

Agenda

17:15 - 17:30 **There will be an opportunity for a Governor pre-meet from 4.30 - 5.00pm.**
15 min **Networking time is available from 5.00pm to 5.30pm**

17:30 - 17:31 **1. Chair and quorum**
1 min
Information *Mark Jones*

17:31 - 17:32 **2. Apologies for absence**
1 min
Information *Mark Jones*
Phil Woods
Francine Thorpe
Clare Austin
Lisa Lymath
Fred Walker

17:32 - 17:33 **3. Declarations of interest**
1 min
Information *Mark Jones*

17:33 - 17:35 **4. Minutes of previous meeting**
2 min
Decision *Mark Jones*
 COG Minutes - 19.7.22 v3.pdf (6 pages)

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

17:40 - 18:10 **6. Update on work in progress following September workshop**
30 min
Discussion *Mark Jones*
The Chair will lead a discussion on work in progress since the workshop focusing on external engagement.

18:10 - 18:25 **7. Chief Executive's report**

15 min

Information





Silas Nicholls

18:25 - 18:45 **8. NED reports**

20 min

Information

Non-Executive Directors

-  08. AAA QS - Aug22.pdf (2 pages)
 -  08. AAA People - 5 Sept 2022.pdf (2 pages)
 -  08. AAA Audit - Sept 2022.pdf (2 pages)
 -  08. AAA Research - Sept 2022.pdf (1 pages)
 -  08. AAA F&P - Sept 2022.pdf (2 pages)
-

18:45 - 18:55 **9. Presentation of annual report and accounts**

10 min

Information

Molly Trigg, KPMG

A copy of the annual report and the auditor's annual report has been circulated to the Council by email and is also available at www.nhs.uk/annual-report-and-accounts



-  Council of Governors Presentation 21-22.pdf (11 pages)
-

18:55 - 19:00 **10. Council of Governors cycle of business**

5 min

Discussion

Nina Guymer

-  10. Cover sheet - Workplan.pdf (3 pages)
 -  10a. Updated CoG Work Plan 2022-23.pdf (2 pages)
-

19:00 - 19:00 **11. Consent agenda**

0 min

11.1. Schedule of dates for 2022/23

-  WWL governor calendar 2023.pdf (1 pages)
-

19:00 - 19:00 **12. Details of next meeting**

0 min

Information

Mark Jones

11 January 2023, 5.15pm to 7.15pm in the Trust HQ Boardroom

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 19 JULY 2022

AT ALBERTS, SCHOOL LANE, STANDISH, WN6 0TD

Present:	Mr M Jones	Chair (in the Chair)
	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 Michelle Hartley	Staff Governor, Nurses and Midwives
	Mr A Haworth	Public Governor, Leigh
	Ms J Hilling	Public Governor, Rest of England and Wales
	Mr M Koriba	Public Governor, Rest of England and Wales
	Mrs L Lymath	Public Governor, Rest of England and Wales
	Mr M Ryding	Public Governor, Rest if England and Wales
	Mr A Savage	Staff Governor, All other staff
	Ms S Sephton	Public Governor, Leigh
	Ms Bryonie Shaw Mr	Appointed Age UK
	S Shah	Appointed Governor, Local Medical Committee
	CIlr F Walker	Local Authority Governor, Wigan MBC
In attendance:	Miss N Armstrong Ms	Corporate Governance Officer (minutes)
	K Ashcroft	Clinical Quality Lead
	Ms A Cheesman Ms K	Deputy Chief Nurse
	Glass	Head of Patient Experience & Engagement
	Miss N Guymer	Deputy Company Secretary
	Mr I Haythornthwaite	Non-Executive Director
	Mr P Howard	Director of Corporate Affairs
	Ms L Lobley	Non-Executive Director
	Mr S Nicholls	Chief Executive
	Ms E Rogers	Assoc Chief Nurse; Quality & Patient Experience
	Mrs F Thorpe	Non-Executive Director

23/22 Chair and quorum

Mr M Jones 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.

24/22 Apologies for absence

Apologies were received from Mr P Woods.

25/22 Declaration of interests

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

28/22 Minutes of the Previous Meeting

Following the amendment to affirm Ms J Hilling's attendance at the previous meeting, the minutes were **APPROVED** as a true and accurate record of the meeting.

