirm the content of this policy does **not** risk the safety of patients or the public if it is uploaded to the public facing website	x To be completed by the author ✓ or x
*If the content **does** affect the safety of patients or the public* if it is uploaded to the public facing website *please contact the Policy Coordinator or Risk Management Team for advice*	

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Meeting	Board of Directors in Public
Date	Wednesday 4 October 2023
Location	Hybrid

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
NS	Dr Nikki Stevenson	Medical Director & Deputy Chief Executive
HK	Hayley Kendall	Chief Operating Officer
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
TF	Tracy Fennell	Chief Nurse
MC	Mark Chidgey	Chief Finance Officer

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
SS	Sally Sykes	Director of Communications and Marketing
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.3
RMe	Dr Ranj Mehra	Deputy Medical Director – item 8.4
JTG	Jay Turner-Gardner	Deputy Director Infection Prevention and Control – item 14
EH	Eileen Hume	Deputy Lead Public Governor
PI	Paul Ivan	Public Governor
TC	Tony Cragg	Public Governor
KJ	Keith Johns	Public Governor

Apologies:

SL	Sue Lorimer	Non-Executive Director

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

2	**Declarations of Interest** No interests were declared and no interests in relation to the agenda items were declared.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on the 6th September were **APPROVED** as an accurate record.	
4	**Action Log** It was noted that the Research and Innovation Committee had been postponed and therefore the action relating to that Committee would be deferred. The Board **NOTED** the action log.	
5	**Patient Story** The Board viewed a story from a patient who received care at Arrowe Park for COVID and subsequent complications who required intensive treatment. She has since been diagnosed with PTSD, and received significant support from Helen Hardwick in Critical Care, and Rob Jones, Psychotherapist and Trauma Specialist. The patient thanked the staff for their care and support. The Board asked that their thanks be passed to Helen and Rob. It was noted that a staff story would come to the next Board. The Board **NOTED** the patient story.	
6	**Chairs Business and Strategic Issues** DH stated that there are currently good relationships and communications in place with the ICB, and noted the decrease in no criteria to reside (NC2R) patients to 113. SI attended the CMAST meeting recently and noted that there was significant focus there on HR and workforce processes, particularly on what is in place already vs what might be required. DH stated that there are a lot of policy changes proposed at the moment, and that the Trust should focus on ensuring it provides a streamlined and effective service. The Board **NOTED** the update.	
7	**Chief Executive Officer's Report**	

	JH gave an overview of the report, highlighting the update on industrial action and the visit from Professor Tim Briggs to the modular theatres. JH also noted the topics of discussion from the CMAST Board, and the HPMA award recently won by Sharon Landrum. The Board asked that their congratulations be passed to Sharon on her achievement. DH enquired if the lines of communication are open and that there are good working relationships with the unions involved in the national disputes. DS confirmed this is the case. The Board **NOTED** the report.	
8	**Board Assurance Reports** **8.1) Chief Finance Officer Report** MC noted the risk ratings against each statutory target, and reported that the Trust has reported a deficit of £11.6m against a plan of £11.9m. The resultant favourable variance of £0.3m is a deterioration on the M4 position (£0.5m favourable variance). MC highlighted the key variances and risks to this position. It was noted that external risks consist of industrial action and lost income, as well as potentially unfunded pay awards. Internal risks are achievement of the CIP programme, an overspend on Estates, and achievement of the full elective plan. Recovery of the position is being managed by the Exec team and reported to FBPAC. MC added that the Q2 forecast will come to the November Private Board. SI enquired where liquidity would be sourced when the capital spend catches up to the cash availability. MC replied that there is a process for accessing cash but that it comes with a cost, similar to a loan process. Discussion continued around the potential national response when this is required for those Trusts requiring liquidity. It was noted that whilst WUTH is mid-table for acute trusts in the North West, the region remains the most challenged nationally. The Board **NOTED** the report. **8.2) Chief Operating Officer Report**	

	HK noted current elective activity figures and noted there were two 78 week wait breaches in August which have been treated in September. There was focus on the C&M Hub usage at the GIRFT visit from Professor Tim Briggs which has resulted in increased interest, which could help improve uptake of sessions. HK stated that cancer performance is off trajectory in August for 62 and 104 days but that this has been recovered in September. However, there has been an impact on cancer treatments due to medical industrial action. DM01 compliance has dipped slightly but is due to be back on track in October. In terms of unscheduled care, HK reported that Type 1 attendances and ambulance conveyances have increased, which has impacted performance. With a refocus on ED, these figures have improved and are likely to continue in this way from October. NC2R patient numbers have reduced, and progress is being made with care homes and partner organisations to continue this. HK highlighted the issues the Trust is facing around mental health patients, as there are 3 rooms for assessment but there are often 2 and 3 times that many mental health patients in ED which therefore means there is nowhere for other walk in patients to be assessed. This is being escalated with the mental health provider, and there is an issue with mental health patient transportation and observation which is being escalated to PLACE given the Trust has no replacement service from the mental health provider. This has been escalated to their CEO. DH commented that he recently visited A&E and noted the positive culture in that department despite the disruption and operational challenges. The Board **NOTED** the report. **8.3) Monthly Maternity Report** JL gave an overview of the report, noting the appendices which have been appended in line with MIS requirements. The NW outlier report is no longer available and therefore the Trust is unable to benchmark regionally, noting the Trust still monitors the maternity and neonates performance dashboard. JL noted that the ATAIN and Self Assessment tool appendices are also new to the Board and provided in line with MIS requirements.	Jo Lavery

