

Agenda

17:30 - 17:30 **1. Food will be served from 5.00pm to 5.30pm**
0 min

17:30 - 17:30 **2. Chair and quorum**
0 min
Information *Mark Jones*

17:30 - 17:30 **3. Apologies for absence**
0 min
Information *Mark Jones*

17:30 - 17:30 **4. Declarations of interest**
0 min
Information *Mark Jones*

17:30 - 17:35 **5. Minutes of the previous meeting**
5 min
Decision *Mark Jones*
 CoG Minutes - 11.1.22 NA.pdf (6 pages)

17:35 - 17:40 **6. Chair's opening remarks**
5 min
Information *Mark Jones*
Verbal item

17:40 - 17:55 **7. Chief Executive's update**
15 min
Discussion *Silas Nicholls*
Presentation

17:55 - 18:15 **8. Non-Executive Directors' and Committee reports**
20 min
Discussion

8.1. Q&S Committee: AAA reports
Information *Francine Thorpe*

8.2. People Committee: Governor comments

Information *Mustapha Koriba*

8.3. F&P Committee: Governor comments

Information *Bill Anderton*

18:15 - 18:30 15 min 9. Governor briefings on Committees

9.1. Q&S Committee

Information *Linda Sykes*

9.2. F&P Committee

Information *Bill Anderton*

18:30 - 18:40 10 min 10. Looking forward

Information *Mark Jones*

Verbal item

18:40 - 18:50 10 min 11. Review of leadership and governance using NHS well-led framework

Information *Paul Howard*

📄 10. Review of leadership and governance.pdf (10 pages)

18:50 - 19:20 30 min 12. Equality, diversity and inclusion

Discussion *Paul Howard and Toria King*

Presentation

19:20 - 19:30 10 min 13. Consent agenda

13.1. Corporate objectives 2022/23

Information

📄 11.1 Corporate objectives 2022-23.pdf (10 pages)

19:30 - 19:30 0 min 14. Date, time and venue of next meeting

Information *Mark Jones*

19 July 2021, 5.15pm, venue to be confirmed

WRIGHTINGTON, WIGAN AND LEIGH TEACHING HOSPITALS NHS FOUNDATION TRUST (WWL)

MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS (“the Council”)

HELD AT 5.15PM ON 11 JANUARY 2022

AT THE EDGE, RIVEREDGE, WIGAN, WN3 5AB

Present:	Mr M Jones	Chair (in the Chair)
	Mr B Anderton	Public Governor, Wigan
	Mr S Campsall	Public Governor, Wigan
	Mr J Cavanagh	Appointed Governor, FT volunteers
	Mr L Chamberlain	Public Governor, Makerfield
	Mrs Pauline Gregory	Public Governor, Wigan
	Mr K Griffiths	Public Governor, Makerfield
	Mr S Gorst	Staff Governor, All other staff
	Ms L Hale	Public Governor, Makerfield
	Ms Michelle Hartley	Staff Governor, Nurses and Midwives
	Mr A Haworth	Public Governor, Leigh
	Ms S Howard	Staff Governor, Nurses and Midwives
	Ms C Kelly	Appointed Governor, Edgehill University
	Mr M Koriba	Public Governor, Rest of England and Wales
	Mrs L Lymath	Public Governor, Rest of England and Wales
	Mrs C Martindale	Public Governor, Wigan
	Mr M Ryding	Public Governor, Rest of England and Wales
	Mr A Savage	Staff Governor, All other staff
	Ms S Sephton	Public Governor, Leigh
	Mr S Shah	Appointed Governor, Local Medical Committee
	Ms S Spibey	Public Governor, Leigh
	Cllr F Walker	Local Authority Governor, Wigan MBC
	Mr P Woods	Public Governor, Makerfield
In attendance:	Miss N Armstrong	Corporate Governance Officer (minutes)
	Prof C Austin	Non-Executive Director
	Lady R Bradley	Non-Executive Director
	Ms M Fleming	Deputy Chief Executive
	Mrs N Guymer	Deputy Company Secretary (minutes)
	Mr I Haythornthwaite	Non-Executive Director
	Mr P Howard	Director of Corporate Affairs
	Mrs L Lobley	Non-Executive Director
	Mr R Mundon	Director of Strategy and Planning
	Mrs F Thorpe	Non-Executive Director

1/22 Chair and quorum

The Chair took the chair and noted that due notice had been provided to all governors and that a quorum was present. He therefore declared the meeting duly convened and constituted.

2/22 Apologies for absence

Apologies were received from Dr E Cooper, Mrs L Sykes and the Chief Executive.

3/22 Declaration of interests

No attendees declared an interest in respect of any of the items to be considered during the meeting.

4/22 Minutes of previous meeting

The minutes from the previous meeting held on 20 October 2021 were APPROVED as a true and accurate record, subject to amending Mr K Griffiths as representing the Makerfield Constituency and Mr M Koriba's title.

5/22 Chief Executive's update

The Deputy Chief Executive provide an update around the current position across the whole of the whole of the healthcare system. She advised that WWL is currently at Level three Critical Incident level, just below level 4. She clarified that this meant all the measures put in place by the trust are not working effectively and pressures are not reducing. This is attributable to occupancy levels on the acute site being at 105%, with every bed in use, including short stay beds being used for long term admittances. She explained that this is caused by the number of patients who are being admitted and not the severity of their condition. She noted that the pressure has been compounded by 88% of care homes being closed due to COVID-19 outbreaks and staff absences. As a result, the non-urgent elective programme has been suspended to enable staff redeployment to support the surge capacity. She confirmed that escalation areas have also been opened on the Leigh and Wrightington sites. She explained that WWL's usual standard of care is unable to be maintained as a result of these pressures but provided assurance that governance processes are in place to monitor this, particularly at regional level.