29/22 Chairs opening remarks

Mr M Jones welcomed members of the Council to the meeting and was pleased that the Trust is now able to facilitate face to face meetings in an appropriate venue. He also informed the Council that feedback from Mrs L Sykes following her attendance at a recent NHS Providers conference, indicated that many other trusts are still holding meetings virtually.

The move back to face to face meetings at WWL was well received by the Council.

30/22 Chief Executives Update

The Chief Executive provided an update to the Council, which included an update on the Foundation Trust's elective recovery programme; the recent spike in COVID-19 admissions; the continued pressures upon the trust urgent and emergency care services; the number of 'no right to reside' patients; the Trust's positive performance in respect of emergency care across Greater Manchester and the official opening of the staff wellness lounge. Particular note was made of the Trust's continued commitment to equality, diversity and inclusion, informing members of the Council that the Trust is proud to be this year's headline sponsor of Wigan Pride.

Dr S Shah questioned how many doctors the Trust employs in the community rehabilitation team and whether the workforce can be enhanced to support a reduction in admissions and overall attendance to the Accident and Emergency Department. He further noted that nursing home or residential guidelines ask their staff to call the community rehabilitation team in the first instance and as a Primary Care Network and Service Delivery Footprint lead he would like to employ more staff into this service.

The Chief Executive responded stating he could not at this time clarify the exact number of doctors but informed the Council that over £270k is spent every month on running the service. He further went on to inform the Council that he felt there is a more efficient way the money could be spent, exemplifying putting money into the community rehabilitation team and engagement with the voluntary sector to create a shared vision. He noted that building a service like this would take time to build and therefore considerations would need to be made on how money could be generated to support this.

Mrs L Sykes reported back positively on the NHS Provider conference she recently attended and noted that many trusts are still not holding face to face meetings for governors which meant they were feeling disconnected. She noted that one of the trusts had 'governor culture champions' and questioned if this is something that WWL could do. She further questioned how plans are developing with the integrated care system.

Mr M Jones responded but stating it will be beneficial for himself, the Director of Corporate Affairs, and the Lead Governor to sit down and discuss how the governor role will change in light of the changes brought about by the creation of the integrated care system.

The Chief Executive responded to Mrs L Sykes' second question by informing the Council that the Trust has been working with other providers and local authorities in the region in order to embed the changes in approach required by the introduction of the integrated care system, and they have agreed upon the key areas where resources should be focused. He went on to inform them that the Greater Manchester Gold Command Group will now be merged with the Greater Manchester Community Coordination Cell to allow for regular meetings of the system wide group.

Mr M Ryding questioned what patients will see when they enter the Urgent Treatment Centre at Leigh infirmary, noting that this has now changed from being a walk-in centre.

The Chief Executive responded by informing the Council that patients will see a range of testing facilities and that the Trust is building on the work being undertaken at Leigh to be able to provide a different offer for those patients who find it difficult to access services.

Following a question from Ms J Hilling, The Chief Executive confirmed the Trust has already asked patients and carers about their experience of utilising the Trust's services and that they have received positive feedback. He further noted that the feedback also raised concerns around the lack of a 7-day services in some areas. In respect of stepping patients' care down, the Chief Executive explained that the Trust recognises the importance of enabling this in a controlled, supported and gradual way.

31/22 Accreditation System Providing Improvement & Recognition in the care Environment – WWL's ASPIRE program

The Clinical Quality Lead and the Associate Chief Nurse for Quality & Patient Experience provided an update to the Council around the Trust's ASPIRE ward accreditation scheme. They took members of the Council through the stages of the accreditation process and noted that the scheme is designed to make a positive difference for the Trust's patients and to drive improvement.

Mr M Koriba noted the importance of staff supporting ward achievement of the ASPIRE accreditation being aware of the support available through the Freedom to Speak Up service. He asked what support the team needed from the Council.

The Clinical Quality Lead advised that the team require the continued support of the Council.

Mr S Gorst noted that the accreditation scheme currently focuses on wards and clinical areas and queried whether there are plans in place to roll it out to other teams and in other areas of the Trust.

The Associate Chief Nurse for Quality & Patient Experience confirmed that there is a plan in place to expand to different areas within the Trust and provided an example to the Council of a successful roll out in respect of various management teams from a different Trust.