	SR noted that culture is a critical part of the positive work in this department, and noted that future reports would benefit from highlighting some of this positive work and some of the thing we are doing above and beyond the requirements. Discussion took place around the continuity of carer implementation, both the risks and benefits, and it was noted that a risk assessment is due to be reported to Board in January. The Board **NOTED** the report and the additional reports and updates included as required to be reported to the Board of Directors in October 2023. **8.4) Learning from Deaths Q1 2023/24** RMe stated that the SHIMI and HSMR are stable and within acceptable ranges. Factors impacting the SHIMI were found to be pneumonia, sepsis, and cerebrovascular disease, and work is ongoing to ensure all coding is accurate and whether there is any learning arising from this. RM noted that initial findings on the high levels of pneumonia arose from a number of patients being in their last months of life, and therefore these should have been coded another way. RMe noted that the Medical Examiner reviews all deaths, and perinatal/neonatal deaths also have a monthly review. Board were informed of the learning identified through Q1, which included medication errors and delays, and poor documentation practices which are being addressed. NS noted the quality assurance aspect of this report, and the assurances that learning is constantly being fed back into the system. NS recently met with the coroner who provided further positive feedback and was assured by our processes. RM enquired about the autism category. TF required that this is included in line with national priorities. The Board **NOTED** the report, the mortality indicators, ongoing Medical Examiner input and ongoing scrutiny of mortality through the Mortality Review Group. **8.5) Integrated Performance Report** NS reported a never event that occurred in September and which will be seen in the next set of Board papers. This will be the first of the Patient Safety investigations in line with the new PSIRF guidance. DH enquired about the work ongoing around “One Wirral.”	

	MS replied that this is being led by the council and that a further update will be provided to the next Estates and Capital Committee. DS reported that turnover looks high because of the rotation of junior doctors, which is expected at this time in the year. DS stated that if these figures were removed, turnover would be on target. TF highlighted the C Diff figures, and stated that work is continuing to manage this and improve the current performance. The Board **NOTED** the report.	
9	**Emergency Preparedness, Resilience, and Response (EPRR)** **9.1) Annual Report** HK noted the arrangements in place across the Wirral, and stated that the 2021/22 assessment and core standards are included in the annual report for Board's information. The Board **APPROVED** the annual report. **9.2) Core Standards Assessment** HK stated that the core standards assessment for this year has been completed and is appended for information. This will be submitted to the ICB for a challenge session and then submitted to the national team. The Trust is assessing compliance at 1% higher than last year, which is a fair reflection given the work involved to reach compliance with the new EPRR business continuity toolkit that was released in April which required all business continuity plans in the Trust be refreshed. LD enquired about the timescales to achieve the amber actions. HK replied that this is held on another document and agreed to circulate to Board. The Board **NOTED** the report.	Hayley Kendall
10	**Elective Recovery Self Assessment** HK noted the national trajectory for no 65 week waiters by the end of March, and stated that this target should be achievable. However, there is also a push for all of these to have appointments by the end of October, and the achievement of this will be impacted by industrial action. SR enquired if an assessment of complaints around wait times are reviewed.	

	HK replied that every patient "clock stop" is reviewed and validated, though there are some risks given the size of the list. JH commented that she signs off on all complaints and the process for her sign off includes checks such as these. DH noted the Trust recently received substantial assurance by MIAA for the management of waiting lists and requested the review be circulated to members. The Board • **NOTED** the report; and • **SUPPORTED** the submission to Cheshire and Merseyside ICB.	Cate Herbert
11	**Fit and Proper Persons Policy** DM stated that the policy presented follows from the adopted framework provided to Board last month, and that it has been reviewed by the Audit and Risk Committee. The Board **APPROVED** the policy for implementation.	
12	**Organ Donation Annual Report** NS gave an overview of the report, noting that organ donation is monitored by NHS Blood and Transfusion, and that the Trust has an Organ Donation Committee which is chaired by Steve Ryan. The report provides a breakdown of donations, and NS noted the small number of missed donations which were predominantly in the ED. Learning is being disseminated in that and other key departments to ensure awareness. RM enquired about the figures in the table which make it look like some of those interviewed weren't eligible. NS replied that that is the case but that we are required to have this discussion with everyone. NS would ask the team to look at the table presentation to make this clearer. The Board **NOTED** the report	
13	**Patient Experience Annual Report** TF highlighted the metrics performance in the report and the outcomes of the Promise Groups so far, noting year to date has included initiatives around the Voice of the Child. TF also noted next steps, and the work ongoing this coming year towards further co-production. DH noted the positive nature of this report and the work being undertaken.	