In response to a question from Mrs S Sephton, she clarified that cancer patients and others requiring urgent surgery are still being treated, with the 52-week referral to treatment period hoping to be maintained to through use of the independent sector, and confirmed that at WWL Private Patient surgery has been suspended

Mr B Anderton queried the average length of stay for those admitted with COVID-19 and asked what the next step will be, once WWL's escalation areas are full. She advised that this is eight days with less capacity being used in Critical Care. The Jean Heyes reablement unit will stay open and Wrightington will be deescalated. She further noted that WWL is working with the Local Authority to reopen care homes as soon as it is safe to do so.

The Director of Corporate Affairs noted that legislation will soon to come into force mandating vaccinations for staff working in CQC regulated areas and imposing an associated requirement on the Trust to terminate the employment of those who are not vaccinated in accordance with that legislation. Currently 93.3% of WWL staff are fully vaccinated.

In reply to a query from Dr Syed Shah, the Deputy Chief Executive noted that WWL are not acting on suggestions that patients should be discharged 48 hours prior to their predicted discharge, they are keen to ensure that patients are ready to be safely discharged with relevant support from primary care and other services. She noted that they are focusing on being able to reopen care home beds. It was also noted that virtual wards have been implemented and are working effectively.

6/22 ICS Update

The Director of Strategy and Planning explained that new legislation coming into force will abolish Clinical Care Commissioning Groups (CCGs) and create Integrated Care Boards and Integrated Care systems. For WWL this would operate at a Greater Manchester level. Due to the ongoing pandemic, the implementation of this is now likely to be delayed until Summer 2022. Work is already taking place across Greater Manchester to ensure collaborative and effective working. Six Areas have been identified for collaborative working across Greater Manchester: urgent and emergency care, specialist or fragile services (dermatology), cancer, mental health and clinical support services (radiology, pathology and pharmacy). He was supportive of this collective approach and was confident that it would benefit WWL's patients.

Mr A Howarth questioned collaboration in the voluntary and charity sector and where the role of the public representative comes into the new arrangement. The Director of Strategy and Planning expects to have clearer representation through the group. He noted that at Greater Manchester level there will be a contract between the voluntary sector and the Integrated Care Board about how associated services will be delivered. He clarified that the new legislation is not meant to change individual organisations' internal operation and that WWL's current arrangements will remain in place. He noted the opportunity to improve what WWL do in this sector and think systematically about the contribution to the wider system.

Mr B Anderton asked if the Integrated Care system would prevent or slow down the Trust in terms of decision making. The Director of Strategy and Planning observed that the Trust has made decisive and quick decisions and that this could be difficult within the Greater Manchester system but noted the aim to reduce the lag and react to circumstances as quickly as is necessary. He noted that as a Trust WWL has Executives in key roles within Greater Manchester.

Lady R Bradley responded to Mr A Howarth's question by noting that Greater Manchester partnerships are trying to reserve spaces for localised services rather than larger national charities to ensure local responses can be maintained.

Mr P Woods emphasised the need for WWL to keep up their profile at Greater Manchester level as transport and economy is very Manchester centric.

7/22 Non-Executive Director reports

Mr M Jones noted his concerns following the patient story presented at the last Board of Directors' meeting and the need to ensure that where patients have difficulty

communicating, there is someone appropriate available to guide them through any clinical process. He also noted that there needs to be better communication when handing a patient's care over to family members, if being discharged home, or to colleagues in other parts of the case system.

Ms F Thorpe was positive in terms of the transparency shown by the Trust in raising this story for the Board of Directors. She explained that a common theme with issues with communications with patients and care has been identified and that the Patient Experience Group is tasked with understanding the issues which sit behind this theme and actions taken to address the issues. This group reports to the Q&S Committee, of which she is Chair. She was confident that assurance around this area has been evidence at recent Committee meetings.

Ms F Thorpe noted that the committee also receives a quarterly complaints report, where again the recurring theme was around communication. She felt assured by the actions being taken to address the issues identified within these reports.

The Discharge Improvement group also reports into the Q&S Committee and monitors how patients move from WWL either to home or other organisations. They also provided regular feedback to see if the recurring themes are being addressed so she was assured.

She confirmed that as Q&S Chair prior to the start of the latest pandemic wave she has been provided with the required level of assurance through reports to the Committee.

Ms F Thorpe discussed the 'Aspire' ward accreditation scheme, implemented with oversight from Q&S aided by the supernumerary status of ward leaders

It was noted that the current demands on the trust are impacting on service delivery and care and that the Patient Engagement Group and Discharge Improvement group had been suspended as the staff involved are delivering direct patient care. It was noted that these would recommence when possible. Finally, it was also noted that movement across sites may also impact on communication and that this has been unavoidable in many cases due to the pandemic related demand on services.

Mrs L Lobley, Chair of the People Committee, recalled how the December Committee meeting highlighted a case of bullying amongst staff, which had been noted as a concern to the Council.

She explained that the concerns had arisen from a staff story. She reiterated Mrs F Thorpe's sentiments on the Trust being open and transparent when problems have arisen. She noted that a manager from a clinical team noticed behaviours that were detrimental to individuals and the team. Steps had been put in place for the team in question and a psychologist had been assigned to work with the team to identify changes that needed to be made. She explained that feedback that had been received showed that behaviours had improved, and that work was continuing to tackle the issues around behaviours. Mrs L Lobley noted that a Stress Teams programme is available for leadership and management. She mentioned that there is training and a toolkit available to managers and staff. Mrs L Lobley explained that WWL's Our Family, Our Future, Our Focus is owned and overseen by the

board. It was noted that the results of the staff survey were concerning due to the number of people referring to being stressed and the teams' exhibiting signs of stress. She noted that there are plans in place to have wellbeing walks around the different sites, to have discussions with staff leavers and feedback from the Freedom to Speak up representatives to try and address this. She explained that some of this has been put on hold due to the current pressures facing the Trust in the current COVID-19 wave. But that this would be back up and running as soon as possible.

