



Wirral University Teaching Hospital

NHS Foundation Trust

# COUNCIL OF GOVERNORS




# COUNCIL OF GOVERNORS



1 May 2025



14:30 GMT+1 Europe/London



## AGENDA




1. Council of Governors .....	1
0 Council of Governors Agenda.pdf .....	3
3 Council of Governors Minutes - Feb.pdf .....	5
4 Action Log.pdf .....	10
7 Green and Sustainability Plan - Annual Progress Update.pdf.....	11
7.1 Appendix 1 Green and Sustainability Plan Annual Progress Update January 2025 v2.0.pdf.....	13
9.1 Estates and Capital Committee.pdf .....	24
9.2 People Committee.pdf .....	26
9.3 Audit and Risk Committee.pdf .....	28
9.4 FBPAAC.pdf .....	29
9.5 Charitable Funds Committee.pdf .....	31
9.6 Research and Innovation Committee.pdf.....	33
10 IPR.pdf .....	34
10.1 WUTH IPR Dashboard - Mar 2025 - Intro.pdf .....	36
10.2 WUTH IPR Dashboard - Mar 2025 - 1 COO.pdf .....	37
10.3 WUTH IPR Dashboard - Mar 2025 - 2 MD.pdf .....	41
10.4 WUTH IPR Dashboard - Mar 2025 - 3 CN.pdf .....	42
10.5 CN Commentary - February 2025.pdf .....	45
10.6 WUTH IPR Dashboard - Mar 2025 - 4 CPO.pdf .....	50
10.7 CPO Commentary - for Feb BoD - FINAL.pdf .....	51
10.8 WUTH IPR Dashboard - Mar 2025 - 5 CFO.pdf .....	53
10.9 CFO Commentary.pdf .....	54
11 Deputy Lead Governor.pdf .....	59
13 Board of Directors in Public Minutes - 29 Jan.pdf.....	61
13.1 Board of Directors in Public Minutes - 5 Mar.pdf.....	73

## 1. COUNCIL OF GOVERNORS

### REFERENCES

Only PDFs are attached

-  0 Council of Governors Agenda.pdf
-  3 Council of Governors Minutes - Feb.pdf
-  4 Action Log.pdf
-  7 Green and Sustainability Plan - Annual Progress Update.pdf
-  7.1 Appendix 1 Green and Sustainability Plan Annual Progress Update January 2025 v2.0.pdf
-  9.1 Estates and Capital Committee.pdf
-  9.2 People Committee.pdf
-  9.3 Audit and Risk Committee.pdf
-  9.4 FBPAAC.pdf
-  9.5 Charitable Funds Committee.pdf
-  9.6 Research and Innovation Committee.pdf
-  10 IPR.pdf
-  10.1 WUTH IPR Dashboard - Mar 2025 - Intro.pdf
-  10.2 WUTH IPR Dashboard - Mar 2025 - 1 COO.pdf
-  10.3 WUTH IPR Dashboard - Mar 2025 - 2 MD.pdf
-  10.4 WUTH IPR Dashboard - Mar 2025 - 3 CN.pdf
-  10.5 CN Commentary - February 2025.pdf
-  10.6 WUTH IPR Dashboard - Mar 2025 - 4 CPO.pdf
-  10.7 CPO Commentary - for Feb BoD - FINAL.pdf

 10.8 WUTH IPR Dashboard - Mar 2025 - 5 CFO.pdf 10.9 CFO Commentary.pdf 11 Deputy Lead Governor.pdf 13 Board of Directors in Public Minutes - 29 Jan.pdf 13.1 Board of Directors in Public Minutes - 5 Mar.pdf

<b>Meeting</b>	Council of Governors
<b>Date</b>	Thursday 1 May 2025
<b>Time</b>	14:30 – 16:30
<b>Location</b>	Boardroom, Education Centre, Arrowe Park Hospital

Page	Agenda Item	Lead	Exec Lead
	1. Welcome and Apologies for Absence	Sir David Henshaw	
	2. Declarations of Interest	Sir David Henshaw	
5	3. Minutes of Previous Meeting	Sir David Henshaw	
10	4. Action Log	Sir David Henshaw	
	5. Chair's Update – <b>Verbal</b>	Sir David Henshaw	
	6. Lead Governor Feedback – <b>Verbal</b>	Sheila Hillhouse	
	<b>Items for Discussion and Decision</b>		
11	7. Green and Sustainability Plan – Annual Progress Update	Clare Jefferson/Paul Mason	Matthew Swanborough
	8. WUTH/WCHC 100 Day Plan Progress and 2 Year Integration Plan – <b>Presentation on the day</b>	Matthew Swanborough	
24	9. Committee Updates		
26	9.1) Estates and Capital Committee	Sir David Henshaw	Matthew Swanborough
28	9.2) People Committee	Lesley Davies	Debs Smith
29	9.3) Audit and Risk Committee	Steve Igoe	Mark Chidgey
	9.4) Finance Business Performance Committee	Dr Steve Ryan	Mark Chidgey
31	9.5) Charitable Funds Committee	Lesley Davies	Mark Chidgey
33	9.6) Research and Innovation Committee	Sir David Henshaw	Dr Ranj Mehra
34	10. Integrated Performance Report	All NEDs	Executive Directors
59	11. Deputy Lead Governor	Cate Herbert	David McGovern

	12.	NED Appraisal Update - <b>Verbal</b>	Cate Herbert	David McGovern
	<b>Wallet Items for Information</b>			
61	13.	Board of Directors' Minutes	Sir David Henshaw	
	<b>Closing Business</b>			
	14.	Meeting Review	Sir David Henshaw	
	15.	Any other Business	Sir David Henshaw	
	<b>Date and Time of Next Meeting</b>			
	Thursday 31 July 2025, 14:30 – 16:30			

<b>Meeting</b>	Council of Governors
<b>Date</b>	Monday 10 <sup>th</sup> February 2025
<b>Location</b>	Boardroom, Education Centre, Arrowe Park Hospital

**Members present:**

DH	Sir David Henshaw	Non-Executive Director & Chair
SH	Sheila Hillhouse	Lead Public Governor
PB	Philippa Boston	Staff Governor
AT	Ann Taylor	Staff Governor
RT	Robert Thompson	Public Governor
PP	Peter Peters	Public Governor
TC	Tony Cragg	Public Governor
PD	Paul Dixon	Public Governor
JB	John Brace	Public Governor
AL	Andy Liston	Public Governor
NW	Neil Wright	Public Governor
KJ	Keith Johns	Public Governor

**In attendance:**

SI	Steve Igoe	SID & Deputy Chair
SL	Sue Lorimer	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
SR	Dr Steve Ryan	Non-Executive Director
JH	Janelle Holmes	Chief Executive
RM	Dr Ranj Mehra	Interim Medical Director
SW	Sam Westwell	Chief Nurse
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer
DM	David McGovern	Director of Corporate Affairs

**Apologies:**

JJ	Julie Jellicoe	Staff Governor
SV	Sunil Varghese	Staff Governor
AK	Anand Kamalanathan	Staff Governor
GB	Gary Bennett	Appointed Governor
MP	Manoj Purohit	Public Governor

Agenda Item	Minutes	Action
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<b>1</b>	<b>Welcome and Apologies for Absence</b>  DH welcomed everyone to meeting. Apologies are noted above.	
<b>2</b>	<b>Declarations of Interest</b>  JB declared an interest in items 7, 8, 9, 10, 12 and 8.5 and would not take part in the discussion of these matters.	
<b>3</b>	<b>Minutes of Previous Meeting</b>  The minutes of the previous meeting held on 28 October were <b>APPROVED</b> as an accurate record.	
<b>4</b>	<b>Action Log</b>  The Council of Governors <b>NOTED</b> the action log.	
<b>5</b>	<b>Chair's Business and Strategic Issues</b>  DH provided an update on recent matters which included work ongoing in relation to collaboration with the Community Trust and the current financial position at the Trust.  The Council of Governors <b>NOTED</b> the update.	
<b>6</b>	<b>Lead Governor Feedback</b>  SH gave a full update on her engagement and work since the last meeting which included a joint meeting with the Lead Governor from the Community Trust, visits to the Maternity Unit and the 'One Wirral' event and other events.  The Council of Governors <b>NOTED</b> the update.	
<b>7</b>	<b>WCHC and WUTH Integration 100 Day Plan</b>  MS gave an overview of the 100 Day plan which follows the reports from the Wirral Review. MS highlighted each key programme area and indicated some of the key points to achieve within each one.  The Council of Governors <b>NOTED</b> the update.	
<b>8</b>	<b>Strategic Priorities Q1 – Q2 2024/25</b>  MS provided an update on the work towards achieving the strategic priorities over the first two quarters of the financial year.  The Executive leads also gave updates on their areas and indicated areas of note and areas of challenge.  The Council noted the work on 'The Green Plan' and requested that a report be provided to a future meeting on progress.	MS

	The Council of Governors <b>NOTED</b> the update.	
<b>9</b>	<p><b>Committee Updates</b></p> <p><b>9.1) Estates and Capital Committee</b></p> <p>SI reported on the areas considered by the Committee including the legal action around the Frontis Building, and progress against the UECUP programme. SI also noted that non-clinical health and safety has now been included as part of this Committee's remit.</p> <p>Governors were informed of the areas of assurance and areas of risk which were discussed by the Committee.</p> <p><b>9.2) Audit and Risk Committee</b></p> <p>SI stated that there were no areas which the Committee wished to raise with Governors, and noted the work ongoing around stock losses, the recent Cyber-attack and digital maturity.</p> <p><b>9.3) Charitable Funds Committee</b></p> <p>Governors were informed of the progress with plans for the neonatal unit, and that the League of Friends had generously made a donation of the remaining charitable funds they had raised as that charity was closed. The funds would be distributed in line with the wishes of the League of Friends.</p> <p><b>9.4) Finance Business Performance Committee</b></p> <p>SL stated that the cash position was significantly lower than that required for effective operation, and that the Trust's request for cash from the centre has been declined.</p> <p>SL reported a financial position to the end of November of a £17m deficit which is £11.2m adverse to plan and noted performance against the CIP forecast.</p> <p>SL noted that despite best efforts to achieve an improved financial position there is no assurance that the forecast will be in line either with plan or with the mitigated plan. The Committee agreed that no action should be considered which puts patient care at risk.</p> <p><b>9.5) People Committee</b></p> <p>JB recused himself and left the meeting at this point.</p> <p>LD noted the month on month decrease for fire safety training and that this was a priority to be addressed. LD also noted the sickness absence figures which continue to not meet Trust target.</p>	

	<p>The Committee also requested a deep dive on the bullying/behaviour cases highlighted by both FTSU and employee relations cases.</p> <p><b>9.6) Quality Committee</b></p> <p>SR noted that agreed improvement trajectories for Gram negative blood stream infections such as <i>Escherichia coli</i> have not been met and, alongside the trajectory for <i>Clostridioides difficile</i> not being met, this indicated gaps in control of healthcare associated infections. The Committee are monitoring this situation.</p> <p>The Committee were alerted to the number of out of date policies requiring review, and the high number of complaints received about waiting times to access community paediatric services.</p> <p>The Council of Governors <b>NOTED</b> the Committee Updates.</p>	
<b>10</b>	<p><b>Integrated Performance Report</b></p> <p>Executive Directors presented the current version of the Integrated Performance Report for comment and discussion.</p> <p>The Council of Governors <b>NOTED</b> the report.</p>	
<b>11</b>	<p><b>Ratification of Tenure Renewal and Extension for the Chair</b></p> <p>The Council of Governors <b>RATIFIED</b> the recent electronic decision in relation to the tenure renewal and extension for the Chair of a further 2 years.</p>	
<b>12</b>	<p><b>Deputy Lead Governor</b></p> <p>The Council of Governors was updated on the process for the election of a deputy Lead Governor and <b>NOTED</b> that three expressions of interest had been received which would be sent out for election by the Council in due course.</p>	
<b>13</b>	<p><b>Trust Constitution Update</b></p> <p>The Council of Governors received a report recommending an amendment to the trust Constitution and seeking approval therefor.</p> <p>It was explained that as a result of the Wirral Review it would be necessary to enshrine wording in the Constitution that would allow for the carrying out of 'Joint Functions' between the Trust and the Community Trust.</p> <p>The Council of Governors <b>APPROVED</b> the requested amendment to the constitution as outlined in the report.</p>	
<b>14</b>	<p><b>Board of Directors' Minutes</b></p> <p>The Council of Governors <b>NOTED</b> the Board of Directors' Minutes.</p>	

15	<b>Any other Business</b>  No other business was raised.	
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*(The meeting closed at 16:30)*

No.	Date of Meeting	Minute Ref	Action	By Whom	Action Status	Due Date
1	28 October 2024	5	To arrange a joint visit between WUTH and WCHC Governors	David McGovern	Complete. A joint development session took place on between WUTH and WCHC Governors on 21 March. Additional sessions will take place throughout the year.	March 2025
2	10 February 2025	8	To provide a presentation on the Trust Green Plan	Matthew Swanborough	Complete. Scheduled for May meeting.	May 2025

**Council of Governors**  
**01 May 2025**

**Item 7**

<b>Title</b>	Green and Sustainability Plan Annual Progress Update
<b>Area Lead</b>	Matthew Swanborough, Chief Strategy Officer
<b>Author</b>	Clare Jefferson, Associate Director EFC Governance & Sustainability
<b>Report for</b>	Information

<b>Executive Summary and Report Recommendations</b>
<p>To provide the Council with an update regarding sustainability activities that have been undertaken within the Trust and future plans.</p> <p>It is recommended that the Council:</p> <ul style="list-style-type: none"> <li>• Note the report and presentation</li> </ul>

<b>Key Risks</b>
<p>This report relates to these key risks:</p> <ul style="list-style-type: none"> <li>• NHS England Net Zero Target <ul style="list-style-type: none"> <li>○ For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;</li> <li>○ For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.</li> </ul> </li> </ul>

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

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

Governance journey			
Date	Forum	Report Title	Purpose/Decision
March 2025	Board of Directors	As above	As above
February 2025	Estates and Capital Committee	As above	As above

1	Narrative
1.1	<p><b>Background</b></p> <p>Attached slide pack was developed and presented to the Trust Estates and Capital Committee to provide an update on the Trust's Green Plan and Sustainability activities. The Committee recommended sharing the information with the Board and Council of Governors.</p>

2	Implications
2.1	<p><b>Patients</b></p> <ul style="list-style-type: none"> <li>The Green Plan actions have been developed to support the Trust to meet the NHS England Net Zero targets. By delivering on these actions, the Trust will be contributing to a reduction in the Trust's Carbon Footprint, directly impacting the local environment for residents of Wirral and the patients who attend our Sites.</li> <li>Part of the Green Plan focuses on Social Value and how we support members of our local Community.</li> </ul>
2.2	<p><b>People</b></p> <ul style="list-style-type: none"> <li>Considerable resource is required to deliver the Green Plan actions, from all areas of the Trust.</li> <li>WUTH Green Champions network developed to encourage staff participation to support sustainability initiatives.</li> <li>Part of the Green Plan focuses on Social Value and how we support members of our local Community.</li> </ul>
2.3	<p><b>Finance</b></p> <ul style="list-style-type: none"> <li>The Trust has been successful in securing just under £1m to support LED lighting improvements at both Arrowe Park and Clatterbridge Hospital sites. The grant funding was awarded by NHS England in January 2025 as part of the National Energy Efficiency Funding (NEEF) Scheme Phase 3. The purpose of the scheme is to replace older style fluorescent lamps with high efficiency LED lamps, which significantly reduce energy consumption for a like-for-like lighting output. This will reduce energy costs for the Trust and improve carbon savings.</li> </ul>
2.4	<p><b>Compliance</b></p> <ul style="list-style-type: none"> <li>Required to achieve the NHS England Net Zero Target <ul style="list-style-type: none"> <li>For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;</li> <li>For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.</li> </ul> </li> </ul>

# Green and Sustainability Plan Update

Council of Governors  
May 2025



# Delivering a Net Zero NHS

## Context

In October 2020, NHSE published the Delivering a Net Zero NHS guidance (image, right).

All NHS Trusts in England were subsequently required to develop and publish their own local Green Plans; a document that would outline how they intend to deliver a reduction in **Carbon Footprint to Net Zero** against a 1990 baseline, by 2040 (80% by 2028-32).

WUTH published its first Green Plan on 14<sup>th</sup> January 2022.

[Green Plan | Wirral University Hospital NHS Foundation Trust \(wuth.nhs.uk\)](#)

The Trust were informed by Greener NHS on 29<sup>th</sup> November 2024 that NHS England is planning to publish updated Green Plan guidance to support organisations to refresh their plans. Greener NHS said *“The updated guidance is currently going through final clearances in NHS England. While we do not have a publication date yet, we will ensure timeframes for refreshing Green Plans are adjusted to reflect when the guidance is published. We currently do not anticipate requiring plans to be finalised 2025 and will keep this under review”*.



# WUTH Green Plan 2022 - 2026

## Progress

The Trust Strategy “2021 – 2026 Our Strategy” along with the enabling Estates Strategy were incorporate throughout the WUTH Green Plan 2022- 2026 as part of the nine Areas of Focus:

1. Workforce and Systems Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel and Transport
5. Estates and Facilities
6. Medicines
7. Supply Chain and Procurement
8. Food and Nutrition
9. Adaptation

Since the introduction of the WUTH Green Plan, the Trust has made significant improvements in Scope 1 (Direct) and Scope 2 (Indirect) emissions and has initiated workstreams to reduce Scope 3 emissions over the coming years.

Reduction in consumption of Fossil Fuels and schemes to reduce electricity use across both sites through infrastructure improvements in addition to procuring greener Electricity have contributed significantly to our Carbon Footprint and financial savings for the Trust.