	The Board **NOTED** the report.	
14	**Infection Prevention and Control Annual Report** JTG reported that the IPC team declared and managed 63 COVID outbreaks, along with 9 outbreaks of Clostridioides difficile and 12 outbreaks of Norovirus throughout 2022-2023 on in-patient wards. The team is now fully established and the report provides insight into the surveillance areas and the WISE audit for IPC. SR noted that there was a good discussion on this at the Quality Committee, and thanked the team for a comprehensive report. The Board **NOTED** the report.	
15	**Safeguarding Annual Report** TF gave an overview of the report, indicating the appointment of a second Adoption Medical Advisor, the improvements in Protecting Vulnerable People learning compliance, and improvements in the compliance using the Child Protection Information sharing tool. TF added that the hope boxes, as created and presented by Michelle Beale to the Board earlier in the year, was being rolled out in areas across the country. TF noted Michelle had won a safeguarding leadership away for this innovation. The Board **NOTED** the report and the actions being taken to rectify areas for improvement.	
16	**Committee Chairs Reports** **16.1 Quality Committee** SR highlighted the reports received by the Quality Committee around IPC and complaints, and stated that there was a technical breach of duty of candour due to missed paperwork, though the patient did receive this verbally. SR added that it was good to see the improvements in WISE Accreditation, and stated that the report on PSIRF provided assurances around the positive impact this new system would have. NS noted that the Governance Support Unit are working to improve the complaints responses, by implementing a new process for complaints with different complexity levels. PSIRF has also started well, with good engagement from staff, and the team will be collating feedback from staff over the coming months. The Board **NOTED** the report.	

16.2 Audit and Risk Committee

SI commented that it is good to see the improvements in recommendation implementation, as well as the deep dives into various areas of risk and internal control. SI noted that the NEDs are given the opportunity to meet with the internal and external auditors at the end of each Committee, and there was very positive feedback provided at this last meeting.

The Board **NOTED** the report.

16.3 People Committee – Verbal

LD stated that the team are continuing to implement the retention strategy, including exit interviews, though it is too early to determine the impact of these. The Committee discussed the Just and Learning culture, and Freedom to Speak Up, and specifically the responsibility of the organisation to listen to the concerns being raised. DS will be leading some work on Responsibility to Listen.

LD also noted the effective management of disciplinaries and grievances, and the positive outcomes from recent court cases which were based on the effectiveness of the policies in operation.

LD stated that the Committee also noted that staff were being supported over the Lucy Letby outcomes, given this is a live situation for many of them, and noted that the risks specifically highlighted by the Committee included the move to a new payroll provider and the industrial action.

NS commented that the Trust is running Executive led listening events to support staff affected by the Letby trial and subsequent knock on changes to patient behaviours. The last Leaders in Touch session as well reiterated the Trust's commitment to speaking up and listening.

CC noted that there have been recent press stories about inappropriate behaviours especially towards female members of staff.

NS stated that there are processes in place around this, and that the Trust continues to emphasise a culture of listening.

SR enquired if the GMC survey would include questions around inappropriate behaviours.

NS replied that the new set of questions for this year would include this, but that past years have not.

	The Board **NOTED** the report. **16.4 Research and Innovation Committee** This Committee had been deferred and as such, no update was required.	
16	**Questions from Governors and Public** No questions were raised.	
17	**Meeting Review** Members reflected on the journey of the Board over the past years, and Board effectiveness.	
18	**Any other Business** No other business was raised.	

The meeting closed at 11:00)

Wirral University Teaching Hospital
NHS Foundation Trust

Meeting	Board of Directors in Public
Date	Wednesday 1 November 2023
Location	Hybrid

Members present:

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

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
EH	Eileen Hume	Deputy Lead Public Governor
RT	Robert Thompson	Public Governor
JB	John Brace	Public Governor

Agenda Item	Minutes	Action
1	**Welcome and Apologies for Absence** DH welcomed all present to the meeting. No apologies were received.	
2	**Declarations of Interest** No interests were declared and no interests in relation to the agenda items were declared.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on the 4 October were **APPROVED** as an accurate record.	

4	**Action Log** The Board **NOTED** the action log.	
5	**Staff Story** The Board received a video story from a Volunteer who was a forces veteran and volunteering in the Patient Experience Team. The video story described his experience of joining the Trust and the important contribution veterans can provide through volunteering. DS commented that it was positive the new volunteer felt included at the induction day, which also included other new members of staff. DS added a Volunteer event was being held on 13 November to celebrate and thank volunteers for their contribution. DH queried the number of Volunteers at the Trust. DS stated there was around 180 Volunteers at the Trust who volunteered in a variety of roles across the organisation. MC stated the Trust had signed the Armed Forces Covenant to show our commitment towards the Armed Forces communities. DH requested the Board pass on its thanks to Mick and other volunteers for their contribution. The Board **NOTED** the staff story.	
6	**Chairs Business and Strategic Issues** DH provided an update on recent matters and highlighted the Trust had not been inspected by the Care Quality Commission (CQC) in 5 years and was keen to be inspected. DH added the Annual Members Meeting in October took place and went well. The Board **NOTED** the update.	
7	**Chief Executive Officer's Report** JH gave an industrial action update and summarised the latest position relating to Consultant and Junior Doctors, as well as the ongoing dispute with Clinical Support Workers (CSWs) regarding retrospective re-banding, noting further strike action was planned between 6-17 November for CSWs. JH stated the Trust declared no serious incidents in September and three Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS). JH highlighted that, following Board approval in October to move to a new regional Laboratory Information Management System	