A set of metrics have been agreed to be added to the People Performance dashboard, considering additional areas for monitoring, such as FTSU referrals and survey response rates. She clarified that she felt assured that ongoing work will address the concerns raised by the Governors but emphasised that a cultural change is required and therefore it will take time before the effects of this shift are realised.

She also commented on how the wellbeing team have stepped up the 'SOS' rooms for staff, and in-reach support was being offered to clinical staff who would not necessarily be able to access these rooms.

She clarified that she felt assured that the ongoing work would help to improve this.

Mr A Howarth asked whether the metrics noted will be provided accurately and allow the Committee to reassure the board. Mr L Lobley noted that although metrics can be a challenge, a lot of digitalisation work is ongoing to collect the data and she was confident that the data received would be as reliable as possible.

Mr M Jones suggested that these metrics should be reported back to the Council of Governors.

8/22 Proposed reappointment of Non-Executive Director

Mr M Jones presented the paper that had been circulated prior to this meeting. He highlighted Prof C Austin's involvement with the revision of the FTSU service through the decision to take the service to be provided externally, as well as the work around assisting the Trust to attain University Hospital status. He commented on how this had been discussed at length during the Nomination and Remuneration Committee meeting.

It was recommended by the Committee that Prof C Austin's contract should be extended.

The Council of Governors **RESOLVED** to reappoint Prof C Austin for a further 3 year term of office once her current term of office comes to an end, to run from 1 May 2022 to 30 April 2025.

9/22 Appointment lead Governor

Mr M Jones presented the paper that has been circulated prior to the meeting. He noted that only one expression of interest for the role of Lead Governor had been received, from Mr A Howarth.

The Council of Governors therefore **RESOLVED** to appoint Mr A Howarth as the Lead Governor for the following 12 months.

Mr A Howarth thanked everyone for their support and passed his thanks on to Mrs L Sykes for all her hard work and commitment during her incumbency as Lead Governor.

10/22 Date, time and venue of next meeting

The next meeting of the Council of Governors will be held on 27 April 2022, 5.15 to 7.15pm, in the Boardroom at Trust Headquarters.

Committee report

Report from:	Quality and Safety Committee
Date of meeting:	13 th April 2022
Chair:	Francine Thorpe

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> ▪ Year-end mortality report confirmed that the Trust has not achieved the objective for 2021/22 in relation to a 25% reduction in sepsis related mortality. This objective will be rolled over into 2022/23 ▪ A reduction in the timeliness of complaints responses was reported for quarter 4 (28% responded to within the agreed timescale). Factors contributing to this level of performance relate to managing high levels of service demand and staff absence. The committee noted the corporate objective agreed for 22/23 in relation to improving complaints response times and will monitor progress during the coming year. ▪ Treatment delays has been identified as a theme in reported incidents an investigation into the root causes in underway and will be presented at the next meeting
ASSURE
<ul style="list-style-type: none"> ▪ Achievement of the 20/21 objective relating to a 25% reduction in mortality related to AKI and to bring SHMI in line with the expected range. ▪ Confirmation of the achievement of a 50% reduction in grade 3 and 4 hospital acquired pressure ulcers. ▪ Despite the non-achievement of reduction in sepsis related mortality, the committee received assurance that 98% patients identified with red-flag sepsis received appropriate and timely intervention ▪ The IPC report was received which provided assurance in relation to Trust compliance with national standards and ongoing management of COVID-19. ▪ The Claims and Litigation report was scrutinised and the committee received assurance of divisional ownership in terms of learning and actions taken as a result of these ▪ Good progress was reported in terms of embedding a safety culture within the organisation evidenced by increased numbers of staff attending Human Factors training and roll out of the ward accreditation scheme. ▪ A report was received from the Discharge Improvement Group that provided assurance of improvements made in the measures that were being tracked: <ul style="list-style-type: none"> ➢ Reduction in discharge related incidents and harms ➢ Reduction in discharge related complaints and concerns

- Improvement in compliance with discharge checklist
- Improvements in pharmacy related discharge process
- Assurance was received through divisional reports of the local focus on trust-wide areas of concern

ADVISE

- The committee is awaiting the outcome of the investigation into endoscopy follow up; this will be presented at the next meeting. This will provide details on the number of patients affected/level of harm and provide assurance on actions taken to mitigate any further risk.
- Radiology results reporting was highlighted as a potential area of concern; further assurance on this issue was requested and will be presented at the next meeting
- The link between identification of the deteriorating patient and management of sepsis was discussed in some detail and it was agreed that the committee will retain oversight of these areas

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Med Risk 3350: There is a risk that the Microbiology service will be unable to operate sufficiently due to depletion in the number of Microbiologists employed within the Trust (current score 20). The Committee noted the risk which is currently monitored by the People Committee.

Title of report:	Review of leadership and governance using NHS well-led framework
Presented to:	Council of Governors
On:	27 April 2022
Presented by:	Director of Corporate Affairs
Prepared by:	Paul Howard, Director of Corporate Affairs
Contact details:	E: paul.howard@wwl.nhs.uk

Executive summary

In line with best practice, the Board of Directors commissioned a developmental review of leadership and governance using the NHS well-led framework, and this was undertaken by Deloitte during Q3 2021/22. The report contains 15 recommendations which are intended to support the organisation in its desire to go from good to great to outstanding.

An action plan for each of the recommendations has been agreed by the Board and is attached to this report, alongside an update on progress as at the date of the last Board meeting on 6 April 2022. Further updates will be provided to each Board meeting until all recommendations have been fully implemented.