Mr J Cavanagh questioned whether the walk around visits of Trust sites, which used to be arranged for both governors, executive and non-executive directors, will continue and whether the data collected from these visits be utilised to inform assessment of ward accreditation.

The Clinical Quality Lead responded informing the Council that the walk arounds are set to resume and that visits involving the non-executive directors have been arranged. She further confirmed that there a plan in place to invite governors to join these walk arounds when operational pressures across hospital sites have further reduced and when these are able to be appropriately facilitated. The Clinical Quality Lead then confirmed that the data collected from the site visits will be reported back to the appropriate groups.

CLlr F Walker questioned if any wards have been or would drop back down to the previous level if standards are not maintained.

The Clinical Quality Lead informed the Council that if a ward no longer met the accreditation criteria, then they would be downgraded, however noted that operational groups have been set up so that early intervention can be put into place before this stage is reached.

The Chief Executive closed the item by informing the Council that the rationale for the accreditation is to create a cultural change where staff want to achieve high standards and feel confident that as a Trust WWL are working with them to develop and improve.

32/22 Patient Experience and Engagement

The Associate Chief Nurse for Quality & Patient Experience and the Head of Patient Experience & Engagement summarised the slides that had been circulated in advance of the meeting.

They took the Council through recent changes, including the addition of chaplaincy to the patient experience & engagement team and the recently developed inpatient iPad surveys. They further noted that there is an upcoming review of the Patient and Public Involvement Strategy and the launch of patient property boxes.

On observing the slide which featured pictures of all members of the team, Mr K Griffiths noted a lack of male presence and that some male patients may not feel comfortable sharing their views or problems with a female workforce. The Head of Patient Experience & Engagement agreed with him and agreed to bear this in mind when undertaking future recruitment, acknowledging the need to ensure that patients with all different types of protected characteristics feel comfortable to use the service.

Mr J Cavanagh noted the need for the Trust's volunteers to have a clear strategy. The Head of Patient Experience & Engagement and the Associate Chief Nurse; Quality & Patient Experience noted that they are looking at creating a volunteer's charter and will hold workshops to discuss this and develop an appropriate strategy.

Mrs L Sykes was concerned around the lack of governor involvement with patient experience during the planning stages of the patient engagement initiatives.

Mr M Jones agreed that a more external role for the governors is important and noted that at an upcoming workshop, the governors will be exploring the engagement element of their role and how this may change, following introduction of the Integrated Care System.

33/22 Non-Executive Directors' and Committee reports

Mr I Haythornthwaite provided a summary of the AAA Audit Committee report and provided guidance to set out the Council's role in respect of holding this Committee to account. He noted the use of internal and external auditors, risk profiling and clarified some of the terminology used.

The Council received and noted the contents of the report.

Mr M Jones summarised the Finance and Performance AAA report. He drew the Council's attention to the 'advise' box of the report, which noted that the four steps which had been agreed at a recent meeting between WWL and Wigan Council as required to tackle the current pressures faced by the Trust. He further highlighted the positive aspect of this partnership working.

The Council received and noted the contents of the report.

The Quality and Safety AAA report had been provided in advance for review but since the Chair of that Committee was not present, it was not presented.

Ms L Sykes noted the high summer temperatures that the country had recently been experiencing and queried how the Trust was handling the excessive heat within hospital buildings how the incidents are being recorded.

The Chief Executive responded informing the Council that the Trust despite high temperatures recently being recorded, WWL does not consider that there is cause for concerns in respect of bindings overheating and that, from a risk perspective, this issue does not appear on WWL's corporate risk register as an area of risk.

He further noted that the Trust is working to mitigate the rising temperature by providing ice lollies and iced water for staff and improving ventilation. He further informed the Council that the matter will be highlighted for the incoming Director of Estates and Facilities to ensure that he is able to keep this under review as appropriate.

The Council received and noted the contents of the Quality and Safety AAA report.

34/22 Election Update

Members of the Council received and noted the contents of the election update.

35/22 Date, time and venue of next meeting

Thursday 27 October 2022, 5:15pm – 7:15pm, Boardroom, Trust Headquarters.