	(LIMS), the Diagnostics and Clinical Services Division has been engaged with the process, and further assurance on the mobilisation and implementation of the new system has been sought. JH reported the MRI Department had been selected as the North West Region Team of the Year 2023 in the Society of Radiographers 2023 Radiography Awards and would go forward to be judged for the overall UK award. JH referenced the public hearings for module 2 of the UK Covid-19 Inquiry began on 3 October and would conclude on 14 December and explained that module 2 was focused on core political and administrative governance and decision-making for the UK. JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board on 6 October and the Place Based Partnership Board (PBPB) on 19 October. RM queried the new Urgent Response Centre proposal from Cheshire and Wirral Partnership (CWP). JH stated that demand for mental health assessment in ED regularly outweighed the capacity of the mental health unit. Capacity is further compromised when there was a delay in egress to mental health in patient beds which were regularly escalated to CWP. JH added the new Urgent Response Centre would provide additional collocated space for patients in mental health crisis or waiting mental health admission. NS stated this area remained a challenge for patients and staff and the prevalence of mental health in Wirral was higher than the national average. NS added the Chief Nurse had formed a Mental Health Transformation Group which included Wirral system partners to address the problem. TF highlighted upon arrival at the mental health unit in ED triage was undertaken promptly and where possible patients were diverted to alternative services to further manage overall capacity and demand. The Board **NOTED** the report.	
8	**Board Assurance Reports** **8.1) Chief Finance Officer Report** MC highlighted at the end of September 2023, Month 6, the Trust reported a deficit of £13.4m against a plan of £13.6m, the resultant variance of £0.2m was a deterioration on the M5 position. MC added the position assumes £3.2m of income to mitigate lost	

	activity caused by industrial action, noting this was based on guidance from NHSE and the ICB but had yet to be finalised. MC provided an update on the month 6 statutory financial targets and the RAG rating for each, highlighting that financial stability, agency spend, financial efficiency, capital and cash were all rated green, and financial sustainability was red. MC explained the key drivers, mitigations, and corrective actions for each as well as the forecasted RAG rating. MC sought approval to increase the capital budget from £26.842m to £26.948m due to increase in Public Divided Capital, which had been considered by the Estates and Capital Committee in October. SL noted progress had been made with Barclays in enabling access to the bank account for the Charity and commented this was positive news. The Board: • **NOTED** the report; and • **APPROVED** the increase in capital budget from £26.842m to £26.948m, which had been reviewed and endorsed by the Estates and Capital Committee. **8.2) Chief Operating Officer Report** HK highlighted in September the Trust attained an overall performance of 96% against plan for elective outpatients and an overall performance of 85% for elective admissions. HK stated the reason for underperformance related the impact of large scale cancellations from medical industrial action as well as underutilisation of Cheshire and Merseyside Surgical Centre by other regional Trusts. HK stated cancer performance for 2 week waits at the end of September was 89.9% and the Faster Diagnosis Standard was 73.37% against a national target of 75% by March 2024. DM01 performance in September was 93.94% against a national target of 90% by March 2024. HK reported type 1 unscheduled care performance was 47.15% which was below the 4hr improvement trajectory, noting September was a significantly challenged month with high level of demand from both walk-in attendances and ambulance conveyances. HK summarised the risks to performance for elective and unscheduled care continued to be the impact of industrial action, and specifically mental health demand and the gap in provision in the ED going into winter.	

	SR commented about the continued reduction in the number of inpatients not meeting the criteria to residue and if the Trust was capturing the benefits for patients being at home. HK stated Home First had been capturing the experience of patients and the Trust was considering asking Healthwatch Wirral to seek feedback from patients. HK also stated that the contract between Prometheus (mental health transport provider) and the ICB was due to expire on 31 October and that a different provider would cover the gap in service until a new contract and provider could be procured from April. The Board **NOTED** the report. **8.3) Monthly Maternity Report** TF provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month. TF stated there was one serious incident and Maternity and Newborn Safety Investigation (MNSI) case declared in September. TF summarised the additional reports, noting these which are a requirement to be reported to the Board of Directors and will be part of the evidence submitted within the MIS submission. SR commented he attends the monthly Maternity Champions meeting and noted the strong attention to detail and clinical engagement to gather evidence for MIS Year 5. DH commented the Chair of the ICB visited the Trust in October and walked around Maternity Services. DH added the Chair fed back about the positive culture and team working in Maternity. The Board: • **NOTED** the report; and • **NOTED** the additional reports and updates included within the report required to be reported to the Board of Directors in November 2023 **8.4) Board Assurance Framework (BAF)** DM summarised the BAF covering strategic risks and scores for the period October/November. DH highlighted that changes have been made in relation to the frequency of BAF reporting across all fora. The Board: • **NOTED** and **APPROVED** the changes to the BAF; and • **NOTED** the changes in the frequency of BAF reporting across all fora	