Whilst there is a requirement to commission an externally facilitated developmental review every 3-5 years, it is likely that we will look to commission a 'mini-review' in the next 18 to 24 months, to both confirm the closure of the action plan and to allow a focused deep dive to be undertaken into an area of the Board's choosing at the time of the review.

Link to strategy

The well-led framework is based on established best practice and is a key component of our strategic vision to be a provider of excellent health and care services for our patients and the local community.

Risks associated with this report and proposed mitigations

There are no specific risks to bring to the Council's attention.

Financial implications

There are no financial implications associated with this report.

Legal implications

There are no legal implications arising from the content of this summary report.

People implications

There are no people implications arising from the content of this summary report.

Wider implications

There are no wider implications to bring to the Council's attention.

Recommendation(s)

The Council of Governors is recommended to receive the report and note the content.

**Well-led review of leadership and governance
Action plan as at 6 April 2022**

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
1 High	The CEO should ensure that the pending executive team development programme explicitly captures good practice in providing focused executive presentations to board and committees and addresses the need to embed collective ways of working across the executive team.	<p>Seven executive development sessions will be held between April and December 2022. Each session will last around 3 hours and will focus on team and personal development.</p> <p>An additional executive development session on presenting to board and committee meetings will be delivered by 30 June 2022.</p> <p>Team members have agreed that attendance at all these sessions will be prioritised above all other items, including annual leave.</p>	Chief Executive	<p>The executive development programme has been commissioned from an external supplier and the first session is scheduled to take place on 8 April 2022.</p> <p>Part of the first session involves a diagnostic to allow team members to identify areas of focus for the remainder of the programme.</p>	
2 High	The board should consider a board seminar session that takes stock of where WWL is with regard to enabling strategies and implementation of the corporate strategy. This should explicitly review the opportunity for accelerating the pace of strategy implementation, for enhancing board oversight of the process and in using a range of different communication methods to increase awareness within the organisation.	<p>A board seminar will be scheduled during Q1 2022/23 to provide the board with dedicated time to review its enabling strategies and overall implementation of the corporate strategy.</p> <p>Any necessary actions to accelerate the pace of strategy implementation, enhance board oversight or increase awareness will be agreed and appropriate timescales and milestones developed.</p>	Chair	<p>The objectives that drive the strategy were challenged and updated at a Board away day on 23 February 2022 and at a workshop on 2 March 2022. They are being presented for approval at today's meeting.</p> <p>The seminar which will review the strategy through the lens of place-based leadership is provisionally scheduled to take place on 4 May 2022.</p> <p>Following the seminar, any further changes to the strategy objectives or activities will be signed off at the Board meeting on 6 June 2022.</p>	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
3 High	The board should set aside time in a board seminar to review progress against the various initiatives aimed at positively influencing culture, to ensure it is appropriately apprised of activities and that suitable mechanisms are in place for it to monitor progress against plan over time.	By the end of Q1 2022/23, the board will have undertaken a dedicated session as part of a seminar or away day to review progress against the <i>Our Family, Our Future, Our Focus</i> programme and will have considered whether it is appropriately apprised of activities and whether it has appropriate mechanisms in place to monitor progress.	Chair	This session is provisionally scheduled to take place on 20 April 2022.	
4 High	The CEO should consider including senior divisional leaders in some executive team development activities to help further build cohesion between the executive and divisional leadership levels, as well as exploring ways in which leaders can further demonstrate the values and behaviours expected within the organisation.	As part of the executive development programme referenced at recommendation 1 above, divisional leaders will be invited to participate in at least 1 session in H1 2022/23 and at least one further session in H2 2022/23.	Chief Executive	This has been shared with the programme facilitator and is being built into session plans. The first joint session is provisionally scheduled to take place during Q2 2022/23.	
5 High	The Trust should consider the development of a refreshed accountability and performance framework, in collaboration with divisional leaders, to formalise responsibilities and accountabilities for divisional and directorate leaders at different levels of the organisation.	By the end of Q2 2022/23, we will have considered whether it is necessary to refresh and develop an updated Responsibility Framework and, if so, will have implemented this by the end of Q3 2022/23.	Deputy Chief Executive	This action will be progressed via the <i>Our Family, Our Future, Our Focus</i> programme. The programme has recently focused on the development of a Civility Charter, based on feedback from staff engagement, and the development of a Responsibility Framework will be progressed in the coming months. A break between the two activities has been built in the programme to avoid seeking concurrent feedback and potentially diluting focus.	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
6 Medium	The Chair should make provision in any future board development plans for a session focused on the impact of board committees and effective assurance reporting to the board. This session should also consider a consistent approach to engaging divisional leaders in board and committee meetings to enhance accountability.	By the end of Q1 2022/23, we will have undertaken a dedicated session on the impact of board committees and effective assurance reporting to the board, as well as agreeing a consistent approach to engaging divisional leaders in board and committee meetings.	Chair	<p>Following discussions at the Board away day on 23 February 2022 and at Executive Team and NED team meetings during February and March 2022, the assurance committee terms of reference have been updated so that core attendees are now listed as the Committee Chair, specified board members and a governor observer.</p> <p>The new terms of reference address the issue of large numbers of attendees and the style (briefing vs. assurance) of the meeting.</p> <p>Divisional leaders and subject matter experts are invited on an agenda item basis, where they will play a key role in making the case and being accountable for the recommendations on behalf of their division or subject area.</p> <p>We have received examples of best practice committee reporting in the form of 'AAA' reports and these have now been introduced for Board meetings.</p> <p>The updated terms of reference are being presented to today's meeting for approval.</p>	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
7 High	The CEO should prioritise a range of activities aimed at developing senior leaders at the divisional and directorate levels, including clarifying individual and collective roles and accountabilities, raising the status of Divisional Assurance Meetings and providing greater focus to support leadership development and succession planning.	<p>By the end of Q4 2021/22, we will have advertised a Shadow Board programme and sought expressions of interest.</p> <p>By the end of Q1 2022/23, the Shadow Board will have held at least one training module and one meeting.</p> <p>By the end of Q1 2022/23, we will have reviewed the status of Divisional Assurance Meetings and agreed how best this may be raised; with any actions being implemented by the end of Q2 2022/23.</p>	Chief Executive	<p>The Shadow Board programme was advertised during Q4 2021/22.</p> <p>A panel consider the applications during March 2022 and membership of the Shadow Board has now been confirmed, with 15 senior managers participating in the programme.</p> <p>The first training module for the Shadow Board is scheduled to take place on 24 May 2022 and its first meeting is scheduled to take place on 7 June 2022.</p> <p>The review of Divisional Assurance Meetings has commenced.</p>	