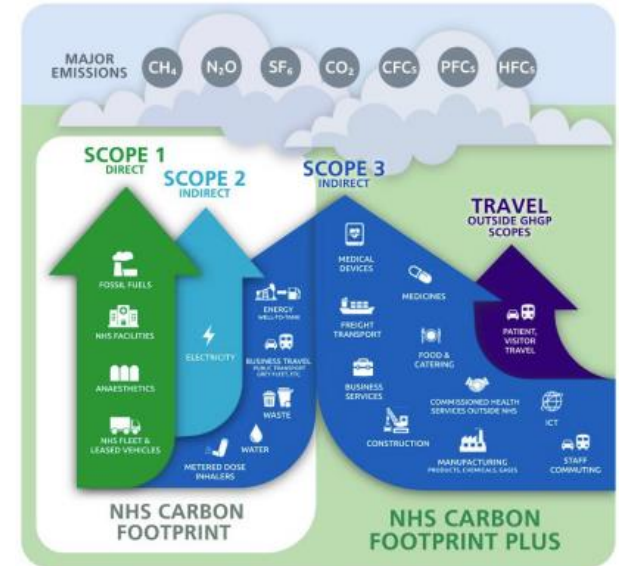


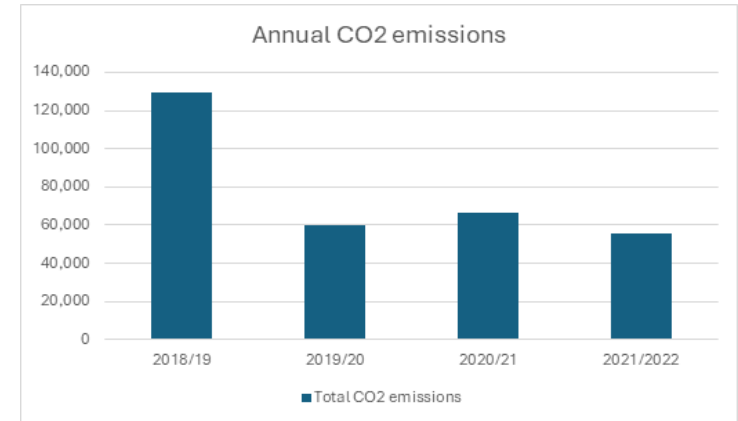
Figure 3 Greenhouse gas emission sources, and their 'scopes'

# WUTH Green Plan 2022 - 2026

## Carbon Targets

In 2020, the 'For a Greener NHS' campaign set out the NHS's ambition to achieve net zero status by 2040, a decade ahead of the national 2050 target established by the Climate Change Act 2008. In line with this NHS target, WUTH aims to achieve a 100% reduction in our direct CO<sub>2</sub>e emissions by 2040 (80% by 2028-32) and reduce our indirect emissions to net-zero by 2045.

From 2018/19 up to the end of 2021/22 the Trust has reduced its carbon footprint by 72% from 129,771 tCO<sub>2</sub>e to 55,878 tCO<sub>2</sub>e. This accomplishment is largely due to improvements in our facilities to improve energy efficiency, combined with a substantial reduction in emissions from anaesthetic gases. This progress supports our target to become carbon 'net zero' by 2040.



# Sustainability Update

## Key Updates – Staff engagement



### Estates & Facilities Day

As part of Estates & Facilities Day in June 2024, WUTH Sustainability Team were present in Firtrees Restaurant at CGH to talk to staff, patients and visitors about WUTH's initiatives such as the Green Champions Network (see below), and to promote active travel via the Merseyrail offer (see slide 6).

### Health and Safety Week

As part of H&S week in September 2024, WUTH Sustainability Team were in the main reception at APH to talk to our staff, patients and visitors about the health impacts of climate change. WUTH Sustainability Team worked in partnership with Wirral Council for this event promoting their Cool Wirral Partnership and their Air Quality campaign.

### Green Champions Network

The Green Champions Network was introduced to WUTH in May 2023 it is a low-cost initiative to drive down our carbon footprint and deliver efficiencies spread across the organisation through monitoring things like waste, energy and behaviours. The Network brings together like-minded individuals to discuss ways of changing behaviours and practices at a local level; the Endoscopy project outlined on slide 8 is an example of this.



# Sustainability Update

## Key Updates – Energy

### NHS Energy Basket (delivery from April 2025)

NHS England has worked with CCS to shape an energy product specifically for the NHS, which has allowed a provision of benefits such as:

- Greater price stability and resilience to external events
- Increased budget predictability
- Bulk discounts based on consumption volume commitment

This agreement has targets to support the aim to move to 100% renewable energy. There are also wider conversations on Power Purchase Agreements (PPAs) to reduce our energy bill.

### Internal LED schemes reducing WUTH's carbon footprint

The Estates Team have undertaken several projects across the two main sites to deliver significant LED lighting installations. The two main projects were replacement of 431 fittings within the Education Centre and 1,252 fittings within Women and Children's buildings at Arrowe Park. Along with other smaller lighting replacement schemes, this has contributed to a reduction in electrical consumption across both sites.

### NHS Energy Efficiency Funding (NEEF) LED Funding

The Trust has been successful in securing just under £1m to support LED lighting improvements at both Arrowe Park and Clatterbridge Hospital sites. The grant funding was awarded by NHS England as part of the National Energy Efficiency Funding (NEEF) Scheme Phase 3. The purpose of the scheme is to replace older style fluorescent lamps with high efficiency LED lamps, which significantly reduce energy consumption for a like-for-like lighting output. This will reduce energy costs for the Trust and improve carbon savings on the journey to a Net Zero NHS by 2040.

# Sustainability Update

## Key Updates



### Clean Air Day June 2024 – Free Merseyrail travel for staff

Merseyrail partnered with multiple NHS Trusts including WUTH to offer free rail travel on the network to staff on Thursday 20th June 2024 for Clean Air Day.

### Anaesthetic Gases - Nitrous Oxide Reduction, APH

Working with our Estates and Clinical Teams, Consultant Anaesthetist Annette Cooper coordinated the Trust's successful application for the NHSE Nitrous Oxide Waste Mitigation Scheme which awarded the Trust with approximately £8k of funding. The funding is to supply APH with cylinder trollies which will be located within theatre areas so that the manifold can then be switched off. This will reduce the amount of Nitrous Oxide that is wasted, reducing our carbon footprint. Nitrous Oxide is a gas commonly used as an anaesthetic and analgesic agent that has an environmental impact 300 times that of Carbon Dioxide.

### Reusable Theatre Hats

Consultant Anaesthetist Annette Cooper has collaborated with IPCG and Finance/Procurement colleagues to get approval for the introduction of reusable theatre hats. Switching from disposable to reusable theatre hats will reduce the Trust's waste and environmental impact.

# Sustainability Update

## Key Updates – External engagement

### APH Air Quality Monitoring opportunity with Liverpool John Moore's University (LJMU)

Wirral Council's Air Quality Manager has reached out to the WUTH Sustainability Team with an opportunity to be involved in a study that is being conducted by LJMU. The study will look at the impact that traffic movements around APH have on both the indoor and outdoor air quality of the Hospital and look for correlations between changes in outdoor air pollution levels and indoor pollution levels. Ideally it will be for a minimum of 12 months as this will help with looking at seasonal variations of air pollution. This is in very early stages and WUTH Sustainability Team are waiting on an initial meeting with LJMU to discuss in more detail.

### Cool Wirral Partnership

Cool Wirral is a campaign aimed at encouraging local climate-related action in support of the climate change strategy for Wirral. WUTH is part of the Cool Wirral Partnership which co-ordinates local action on climate change and meets three times a year. The partnership is supported by Wirral Council and a variety of organisations participate, including CWP, Merseyside Police, Merseytravel, Merseyside Recycling and Waste Authority and Merseyside Fire and Rescue.

WUTH Sustainability Team have been supporting the development of the Cool Wirral Strategy 2025-2030 attending a number of in-person sessions working with multi-sector organisations as listed above.

# Sustainability Update

## Case study – Endoscopy Waste Segregation

In July 2024, WUTH Sustainability Team and Facilities Support Services supported the Endoscopy Team with improving their waste segregation processes within the department.

It was highlighted that a lot of General and Recyclable waste was being disposed of in Offensive Waste bags. Offensive Waste is more harmful to the environment than General and Recyclable waste as it requires additional processing and is also more expensive to dispose of.

**WUTH Endoscopy Team are going Green!**

On Friday 5<sup>th</sup> July we will be introducing Waste Segregation into our department!

By disposing of our waste through the correct waste streams as below, we can maximise recycling which reduces the processing required to dispose of our waste and the associated environmental impacts!

RECYCLING	GENERAL	OFFENSIVE
<ul style="list-style-type: none"><li>✓ Paper cups</li><li>✓ Newspapers, magazines</li><li>✓ Wax cartons, other plastic bottles</li><li>✓ Plastic cups</li><li>✓ Metal cans (crushed only)</li><li>✓ Glass jars and bottles (crushed only)</li><li>✓ Cardboard</li><li>✓ Other paper</li><li>✓ Clean and empty coffee machine</li></ul>	<ul style="list-style-type: none"><li>✓ Black bin bags</li><li>✓ Used but sterile items</li><li>✓ Used paper towels</li><li>✓ Food packaging</li><li>✓ Food waste and packaging</li><li>✓ Plastic packaging</li><li>✓ Polystyrene and other packaging</li><li>✓ The bags and other products</li></ul>	<ul style="list-style-type: none"><li>✓ Sharps that are not infectious and sterile</li><li>✓ Contaminated linen</li><li>✓ Colour marking and PPE</li><li>✓ Body fluids</li><li>✓ Chemical waste</li><li>✓ Cytotoxic drugs (sealed)</li><li>✓ Chemotherapy (sealed)</li><li>✓ Radioactive waste (sealed)</li></ul>

RECYCLING

RECYCLED INTO SOMETHING NEW

GENERAL

WASTE TO ENERGY

OFFENSIVE

WASTE TO ENERGY

\*Additional pre-processing required

**Did you know?**  
Endoscopy is the third largest contributor to carbon emissions within the NHS with the second largest amount of waste generated per clinical procedure.

**Greener WUTH**

The aim of this project was to reduce the amount of waste that was being disposed of via the Offensive waste stream and re-directed as Recyclable waste that is produced via correct segregation.

Our General and Recyclable waste is sorted at the plant; however we want to separate the Recyclable waste at source so that it is not contaminated with any General waste such as food scraps, meaning that more of our Recyclable waste can be recovered and re-used.

WUTH Sustainability Team are hoping to introduce this Trust-wide in the long-term.





In December 2024, the Catering Team at APH took part in an Eco-Smart Food Dryer trial. The food dryer works by turning the food waste in hot air, extracting 80% of the water content (food waste is on average 80% water). The dryer turns wet food waste into a sterile, dry residue, 20% or less of its former weight. The remaining dried food waste would then be collected and can be taken to either; a Commercial Composting Facility, and Anaerobic Digestion Plant, or incinerated at a Waste to Energy plant which generates electricity for the grid.

### This provides many benefits:

- Reducing food waste volume being collected from site by at least 80%
- Significant reduction in collection costs (Food waste from APH alone totals approximately 73,000kg per year with a collection and disposal cost of over £18,000, at CGH costs are approx. £9,000 per annum.)
- The dried waste food can be stored inside until collection, significantly reducing pest activity on the site, and preventing spills on the loading bay



WUTH Sustainability Team are currently working with the Catering Team to source funding to be able to purchase 2x food dryers for APH and 1x food dryer for CGH.

# WUTH Sustainability – Plan on a Page 2025

## PRIORITIES



## FOCUS AREAS



## 2025 OUTPUTS



### VISION:

Work with colleagues to deliver improvements to reduce WUTH's Carbon footprint and improve sustainable health care.



### THE 'HOW'

- Act as a critical friend.
- Provide best practice guidance.
- Support service development initiatives.
- Apply for national funding; LCSF, PSDS, NEEF



### CHALLENGES/ ENABLERS

- Competing priorities/not core business.
- Timely data
- Short term planning.
- Linking financial, social and environmental outcomes effectively.

#### Medicines

#### Travel and Transport

#### Supply Chain

#### Estates and facilities

#### Air Quality

#### Adaptation

#### Building Networks

#### Green Plan Refresh

#### Reduce Emissions from nitrous oxide

- Use funding from the NHSE Nitrous Oxide Waste Mitigation Scheme to purchase cylinder trollies to allow us to switch off manifold at APH, reducing emissions from nitrous oxide

#### NHS low emissions Fleet vehicles

- From 2027, all new vehicles owned and leased by the NHS will be zero emission vehicles. Understand Electrical Infrastructure in readiness for EV Fleet. Seek funding opportunities.

#### Travel and Transport Strategy Green Travel Plan

- Complete biennial staff travel survey to inform the policy.
- Develop a Travel and Transport strategy for WUTH and associated Green Travel Plan.

#### Net Zero supplier roadmap

- Support Procurement to implement the [2024 Net Zero Supplier Roadmap](#) requirements. Focus on compliance with Carbon Reduction Plan (CRP) and Net Zero Commitment (NZC) for all contracts over procurement threshold.

#### Energy Plan

- Update Trust Energy Plan 2023-26
- Develop Energy campaign to reduce consumption across both sites – *Switch It Off campaign*

#### Heat Decarbonisation Plans

- Develop Heat Decarbonisation Plans (HDP) up to stage 1 for both sites; to understand Trust plans to remove oil boilers and to work with Trusts subject to UK Emissions Trading Scheme penalties.

#### Capital funding Opportunities

- Review National funding schemes available to NHS for infrastructure and capital projects
- Link in with the NW Net Zero Hub and C&M Sustainability Fund
- Complete funding applications with support from internal teams/divisions

#### Food Waste

- Monitor, manage and actively reduce the Trusts food waste from production waste, plate waste and unserved meals.

#### Indoor and outdoor air pollution

- Develop a Clean Air Policy for the Trust
- Engage with Liverpool John Moore's University to conduct studies to understand the impact that traffic movements around APH have on both the indoor and outdoor air quality of the Hospital

#### Climate Adaptation planning

- Initiate Climate Adaptation planning for WUTH
- Identify direct and indirect climate risks for the Trust

#### Build Networks

- Continue to build networks, share best practice and embed Greener NHS priorities across Wirral Place and C&M ICB, including the reestablishment of the Wirral Place Sustainability Group

#### Refresh WUTH Green Plan

- Work with Area of Focus leads to define strategy for next 3-years
- Include SMART actions to support accurate tracking and reporting of deliverables

<b>Report Title</b>	Committee Update – Estates and Capital Committee
<b>Date of Meeting</b>	6 February 2025
<b>Author</b>	Sir David Henshaw, Chair of Estates and Capital Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>Committee discussed the quarterly Health and Safety update and acknowledged the number of violence and aggression incidents towards staff and patients continued to remain high and this was cause for concern. Committee also discussed Fire Safety Level 2 training compliance, noting this continued to be significantly below the 90% compliance target across most of the Divisions. The Committee recommended that this be referred to and discussed in more detail at the People Committee.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>Committee received an update on the Neonatal Unit redevelopment and agreed proceeding with the recommended option. Committee also agreed to use a portion of capital funding from the 2025/26 capital programme. This is subject to Board approval on 5 March.</li> <li>Committee also received an update on the plans and next steps to use NHSE capital funding to cover a capital to revenue transfer and purchase of a building on one of the Trust sites.</li> <li>Committee received a presentation detailing the Trusts 2024 Estates Return Information Collection (ERIC) submission, which demonstrated the Trust's performance in relation to the costs for managing the hospital estate.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Committee received the quarterly performance report on the Estates functions across the Trust, with the Director of Estates providing assurance on delivery of statutory estates compliance, reactive maintenance and cleaning standards. Committee received good assurance that the Trust was continuing to meet these performance metrics.</li> <li>Committee received an annual progress update on the Trusts Green and Sustainability Plan. The presentation summarised recent key achievements and priority actions for the next year, including reducing emissions from nitrous oxide and reducing food waste. Committee commented on the positive progress and requested the presentation be provided to Board and Council of Governors</li> <li>Committee received an update on the Urgent and Emergency Care Upgrade Programme (UECUP). The presentation detailed phase 4 progress so far which was due for completion in June 2025. Committee also received an update the next phase relating to the entrance, Minors, Majors and UTC as well</li> </ul>

	<p>as the plans to ensure operational service delivery of the ED department were not impacted during phase 3.</p> <ul style="list-style-type: none"> <li>• Committee were provided with good assurance on the 2024/25 capital programme delivery and financial position, acknowledging the number of projects in construction/complete and that the capital budget would be fully spent.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• Committee agreed the risks and controls for the relevant strategic risk, which appeared accurate and reflected the current position. Members agreed to receive a further update on the backlog maintenance risks later in the year.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• No other comments.</li> </ul>

<b>Report Title</b>	Committee Update – People Committee
<b>Date of Meeting</b>	7 February 2025
<b>Author</b>	Lesley Davies, Chair of People Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>The Committee continues to monitor sickness absence, retention, and appraisals. Improvements to appraisal completion was noted and is now above target. However sickness absence continues to be above the Trust's target at 6.62% in January 2025, which is mainly driven by short term sickness absence. Additional Clinical Services, Nursing and Midwifery, and Estates and Ancillary staff groups have the highest levels of sickness absence.</li> <li>Estates and Facilities Division will provide a follow- up deep dive presentation, focused on the full range of workforce indicators, to the Committee in April.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The Committee received an update from the Chief People Officer on system and national people related matters and noted the progression of the national work to implement a new Electronic Staff Record. The Committee noted the Trust's current state of readiness for an expected implementation period of 2027 to 2030.</li> <li>The Committee had a detailed and positive discussion on the Trust's activities in relation to equality, diversity and inclusion. The Trust is compliant with all regulatory reporting requirements and the Committee noted the good progress against the NHS England EDI Improvement Plan. The Committee received good assurance in relation to the Equality Delivery System Assessment and approved the assessment rating of 'Achieving'.</li> <li>The Committee has been consistently impressed by the range of activities carried out to improve staff satisfaction, especially for staff from ethnic minority groups and with disabilities, and that all staff have the confidence to speak up if issues are evident. Therefore, in addition to NHS England requirements, the Committee agreed that reporting on the following areas biannually, would provide the Committee with key information to demonstrate the impact of the work being undertaken across staffing teams: <ul style="list-style-type: none"> <li>monitoring of applications through to successful appointment as all levels of the organisation</li> <li>staff satisfaction and expressed levels of trust through staff surveys</li> <li>promotion opportunities and successful progression through the organisation</li> <li>results of exit interviews monitoring reasons for leaving</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>The Committee agreed to review the impact of the People Strategy strategic priorities for 2023 at its April meeting and to agree the 2025 priorities.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Committee took good assurance on appraisal and mandatory compliance, although Fire Safety Training continues to be a focus of attention being behind target at 77.8%.</li> <li>The Committee also took good assurance on turnover rates, which have return to below threshold rates following the planned annual spike in August and September 2024.</li> <li>The Trust's annual Gender Pay Gap Report was received, which showed positive progress with no areas of concern. The Committee ratified the report.</li> </ul>
<b>Review of Risks</b>	The Committee reviewed the people risks and noted the increased risk rating for sickness absence.
<b>Other comments from the Chair</b>	No other comments.