	8.5) Integrated Performance Report DS reported staff turnover in month was above threshold and was due to staff leaving to start further education. DS stated the Trust was exploring how to retain staff while supporting them to undertake further education. DS also reported sickness absence in month was above threshold and continued to be driven by short term absence. DS added anxiety was an increasing theme and Occupational Health would provide additional support. NS explained a new Head of Research and Innovation had been appointed and would start in November and the focus was on recruiting to NIHR studies. NS stated the Patient Safety Incident Response Framework had launched in September and an update including feedback would be provided to a future meeting. The Board **NOTED** the report	
9	**Winter Operational Plan** HK outlined the Trust's winter plan and highlighted robust plans were in place to deal with expected winter pressures, and recent peaks in demand suggest planning for a worst case scenario, noting there would be 3 months where demand outstrips capacity available. HK added there remained concerns around corridor care and handover times due to potential high levels of occupancy as well as significant risks for mental health given the current challenges and demands in ED. JH stated at the recent Unscheduled Care Board a request was made of members to review all Wirral provider winter plans and feedback to the ICB Place lead any areas of concern prior to sign off. DH commented it was positive to see Divisional winter plans which demonstrated good connectivity and joint working. DH requested the Board's thanks be shared with Divisions for their work on this. SR commented on the robustness of the winter plans and suggested exploring mental health street triaging. HK stated the local mental health provider had limited resources but agreed to raise at their next meeting. SR also queried if the launch of the new OPEL framework as well as the wider system response. HK stated the Trust declared OPEL 4 on Monday and the new framework had been delayed by 6 weeks to update the thresholds.	

	SL queried the funding available for the winter plan. MC stated funding for the winter plan was already within the forecasted position and would be reviewed by the Executive Team next week. The Board **NOTED** the report.	
10	**Committee Chairs Reports** **10.1) Estates and Capital Committee** The Board **NOTED** the report. **10.2) Finance Business Performance Committee** The Board: • **NOTED** the report; and • **RATIFED** the Aseptic Services business case **10.3) Council of Governors** The Board **NOTED** the report.	
11	**Questions from Governors and Public** RT queried if there was no capacity for mental health services in the region or if it was due to a lack of engagement with the mental health provider. JH stated locally Cheshire and Wirral Partnership (CWP) were engaged but the issue of inpatient mental health capacity was a national issue. JH added in Wirral she understood that the risks were related to both bed numbers and the recruitment of staff. NS stated the population of Wirral had a higher hospital admission for mental health, noting this was 215 patients per 100,000 in comparison to 80 patients per 100,000 for England. DH requested a deep dive on mental health risks and mitigations due to the higher number of patients per 100,000. No questions were raised.	Tracy Fennell
12	**Meeting Review** DH thanked LD for accommodating the meeting at the Cheshire College Ellesmere Port Campus. Members commented about the rich conversations that took place in the Board Away session regarding collaboration and	

	partnerships. DH added Governors would be updated in due course regarding this. No comments were made.	
13	**Any other Business** No other business was raised.	

(The meeting closed at 13:50)

Meeting	Board of Directors in Public
Date	Wednesday 6 December 2023
Location	Hybrid

Members present:

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

In attendance:

DM	David McGovern	Director of Corporate Affairs
CH	Cate Herbert	Board Secretary
JJE	James Jackson-Ellis	Corporate Governance Officer
CM	Chris Mason	Chief Information Officer
CH	Chris Green	Chief Pharmacy Officer
SS	Sally Sykes	Director of Communications and Engagement
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 8.6
AA	Dr Alice Archer	Guardian of Safe Working – item 8.7
TN	Tracey Nolan	FTSU Lead/Just and Learning Culture Lead – item 8.8
JB	John Brace	Public Governor
RT	Robert Thompson	Public Governor
PI	Paul Ivan	Public Governor
EH	Eileen Hume	Public Governor

Apologies:

RM	Professor Rajan Madhok	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
TF	Tracy Fennell	Chief Nurse

Agenda Item	Minutes	Action
1	**Welcome and Apologies for Absence**	

	SI welcomed everyone to the meeting and agreed to chair as DH joined remotely. Apologies are noted above.	
2	**Declarations of Interest** No interests were declared and no interests in relation to the agenda items were declared.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on the 1 November were **APPROVED** as an accurate record.	
4	**Action Log** The Board **NOTED** the action log.	
5	**Patient Experience Strategy Story** The Board received a video story consisting of a compilation of patient stories relevant to each of the five Patient Experience Strategy promise groups. Each story described their experience in relation to the purpose of the promise group. SI commented it was a positive and powerful video and queried how it was being shared more widely with patients and stakeholder groups. VP stated a version was accessible to staff along with other stories and one version would be used for wider sharing externally with members of the public and stakeholder groups. It was also noted that this had been shared at the Leadership Conference. SR enquired if this sort of story could be used in recruitment. DS stated that she would look into this. The Board **NOTED** the story.	
6	**Chairs Business and Strategic Issues** DH provided an update on recent matters and highlighted progress continued to be made on key areas and the Trust maintained a good relationship with Cheshire and Merseyside system partners. The Board **NOTED** the update.	
7	**Chief Executive Officer's Report** JH gave an industrial action update and explained junior doctors would hold further strike action for three days from 20 December and six days from 3 January. The UNISON industrial action relating	