8 Medium	The Trust should consider further refinements to the presentation format of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to ensure that it provides more focus that guides board and committee discussion. This could be accompanied by a board development session on best practice in the use of the BAF and CRR.	<p>By the end of Q1 2022/23, we will introduce 'AAA' reports for committee chairs which, in conjunction with the BAF, will assist in focusing board and committee discussions.</p> <p>By the end of Q1 2022/23, we will have agreed a revised format for the BAF which will then be used throughout 2022/23.</p> <p>By the end of Q1 2022/23, we will have delivered a board development session on best practice in the use of the BAF and CRR.</p>	Director of Corporate Affairs	<p>AAA report template for committee reporting has been introduced with effect from today's meeting.</p> <p>The Executive Team has considered a revised BAF format which has been shared with NEDs. The intention is to implement this for 2022/23.</p> <p>The Board development session on best practice in the use of the BAF and CRR is provisionally scheduled for 20 April 2022.</p>	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
9 High	The Trust should revisit engagement and communications around changes to the quality governance structure to ensure that there is greater understanding of the rationale for change and the intended impact of this, and to ensure that all involved across the organisation are clear regarding the purpose, timing and sequencing of the changes.	By the end of Q2 2022/23, we will have approved an updated quality governance meeting structure and shared this within the organisation. We will have shared the structure at a meeting of Leaders' Forum and our intranet site.	Chief Nurse	The review of the quality governance meeting structure has commenced and a first draft was circulated for review and comment on 30 March 2022. It is intended for this to be shared with the Quality and Safety Committee on 6 June 2022.	
10 High	The Board should consider more detailed oversight of the digital agenda through the introduction of tailored board seminars in this area and by building this agenda item into the board and committee annual plans. This could involve assigning responsibility for the digital strategy to one of the existing committees, for example the Finance and Performance Committee, which is already responsible for the oversight of material business cases.	By the end of Q4 2021/22, we will have agreed where oversight of the digital agenda will take place. At least one board seminar session in H2 2021/22 as well as H1 and H2 2022/23 will include an aspect of the digital agenda.	Chair	The board has agreed that oversight of the digital agenda will take place via the Finance and Performance Committee and this has been incorporated into the revised terms of reference. The H2 2021/22 board seminar session was held on 23 Feb 2022 and focused on cybersecurity. The H1 2022/23 seminar session is provisionally scheduled for 6 July 2022.	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
11 High	<p>In addition to the ongoing work to develop the Integrated Performance Report, the board and committees should make an effort to instil a culture where papers are more concise, focused and exception-based, with a view to facilitating presentations by executive directors, guiding debate and enhancing the quality of scrutiny. This process should also give due consideration to reporting around themes and trends in order to further refine debate and in the development of more bespoke, targeted action plans.</p>	<p>By the end of Q2 2022/23, we will have a new balanced scorecard which will facilitate more holistic discussion around performance and provide clear line of sight from board to ward. The narrative will aim to identify relevant trends and themes and metrics will include more SPC presentations rather than just threshold metrics where these enable a more appropriate discussion.</p> <p>By the end of Q2 2022/23, we will have delivered at least two report writing training sessions for report authors.</p> <p>During the year, executive directors will be invited to attend NED meetings to socialise complex issues before meetings as needed.</p>	Director of Strategy and Planning	<p>The balanced scorecard is currently under development, with lead executive and non-executive directors contributing to the development of metrics alongside the sign-off of corporate objectives which are being presented to today's meeting.</p> <p>The increase in statutory and other reporting requirements places an additional demand on the Data Analytics and Assurance Team which, unless resourced, may create a risk to the pace of delivery.</p>	
12 Medium	<p>The Chair should introduce a range of virtual forums aimed at providing additional organisational oversight for Non-Executive Directors (NEDs), whilst also raising NED visibility with staff. Initiatives could include NED divisional alignment, NED-led staff focus groups, 1:1 staff meetings and Chair webinars.</p>	<p>By the end of Q1 2022/23, NED walkabouts will have recommenced.</p> <p>By the end of Q2 2022/23, we will have introduced appropriate publicity materials on all main trust sites.</p>	Chair	<p>NED walkabouts will cover all parts of the Trust to ensure visibility amongst clinical and non-clinical teams. NEDs will be invited to undertake a walkabout at least once per quarter, accompanied by an Executive Director who they do not usually work with, to facilitate an additional networking opportunity.</p> <p>Non-Executive Directors will also be providing mentorship support to the Shadow Board programme which will help in increasing visibility with senior leaders.</p>	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
13 High	There is a need to revisit the role of the governor, both in relation to expectations regarding the participation of governors in trust forums, alongside how current activities could adapt and evolve in response to the emerging Integrated Care System. This should include the provision of bespoke training and development in order to further support governors with potential changes to their role in the coming months.	By the end of Q2 2022/23, we will have facilitated a workshop with governors to outline the trust's expectations around participation and to outline new ways of working. Bespoke training and development to support governors with potential changes to their role will take place during Q2 to Q4 2022/23.	Chair	Engagement with the Council of Governors will take place during Q1 and Q2 2022/23.	
14 High	The board should formulate a more detailed plan aimed at embedding a more structured approach to QI within the organisation. This should include clarity over how the approach will be implemented, how the impact will be tracked and shared as well as identifying opportunities for increased system working in this area. This should include consideration of how QI can be utilised within a system context.	By the end of Q4 2021/22, the Continuous Improvement (CI) Building Capability Plan will have been approved by the Continuous Improvement Group (CIG), setting out a systematic approach and plan to building CI capacity and capability over the next two years based on the 'dosing formula' and setting SMART goals to be achieved and monitored through the CIG. The Trust will continue to participate in and steer ongoing discussions with partners within the HWP in the shared objective of developing a shared approach to improvement, using the Trust's 5D Model for Improvement as the basis for this, and then ensuring this is used for transformation priorities within the 2022/23 Locality Plan.	Director of Strategy and Planning	Approval of the Continuous Improvement Building Capacity Plan is complete as at the end of Q4 2021/22. Work on the second part of the action plan is ongoing as part of the new place-based operating model currently being developed.	