<b>Report Title</b>	Committee Update – Audit and Risk Committee
<b>Date of Meeting</b>	20 February 2025
<b>Author</b>	Steve Igoe, Chair of Audit and Risk Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>The Internal Audit Report on LoCSSIPs produced a limited Assurance outcome The Audit Committee asked that the report be considered by the Quality Committee alongside the rectification plan</li> <li>Work is ongoing in relation to Multi Factor Authentication (MFA) and password security following the recent cyber incident.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>A deep dive was undertaken into the Trust's ongoing management of Sickness and absence. There is still work to do in certain areas to reduce levels of sickness however the Trust has a plan and is actively benchmarking against other similar trusts.</li> <li>The Committee received reports and approved year end requirements in respect of the external Audit plan and fee for 24/25, the 24/25 internal audit plan, bad debt policy, going concern assessment and accounting policies to be used in constructing the year end accounts.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>Positive Internal Audit reports were received for: Threat and vulnerability management, and key financial controls, the latter being at the highest level of assurance.</li> <li>The risk maturity review yielded a positive outcome at level 4 of a 5 level scale. Designating the Trust as Risk managed.</li> <li>A detailed report on Information Governance was discussed including updates on the recent cyber incident and actions subsequently taken. A detailed report will come back to the Committee for further assurance however the report will be restricted given the commercial sensitivities.</li> <li>Positive work continues in resolving and clearing points made through Internal Audit reports. The Committee has agreed that the small number of outstanding items will be resolved by the time the Committee next meets in April.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>The BAF was reviewed in detail acknowledging that it was part way through its refresh process. The content was approved and the Trust's positive position in relation to risk management as set out in the Risk Maturity review was noted.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>This meeting noted and approved a number of matters in preparation for the Trust's year end and reporting requirements. A positive engagement with External Audit is in evidence which will no doubt assist given the pressures of year end accounting.</li> </ul>

**Council of Governors  
1 May 2025**

**Item 9.4**

<b>Report Title</b>	Committee Update – Finance Business Performance Committee
<b>Date of Meeting</b>	26 February 2025
<b>Author</b>	Dr Steve Ryan, Non-Executive Director and Meeting Chair

<b>Alert</b>	<ul style="list-style-type: none"> <li>As previously agreed, the Trust has submitted a request for cash support for the sum of £11.3 million to Cheshire Merseyside Integrated Care Board. Pending consideration of this request the Committee noted the significant mitigation actions that the CFO would have to consider if some or all of this request was not met.</li> <li>The January (month 10) Finance Report and Quarterly Financial plan update indicated that there had been an improvement in the financial stability measure (“aim for breakeven”) in month 10 to a variance of £10m and in his update the CFO confirmed a subsequent improvement to a forecast variance to plan of £7m million. Whilst this is improvement takes us to the revised trajectory supported by the Board in July, the committee highlights to the Board that the approved plan is unlikely to be achieved in full.</li> <li>The Committee received a report from the chief financial officer and the chief operating officer outlining the work towards meeting the requirements of the 2025/26 planning round for finance and activity. The combination of stringent externally set obligations such as unfunded inflation pressures, capped elective activity and convergence requirement as well, as underlying deficits, previously identified by the Trust, means that, despite a cost improvement program being set at 5.5%, a significant deficit remains at this time. The executive team is leading options-appraisals to identify measures that could close the deficit further. Our current transformation, efficiency and productivity program focuses on measures that can remove cost whilst maintaining or improving quality, safety and timely access to care. However, given the size of the challenge and the clear indication from NHS England that no deficit beyond an agreed control total of £12.2 million will be allowed, mean the Trust may be required to consider measures that do impact waiting times and which could have an impact on patient outcomes</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>It had given its approval and hence supported the Board’s approval of a business case to establish four trust grade doctor posts and two trainee advanced nurse practitioner posts which would both reduce expenditure (bank and agency) by £0.252 million per annum and at the same time improve morale and resilience in the workforce and support the consistent delivery of processes in patient care. Particular examples are</li> </ul>



	<p>increasing focus on timely and effective ward rounds and improving continuity of care.</p> <ul style="list-style-type: none"> <li>• The Committee noted the continuing resilience and adaptability in response to challenges to our performance on access times both for both scheduled and unscheduled care. Good progress continues to be made with scheduled care and cancer care. In emergency care improvements have been seen but moved difficult to sustain, typically as a result of surges in attendances at particular times. However of note feedback from the national emergency care support team (ECIST) identified strong leadership and planning in the hospital and in working with Wirral partners to continue to develop solutions. A good example is SDEC “same day emergency care” where a proof of concept has identified significant reductions in hospital admissions. When rolled out this should lead to a sustainable reduction in bed numbers and also improve the quality of care patients would receive.</li> <li>• The digital health care team were continuing to progress their action plan in response to the cyber incident and were also working hard to improve responsiveness to subject access requests.</li> <li>• The committee approved and supported the Board’s approval of funding for the neonatal unit development which requires an additional commitment from the Trust’s 2025/26 capital budget; in addition to funding received from the tiny stars appeal and from the Incubabies Charity.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>• There are good systems in place to monitor our operating theatres utilisation to ensure their efficient use. This had an additional benefit in ensuring that any premium spend for increased activity only occurs when “core” theatre utilisation is at an acceptable level for the service in question. This has ensured that such spend is used judiciously as was the case in catching-up lost activity due to the cyber incident.</li> <li>• The productivity and efficiency programme for 2025/26 is progressing well and has been further adapted following learnings from successful previous years. A matrix of executive lead work streams interacting with divisional commitments had already identified £15.304 million full year effect by mid-February.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>• Key risks relate to management of the cash position of the Trust and the potential risk of significant reduction in income for 2025/26 adversely affecting access times.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• The interaction with the ICB as regards the cash position, year end position and annual planning round remains active and further updates will be provided to the Committee and the Board. The Trust’s position in these matters is not unique and in particular acute trusts in Cheshire and Merseyside are facing financial risk of a similar nature.</li> </ul>

<b>Report Title</b>	Committee Update – Charitable Funds Committee
<b>Date of Meeting</b>	28 February 2025
<b>Author</b>	Lesley Davies, Non-Executive Director and Meeting Chair

<b>Alert</b>	<ul style="list-style-type: none"> <li>The Charity will be launching a successor appeal to Tiny Stars which concludes planned fundraising in March 2025. There are several steps that will be undertaken by the charity as part of selecting the next appeal. These steps include investigation, engagement and planning. The new appeal is expected to launch in January 2026.</li> <li>The Committee has asked for an impact analysis on other funds, events and operational costs for the period April 2025 to December 2026.</li> <li>Some fundraising events will continue until December 2025</li> <li>The Committee requested a formal completion paper for the Tiny Stars appeal as part of good governance and oversight of the completion of the campaign.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The Committee was provided with the fund-raising events list which commences March 2025. The list includes a range of activities that will contribute to the charity's fund raising and income for the forth coming year. Activities include coastal walks, Boogy Bingo, Windermere swim and Elf run; it was good to see the diversity of the planned events which will provide opportunities for a wide engagement from staff and supporters.</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>The Neo Natal Unit re-development is progressing well and is now at the detailed design phase and RIBA stage 4. The re-development will provide an additional 9 cot bays and will enhance facilities for parents/guardians and babies. The team continues to engage with parents regarding the re-development and recently held an event to demonstrate the improvement plans and take feedback. The Committee took good assurance from the progress being made with this redevelopment.</li> <li>Fund raising is on track against the agreed annual target and currently stands at 83% of total year's income with the expectation that the target will be reached.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>Allocation of overheads – The period following Tiny Stars completion and before the new campaign is launched in January 2026 is likely to see significant changes to the distribution across funds of the Charity's overheads. It was agreed that the charity would look to review the impact of the delay in launching new campaign</li> </ul>

<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>• No other comments.</li> </ul>
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<b>Report Title</b>	Committee Update - Research and Innovation Committee
<b>Date of Meeting</b>	6 March 2025
<b>Author</b>	Sir David Henshaw, Chair of Research and Innovation Committee

<b>Alert</b>	<ul style="list-style-type: none"> <li>Current recruitment to studies is below target of 700 and this puts the Trust at risk of reduction/loss of funding from the Regional Research Delivery Networks (RRDNs) once the new funding model comes into effect from March 2026.</li> <li>There is a risk of underutilisation of the Wirral Research and Innovation Centre at Clatterbridge. However, 3 studies currently in set up that will utilise this space once open.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>Key performance metrics in the future will be number of open studies, diversity of research speciality, set up times and number of commercially sponsored studies as opposed to number of recruits.</li> <li>Portfolio has been rationalised and only 2 studies not performing as anticipated. Action plan in place to address this.</li> <li>The Trust is a spoke site for the Commercial Research Delivery Centre for Cheshire &amp; Merseyside which promises participation in more commercially sponsored studies.</li> <li>The Trust also maintains good relations with the Wirral Research Collaborative, linking research in the primary and secondary sectors.</li> <li>Early discussions have been held with the Clinical Lead from Wirral Community Health Trust in relation to merging the Research Teams.</li> <li>Business proposal for 2 x B6 research nurses to join the team on fixed term contract using existing research funding</li> </ul>
<b>Assure</b>	<ul style="list-style-type: none"> <li>Research Champions initiative has proved very worthwhile with 8 champions in post across 5 specialities.</li> <li>42 studies open and recruiting, 10 in set up (3 commercial), 8 expressions of interest sent to sponsors.</li> <li>Research Bank set up currently with 2 active staff.</li> <li>Discussions held with Divisional Nurse Leads regarding nurse (ANPs and CNs) involvement in research</li> <li>Revised study approval process proving beneficial in that set up times now well within 40 day target.</li> </ul>
<b>Review of Risks</b>	<ul style="list-style-type: none"> <li>No additional risks were identified.</li> </ul>
<b>Other comments from the Chair</b>	<ul style="list-style-type: none"> <li>The innovation side will be taken on by alternative teams – quality assurance/ continuous improvement.</li> </ul>

**Council of Governors**  
**01 May 2025**

**Item 10**

<b>Title</b>	Integrated Performance Report
<b>Area Lead</b>	Executive Team
<b>Author</b>	Executive Team
<b>Report for</b>	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 February 2025.

It is recommended that the Council:

- Note performance to the end of February 2025.

### 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):

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

### Contribution to WUTH strategic objectives:

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

### Governance journey

Date	Forum	Report Title	Purpose/Decision
April 2025	Board of Directors	As above	As above

<b>1</b>	<b>Narrative</b>
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.
<b>2</b>	<b>Implications</b>
2.1	Implications for patients, people, finance, and compliance, including issues and actions undertaken for those metrics that are not meeting the required standards, are included in additional commentaries and reports.
<b>3</b>	<b>Conclusion</b>
3.1	Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

# Integrated Performance Report - March 2025

## Approach

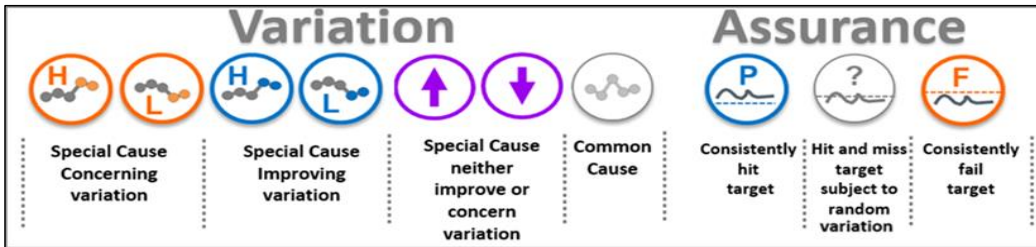
The metrics for inclusion have been reviewed with the Executive Director team.

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

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

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

## Key to SPC Charts:



## Summary of latest performance by CQC Domain:

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

## Issues / limitations

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

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

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

## Changes to Existing Metrics:

### Metric

Clostridioides difficile (healthcare associated)

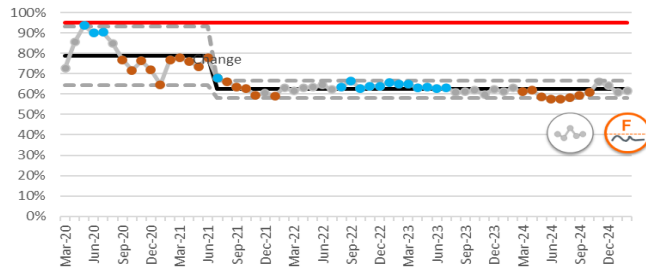
### Amendment

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

# Chief Operating Officer (1)

## CQC Domain : Responsive

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



Feb-25

61.5%

**Variance Type**

Common cause

variation

**Threshold**

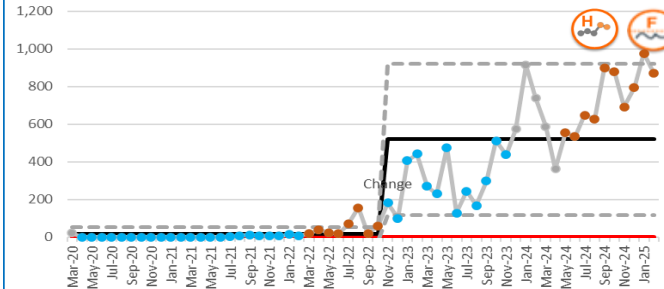
≥95%

**Assurance**

Performance consistently fails to achieve the target

## CQC Domain : Responsive

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



Feb-25

871

**Variance Type**

Special cause

variation - concerning

**Threshold**

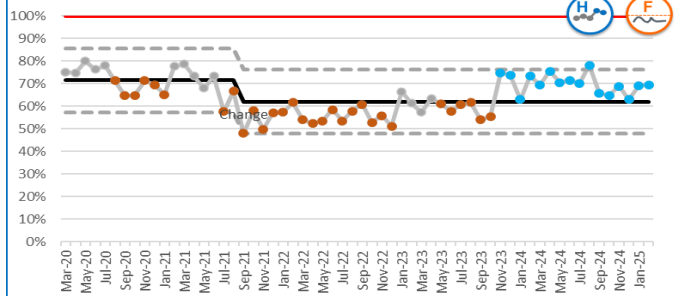
0

**Assurance**

Performance consistently fails to achieve the target

## CQC Domain : Responsive

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



Feb-25

69.6%

**Variance Type**

Special cause

variation - improving

**Threshold**

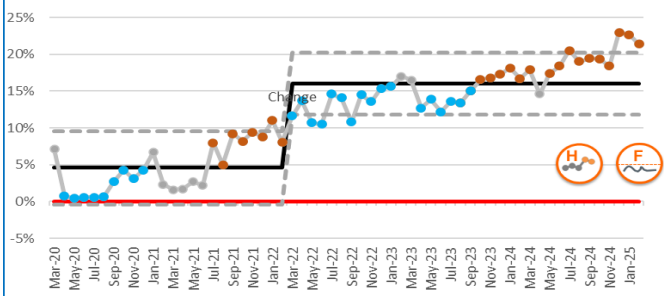
100%

**Assurance**

Performance consistently fails to achieve the target

## CQC Domain : Responsive

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



Feb-25

21.4%

**Variance Type**

Special cause

variation - concerning

**Threshold**

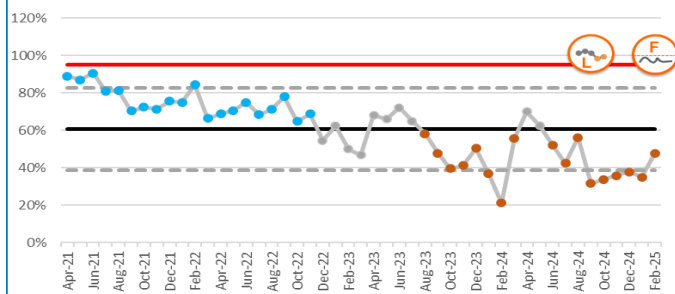
0%

**Assurance**

Performance consistently fails to achieve the target

## CQC Domain : Responsive

### Ambulance Handovers: % < 30 mins



Feb-25

47.6%

**Variance Type**

Special cause

variation - concerning

**Threshold**

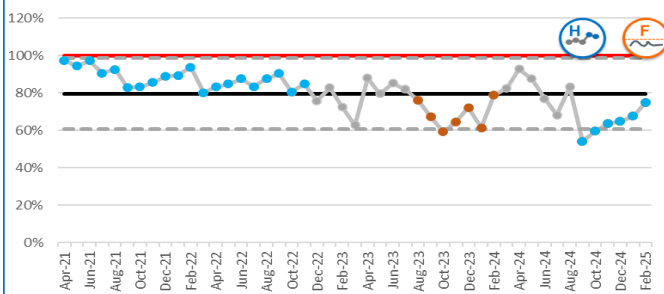
≥95%

**Assurance**

Performance consistently fails to achieve the target

## CQC Domain : Responsive

### Ambulance Handovers: % < 60 mins



Feb-25

74.8%

**Variance Type**

Special cause

variation - improving

**Threshold**

100%

**Assurance**

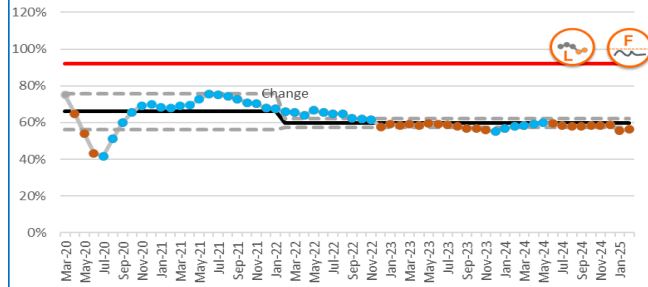
Performance consistently fails to achieve the target