	to retrospective re-banding for Clinical Support Workers continues and despite further ACAS conciliation, further strike action will continue for 3 weeks throughout December. JH reported the Cheshire and Merseyside Surgical Centre achieved Getting It Right First Time (GIRFT) accreditation, the Endoscopy Team received JAG accreditation, the Cellular Pathology maintained the United Kingdom of Accreditation Service and the Pleural Team were shortlisted in the Macmillan Cancer Support Professionals Excellence Awards for a Whatever It Takes award. JH stated the Cheshire & Merseyside Elective Recovery and Transformation Programme won the Provider Collaboration of the Year at the Health Service Journal Awards and the Trust was also a finalist for the Cheshire and Merseyside Surgical Centre. JH stated the Patient Safety Incident Response Framework (PSIRF) was launched in September and one PSII was opened in October in relation to what would previously have been called a Never Event. Three Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDORS) were reported to Health and Safety Executive. JH highlighted that the Board of Directors in October approved a contract award to 4Ways Healthcare Ltd, which was negotiated by the Cheshire and Merseyside Radiology Imaging Network for the provision of outsourced out of hours radiology reporting services. JH explained the Thirlwall Inquiry Terms of Reference had been published on 30 October and the Trust was co-ordinating a response to this. JH referenced the public hearings for module 2 of the UK Covid-19 Inquiry and summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board on 3 November and the Place Based Partnership Board (PBPB) on 23 November. The Board **NOTED** the report.	
8	**Board Assurance Reports** **8.1) Chief Finance Officer Report** MC highlighted the Trust was forecasting, with risks, that the financial plan for 2023/24 will be achieved. At the end of October (Month 7) the Trust reported a deficit of £16.3m against a plan of £14.1m, the resultant variance of £2.2m was a deterioration on the Month 6 position and summarised the key variances to the position. MC provided an update on the Month 7 statutory targets and the RAG rating for each, highlighting that financial stability and financial	

	sustainability were red, capital and cash were amber, and agency spend, and financial efficiency were green. SL queried the financial impact of the under-utilisation of the Cheshire and Merseyside Surgical Centre (CMSC) by the Countess of Chester. MC stated the would be a financial impact of circa £700k a month for the remainder of the year. The financial impact to date was unclear as this was offset by less expenditure on consumables. HK highlighted the Countess of Chester was operating circa 30-40% at CMSC and it was anticipated they would use facility more during January to March due to their own winter bed pressures in the hospital. DH commented this was beyond the Trust's control to influence but would be financially impacted due to the under-utilisation and it was important to ensure maximum usage. JH stated the ICB had reinforced the importance to Cheshire and Merseyside providers to use CMSC and there would be no impact to WUTH on accepting patients whose waiting time was over the agreed national standards and expected clearance thresholds. JH added the ICB were keen for providers to use NHS capacity ahead of contracting work out to the private sector. The Board **NOTED** the report. **8.2) Chief Operating Officer Report** HK highlighted in October the Trust attained an overall performance of 97% against plan for outpatients and an overall performance of 87% for elective admissions. HK stated underperformance continues due to the impact of large-scale cancellations for industrial action, two medical specialities as well as underutilisation of Cheshire and Merseyside Surgical Centre by other regional Trusts. HK stated cancer performance for 2 week waits at the end of October was 84.3% and the Faster Diagnosis Standard in September was 72.09% against a national target of 75% by March 2024. DM01 performance in October was 93.65% against a national target of 90% by March 2024. HK reported type 1 unscheduled care performance was 48.50% which was below the 4hr improvement trajectory, noting the number of patients self-presenting and the number of patient ambulance conveyances in October was higher than in the previous year.	

	SL queried the under-performance in unscheduled care and if the type of patients self-presenting in ED had changed. SL commented the same concerns appeared to remain despite the significant reduction in the number of patents with no criteria to reside. HK stated patients had not changed, under-performance in regard to 4hr performance was driven by internal processes and these were being reviewed to ensure maximum efficiency. HK added the process improvements, along with greater grip and control would improve overall performance for 4hr, 12hr and ambulance handovers. DH congratulated the team for the improvements made to the number of patients with no criteria to reside, noting it was now below 100. DH queried what the impact on the front door would be if all processes were working as they should be.	Hayley Kendall
	HK stated there would be a reduced number of elderly patients arriving by ambulance as these would be diverted to a frailty service. HK agreed to provide an update at the next meeting in regard to services available/options to improve admission avoidance. SR queried how the Trust was dealing with corridor care. NS stated corridor care occurred when the ED had high attendances and acknowledged this was not ideal but was considered the best option for patients. NS added the Deputy Medical Director from the ICB visited the Trust recently and recognised the limitations of ED layout and commented that other Trusts in Cheshire and Merseyside provided care in ambulances instead of on the corridor. DH commented that the CQC might have a negative view if the Trust were providing corridor care during an inspection. NS explained the Trust was keeping the CQC Engagement Officer aware of the approach to corridor care and they had already asked for further information on the Trust's mitigations. NS added the Executive Directors considered it in the patients' best interest to provide care on the corridor instead of in an ambulance when necessary, noting this would have an impact on ambulance handover times and wider complications for the ED.	Hayley Kendall
	HK commented the number of patients on the corridor was tracked and agreed to consider including this metric as an SPC in the Integrated Performance Report. The Board **NOTED** the report. **8.3) Integrated Performance Report**	