No and priority	Recommendation	Action plan and milestones	Lead director	Update	RAG
15 High	At the time of fieldwork, a number of changes were underway to strengthen leadership development, including identifying and supporting future talent. This should take into account opportunities for a multidisciplinary approach (both within the trust and across system partners where appropriate) and should also consider the skills required both as a leader within the trust as well as those which will be needed as a result of greater levels of integrated system working.	By the end of April 2022, we will have relaunched the Leadership Development Framework within the organisation. The talent programme will be prioritised for development from April 2022, which will include identification of talent, assessment of potential, talent pathways and development programmes. The design element of the programme will be completed by the end of Q1 2022/23 and phased implementation for organisational tiers will commence from Q2 2022/23.	Director of Workforce	The Leadership Development Framework has been agreed and relaunch is taking place during March and April 2022. The talent programme has been prioritised for development from April 2022. This will include identification of potential, talent pathways and development programmes. The design element of the talent programme will be completed by the end of Q1 2022/23 and phased implementation for organisational tiers will commence in Q2 2022/23.	

Title of report:	2022/23 Corporate Objectives
Presented to:	Council of Governors
On:	27 April 2022
Presented by:	N/A – Consent agenda
Prepared by:	Chris Clark, Assistant Director of Planning
Contact details:	E: chris.clark@wwl.nhs.uk

Executive summary

The report outlines the corporate objectives for 2022/23 as approved by the Board at its meeting on 6 April 2022.

The corporate objectives set out what the Trust plans to achieve during the financial year 2022/23 and what the organisation will prioritise and focus on during the year to progress the longer-term ambitions within its strategy.

The objectives are presented under the four Ps, therefore ensuring effective oversight of the delivery of the corporate objectives through the committee structure, with an allocated director for each and assurance to the Board being provided through the committee structure. Where there are specific KPIs referenced within the corporate objectives, the intention is that these will be brought into the Integrated Performance Report which is currently under development.

Link to strategy

The corporate objectives outline the priorities for 2022/23 to progress the longer-term ambitions within the strategy.

Risks associated with this report and proposed mitigations

None

Financial implications

None

Legal implications

None

People implications

None

Wider implications

None

Recommendation(s)

The Council of Governors is recommended to receive the report and note the content.

Patients		Our ambition is to be widely recognised for delivering safe, personalised and compassionate care, leading to excellent outcomes and patient experience			
No.	Purpose of the objective	Scope and focus of objective	How will be know if it has been achieved	Lead Exec.	How will assurance be provided
1	To improve the safety and quality of clinical services	Continue the work from 2021/22 to reduce mortality related to sepsis, and sustain the improvements made to mortality related to AKI.	<ul style="list-style-type: none"> - 25% reduction in mortality related to sepsis from the position at the end of 2020/21 - Maintain the reduced level of mortality achieved in 2021/22 related to AKI 	SA	Integrated Performance Report
Draft detailed objective for inclusion in the BAF		We will improve the safety and quality of our clinical services by achieving a 25% reduction in mortality related to sepsis by 31 st March 2023 and sustain the improvement in mortality relating to AKI achieved during 2021/22.			
2	To ensure patients and their families receive personalised care in the last days of life	<p>Work with partners across the system to ensure that patient choice on their preferred place of death is honoured, through:</p> <ul style="list-style-type: none"> - Auditing to understand the reasons where this has not happened and establishing an improvement trajectory linked to targeted actions; and - Rolling out an Electronic Co-ordination system to improve information sharing across partners 	<ul style="list-style-type: none"> - Baseline audit completed to identify the % of patients who die in their Preferred Place of Death and to identify the reasons why this has not happened - Following baseline audit agree improvement trajectory increase in the % of patients who die in their Preferred Place of Death - Roll-out of the Electronic Palliative Care Co-ordination system across our acute and community services (noting that implementation across all partners required to maximise benefit) 	SA	Quarterly update to Trust Board
Draft detailed objective for inclusion in the BAF		We will increase the % of patients who die in their Preferred Place of Death, with a target for improvement to be set following completion of a baseline audit in the first quarter of 2022/23.			
3	To improve the delivery of harm-free care	Continue the work from 2021/22 to reduce Hospital Acquired Category 3 and 4 pressures ulcers and reduce serious incidents relating to deteriorating patients, extending this to include zero preventable Community Acquired Category 3 and 4 pressure ulcers. Continuing the roll out of human factor training will be a key enabler to this objective.	<ul style="list-style-type: none"> - Zero Preventable Hospital Acquired Category 3 and 4 pressures ulcers - Zero Preventable Community Acquired Category 3 and 4 pressure ulcers for patients on the District Nursing Caseload - 100% accurate completion of NEWS, PEWS, MEWS reducing the likelihood of a failure to recognise a deteriorating patient - 400 clinical staff to have completed human factors training 	RT	Integrated Performance Report