# Chief Operating Officer (2)

## CQC Domain : Responsive

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



Feb-25

56.53%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

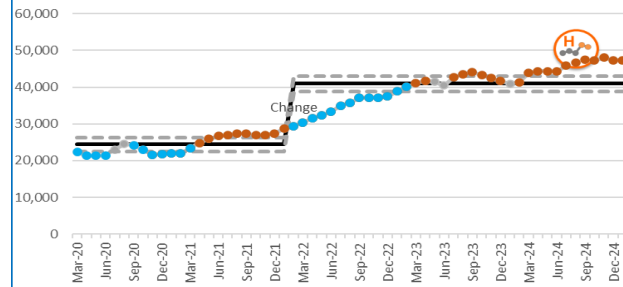
≥92%

#### Assurance

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

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



Feb-25

47438

#### Variance Type

Special cause  
variation - concerning

#### Threshold

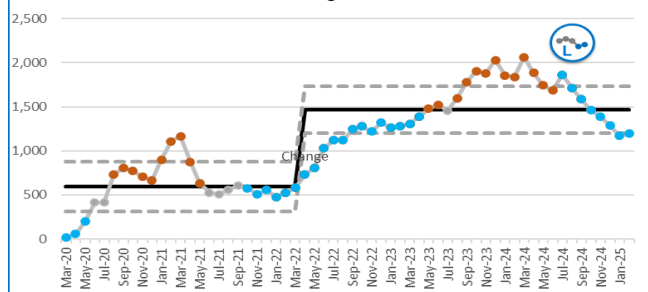
≤ 40511

#### Assurance

Trajectory target not  
appropriate for SPC Assurance  
reporting

## CQC Domain : Responsive

### Referral to Treatment - cases exceeding 52 weeks



Feb-25

1196

#### Variance Type

Special cause  
variation - improving

#### Threshold

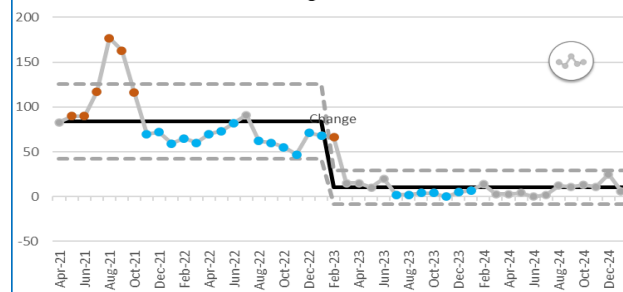
≤ 1795

#### Assurance

Trajectory target not  
appropriate for SPC  
Assurance reporting

## CQC Domain : Responsive

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



Feb-25

7

#### Variance Type

Common cause  
variation

#### Threshold

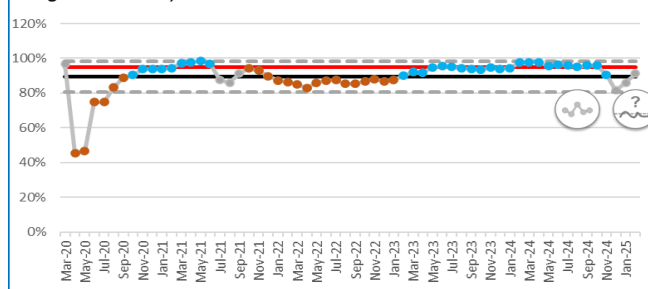
0 (exc choice / complex)

#### Assurance

Trajectory target not  
appropriate for SPC Assurance  
reporting

## CQC Domain : Responsive

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



Feb-25

91.3%

#### Variance Type

Common cause  
variation

#### Threshold

≥95%

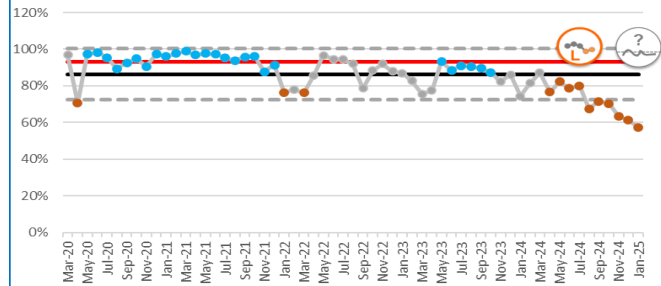
#### Assurance

Hit & miss target subject  
to random variation

# Chief Operating Officer (3)

## CQC Domain : Responsive

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



Jan-25

57.4%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

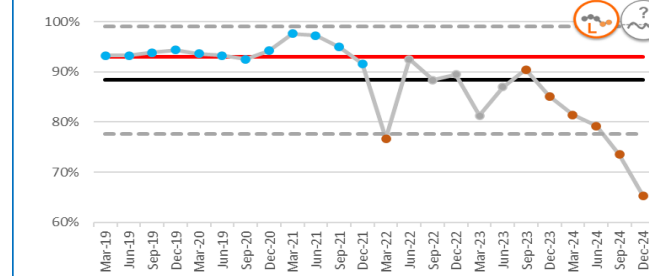
≥93%

#### Assurance

Hit & miss target subject to  
random variation

## CQC Domain : Responsive

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



Dec-24

65.3%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

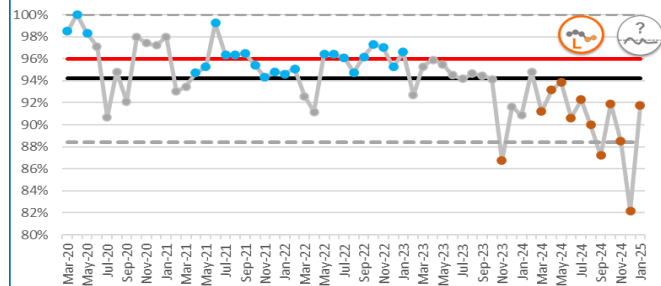
≥93%

#### Assurance

Hit & miss target subject to  
random variation

## CQC Domain : Responsive

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



Jan-25

91.7%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

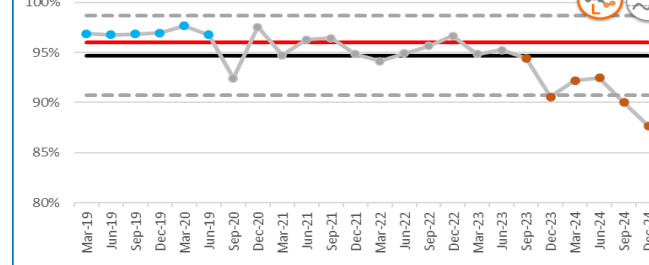
≥96%

#### Assurance

Hit & miss target subject to  
random variation

## CQC Domain : Responsive

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



Dec-24

87.7%

#### Variance Type

Special cause  
variation - concerning

#### Threshold

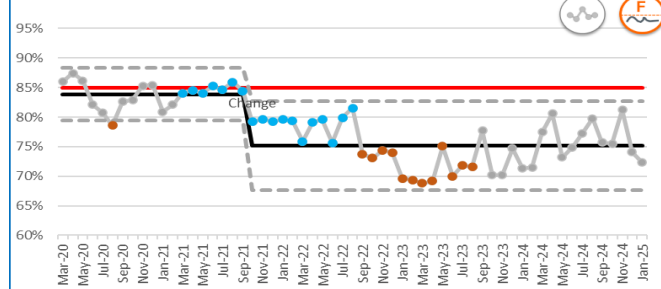
≥96%

#### Assurance

Hit & miss target subject to  
random variation

## CQC Domain : Responsive

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



Jan-25

72.3%

#### Variance Type

Common cause  
variation

#### Threshold

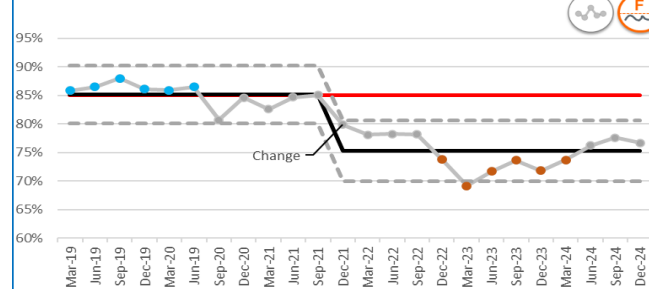
≥85%

#### Assurance

Performance consistently  
fails to achieve the target

## CQC Domain : Responsive

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



Dec-24

76.6%

#### Variance Type

Common cause  
variation

#### Threshold

≥85%

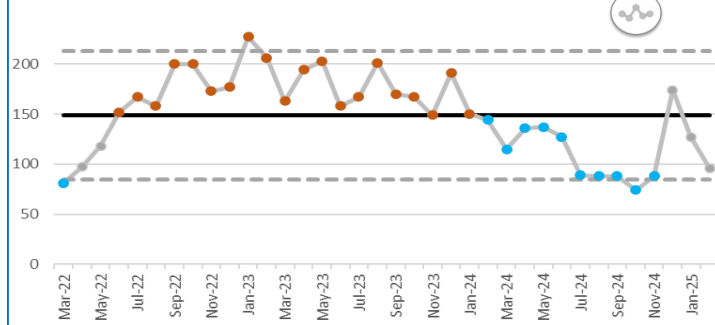
#### Assurance

Performance consistently  
fails to achieve the target

# Chief Operating Officer (4)

## CQC Domain : Responsive

Cancer Waits - reduce number waiting 62 days +



Feb-25

96

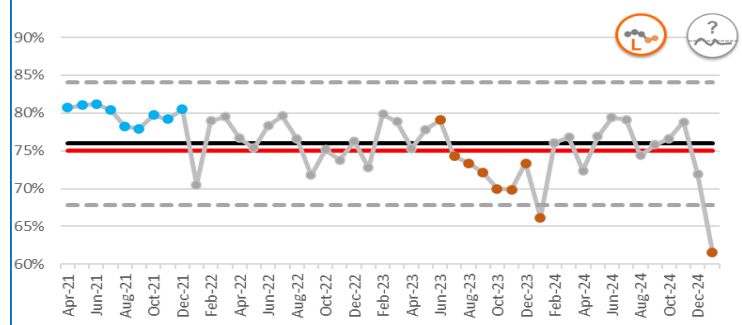
**Variance Type**  
Common cause  
variation

**Threshold**  
83

**Assurance**  
Trajectory target not  
appropriate for SPC  
Assurance reporting

## CQC Domain : Responsive

Cancer - Faster Diagnosis Standard



Jan-25

61.6%

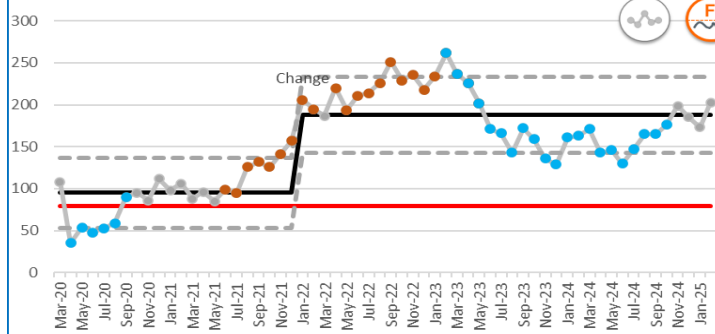
**Variance Type**  
Special cause  
variation - concerning

**Threshold**  
≥75%

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

## CQC Domain : Effective

Long length of stay - number of patients in hospital for 21 or more days



Feb-25

203

**Variance Type**  
Common cause  
variation

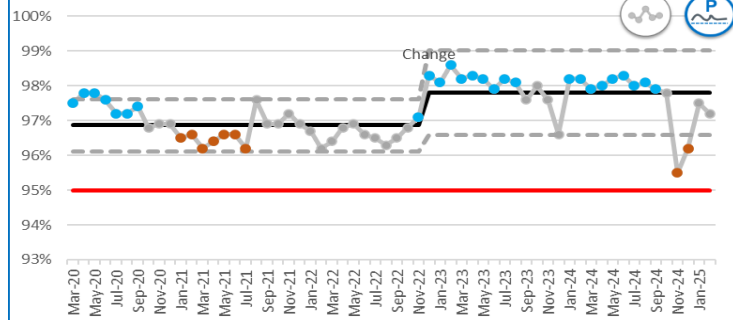
**Threshold**  
≤79

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

# Medical Director

## CQC Domain : Safe

% of adult patients VTE risk-assessed on admission



**Feb-25**  
97.2%

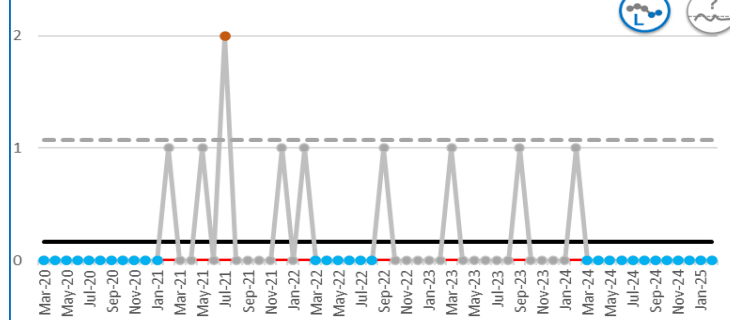
**Variance Type**  
Common cause variation

**Threshold**  
≥95%

**Assurance**  
Performance consistently achieves the target

## CQC Domain : Safe

Never Events



**Feb-25**  
0

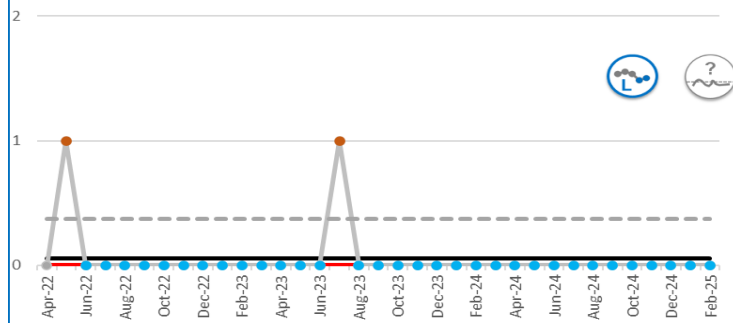
**Variance Type**  
Special cause variation - improving

**Threshold**  
0

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

## CQC Domain : Well-led

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



**Feb-25**  
0

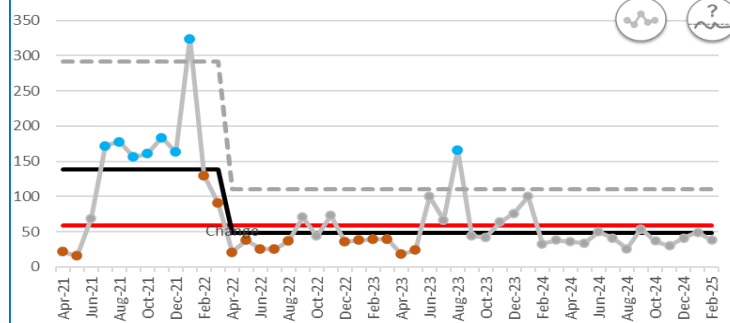
**Variance Type**  
Special cause variation - improving

**Threshold**  
0

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

## CQC Domain : Well-led

Number of patients recruited to NIHR studies



**Feb-25**  
38

**Variance Type**  
Common cause variation

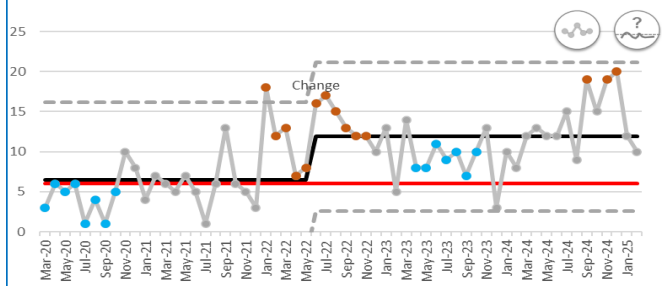
**Threshold**  
700 pa (trajectory)

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

# Chief Nurse (1)

## CQC Domain : Safe

### Clostridioides difficile (healthcare associated)



Feb-25

10

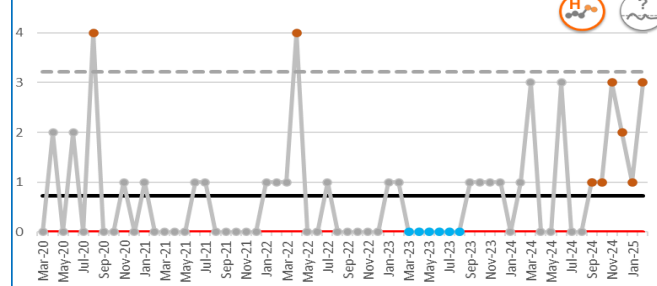
**Variance Type**  
Common cause  
variation

**Threshold**  
≤9

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

## CQC Domain : Safe

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



Feb-25

3

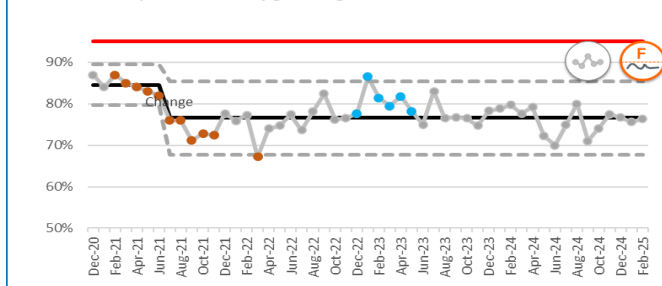
**Variance Type**  
Special cause  
variation - concerning

**Threshold**  
0

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

## CQC Domain : Caring

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



Feb-25

76.4%

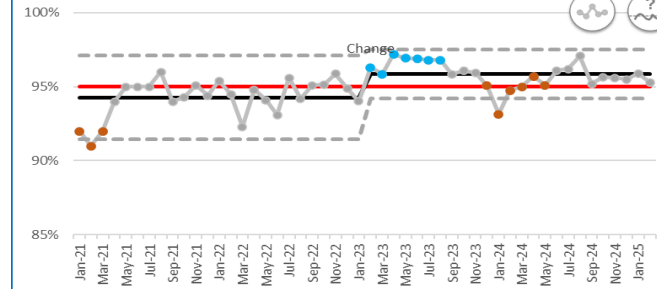
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

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

## CQC Domain : Caring

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



Feb-25

95.3%

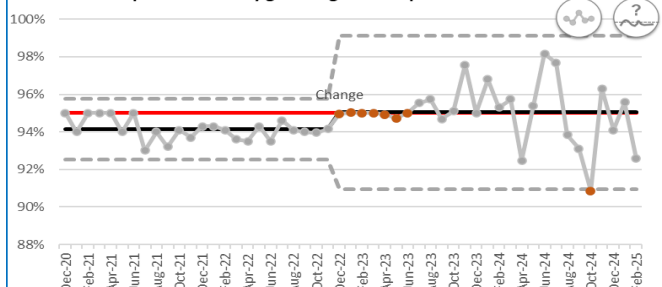
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