	VP highlighted the number of C Diff cases had exceeded the threshold set by NHS in comparison to last year, but the Trust continued to focus on robust infection prevention and control measures. VP added the Friends and Family Test for inpatients, outpatients and maternity all met threshold except for ED. SR queried the external review of infection prevention and control measures of Wirral system partners conducted earlier in the year and if the report was available. VP agreed to follow this up so the report can be shared with Quality Committee. DS highlighted sickness absence in month continued to increase and continued to be driven by short term absence through cold, flu and COVID. The use of the flu and COVID vaccine continued to be encouraged. DS added long term absence was driven by stress/depression and noted that the Occupational Health team have been providing greater mental health support. As a result, long term absence related to mental health had decreased by 3% over the previous 3 months. SR commented it was positive the Trust continued to meet the threshold for appraisal and mandatory training compliance despite the industrial action and other pressures. The Board **NOTED** the report. **8.4) Board Assurance Framework (BAF)** DM summarised the BAF covering strategic risks and the proposed changes to the relevant risk scores following a review of assurances and controls. DM added the next iteration of the BAF would include the risk scores over a 12 month period. SL queried the proposed changes to the financial sustainability risk score. MC highlighted the likelihood score had reduced due the completion and submission of the Trust's H2 plan to ICB, noting there were no changes to the underlying financial plan. MC added additional mitigations had been put in place in regard to elective and estates recovery plans. MC added that with the announcement of the junior doctor strikes, the score may need to be reassessed, but that at this point, the risk can be reduced, and the continuous review will pick up any changes. This is important to show the movement of risk and the continual assessment being conducted by the Trust. JH explained she was pleased to see the BAF being used more dynamically and shared with Divisions.	

SI highlighted the Audit and Risk Committee continued to undertake regular deep dives on BAF risks and there will remain residual risks despite the controls put in place. SI added the external auditor had been complementary of the Trust's approach to discussing risks.

The Board **NOTED and APPROVED** the changes to the BAF.

8.5) Productivity and Efficiency Update

HK reported the year to date position was £12.5m transacted recurrently and the in year effect being £21.8m, equivalent to 84% of the target. HK added plans were in place to deliver an additional £1m non-recurrently in year to bridge a previous month deterioration of £1m in year.

CC commented he regularly attended the monthly Programme Board meeting where each Division's CIP schemes and workstreams were discussed, noting there were constructive and positive conversations.

SR queried the approach and planning for 2024/25.

HK stated early planning had already started to ensure schemes were in place for April. HK added the guidance from NHS detailing required CIP for next year would likely be available in January, but the Finance Business Performance Committee in December would receive several scenarios.

The Board **NOTED** the report.

8.6) Quarterly Maternity and Neonatal Services Report

JL introduced the report and gave an update on Year 5 of the Maternity Incentive Scheme (MIS) with an update on Saving Babies Lives, a key component of the ten MIS safety actions.

JL also gave an update on the three year delivery plan for the service, implementing a Continuity of Carer Model and referenced the 2022/23 Maternity and Neonatal Voices Partnership (MNVP) Annual Report for information.

JL also provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise this month.

Members thanked JL for the report and for collating the evidence required for documenting compliance.

The Board:

- **NOTED** the report; and

	• **NOTED** the progress of the Trust's position with Year 5 of the Maternity Incentive Scheme and Saving Babies Lives v3; and • **NOTED** the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals;" and • **NOTED** the update to the Continuity of Carer model of maternity care and the Trusts position to implement this model as a default model of care subject to approval to improving the midwifery establishment; and • **NOTED** the Maternity and Neonatal Voices Partnership (MNVP) annual report. **8.7) Guardian of Safe Working Report** NS highlighted the number of exception reports and vacancies covering the period 1 June to 30 September, noting exception reports were due to vacant shifts, sickness, and parental leave. NS added Dr Alice Arch had been appointed Guardian of Safe Working on 1 November following Dr Helen Kerss stepping down. NS stated in future reports Dr Arch would provide a more detailed narrative regarding the exception reporting. HK commented the number of exception reports in ED continued to reduce as gaps in the rota have been addressed and this was welcomed by for junior doctors. SR queried the medicine F1 doctors' exception reports and if these doctors were based in ED. AR stated the majority of these exception reports were located in the Medicine Division and not in ED. AR added she was reviewing the process for raising exception reports to ensure this was efficient for junior doctors. SL noted vacancies were covered by doctors on flexible contracts and queried what this meant. NS stated these doctors had a flexible contract instead of a zero hour contract to allow the Medical Director to remain as their Responsible Officer should they take time away, etc. NS added these were F3 doctors not in training and who had completed their foundation. The Board **NOTED** the report. **8.8) Freedom to Speak Up (FTSU) 6 Month Report** TN summarised the report, noting the number of concerns had increased in Q1 and Q2 and explained the concerns raised by	