Draft detailed objective for inclusion in the BAF		We will improve the safety and delivery of harm-free care by achieving a zero preventable category 3 and 4 pressure ulcers in both the hospital and community setting. 100% of NEWS, PEWS and MEWS will be recorded accurately reducing the risk of failure to recognise a deteriorating patient by 31 st March 2023. As an enabler to this objective 400 of clinical staff will have received human factors training by the 31 st March 2023.			
4	To improve the quality of care for our patients	Continue and build upon the accreditation programme within clinical areas, ensuring progress within clinical areas from bronze to silver and increase the reach of the programme to cover additional clinical areas.	<ul style="list-style-type: none"> - 7 of our in-patient wards progressing to achieving a rating at silver with all others maintaining accreditation at bronze level. - To extend the scope of the accreditation programme to A&E; Maternity Unit and the Jean Heyes Reablement Unit, through the development and piloting of the accreditation framework. 	RT	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will improve the quality of care delivered through pursuing our journey of excellence through our Accreditation programme. Seven in-patient wards will progress to achieving the silver rating in our accreditation programme, with the remaining wards maintaining their bronze rating. Additionally, the accreditation programme will be extended to see some other clinical and non-ward areas achieve the bronze rating by the 31st March 2023.			
5	Listening to our patients to improve their experience	Deliver timely responses to complaints raised by patients, friends and families	85% of complaints responded within our agreed time frame	RT	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will improve our complaint response rates by ensuring 85% of complaints received are responded to and acted upon within our agreed timeframes by the 31 st March 2023			

People		To create an inclusive and people centred experience at work that enables our WWL family to flourish			
	Purpose of the objective	Scope and focus of objective	How will be know if it has been achieved	Lead Exec.	How will assurance be provided
6	To make working at WWL a positive experience through a just and learning culture that is compassionate and where everyone has a voice that matters	Develop and embed a culture with compassionate leadership, civility and psychological safety.	<ul style="list-style-type: none"> - Engagement score within Your Voice Survey (4.00) and National Staff Survey (7.11) - Improve response rates to Your Voice and National Staff Surveys, by demonstrating actions in response to feedback - Psychological safety measure within Your Voice survey (3.75) - Reduction of concerns raised via dignity at work / grievance linked to lack of compassion or breach of Trust values - FTSU activity managed in accordance with KPIs 	AB	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will advance and embed the implementation of our just and learning culture programme through leadership development, civility and team development / culture programmes that improve experience of work in a sustainable way and encourage our people to speak up.			
7	Supporting the health and wellbeing of our people	Having a comprehensive range of evidence-based well-being activities and services that are accessible to our people.	<ul style="list-style-type: none"> - Range of stepped care well-being services – from prevention and health promotion to support for complex needs - Well-being score within Your Voice Survey (3.25) - All divisions have a well-being plan that includes how they will ensure their employees can access services that are beneficial for their well-being - Team stress management programme rolled out to 4 cohorts in the year - Positive individual impact scores for those accessing mental health services - Sickness absence (stress and MSK) reducing by 5% - Full roll out of the Empactis absence management system 	AB	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will support the physical health and mental wellbeing of our WWL family by ensuring we have a range of wellbeing activities and services that are accessible to our colleagues, supported by real time and accurate absence data.			

8	ED & I – To ensure inclusion and belonging for all	Implement our ED&I strategy, including the launch of Staff Networks for protected groups. Undertake work to pursue inclusive recruitment and selection processes, address our pay gaps, amplify diverse voices and reduce bullying, harassment, discrimination, and violence (BHDV).	<ul style="list-style-type: none"> - Implement and / or extend the remit of colleague diversity networks for the following protected groups: <ul style="list-style-type: none"> o BAME o LGBTQIA+ o Disability & long-term conditions - Positive action to increase diversity and improve experience at all levels and within all staff groups, including leadership roles - Improvements in the WRES, WDES and gender pay gap outcomes - Delivery of the in-year actions as defined by the following programmes: <ul style="list-style-type: none"> o Rainbow Badge Scheme o Disability confident Scheme o Race Equality Standards 	AB	Biannual report to People Committee and regulatory reports
Draft detailed objectives for inclusion in the BAF		We will improve the equality, diversity and inclusion of our Trust by increasing diversity and accessibility, reducing inequality and improving the experience of protected groups.			
9	To create an environment where we are always learning and everyone can flourish	Implement our learn and grow strategy, where all colleagues have a personal development plan underpinned by a Trust wide learning needs analysis and talent management programme	<ul style="list-style-type: none"> - Personal development measure within Your Voice survey (3.5) - 95% of our people having a quality personal development review (Route Plan) - A Trust wide prioritised learning needs analysis and delivery plan that addresses organisational and personal development requirements - Talent management programme that includes talent identification, assessment of potential and support - 75% of employees undertaking personal development beyond mandatory training - To increase the number of Quality Improvement Champions at Bronze level to 555 by March 2023 (March 2022 – 430) 	AB	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will prioritise personal and professional development to enable our people to flourish, making full use of all available funding sources by aligning our programmes to the learning needs analysis and strategic aspirations such as university teaching hospital status			