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

## CQC Domain : Caring

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



Feb-25

92.6%

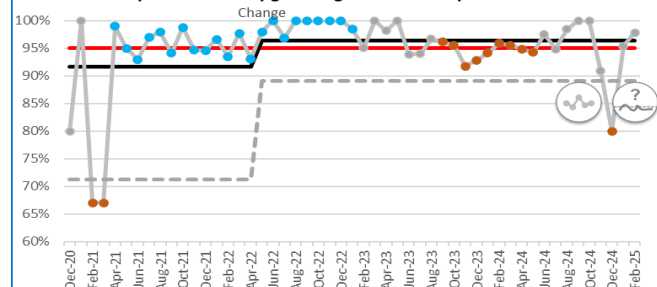
**Variance Type**  
Common cause  
variation

**Threshold**  
≥95%

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

## CQC Domain : Caring

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



Feb-25

97.9%

**Variance Type**  
Common cause  
variation

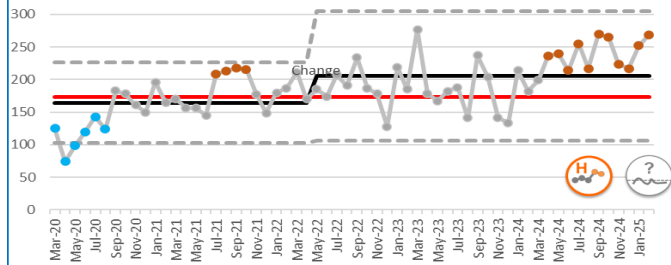
**Threshold**  
≥95%

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

# Chief Nurse (2)

## CQC Domain : Responsive

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



Feb-25

269

Variance Type

Special cause  
variation - concerning

Threshold

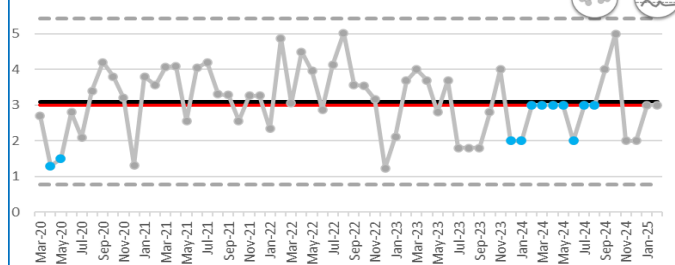
≤173

Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

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



Feb-25

3

Variance Type

Common cause  
variation

Threshold

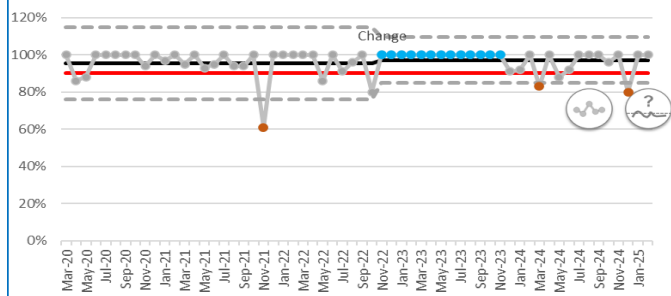
≤3.1

Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Formal Complaint acknowledged within 3 working days



Feb-25

100.0%

Variance Type

Special cause  
variation - concerning

Threshold

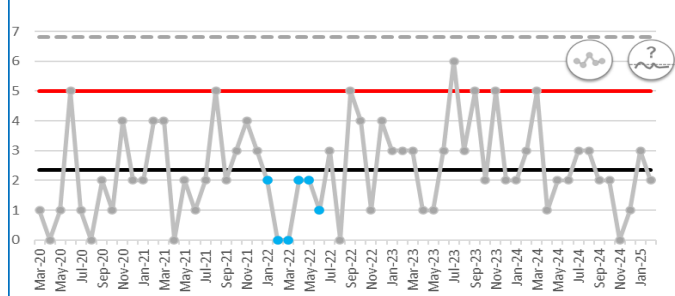
≥90%

Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Responsive

### Number of re-opened complaints



Feb-25

2

Variance Type

Common cause  
variation

Threshold

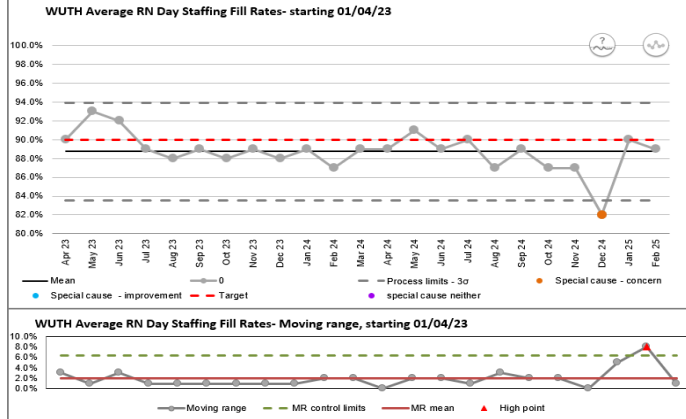
≤5

Assurance

Hit & miss target subject  
to random variation

# Chief Nurse (3)

## CQC Domain : Safe



Feb-25

89.0%

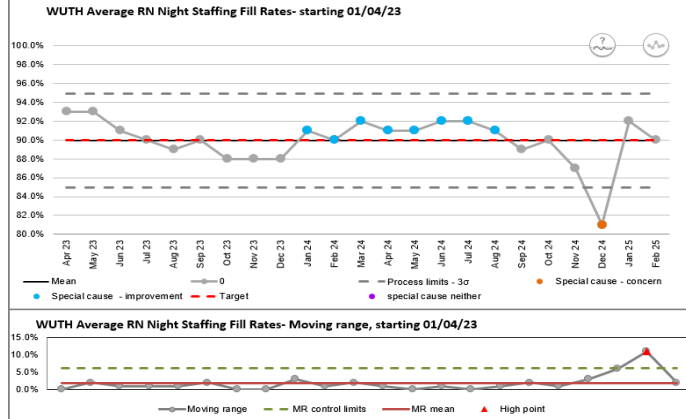
Variance Type  
Common cause  
variation

Threshold  
≥90%

Assurance

Hit & miss target subject  
to random variation

## CQC Domain : Safe



Feb-25

90.0%

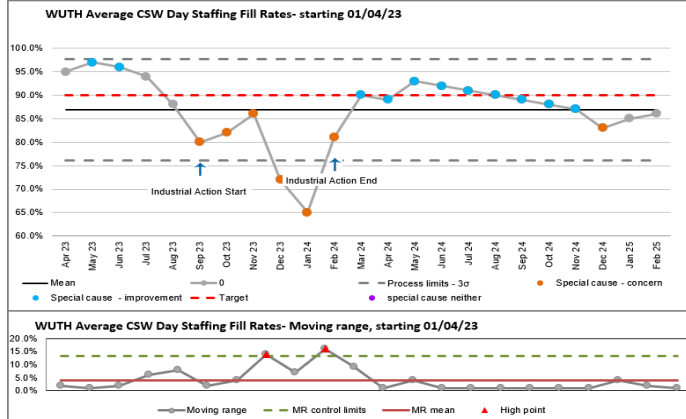
Variance Type  
Common cause  
variation

Threshold  
≥90%

Assurance

Performance consistently  
fails to achieve the target

## CQC Domain : Safe



Feb-25

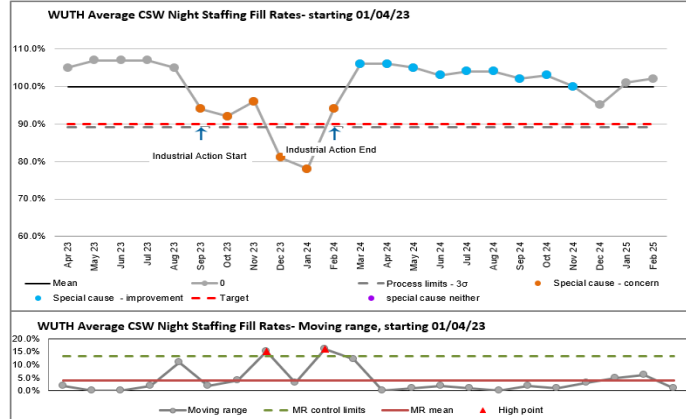
86.0%

Variance Type  
Actual below  
threshold

Threshold  
≥90%

Assurance

## CQC Domain : Safe



Feb-25

102.0%

Variance Type  
Actual above  
threshold

Threshold  
≥90%

Assurance

## Chief Nurse – February 2025 data

### Overall position commentary

The Trust quality KPIs all demonstrate no significant variation in month.

C Difficile remains above the target of 6 per month, there were 10 Incidents in February 2025, second month of reduction.

There was 3 category 3 hospital acquired pressure ulcer in February 2025 against a target of 0.

Friends and family test for ED 76.4%, Outpatients 92.6%, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

The number of level 1 concerns raised with the trust exceeded the threshold of 173 in month and the number of formal concerns per 1000 staff was below the agreed threshold.

RN and CSW staffing fill rates were above the threshold of 90% at nighttime and slightly below during the day.

### Infection Prevention and Control

#### Narrative:

To achieve the annual threshold of  $\leq 103$  patients diagnosed with CDT in 24/25.

Since 1<sup>st</sup> April 24 – 28<sup>th</sup> February 25 there has been 156 patients diagnosed with *Clostridioides difficile* Infection, of those reported there are 108 Hospital-onset health care associated (HOHA) and 48 Community onset healthcare associated (COHA). In February there were 10 HOHA and 0 COHA. This is an overall reduction of 2 when compared to the previous month.

The IPC Doctor is reviewing the patients who have had relapses since 1<sup>st</sup> April 2024 for themes, as these patients will have been reported in our figures more than once.

Collaborative working with the Community Trust is ongoing and the Wirral Wide *Clostridioides difficile* strategy developed by the Directors of Infection Prevention & Control and Associate Director of Quality continues to be progressed locally

#### Actions:

##### Completed or in place.

- Ongoing use of ward 44 as a decant ward to facilitate bay movements to allow for HPV to take place following a patient identified with CDT.
- Ongoing IPC visibility to wards and department offering expert advice and guidance.



- Robust process embedded to pick up weekend results.
- Senior nurse walk rounds focusing on IPC basics, including cleanliness, hand hygiene, bare below the elbows, decluttering and estates issues.
- Collaborative monthly meeting with WUTH IPC and the Community IPC team
- C&M IPC collaboration group focusing on CDT
- IPC daily review of all side rooms in the medical division to identify who can be moved out should a side room be needed for a patient with loose stools.
- Place based AMR champion funded by public health being progressed.
- Review of patients that relapse to identify common themes.

#### **Risks to position**

High site occupancy levels

Patients with competing needs for isolation

#### **FFT Overall experience of very good and good.**

##### **Narrative:**

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

ED score was 76.4%. Analysis of the patient comments for ED identifies waiting times and communication, as the main reasons for attributing negative ED response.

##### **Actions:**

- Proactively respond to feedback, making immediate rectifications when able to do so.
- Continued focus on providing people with access to provide feedback via FFT.
- Feedback to local teams' themes from FFT to identify areas of improvement.
- Regular announcements on waiting times within ED.
- Introduce new ways of working to enable a smoother patient journey.
- Rounding the department to check patients' needs are met.

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

- Bed occupancy is impacting on the length of time patients remain within ED. Processes are in place operationally to enable earlier egress from ED.
- Reduction in administrative support to deliver the patient experience strategy, due to current vacancy controls. Work being prioritised to mitigate risks to the strategy

### Pressure ulcers Hospital Acquired Category 3 and above

#### Narrative:

WUTH has a zero tolerance on Hospital Acquired Pressure Ulcers (HAPU) category 3 and above. During February there was 1 patient who developed 3 x deep tissue injuries that evolved into unstageable pressure ulcers (category 3) on ward 14, the patient was end of life and was admitted with deep tissue injuries that deteriorated.

#### Actions:

- Tissue Viability Ward Information boards being produced within the division of surgery.
- Tissue Viability Team are developing a pressure ulcer guide for clinical staff
- Tissue Viability team walkabouts are currently being initiated within the division of surgery
- HAPU meetings are being instigated within surgery.
- Roll out of the RED campaign

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

- Part time leadership within the tissue viability team.

### Complaints

#### Narrative

During February 2025, WUTH received 18 formal complaints (level 2-4) and 269 informal concerns (level 1). The monthly averages year to date are 19 and 236 respectively.

Acute Care received in the highest number of formal complaints.

Medicine received the most informal concerns, then Surgery, then Women's and Children's, then Diagnostics and Clinical Support, and then Acute Care.

Top three themes for the organisation (concerns and complaints) were:

- Access and Admission (34%, mostly reflecting delays and cancellations).
- Communication (19%, mostly communication failure rather than attitude).
- Treatment and Procedure (17%, again, mostly forms of delay)

The highest featuring departments were ED, followed Community Child Health.

Average response time of 71 working days. At the end of February, there were 44 formal complaints in progress.

**Actions:**

Average complaint response time during the fiscal year to date remains is at 68 working days (compared with 70 working days in 2022/23, 58 working days in 2021/22, and 45 working days 2020/21).

Performance oversight continues to be provided to the divisional triumvirates via daily reports and weekly meetings with the central Complaints Team, which also continues to provide monthly training sessions for staff.

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

- Operational pressures
- Variable skillsets evident in investigations

## **Nurse Staffing Fill Rates**

**Narrative:**

Registered nurse and care support working fill rates should be reported to the board on a monthly basis to ensure compliance with NHSE developing workforce safeguards 2018 and the national quality board safe sustainable and productive staffing 2017. A ward level dashboard should also be available to demonstrate safe effective care is being delivered. Fill rate threshold is currently set at 90% day and night CSW and RN. February saw adequate fill rates for RN day and Night and CSW night shift.

**Actions:**

Review of vacancies across the organisation, to fully understand the risk and impacts and determine the most effective recruitment process ie; speciality based recruitment events. Including ED.

Acuity review completed with new safer nursing care tool, data currently being analysed. Report to board in March 2025, second round data collection to commence in March 25

Assurance re effectiveness of absence management.

Weekly roster oversight review meetings undertaken by DCN/CN to review use of bank and agency, and roster KPI's

Roster/establishment/ESR alignment project under way.

Proposal regarding the approach to maternity leave backfill in development.

ED recruitment to new establishment underway, staff being temporarily redeployed to ED from wards to maintain safety, impacting on the wards.

Retention group reinitiated.

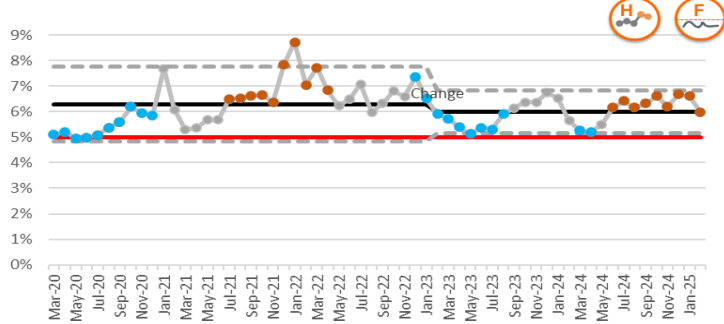
**Risks to position and/or actions:**

- High sickness absence rates.
- Staffing escalation areas and temporary escalation areas ie; ED corridor.

# Chief People Officer

## CQC Domain : Safe

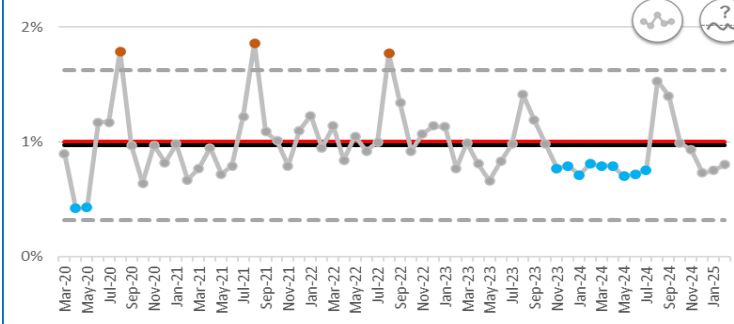
### Sickness absence % - in-month rate



**Feb-25**  
**5.99%**  
**Variance Type**  
 Special cause  
 variation - concerning  
**Threshold**  
 ≤5%  
**Assurance**  
 Performance consistently  
 fails to achieve the target

## CQC Domain : Safe

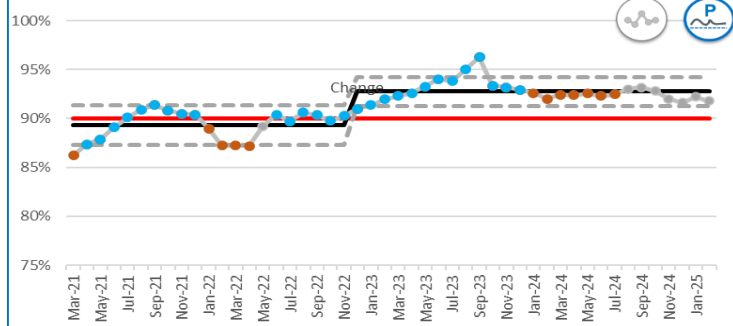
### Staff turnover % - in-month rate



**Feb-25**  
**0.80%**  
**Variance Type**  
 Common cause  
 variation  
**Threshold**  
 ≤0.83%  
**Assurance**  
 Hit & miss target subject  
 to random variation

## CQC Domain : Safe

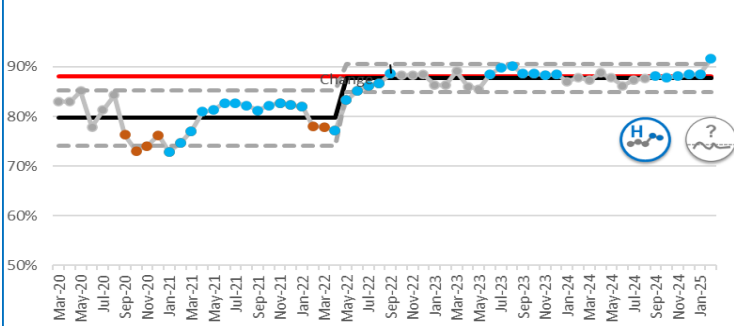
### Mandatory training % compliance



**Feb-25**  
**91.79%**  
**Variance Type**  
 Common cause  
 variation  
**Threshold**  
 ≥90%  
**Assurance**  
 Performance consistently  
 achieves the target

## CQC Domain : Well-led

### Appraisal % compliance



**Feb-25**  
**91.61%**  
**Variance Type**  
 Special cause  
 variation - improving  
**Threshold**  
 ≥88%  
**Assurance**  
 Hit & miss target subject  
 to random variation

## Chief People Officer – for Feb 2025 BoD

### Overall position commentary

The Trust's People KPIs for mandatory training, appraisal compliance and turnover are on target. Sickness absence has improved by 0.7% in February however it remains above target at 5.99% and an area of concern and focus.