	themes and Division. TN added patient safety concerns remained lower than regional and national average, however staff were likely to be reporting these concerns via Ulysses. TN highlighted an additional 20 FTSU champions had been recruited following targeted work in underrepresented areas. DS congratulated TN for the continuing to raise the awareness of FTSU and referenced the recent internal audit review into FTSU which gained substantial assurance. SL noted 46% of concerns raised were from the Diagnostics and Clinical Support Division and queried this. TN stated she met with the Divisional Director to discuss this concern. It has been resolved and not continued into Q3. SR queried the concerns raised in regard to service changes. TN stated this theme continued in Q3 and concerns were regarding changes in service functions within the hospital. Staff felt these were being made to them instead of with them, and this made them feel anxious. TN added managers have been reminded to involve staff early on in future changes. DS added quarterly thematic reviews take place in a Lessons Leant Forum and any learning for future practice is shared with the relevant teams. JH commented that Divisions were actively engaged with FTSU and continue to improve the working environment and support for their teams. SI commented he is the Board lead for FTSU and meets quarterly with TN who also has direct access to him where any concerns could not be resolved. SI also commented it was positive regarding the substantial assurance of the FTSU review. The Board **NOTED** the report.	
9	**NHS Prevention Pledge** DM provided an outline of the work being carried out in Cheshire and Merseyside to oversee the adoption of the NHS Prevention Pledge at regional and Trust level, noting the Trust had committed to an initial 7 pledges. DM highlighted progress updates be reported to the Board on a bi-annual basis and an action plan will be presented to the March 2024 meeting.	

	MS commented an additional enabling strategy was being developed given the increased importance and focus on health inequalities. **The Board:** • **NOTED** the report; and • **NOTED** and **CONFIRMED** the adoption of the Pledge and associated commitments; and • **NOTED** the proposals for future monitoring and reporting of progress.	
10	**Standing Financial Instructions (SFIs)** MC gave an overview of the proposed amendment, explaining Internal Audit carried out a review into Capital Governance and recommended a change to the SFIs to reflect current practices in relation to business cases and other documentation required for capital schemes. The Board **APPROVED** the amendments.	
11	**WUTH Charity Annual Report and Accounts 2022/23** MC presented the 2022/23 Annual Report and Accounts and summarised the key achievements. MC added the Charitable Funds Committee met on 27 November to approve the Annual Report and Accounts and the external auditor gave an unqualified independent examiner report of the accounts. SL commented the report included an impressive amount of activity taken place in year and was engaging to read. The Board **NOTED** the Annual Report and Accounts.	
12	**Comms and Marketing Strategy** DS presented the strategy for approval and summarised how this strategy would support the Trust in its delivery of the strategic objectives. DS added the strategy would be underpinned by a detailed operational plan similar to the other enabling strategies. SR commented that the strategy was good to see and thanked those involved in the process. The Board **APPROVED** the draft Communications and Marketing Strategy.	
13	**Annual Review of Terms of References** CH presented the final Terms of References for approval for Board Assurance Committees following the annual review. The Board **APPROVED** the Terms of References.	

14	**CQC Urgent and Emergency Care Patient Experience Survey Results 2022** The Board **NOTED** the report.	
15	**CQC Adult In Patient Survey Results 2022** The Board **NOTED** the report.	
16	**National Cancer Patient Experience Survey Results 2022** The Board **NOTED** the report.	
17	**Committee Chairs Reports** **17.1) Quality Committee** The Board **NOTED** the report. **17.2) Charitable Funds Committee** The Board **NOTED** the report. **17.3) Audit and Risk Committee** The Board **NOTED** the report.	
18	**Questions from Governors and Public** JB queried the ongoing industrial action and if there was any resolution to this, commenting he was aware of patient's appointments being cancelled. JH stated the impact of industrial action was routinely tracked through a robust risk assessment to ensure there is no patient safety or quality impact. JH explained patient appointments were cancelled or delayed for a number of reasons, including due to annual leave and sickness not just industrial action. JB also queried if the response to the Thirlwall Inquiry Terms of Reference would be made available. DM stated this was confidential at present and would be made publicly available when appropriate. JB also queried if the debt between Wirral Borough Council and the Trust had resolved yet. SI stated the Trust continued to work towards a negotiated settlement regarding this and Audit and Risk Committee continue to be updated on progress.	

	JB also queried the CQC patient surveys, noting some of the mean scores had decreased. VP stated the results of this survey go back a year and the hospital continued to have residual COVID restrictions in place during that time. VP added recent Friends and Family Tests demonstrate good performance in outpatients, inpatients, and maternity. NS highlighted Divisions had been undertaking mock CQC inspections in advance of a future inspection. An action plan had been developed and this was being regularly monitored through appropriate governance routes to ensure improvements were being maintained. EH thanked the Board of Directors and staff for their hard work and continued to feel assured of good progress being made despite the ongoing challenges.	
19	**Meeting Review** No comments were made.	
20	**Any other Business** No other business was raised.	

(The meeting closed at 12:10)