Performance		Our ambition is to consistently deliver efficient, effective and equitable patient care			
	Purpose of the objective	Scope and focus of objective	How will be know if it has been achieved	Lead Exec.	How will assurance be provided
10	To deliver our financial plan, providing value for money services	Delivery of the agreed capital and revenue plan for 2022/23.	<ul style="list-style-type: none"> - Delivery of agreed I&E position - Ensure maximum revenue received from ERF delivery / overperformance - Delivery of planned efficiency (reducing costs from run rate and budget) - Delivery of the agreed capital investments within the agreed capital plan for 2022/23 	IB	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will deliver our financial plan for 2022/23, demonstrated through meeting the agreed I&E position, delivery of planned efficiencies and delivery of agreed capital investments in line with the capital plan.			
11	To minimise harm to patients through delivery of our elective recovery plan	Delivery of more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards, working in partnership with providers across Greater Manchester to maximise our collective assets and ensure equity of access.	<ul style="list-style-type: none"> - To eradicate 104 week waits by the end of June 2022 (unless patients have chosen to wait longer) - To deliver an increase in elective activity delivered when compared to 2019/20 baseline, aligned to the agreed operational plan, noting the national <i>target</i> to achieve >110% of 2019/20 elective activity (104% by value). - Sustainably reduce the number of patients on a 62-day pathway that are waiting 63 days or more to pre-pandemic levels (21 patients) by March 2023. 	MF	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		<p>We will minimise harm to patients in recovering and restoring our elective services in line with national recommendations by identifying and treating patients most at risk to by the 31st March 2023:</p> <ul style="list-style-type: none"> • Eradicating 104 week waits by the end of June 2022 (unless patients have chosen to wait longer) • Increase elective activity delivered to 110% of the 2019/20 baseline (104% by value) • Sustainably reduce the number of patients on a 62-day that are waiting 63 days or more to pre-pandemic levels 			

12	To improve the responsiveness of urgent and emergency care	Working with our system partners, we will continue reforms to community and urgent and emergency care to deliver safe, high-quality care by preventing inappropriate attendance at EDs, improving timely admission to hospital for ED patients and reducing length of stay.	<ul style="list-style-type: none"> - To reduce 12-hour waits in EDs to 2% - To sustainably reduce the number of 'no right to reside' patients to pre-pandemic levels (39 patients in total with no more than 15 on the acute site) by March 2023 working with local authority partners and supported by the Better Care Fund and the investment in virtual wards. 	MF	Integrated Performance Report
Draft detailed objectives for inclusion in the BAF		We will deliver improvements to community and urgent emergency care services and pathways alongside our locality partners, demonstrated by 12 hour waits in the Emergency Department being no more than 2% of all attendances and the number of no right to reside patients returning to pre-pandemic levels (39 patients in total with no more than 15 on the acute site) by the 31 st March 2023.			
13	To make progress towards becoming a Net Zero healthcare provider	Bring our recently approved Green Plan to life, integrating it within our governance structures to inform better decision making and creating a green social movement making it everyone's responsibility.	<ul style="list-style-type: none"> - Set and quantify our NHS Carbon Footprint Plus baseline - Develop our Net Zero Strategy for NHS Carbon Footprint Plus and deliver identified in year actions - Develop divisional Greener WWL plans that align to the Trust Green Plan - Embed sustainability impact assessments into business case and service change processes, with 100% completion adherence - Include sustainability impact in our risk appetite statement 	AB	Quarterly update to Finance and Performance Committee
Draft detailed objectives for inclusion in the BAF		We will bring our recently approved Green Plan to life, integrating it within our governance structures to inform better decision making and creating a green social movement, making it everyone's responsibility to deliver on the year one actions identified within the Green Plan.			

Partnerships		To improve the lives of our community, working with our partners across the Wigan Borough and Greater Manchester			
	Purpose of the objective	Scope	How will be know if it has been achieved	Lead Exec.	How will assurance be provided
14	To have a positive impact on the socio-economics of our Borough, through our position as an Anchor Institution	<p>Working with key partners, including Wigan Council and Wigan and Leigh College, we will develop our role as an anchor institution have a positive impact on the socio-economics of our Borough through:</p> <ul style="list-style-type: none"> • increasing access to high quality employment (working with our education and training partners); • increasing the amount of local spend 	<ul style="list-style-type: none"> - Active participation in community wealth building groups - Finalising the WWL Care for Talent Strategy (by end of Quarter 1 - Increase in the number of T level placements from x to y by March 2023 (number to be confirmed after above strategy finalised) - Creation of a Youth Apprenticeship Scheme, creating x apprenticeship posts by March 2023 (number to be confirmed after above strategy finalised) - Development of proposal to become a “real living wage” employer - Increase in the number of people employed with a Wigan postcode - Baseline non-pay spend with local authority partner, identifying influenceable spend which could be spent locally, and setting target to increase this (by Quarter 2) - Participate in ‘meet the buyer’ events with our local partners, providing local business with advice and support to help them succeed in tendering for work 	RM	Six monthly reports to Trust Board
	Draft detailed objective for inclusion in the BAF	We will develop our role as an anchor institution within the Borough through active participation in community wealth building groups with the aim of increasing the number of people employed who have a Wigan postcode, and increasing the value of non-pay spend with local suppliers.			

15	To develop effective partnerships within the new statutory environment	Develop effective relationships across the Wigan locality and the wider Greater Manchester Integrated Care Board, supporting delivery of our other corporate objectives.	<ul style="list-style-type: none"> - Active contribution and influence of the Wigan Locality Plan and ICB workplan - Aligned transformation priorities and programmes of work 	RM	Six monthly reports to Trust Board
Draft detailed objective for inclusion in the BAF		We will continue to develop effective relationships across the Wigan locality and wider Greater Manchester ICB to positively contribute and influence locality and ICB workplans, ensuring these align to our priorities and programmes of work and benefit WWL and the patients that we serve.			
16	To make progress towards our ambition to be a University Teaching Hospital	Continuation of this three to five year strategic objective	<ul style="list-style-type: none"> - Delivery of year 2 objectives detailed in project plan 	SA	Quarterly programme updates to Research Committee
Draft detailed objective for inclusion in the BAF		We will deliver all milestones and outcomes due within 2022/23 from our development and delivery plan for achieving the criteria required to become a University Teaching Hospital organisation in a maximum of four years' time.			