### Sickness absence % in month rate

#### Narrative:

The Trust threshold for sickness absence is  $\leq 5\%$ . For February 2025 the indicator was 5.99% and demonstrates special cause variation - concerning.

The majority of absences relate to short term sickness. Cold/flu, anxiety/depression and gastrointestinal illnesses account for just under 50% of all absences in February 2025. Additional Clinical Services, Nursing and Midwifery, and Estates and Ancillary staff groups continue to experience high levels of absence, although all have improved in month.

Focus remains on supporting the health and wellbeing of our workforce, as well as close management of absences in line with the revised Attendance Management Policy.

#### Actions:

##### Proactively supporting Physical Health & Wellbeing

- Targeted psychological support for teams, as issues arise via OH Clinical Psychologist.
- A new 12-month program for psychoeducation on 'Burn out' and 'Resilience' is under development for launch in April 2025.
- New Mental Health First Aid training delivered.
- Mental Health First Aid events are planned throughout the year.
- Improvement in Occupational Health waiting times for both physicians and nurse advisors.
- Additional Occupational Physician (OHP) session to reduce waiting times.
- Route to allow expedited OH access.
- Revised approach to mental health referrals has been implemented in OH to ensure earlier and appropriate interventions to improve access to treatment.

##### Managing Absence

- Monitoring of the sickness absence KPI and associated actions are ongoing via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews. Managers continue to be supported by HR.
- There are an increased number of cases being formally managed through the new Attendance Management Policy.

- Revised approach to local attendance management audits is implemented.
- New reporting of local Attendance Management Audits has been implemented which include Divisional Triumvirates, DPRs and Workforce Steering Board.

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

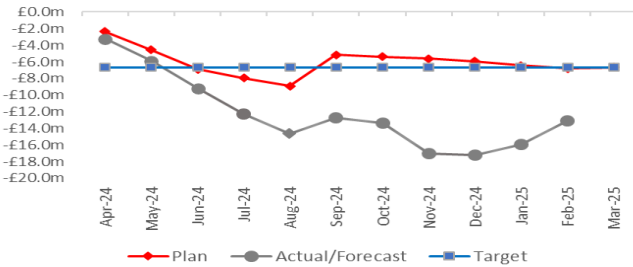
The local risk (397) score is 15 and BAF risk is 12.

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, financial controls and staff morale / engagement. Effective attendance management is critical and contributes to productivity and patient care. The negative impact of both sickness absence and presenteeism on the workforce and patient care are well known and understood across the Trust. The Trust is committed to the health and wellbeing of its staff aligned to the NHS People Promise. This is set out in the Trust Strategy – Be a great place to work and in our People Strategy – Looking After Ourselves and Each Other.

# Chief Finance Officer

## CQC Domain : Use of Resources

### I&E Position



Feb-25

-£13.1m

Variance

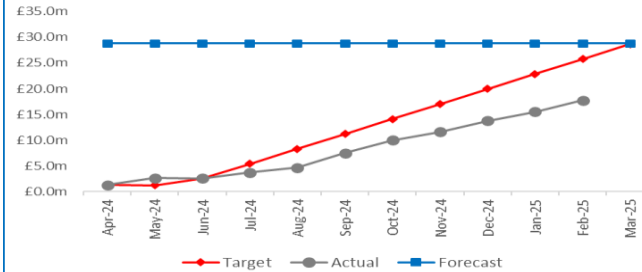
Position worse than plan

Target

-£5.9m

## CQC Domain : Use of Resources

### Cumulative CIP



Feb-25

£17.8m

Variance

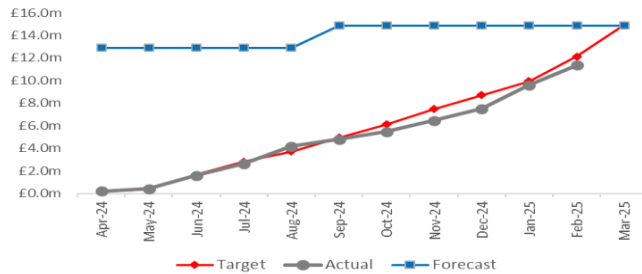
Position worse than plan

Target

£19.9m

## CQC Domain : Use of Resources

### Capital Expenditure



Feb-25

£11.4m

Variance

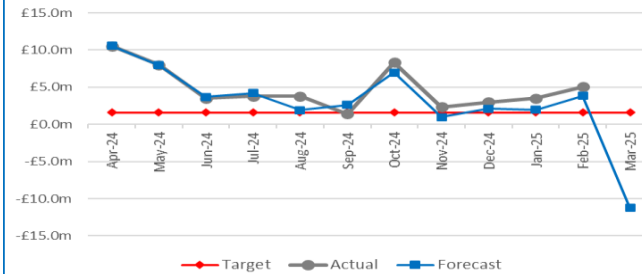
Position better than plan

Target

£8.7m

## CQC Domain : Use of Resources

### Cash Position



Feb-25

£5.1m

Variance

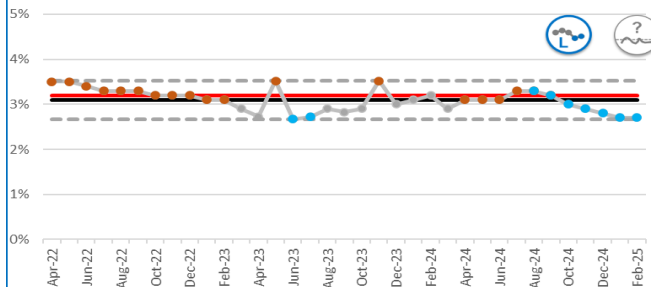
Position better than plan

Target

£1.6m

## CQC Domain : Use of Resources

### Agency spend



Feb-25

2.70%

Variance

Position better than threshold

Threshold

3.2%



### Executive Summary

At the end of February, M11, the Trust is reporting a deficit of £13.1m, an adverse variance against plan of £6.6m. The Trust will implement a further £7.8m of mitigations prior to year-end, resulting in a mitigated forecast of £9.8m, an adverse variance to plan of £3.1m.

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

- the cost and lost income associated with the Cyber Incident.
- the full delivery of the elective activity plan.
- the Cost Improvement Programme (CIP).
- maintaining expenditure on urgent care within planned levels.
- delivering planned integration benefits.

The Trust has fully engaged with NHSE and C&M ICB to plan agree the mitigation actions to reduce expenditure and increase income so that the Trust variance to plan is minimised.

The deficit continues to place significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP). The Trust request for additional cash in March was not approved and therefore working capital measures have been significantly escalated in M12.

Management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance strategy. Quarterly updates are provided to the Board on progression of the strategy and the underlying financial position.

The risk ratings for delivery of statutory targets in 2024/25 are:

Statutory Financial Targets	RAG (M11)	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:

The table below summarises this I&E position at M11:

Cost Type	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Forecast	Variance
Clinical Income from Patient Care Activities	£439.9m	£437.5m	-£2.5m	£479.5m	£472.2m	-£7.3m
Other Operating Income	£30.8m	£31.9m	£1.0m	£33.6m	£39.6m	£6.0m
<b>Total Income</b>	<b>£470.7m</b>	<b>£469.3m</b>	<b>-£1.4m</b>	<b>£513.1m</b>	<b>£511.8m</b>	<b>-£1.3m</b>
Employee Expenses	-£336.9m	-£339.3m	-£2.4m	-£367.5m	-£369.7m	-£2.2m
Operating Expenses	-£142.6m	-£138.7m	£3.9m	-£155.2m	-£155.4m	-£0.2m
Non Operating Expenses	-£5.5m	-£4.4m	£1.1m	-£6.0m	-£5.0m	£1.0m
CIP	£7.8m	£0.0m	-£7.8m	£9.0m	£0.7m	-£8.2m
<b>Total Expenditure</b>	<b>-£477.2m</b>	<b>-£482.4m</b>	<b>-£5.2m</b>	<b>-£519.7m</b>	<b>-£529.3m</b>	<b>-£9.6m</b>
<b>Unmitigated Forecast</b>	<b>-£6.5m</b>	<b>-£13.1m</b>	<b>-£6.6m</b>	<b>-£6.6m</b>	<b>-£17.6m</b>	<b>-£10.9m</b>

The unmitigated forecast position is before Board approved actions which will reduce the forecast deficit to £3.1m.

Key variances within the YTD position are:

**Clinical Income** – £2.5m adverse variance relates to underperformance against the value of the elective plan in Surgery and the impact of the Cyber Incident. This has been offset by the release of historic deferred income balances.

**Employee Expenses** - £2.4m adverse variance relates to the approved increase in nursing staff and the continued pressure on medical bank in ED.

**Operating expenses** – £3.9m favourable variance relates to underspend on consumables driven by the under delivery of the elective plan in Surgery.

**Cost Improvement Programme** – £7.8m adverse variance for CIP across clinical divisions. This is offset by non-recurrent underspends.

The Trust's agency costs were 2.3% for the month and 2.7% for the YTD, the Trust is below the NHSE threshold of 3.2% of total staff costs.

### Risks to position

The main risks to the I&E position are:

- The Trust fails to fully deliver the Elective Activity plan.
- The Trust fails to fully deliver the recurrent Cost Improvement Programme.

- The Trust fails to manage urgent care expenditure within planned levels.

**Actions:**

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

## Cumulative CIP

**Narrative:**

The Trust has transacted £19.5m of CIP at M11 which is £8.3m behind plan. The Trust has risk adjusted our CIP forecast to £20.5m, a shortfall against target of £8.0m.

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

**Risks to position:**

- That the gap between target and identified schemes is not reduced.
- That the momentum on delivery of schemes is not sustained.
- That the capacity of the Trust is not sufficient to deliver across all improvement agendas.

**Actions:**

- Continuation of the Productivity and Improvement Programme.
- Implementation of the Board approved mitigation plan which includes acceleration of enhanced controls over variable expenditure.

## Elective Activity

**Narrative:**

The Trust delivered elective activity to the value of £11.8m in M11 and £96.3m YTD, an adverse variance of £16.6m for the year. This is primarily driven by underperformance in respect of the Cheshire and Merseyside Surgical Centre (CMSC), a shortfall of elective and day cases in Surgery, a lower case mix within the Division and the impact of the Cyber Incident.

**Risks to position:**

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

**Actions:**

- Implementation of the Board approved mitigation plan which includes increased productivity of core elective capacity and reduced reliance on non-core support.

## Capital Expenditure

### Narrative:

The table below confirms the Trust's final capital budget for 2024/25.

Description	Approved Budget at M1	Revision to Budget M2	Revision to Budget M6	Revision to Budget M7	Approved Revisions M10	Future Anticipated Revisions	Revised Budget
CDEL							
Internally Generated	£12.870m						£12.870m
ICB/PDC/WCT	£6.284m	£1.400m	£1.953m		£1.074m	£6.060m	£13.971m
Charity	£1.000m			£1.000m			£0.000m
<b>Confirmed CDEL</b>	<b>£20.154m</b>	<b>£1.400m</b>	<b>£1.953m</b>	<b>£1.000m</b>	<b>£1.074m</b>	<b>£6.060m</b>	<b>£26.841m</b>
<b>Total Funding for Capital</b>	<b>£20.154m</b>	<b>£1.400m</b>	<b>£1.953m</b>	<b>£1.000m</b>	<b>£1.074m</b>	<b>£6.060m</b>	<b>£26.841m</b>
<b>Capital Programme</b>							
Estates, facilities and EBME	£5.000m						£5.000m
Heating and chilled water pipework replacement	£2.100m						£2.100m
Operational delivery	£2.750m						£2.750m
Medical Education	£0.080m						£0.080m
Transformation	£1.000m						£1.000m
Digital	£0.750m						£0.750m
UECUP	£6.010m						£6.010m
Charity	£1.000m			£1.000m			£0.000m
<b>Approved Capital Expenditure Budget</b>	<b>£18.690m</b>			<b>£1.000m</b>			<b>£17.690m</b>
Diagnostics Digital	£0.064m						£0.064m
LIMS - PDC	£1.400m	£1.400m					£0.000m
RAAC	£0.000m		£1.953m				£1.953m
LED Lighting	£0.000m				£0.990m		£0.990m
DEXA scanner	£0.000m				£0.084m		£0.084m
IMS	£0.000m					£0.060m	£0.060m
Critical Infrastructure	£0.000m					£4.000m	£4.000m
Non-Central Programme	£0.000m					£2.000m	£2.000m
<b>Confirmed PDC</b>	<b>£1.464m</b>	<b>£1.400m</b>	<b>£1.953m</b>	<b>£0.000m</b>	<b>£1.074m</b>	<b>£6.060m</b>	<b>£9.151m</b>
<b>Total Anticipated Expenditure on Capital</b>	<b>£20.154m</b>	<b>£1.400m</b>	<b>£1.953m</b>	<b>£1.000m</b>	<b>£1.074m</b>	<b>£6.060m</b>	<b>£26.841m</b>
<b>Under/(Over) Commitment</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>	<b>£0.000m</b>

Spend at M11 totals £11.4m which is £0.2m ahead of plan. We do not anticipate any underspend or overspend at year end.

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

**Risks to position:**

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

**Actions:**

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

**Cash Position****Narrative:**

The cash balance at the end of M11 was £5.1m including both cash support received from NHSE in January and re-profiled ICB contract payments.

The reduction in the cash balance is presenting difficulties on a daily basis with a direct impact on the Better Payment Practice Code (BPPC) target by volume and value. The year-to-date position of bills paid within target stands at 76% which is 19% lower than the national target of 95%. In M11 the Trust paid 61.3% of invoices received within the timeframe required to achieve BPPC. This reduced performance is a direct consequence of the Trust managing its cash position.

The Trust continues to need deficit and working capital support and the Board supported requesting cash support from NHSE for March, this was declined. The Trust has therefore implemented an agreed escalated mitigation plan, focused on working capital.

**Risks to position:**

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

**Actions:**

- Continued daily monitoring and forecasting of the Trust cash position and PSPP performance.
- Monitoring and escalation of any aged debt delays.
- Discussions with ICB around mitigations for cash position and process for applying for cash support.

**Council of Governors**  
**01 May 2025**

**Item 11**

<b>Title</b>	Deputy Lead Governor
<b>Area Lead</b>	David McGovern, Director of Corporate Affairs
<b>Author</b>	James Jackson-Ellis, Corporate Governance Officer
<b>Report for</b>	Approval

### Executive Summary and Report Recommendations

This report requests approval to appoint Dr Robert Thompson as Deputy Lead Governor following the retirement of the Eileen Hume last year.

It is recommended that the Council of Governors:

- Approve the appoint of Dr Robert Thompson as Deputy Lead Governor for a period of 2 years until May 2027.

### Key Risks

This report relates to these key risks:

- Maintaining leadership on the Council of Governors

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

<b>Better health and wellbeing for everyone</b>	No
<b>Better quality of health services for all individuals</b>	No
<b>Sustainable use of NHS resources</b>	Yes

### Contribution to WUTH strategic objectives:

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

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Deputy Lead Governor</b>

	<p>The Lead Governor role is provided for in the Trust Constitution and has a tenure of 2 years. The Deputy Lead Governor role has been developed by the Trust, and in line with the Lead Governor role, has also been established with a 2-year tenure.</p> <p>Sheila Hillhouse is the current Lead Governor and her term in this capacity ends in October 2025. Eileen Hume was the previous Deputy Lead Governor and retired in October 2024.</p> <p>The Corporate Governance Team wrote to all Governors earlier in the year, asking for expressions of interest in the Deputy Lead Governor role. Tony Cragg and Robert Thompson submitted an expression of interest along with a personal statement.</p> <p>All Governors were asked to vote by email and Dr Robert Thompson received the highest number of votes. Therefore, it is requested that the Council approve the appointment of Dr Robert Thompson as Deputy Lead Governor for a period of 2 years until May 2027.</p>
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<b>2</b>	<b>Implications</b>
<b>2.1</b>	<b>Patients</b> <ul style="list-style-type: none"> <li>No direct implications for patients.</li> </ul>
<b>2.2</b>	<b>People</b> <ul style="list-style-type: none"> <li>No direct implications on workforce.</li> </ul>
<b>2.3</b>	<b>Finance</b> <ul style="list-style-type: none"> <li>No direct financial implications.</li> </ul>
<b>2.4</b>	<b>Compliance</b> <ul style="list-style-type: none"> <li>The Deputy Lead Governor is not a mandatory role but provides succession planning for the Council of Governors and acts as the Deputy in the absence of the Lead Governor.</li> </ul>

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 29 January 2025
<b>Location</b>	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
SL	Sue Lorimer	Non-Executive Director
JH	Janelle Holmes	Chief Executive
SW	Sam Westwell	Chief Nurse
RM	Dr Ranj Mehra	Interim Medical Director
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer & Deputy Chief Executive

#### In attendance:

DM	David McGovern	Director of Corporate Affairs
JC	Jo Chwalko	Director of Integration and Delivery
CM	Chris Mason	Chief Information Officer
JJE	James Jackson-Ellis	Corporate Governance Manager
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 13
MSa	Mustafa Sadiq	Consultant – item 13
TN	Tracey Nolan	Freedom to Speak Up Lead – item 15
AA	Dr Alice Arch	Guardian of Safe Working – item 16
SLa	Sharon Landrum	Head of People Experience – item 17
SH	Sheila Hillhouse	Lead Public Governor
DV	Devinder Roberts	LMNS representative – item 13
DG	Debby Gould	LMNS representative – item 13

#### Apologies:

LD	Lesley Davies	Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy CEO

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



<b>2</b>	<b>Declarations of Interest</b>  No interests were declared and no interests in relation to the agenda items were declared.	
<b>3</b>	<b>Minutes of Previous Meeting</b>  The minutes of the previous meeting held on the 4 December 2024 were <b>APPROVED</b> as an accurate record.	
<b>4</b>	<b>Action Log</b>  The Board <b>NOTED</b> the action log.	
<b>5</b>	<b>Staff Story</b>  The Board received a video story from a care leaver who had undertaken work experience within the Estates and Facilities Team. The video story described their positive experience of undertaking this work experience and the subsequent opportunities.  Members welcomed the video story and acknowledged the positive impact it had on this care leaver. Members queried if this was a programme of work specific to the Trust.  DS stated the care leaver programme was originally part of the Wirral Place workforce programme, however the Trust was now leading the programme and working with Place partners.  The Board <b>NOTED</b> the video story.	
<b>6</b>	<b>Chair's Business and Strategic Issues</b>  DH provided an update on recent matters and highlighted the integration between WUTH and WCHC was progressing well, and a joint Board Seminar was taking place in the afternoon with both Board members.  DH commented about the performance of the Trust, indicating WUTH had the second lowest deficit for an Acute Trust in Cheshire and Merseyside and had a strong record for performance and productivity.  DH requested that as part of the 2025/26 annual planning process the Trust's productivity story be included as part of a narrative.  The Board <b>NOTED</b> the update.	Mark Chidgey/ Hayley Kendall
<b>7</b>	<b>Chief Executive Officer Report</b>  JH reported in November there were two Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework and one Reporting of Injuries, Diseases and	

	<p>Dangerous Occurrences were reported to the Health and Safety Executive.</p> <p>JH stated following the cyber security major incident declared on 26 November the Information Commissioner and the Department for Health and Social Care were notified. The Trust confirmed that the security of patient records and other sensitive information was maintained throughout the incident.</p> <p>JH referenced the WCHC/WUTH 100 day plan which commenced in November 2024 and will conclude in April 2025. The plan focuses on eight key programme areas for integration between the two Trusts.</p> <p>JH gave an update on critical incident declarations in early January, indicating these had been declared because of unprecedented demand to urgent and emergency care. JD added this culminated in significant volumes of patients requiring admission and longer than desired waiting times.</p> <p>JH highlighted Professor Simon Rogers had received the lifetime achievement award for 2024 from the British Association of Oral and Maxillofacial Surgeons (BAOMS). Professor Rogers will receive the prize and medal at the BAOMS awards ceremony in June 2025.</p> <p>JH also highlighted the Trust's Research and Innovation Centre had been named as one of 10 'spoke' sites for a new NIHR Commercial Research Delivery Centre. This will bring cutting-edge clinical research to communities in Cheshire and Merseyside.</p> <p>JH summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board on 6 December and the Wirral Place Based Partnership Board on 19 December.</p> <p>Members congratulated Professor Rogers on his award and for the Research and Innovation Team being selected as a NIHR Commercial Research Delivery Centre.</p> <p>SR queried about the operational impact arising from the critical incidents</p> <p>JH stated there had been a significantly reduced elective service, including out-patient appointments, however cancer diagnosis and elective work at Clatterbridge continued.</p> <p>The Board <b>NOTED</b> the report.</p>	
8	<b>Board Assurance Framework (BAF)</b>	

	<p>DM summarised the various key changes to the BAF from the previous quarter, noting of the four changes three risk scores had increased and one risk score had decreased.</p> <p>Members discussed the BAF and agreed the risks and controls appeared accurate and reflected the current position.</p> <p>The Board <b>NOTED</b> the BAF.</p>	
<b>9</b>	<p><b>Integrated Performance Report</b></p> <p>RM reported the number of patients recruited to NIHR studies remained below target and indicated this may warrant reviewing in future. RM added the Research and Innovation Team had a strong focus on high quality research and there were good integration opportunities with WCHC.</p> <p>SW explained C Diff remained above the target of 6 per month with 19 infections reported in the period, resulting in a cumulative total of 115 year to date. SW added there was 1 category 3 hospital acquired pressure ulcer in the period.</p> <p>SW updated on the current performance against friends and family test for ED, Maternity and Outpatients.</p> <p>SW explained in the period, 11 formal complaints and 219 informal concerns were raised.</p> <p>SW highlighted the RN and CSW fill rates, noting RN Days was below the threshold at 82% and CSW day fill rate was 83%. Nights exceed the threshold for CSWs but was below the threshold for RNs at 81%.</p> <p>DS indicated sickness absence remains above target at 6.68% and continues to be an area of concern. DS added absences continued to be related to short term and cold/flu and gastro problems. DS reported there was an ongoing focus on supporting health and wellbeing with strong management of absence in line with the Attendance Management Policy. DS highlighted the BAF risk increased from 3 to 4, moving the overall risk to 12.</p> <p>CM reported staff vacancies were currently at 13.9% of the workforce, which continues to impact the services provided and SARs completed requests were significantly below the trajectory, noting numbers received in December were exceptionally low and resulted in a slight decrease in the overall backlog.</p> <p>CM added as part of the 2025/26 cyber plan the cyber KPIs were being reviewed.</p> <p>Members discussed cyber KPIs in light of the recent cyber security incident and requested the mechanism for reporting these be</p>	

	<p>reviewed, noting these were publicly available to members of the public.</p> <p>The Board <b>NOTED</b> the report.</p>	Mark Chidgey
10	<p><b>Committee Chair's Reports – Finance Business Performance Committee</b></p> <p>SL alerted members that the Trust's cash position had been significantly lower than the level required for effective operation and the Trust had made an application for £23.1m cash support. SL added the Trust received £3.5m in January combined with an additional £4m from the ICB which will cover the Trust's cash requirements for January and February.</p> <p>SL also alerted members that the Trust's financial position to the end of December was a £17.2m deficit (an £11.3m adverse to plan). SL indicated this shows that the position has broadly held steady during December, but the position is off trajectory by £4.4m.</p> <p>SL alerted members that performance on CIP is forecast at £20.1m against a target of £28.9m. The amount transacted to month 8 was £17.9m with a full year effect at £26m.</p> <p>SL also alerted members that NHSE was prioritising capital funding for the Trust to cover a capital to revenue transfer of a building on one of the Trust sites.</p> <p>SL further summarised the various advice and assure matters from the Finance Business Performance Committee meetings on 12 December 2024 and 13 January 2025.</p> <p>The Board <b>NOTED</b> the report.</p>	
11	<p><b>Committee Chairs Reports – People Committee</b></p> <p>DS (in the absence of LD) alerted members that there has been a month on month decrease for fire safety level 2 mandatory training which is driven by a high did not attend rate and staffing pressures. DS explained because fire safety was a high risk on the significant risk register Committee requested the compliance rate be raised at the next Executive Assurance and Risk Committee.</p> <p>DS also alerted members to the position regarding sickness absence and referenced the work commissioned by Workforce Steering Board to identify specific Divisional interventions and also to review the newly implemented Attendance Management Policy.</p> <p>DS further summarised the various advice and assure matters from the People Committee meeting on 13 December 2024.</p> <p>The Board <b>NOTED</b> the report.</p>	

12	<p><b>Committee Chairs Reports – Quality Committee</b></p> <p>SR alerted members that the agreed improvement trajectories for Gram negative blood stream infections such as Escherichia coli had not been met alongside the trajectory for C Diff. SR added this indicated gaps in control of healthcare associated infections and acknowledged the opportunities for collaborative quality improvement with WCHC to help address this challenge and the Committee asked for an update at its next meeting.</p> <p>SR also alerted members to the position in relation to Trust policies, indicating a number remain overdue for updating. The Committee discussed the importance of having up to date policies and the mechanisms that could assist in this.</p> <p>SR alerted that a high number of complaints had been received about waiting times to access community paediatric services. The Committee discussed the collaborative improvement work underway and an OFSTED/CQC inspection of SEND service on the Wirral is currently underway.</p> <p>SR also alerted members that the Executive Director continued to be sighted on the high risk to the continued provision of a full range of medicinal products in the pharmacy Aseptic Unit.</p> <p>SR further summarised the various advice and assure matters from the Quality Committee meeting on 16 January 2025.</p> <p>The Board <b>NOTED</b> the report.</p>	
13	<p><b>Monthly Maternity and Neonatal Services Report (including Maternity Incentive Scheme Year 6 Annual Declaration)</b></p> <p>JL and MSa gave an overview of the ten Clinical Negligence Scheme for Trusts (CNST) Safety Actions as part of the Maternity Incentive Scheme Year 6. The presentation outlined how the ten safety actions, which have all been assessed as compliant, had been met and provided details of the evidence.</p> <p>JL informed members that for safety action 1 there had been a technical data issue in regard to the externally validated MBBRACE data for PMRT. JL added NHS Resolution had been made aware and that an adjustment would be made to any evidence in due course, however it was not expected to change the overall compliance level.</p> <p>SR commented as NED Maternity Safety Champion he agreed with the compliance level and acknowledged the rigor of the process and data collection. SR added he had discussed safety action 1 prior to this meeting with the Chief Nurse and understood the position would cause no impact on the final submission,</p>	

	<p>acknowledging there was robust processes in place at the Trust regarding perinatal deaths.</p> <p>DG commented the LMNS had reviewed the submission and agreed with the compliance level. DG indicated the LMNS had not reviewed safety action 1 due to the external data validation concern but acknowledged this was correctable before the final submission in March.</p> <p>Members thanked JL and MS for their presentation and continued hard work in Maternity Services.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report and presentation; and</li> <li>• <b>APPROVED</b> the compliance document for the submission of the declaration form to NHR</li> </ul>	
14	<p><b>Learning from Deaths Report Q2 2024/25</b></p> <p>RM summarised the report, highlighting the Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) continued to be within the expected range of mortality data for the reporting period.</p> <p>RM explained 16 cases had been escalated by the Medical Examiners during quarter 2 and gave an overview of the specific learning and themes identified. RM added learning from mortality reviews is fed back to clinical areas by the Divisional Mortality Leads and via Divisional Quality Boards.</p> <p>RM recapped that from early 2025 HSMR will be changing to HSMR+ and it was anticipated this new methodology would increase the ratio but will remain within expected range. RM added the main driver of this was the removal of palliative care coding.</p> <p>The Board <b>NOTED</b> the report.</p>	
15	<p><b>Freedom to Speak Up Bi-Annual Report</b></p> <p>TN gave an overview of the report, highlighting 37 people had spoken up during Q1 and this was a significant increase compared to previously. TN added this number remained in line with regional and national averages.</p> <p>TN stated during Q2 13 people spoke up and this was a significant reduction compared to previously. TN added no regional or national data was currently available.</p> <p>TN summarised the most common themes of concerns raised, noting the highest was attitudes and behaviours followed by bullying or harassment.</p>	

	<p>TN explained the highest number of concerns raised were in the Surgery Division. TN noted Board had already been aware of the concerns ongoing in Theatres through previous reports.</p> <p>TN referenced the 2024/25 action plan and summarised the progress to date and areas of focus for the next quarter.</p> <p>DH queried about the bullying and harassment concerns.</p> <p>DS stated a deep dive on this would be presented to the next People Committee and explained she had also asked for equality monitoring to be included in future reports to determine if there were any barriers for those with protected characteristics speaking up.</p> <p>DS added given the number of concerns in the Surgery Division the Organisational Development Team had been asked to provide targeted support and this would be reviewed in 6 months.</p> <p>DS queried about the provisional quarter 3 period.</p> <p>TN stated there was likely to be an increase in the number of FTSU cases during quarter 3 compared to quarter 2.</p> <p>The Board <b>NOTED</b> the report.</p>	
16	<p><b>Guardian of Safe Working Report Q2 2024/25</b></p> <p>AA summarised the number of exception reports during the period, noting there had been a relatively higher number from non-foundation doctors. AA explained this was due to more senior Doctors in Training supporting their junior colleagues with their workload and facilitating them leaving on time.</p> <p>SR queried about the provisional quarter 3 period and if there had been an increase in exception reports due to the impact of the cyber incident.</p> <p>AA stated there was likely to be an increase but not a significant rise.</p> <p>DS commented at People Committee members took good assurance regarding the strong interventions in place to support junior doctors led by the Guardian of Safe Working with strong attention to detail and support from Educational Supervisors.</p> <p>The Board <b>NOTED</b> the report.</p>	
17	<p><b>Equality Diversity and Inclusion Bi-Annual Report</b></p> <p>SLa gave an overview of the bi-annual report, summarising the various activities that demonstrate the Trust continues to advance</p>	

	<p>the equality diversity and inclusion agenda in line with the Trust's People Strategy and EDI Strategic Commitment.</p> <p>SLa also gave an overview of the Equality Delivery System (EDS) 2024 self-assessment and the applicable ratings, noting these remain the same as 2023.</p> <p>DS commented the Trust was good at conducting equality analyses for policies but acknowledged improvement was required for business cases and service redesign/reviews.</p> <p>DH commented about metric relating to staff recommending the Trust as a place to work and receive treatment, noting this was a "developing activity" and queried how this compares to other Trusts.</p> <p>DS stated this was also a question within the NHS Staff Survey and proposed this comparison be provided as part of the results presentation to Board in April.</p> <p>Members agreed.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report; and</li> <li>• <b>APPROVED</b> the EDS assessment rating</li> </ul>	Debs Smith
18	<p><b>Chief Finance Officer Report</b></p> <p>MC reported at the end of December, M9, the Trust was reporting a deficit of £17.2m, an adverse variance against plan of £11.3m.</p> <p>MC set out the key drivers of this forecasted variance, noting the reduced income and additional expenditure associated with the cyber incident, full delivery of the elective activity plan, the Cost Improvement Programme (CIP), maintaining expenditure on urgent care within planned levels and delivering planned integration benefits.</p> <p>MC explained the Trust's unmitigated forecast was a deficit of £25.6m, an adverse variance to plan of £19.0m. MC added the Trust has fully engaged with NHSE and C&amp;M ICB to plan actions to reduce expenditure to mitigate against these risks. Full implementation of these agreed actions will reduce the unmitigated forecast deficit to £16.7m, an adverse variance to plan of £10.0m. This variance is consistent with the finance trajectory submitted by the Trust to NHSE, adjusted for the financial impact of the cyber incident.</p> <p>MC indicated the deficit position continued to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code. MC added NHSE confirmed £3.5m of cash support in January 2025 and the Trust will apply for the</p>	



	<p>remainder of the projected 24/25 cash requirement as part of the process for March 2025.</p> <p>MC provided an update on the statutory key financial risks, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency and cash were amber, agency spend, and capital was green.</p> <p>SI queried about the cash position moving forward.</p> <p>MC stated the cash position was currently being managed month by month and while the Trust remained in deficit it would impact on the cash position.</p> <p>Members discussed the cash position, acknowledging there was cash availability within System but there was no agreed mechanism for distributing cash between Trusts.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report</li> <li>• <b>NOTED</b> that full implementation of agreed mitigations will significantly but not fully mitigate financial risk</li> <li>• <b>NOTED</b> the significant cash risk and that the Trust will be submitting an additional cash support request in M12 and that the NHSE approval criteria require full delivery of finance and workforce plans; and</li> <li>• <b>APPROVED</b> the revision of the capital budget to £19.707m</li> </ul>	
19	<p><b>Chief Operating Officer Report</b></p> <p>HK highlighted in December the Trust attained an overall performance of 73.98% against plan for outpatients and an overall performance of 81.93% against plan for elective admissions. HK indicated the underachievement had been driven by the cyber security incident the Trust experienced in November.</p> <p>HK summarised the referral to treatment standard and current performance against this, reporting the Trust had 151 65 week waiters at the end of December against a standard to have no patients waiting 65 weeks by September 2024. HK explained Gynaecology was a key contributor to this and there had been notable improvements between June – December 2024.</p> <p>HK summarised cancer performance against the trajectory and DM01 performance.</p> <p>HK highlighted in December type 1 unscheduled care performance was 45.56% and continues to remain below the planned improvement trajectory. HK added improvement projects including pilots remain in place and are progressing to address the non-admitted performance.</p>	

	<p>HK stated the number of patients not meeting the criteria to reside had decreased with an average of 105 patients. Demand for patients attending the ED with mental health conditions also reduced in December.</p> <p>Members discussed the various pilots being undertaken to improve performance and acknowledged the good progress so far and opportunities to embed these as part of business as usual. Members also discussed the acuity of patients, specifically the general deterioration of conditions compared to pre-pandemic.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>20</b>	<p><b>Quality Committee Terms of Reference</b></p> <p>DM highlighted the Terms of Reference had been presented to Quality Committee in November and included amends to the attendance, relating to the inclusion of all Executive Directors as part of a Deloitte well-led review carried out during 2024.</p> <p>DM explained following feedback at the Board meeting in December this has been amended to reflect other members of the Executive Team will attend on a rotational basis only.</p> <p>The Board <b>APPROVED</b> the Terms of Reference.</p>	
<b>21</b>	<p><b>New Integrated Performance Report Template</b></p> <p>DM referenced the revised Integrated Performance Report which had been included for information, noting this was based on the insightful provider Board guidance published in November. DM added the revised Integrated Performance Report would be used from April 2025.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>22</b>	<p><b>Questions from Governors and Public</b></p> <p>SH queried about the business case to recruit two locum consultants instead of three for the stroke service and if this was a fragile service.</p> <p>RM stated the service was sustainable with two agency consultants but there remained significant staffing shortages at consultant level within the stroke workforce.</p>	
<b>23</b>	<p><b>Meeting Review</b></p> <p>Members commented that the new structure of the agenda and template for Committee Chairs Report was welcome.</p> <p>Members requested to receive updates on the integration progress in the most relevant meeting.</p>	Jo Chwalko

24	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	
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*(The meeting closed at 11:15)*

<b>Meeting</b>	Board of Directors in Public
<b>Date</b>	Wednesday 4 March 2025
<b>Location</b>	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
LD	Lesley Davies	Non-Executive Director
SW	Sam Westwell	Chief Nurse
RM	Dr Ranj Mehra	Deputy Medical Director
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer & Deputy Chief Executive

**In attendance:**

DM	David McGovern	Director of Corporate Affairs
JC	Jo Chwalko	Director of Integration and Delivery
JJE	James Jackson-Ellis	Corporate Governance Manager
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 14
AA	Dr Alice Arch	Guardian of Safe Working – item 16
CJ	Clare Jefferson	Associate Director of Estates, Facilities and Capital Governance and Sustainability – item 19
TC	Tony Cragg	Public Governor
RT	Robert Thompson	Public Governor

**Apologies:**

SL	Sue Lorimer	Non-Executive Director
NS	Dr Nikki Stevenson	Medical Director & Deputy CEO
JH	Janelle Holmes	Chief Executive

Agenda Item	Minutes	Action
<b>1</b>	<b>Welcome and Apologies for Absence</b>  DH welcomed everyone to the meeting. Apologies are noted above.	
<b>2</b>	<b>Declarations of Interest</b>	

	No interests were declared and no interests in relation to the agenda items were declared.	
<b>3</b>	<b>Minutes of Previous Meeting</b>  The minutes of the previous meeting held on the 29 January were <b>APPROVED</b> as an accurate record.	
<b>4</b>	<b>Action Log</b>  The Board <b>NOTED</b> the action log.	
<b>5</b>	<b>Patient Story</b>  The Board received a video story from a new mum and her baby. The video story described her positive experience from Maternity Services during antenatal and postnatal care.  Members welcomed the video story and acknowledged the positive experience the new mum and her baby had.  The Board <b>NOTED</b> the video story.	
<b>6</b>	<b>Chair's Update</b>  DH reflected on the integration between WUTH and WCHC so far and commented clinical teams were keen to collaborate and this was positive.  DH added WCHC also had a good telephony system and were using this to drive improvements for patient access.  The Board <b>NOTED</b> the update.	
<b>7</b>	<b>Chief Executive Officer Report</b>  HK reported in January there were no Patient Safety Incident Investigations opened under the Patient Safety Incident Response Framework and there was one Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive.  HK highlighted on 18 February the Trust held a Quality Priorities workshop which was attended by staff, internal and external stakeholders across Wirral Place. HK added the purpose of the workshop was to gain views on what the Trust should be focussing on to improve patient safety and patient care in the year ahead.  HK stated on 14 February Ward M1 at Clatterbridge hosted a special Valentine's movie night for older patients. HK added all patients on this ward were aged 74 and above and cares for patients who are medically fit but awaiting support services such as a social worker assessment, a package of care or a bed in a rehabilitation facility.	

	<p>HK explained on 9 February the Trust had a spotlight on Autism Sunday to raise awareness of autism. HK added the Trust has put in place a number of important initiatives to support autistic patients and that all staff are required to complete the Oliver McGowan training on learning disability and autism.</p> <p>HK summarised the recent meetings of the Cheshire and Merseyside Acute and Specialist Trust Board on 7 February and the Wirral Place Based Partnership Board on 20 February.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>8</b>	<p><b>Board Assurance Framework (BAF)</b></p> <p>DM summarised the key changes to the BAF including the direction of travel for each strategic risk, noting the score for risk 4 had increased from 9 to 12 because of the repeatedly high levels of sickness absence being experienced.</p> <p>Members discussed the BAF and agreed the risks and controls appeared accurate and reflected the current position.</p> <p>The Board <b>NOTED</b> the BAF.</p>	
<b>9</b>	<p><b>Integrated Performance Report</b></p> <p>RM stated the number of patients recruited to NIHR studies remained below target and expected there to be between 400-500 patients this year vs a target of 700. RM added at the next Research and Innovation Committee a new suite of key performance indicators would be discussed.</p> <p>SW explained C Diff remained above the target of 6 per month with 12 incidents in January. SW added the Health Protection Board were meeting on Friday and the Wirral C Diff Strategic Plan progress would be discussed.</p> <p>SW stated there was 1 category 3 hospital acquired pressure ulcer in January against a target of 0.</p> <p>SW reported friends and family test for ED was 75.6%, Maternity, Outpatients and inpatients exceeded the 95% threshold.</p> <p>SW highlighted the number of level 1 concerns raised exceeded the threshold of 173 in month, however positively the number of formal concerns per 1000 staff was below the agreed threshold.</p> <p>SW indicated RN and CSW staffing fill rates were above the threshold of 90% with the exception of CSW days which was 85%.</p>	

	<p>DH queried about the engagement of primary care networks in regard to C Diff.</p> <p>MS stated through the creation of the Wirral Provider Collaborative this will include primary care networks, which will provide a greater opportunity to work collaboratively to address the C Diff challenges.</p> <p>DH requested MS provide an update to the Integrated Management Board regarding primary care networks' involvement in the Wirral Provider Collaborative and how they can be further supported.</p> <p>DH referenced a patient story from the WCHC Board meeting which was from an end of life patient and the challenges they experienced accessing end of life care. DH commented about the challenges accessing services across the system and suggested exploring a one Wirral number for patients to call to understand what services were available.</p> <p>Members discussed this and agreed with the idea, noting the financial and operational efficiencies which could be made and utilising the telephony system already available at WCHC.</p> <p>DH requested MS incorporate as part of the integration programme the development of a one Wirral number telephony system for patients to access information by dialling one number.</p> <p>DS stated the key performance indicators for mandatory training, appraisal compliance and turnover were on target. However, sickness absence remained above target at 6.62% and an area of concern and focus.</p> <p>DS explained the BAF score for risk 4 had increased from 9 to 12 because of the repeatedly high levels of sickness absence being experienced and she had given a deep dive on sickness absence controls and mitigation to Audit and Risk Committee in February.</p> <p>DS reported sickness absence would be part of the workforce transformation workstream for 2025/26, including maximising the use of health and wellbeing resources as well as further improvements to the management of sickness absence.</p> <p>SR commented it was positive both appraisal and mandatory training had been maintained during the recent major incidents.</p> <p>DS agreed and stated mandatory training had become embedded and was part of the culture at the Trust but explained further work was required to embed this for appraisals.</p> <p>The Board <b>NOTED</b> the report.</p>	<p>Matthew Swanborough</p> <p>Matthew Swanborough</p>
10	<b>Committee Chairs Report – Estates and Capital Committee</b>	

	<p>DH alerted members that the Committee discussed the quarterly Health and Safety update and acknowledged the number of violence and aggression incidents towards staff and patients continued to remain high and this was cause for concern.</p> <p>DH also alerted members that Committee also discussed Fire Safety Level 2 training compliance, noting this continued to be significantly below the 90% compliance target across most of the Divisions. The Committee recommended that this be referred to and discussed in more detail at the People Committee.</p> <p>DH commented about the Estates improvement journey since 2021 and requested MS document this.</p> <p>MS agreed.</p> <p>The Board <b>NOTED</b> the report.</p>	Matthew Swanborough
11	<p><b>Committee Chairs Reports – People Committee</b></p> <p>LD alerted members that the Committee continues to monitor the workforce key performance indicators. Committee remained concerned regarding sickness absence as this continues to be above the Trust's target at 6.62% in January 2025.</p> <p>LD stated this is mainly driven by short term sickness absence. Additional Clinical Services, Nursing and Midwifery, and Estates and Ancillary staff groups have the highest levels of sickness absence.</p> <p>LD also alerted members that the Committee had requested a deep dive from the Estates and Capital Team in April, updating on presentation previously given to Committee in March 2024 on the areas of concern and focus.</p> <p>LD further summarised the various advise and assure matters from the People Committee meeting on 7 February 2025.</p> <p>The Board <b>NOTED</b> the report.</p>	
12	<p><b>Committee Chairs Reports – Audit and Risk Committee</b></p> <p>SI alerted members that the Internal Audit Report on LocSSIPs produced a limited assurance outcome. SI added the Committee requested that the report be considered by the Quality Committee.</p> <p>SI also alerted members that work was ongoing in relation to Multi Factor Authentication (MFA) and password security following the recent cyber incident.</p> <p>SI further summarised the various advise and assure matters from the Audit and Risk Committee meeting on 20 February 2025.</p>	



	<p>DH queried about the recommendations arising from the LocSSIPs review.</p> <p>RM stated these primarily related to the consistent application of the relevant policy including correct recording and training for staff.</p> <p>The Board <b>NOTED</b> the report.</p>	
13	<p><b>Committee Chairs Reports – Finance Business Performance Committee</b></p> <p>SR alerted members that the Trust had submitted a request for cash support for £11.3 million. SR explained pending approval of this request the Committee noted the significant mitigation actions that the Chief Finance Officer would have to consider if some or all of this request was not met.</p> <p>SR also alerted members that the Committee received a quarterly financial plan update. This presentation indicated that there had been an improvement in the financial stability measure in month 10 to a variance of £10m and the Chief Finance Officer confirmed a subsequent improvement to a forecast variance to plan of £7m million.</p> <p>SR highlighted the Committee received a presentation from the Chief Finance Officer and the Chief Operating Officer outlining the work towards meeting the requirements of the 2025/26 planning round for finance and activity. SR referenced the challenging position in relation to unfunded inflation pressures, capped income from elective activity and the convergence requirement.</p> <p>SR further summarised the various advise and assure matters from the Finance Business Performance Committee meeting on 26 February 2025.</p> <p>Members discussed the Trust's financial position and acknowledged since 2023/24 the Trust had met its 5% CIP target for 2 consecutive years and transacted £46m of recurrent CIP.</p> <p>The Board <b>NOTED</b> the report.</p>	
14	<p><b>Quarterly Maternity and Neonatal Services Report</b></p> <p>JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise for January.</p> <p>JL stated there were no Patient Safety Investigation Incidents (PSIIs) declared for Maternity Services or Neonatal Services in January. JL added to date there were four Maternity and Newborn Safety Investigations (MNSI).</p>	

JL gave an update on Maternity Incentive Scheme (MIS) Year 6, noting this was approved by Board in January and submitted on schedule. JL added as advised by MBBRACE and NHS Resolution Safety Action 1 was declared as non-compliant in the first instance. JL stated no guidance has been released for MIS Year 7 presently.

JL explained the position in relation to Saving Babies Lives, noting the Trust achieved 89% compliance against the 6 elements based on evidence as of 30 September 2024. JL added the Trust continues to work towards full implementation.

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

JL reported progress against the recommendations of the three year delivery plan for maternity and neonatal services. JL also updated on progress regarding implementing a Continuity of Carer Model and referred to the 6 monthly workforce report.

JL referenced the Care Quality Commission annual maternity survey, noting the overall results indicate that Wirral Women and Children's Hospital has been providing quality care to expectant and new mothers.

JL highlighted the LMNS annual visit on 11 December 2024 and the North West Neonatal Operational Delivery Network visit on 6 December 2024, both had provided positive feedback on the Trust's Maternity and Neonatal Services.

SR commented there remained a robust level of assurance provided to Board in regard to maternity and neonatal services. SR also commented that it was positive the Trust continued to maintain the shift leader as supernumerary at start of shift and throughout as best practice.

The Board:

- **NOTED** the report.
- **NOTED** the Perinatal Clinical Surveillance Assurance report.
- **NOTED** the position of Patient Safety Incident Investigations (PSSI's) & Maternity and Newborn Safety Incidents (MNSI).
- **NOTED** the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3.
- **NOTED** the update on the NHSE three-year delivery plan for maternity and neonates incorporating Ockenden and East Kent 'Reading the Signals'.
- **NOTED** the 6 monthly workforce and staffing report for maternity along with Trust investment to increase the

	<p>maternity establishment to permanent posts in line with associated funding.</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the results of the CQC maternity survey.</li> <li>• <b>NOTED</b> the outcome of the UNICEF accreditation.</li> <li>• <b>NOTED</b> the outcome of the LMNS annual review.</li> <li>• <b>NOTED</b> the North West Neonatal Operational Delivery Network annual visit.</li> <li>• <b>NOTED</b> the PMRT report for Q3 24/25.</li> </ul>	
<b>15</b>	<p><b>6 Monthly Safe Staffing Report</b></p> <p>SW explained the last establishment review was conducted in June 2023 and set out the reasons for the delay, noting these related to the extensive periods of Clinical Support Worker industrial action, changes in senior nurse leaders and the launch of a new Adult Inpatient Safer Nursing Care Tool.</p> <p>SW set out the methodology for the new Adult Inpatient Safer Nursing Care Tool to determine the appropriate level of staffing for adult inpatient wards.</p> <p>SW indicated no changes were proposed at this time following the establishment review.</p> <p>SW highlighted the next steps, including re-establishing 6 monthly establishment reviews and reviewing the format of the bi-monthly Safe Staffing Report to People Committee.</p> <p>SR commented it was positive to see this being re-established and welcomed the iterative approach. SR suggested there may also be workforce transformation opportunities arising from the integration with WCHC for nursing teams.</p> <p>The Board <b>NOTED</b> the report.</p>	
<b>16</b>	<p><b>Guardian of Safe Working Reports Q3 2024/25</b></p> <p>AA summarised the number of exception reports during the period, noting there had been a return to a majority of exception reports from foundation doctors. AA explained there were a number of exception reports during the major incident however this had not resulted in an overall rise.</p> <p>AA added there were a relatively large number of educational reports, half of which were from internal medicine year 2 and this was being reviewed with the educational support team.</p> <p>AA stated the overall trend in exception reports was lower than the previous year.</p> <p>DS queried about the number of educational exception reports and if this was a concern.</p>	

	<p>AA stated these exception reports were handled by the Director of Education and related to postponed classroom based learning during the major incident. AA added all postponed educational activity would be rescheduled.</p> <p>RM confirmed any postponed teaching had to be approved by him and cancellation of teaching was rare.</p> <p>DS also required about the overall trend in exception reports, noting this was lower than the previous year.</p> <p>AA stated she had been the Guardian of Safe Working for a year which had provided opportunity for new processes to be embedded. AA added if a reoccurring theme from an exception report was observed these were proactively managed through prompt intervention to ensure further similar exception reports were minimal.</p> <p>DH queried about the other mechanisms available for junior doctors to raise any concerns.</p> <p>RM stated there were a number and these included the Junior Doctor Form, Joint Local Negotiating Committee as well as annual GMC and NETS surveys.</p> <p>The Board <b>NOTED</b> the report.</p>	
17	<p><b>Chief Finance Officer Report</b></p> <p>MC reported at the end of January, month 10, the Trust was reporting a deficit of £16.0m, an adverse variance against plan of £9.7m.</p> <p>MC set out the key drivers of this forecasted variance and the internal risks to achievement of plan, indicating these related to the cost and lost income associated with the cyber incident, full delivery of elective activity plan, the Cost Improvement Programme (CIP), maintaining expenditure on urgent care within planned levels and delivering planned integration benefits.</p> <p>MC explained the Trust's unmitigated forecast was a deficit of £22.6m, an adverse variance to plan of £15.9m. Full implementation of the NHSE and C&amp;M ICB actions would reduce the unmitigated forecast deficit to £13.6m, an adverse variance to plan of £7.0m.</p> <p>MC indicated the deficit position continued to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code. MC confirmed the Trust's application for £3.5m of support had been approved and no additional cash would be needed before March.</p>	

	<p>MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency, cash and agency spend were amber and capital was green.</p> <p>Members acknowledged there was an opportunity to discuss the financial position including the 2025-26 financial plan during the Private meeting.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the report.</li> <li>• <b>NOTED</b> that full implementation of agreed mitigations will significantly but not fully mitigate financial risk.</li> <li>• <b>NOTED</b> that the Trust will be submitting an additional cash support request in M12.</li> </ul>	
18	<p><b>Chief Operating Officer Report</b></p> <p>HK highlighted in January the Trust attained an overall performance of 105.7% against plan for outpatients and an overall performance of 91.6% against plan for elective admissions.</p> <p>HK indicated the Trust overachieved planned level for outpatient new appointments, however two Divisions underachieved day case elective admitted activity plans impacting the overall Trust position.</p> <p>HK summarised the referral to treatment standard and current performance against this, reporting the Trust had 88 65 week waiters at the end of January against a standard to have no patients waiting 65 weeks by September 2024. HK set out the types of patients waiting 65 weeks.</p> <p>HK also summarised cancer performance against the trajectory, DM01 performance and the Faster Diagnostic Standard, noting the impact of the cyber security incident continues to be felt.</p> <p>HK highlighted in January type 1 unscheduled care performance was 46.28% and continues to remain below the planned improvement trajectory. HK added challenges relating to staff shortages due to vacancies and sickness, and limited bed capacity continue to cause overcrowding, long waiting times, and treatment delays.</p> <p>HK added various improvement initiatives continued in January with further pilots planned, specifically the further roll out of Same Day Emergency Care (SDEC).</p> <p>HK stated the number of patients not meeting the criteria to reside had remained static since January which was positive.</p>	

	<p>DH queried about the low uptake of the call before convey service and commented this was disappointing.</p> <p>JC agreed and stated this was driven by the ambulance provider not fully utilising the service. JC added a missed opportunities audit took place and identified patients would have benefited from accessing the service.</p> <p>The Board <b>NOTED</b> the report.</p>	
19	<p><b>Green and Sustainability Plan – Annual Progress Update</b></p> <p>MS gave an overview of progress to date, noting in 2022/23 19 actions were complete or ongoing, 62 started or partially completed and 47 not started/limited progress. MS added data collection for 2023/24 would take place in March 2025.</p> <p>MS also provided a summary of the key updates across staff engagement, energy, travel and transport/medical gases, greenspace/biodiversity and external engagement.</p> <p>CJ highlighted the plan for 2025/26 which included the reduction in anaesthetic gases and applying for funding for solar panels and electric vehicle chargers.</p> <p>Members discussed the various elements of the Green Plan and agreed the Trust had a strong track record of working with colleagues and partners to delivery improvements to reduce the Trust's carbon footprint.</p> <p>Members also thanked CJ and the team for their work.</p> <p>The Board <b>NOTED</b> the report and presentation.</p>	
20	<p><b>Trust Constitution Update</b></p> <p>DM highlighted in order to establish and embed effective governance arrangements to facilitate the integration between WUTH (Wirral University Teaching Hospital) and WCHC (Wirral Community Health and Social Care) there is requirement to update the Trust Constitution.</p> <p>DM explained Constitution has been updated to reflect that the Trust may exercise joint working and joint committee powers under s.65Z6 of the NHS Act.</p> <p>DM noted the Constitution requires both the Council of Governors and Board of Directors to approve any change and added the Council of Governors approved the changes at a meeting in February.</p> <p>The Board <b>APPROVED</b> the Trust Constitution.</p>	

21	<p><b>Annual Review of Corporate Governance Manual</b></p> <p>DM explained the Corporate Governance Manual was subject to an annual review and summarised the various amends, noting these primarily related to the Constitution, Scheme of Reservation and Delegation and Terms of References.</p> <p>DM added the Audit and Risk Committee met in February to review the Manual and recommended it to the Board for approval.</p> <p>DM stated once approved the Corporate Governance Manual would be uploaded to the Trust website for transparency purposes.</p> <p>The Board <b>APPROVED</b> the Corporate Governance Manual, following recommendation from the Audit and Risk Committee.</p>	
22	<p><b>Questions from Governors and Public</b></p> <p>TC commented he had received positive feedback from members of the public in regard to the care they received in Maternity Services. TC also congratulated DH on his extension and reappointment as Chair.</p> <p>RT commented he welcomed the approach being taken by the Trust to collaborate more closely with primary and secondary care.</p>	
23	<p><b>Meeting Review</b></p> <p>No comments were made.</p>	
24	<p><b>Any other Business</b></p> <p>No other business was raised.</p>	

*(The meeting closed at 11:00)*