Committee report

Report from:	Quality and Safety Committee
Date of meeting:	10 th August 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"> ▪ A thematic review of serious incidents reported over the last 3 years involving treatment delays highlighted a number of areas for improvement and 6 recommendations for action including: <ul style="list-style-type: none"> ➤ Strengthening the use of the Datix system ➤ Promoting and embedding shared learning across the organisation ➤ Training for staff on SMART action planning with effective challenge and oversight ➤ Audits identified to be registered with the Audit Department for tracking <p>Updates to be scheduled for future meetings to ensure that actions have been implemented</p> <ul style="list-style-type: none"> ▪ The deep dive into treatment delays highlighted a potential safety concern in relation to acting upon radiology reports. The Radiology service has implemented a number of actions and the committee requested an update for the October meeting to gain further assurance. ▪ 49% of complaints are being responded to within the agreed timescales, this is an improvement from Q1 and will continue to be monitored to ensure 85% is achieved by the end of Q4 ▪ Aspire accreditation visits highlighted 5 key areas for Trust-wide improvement work, these are being regularly audited and reported to the Committee.
ASSURE
<ul style="list-style-type: none"> ▪ The workplan for the committee for the next 12 months was approved ▪ Aspire accreditation programme continues to highlight progress in a range of safety and patient experience measures. Of particular note is the positive feedback from patients and staff about the visits ▪ Response rates to patient feedback have improved during Q1. The Patient Experience report provided examples of actions taken as a result of feedback and a new strategy for 2022/2025 is in development. Progress will be monitored through regular reports to Q&S ▪ Information from the Safe Staffing report highlighted: <ul style="list-style-type: none"> ➤ Matrons meeting a minimum of twice daily to review staffing shortfalls and patient acuity to mitigate risk of harm to patients

- 52% of ward leaders currently supernumerary. It is anticipated that this will be 100% by the end of September.
- No direct correlation of patient harm to reduced staffing levels
 - The IPC Report highlighted a reduction in the number of Clostridium Difficile cases in Q1 compared to 2021/22 data. A new process for individual case review has been established.
 - The Trust has implemented the National Standards of Healthcare Cleanliness as evidenced by the appropriate auditing of the clinical areas.
 - The Committee reviewed a detailed paper from maternity services outlining progression towards CNST compliance and Ockenden recommendations. No areas of concern were identified
 - The Committee received a verbal update on measures in place to maintain patient safety within the A&E department that included:
 - Escalation and prioritisation of deteriorating patients
 - Provision of appropriate care to patients having to wait in corridors
 - Safe staffing escalation policy

The Committee asked for regular updates to retain oversight of this key area

- Trust Standardised Hospital Mortality Ratio (SHMI) position has worsened slightly but remains within the expected range. Benchmarking with other organisations indicates that this picture is a national trend. The reasons for this are currently being investigated and will be included in the next mortality report
- The Committee receive a comprehensive Health & Safety Annual Report

ADVISE

- There has been a slight delay in gathering baseline data relating to the Trust objective C02 *We will increase the % of patients who die in their Preferred Place of Death* A working group has now been established to progress this and the Committee will receive regular reports on progress.
- The Division of Surgery (excluding maternity and child health) provided a spotlight report on their key challenges and highlights in relation to quality and safety that included:
 - Strengthening their governance arrangements to address backlogs in a number of areas
 - A range of quality improvement projects linked to Trust-wide challenges
 - Positive progress in complaints handling achieving 78% response time and improvement work to resolve concerns informally
- The Harm Free Care Report highlighted:
 - A slight increase in grade 2 pressure ulcers in Q1 compared to Q4 however fewer lapses in care were identified
 - A slight increase in falls across the Trust in Q1 compared to Q4
 - Data relating to Catheter Acquired Urinary Tract Infections is now being tracked

The metrics outlines within this report will continue to be closely monitored through Q&S

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- 3 risks have been reviewed and closed since the meeting in May
- 3 risks have been de-escalated since the meeting in May
- Risks relating to the BAF objectives for 2022/23 have been reviewed and updated

Committee report

Report from:	People Committee
Date of meeting:	5 September 2022
Chair:	Lynne Lobley

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

ALERT
<ul style="list-style-type: none"> ▪ Following the staff story provided by a Vascular Physiotherapist, the Committee noted that succession planning for this role and other smaller services must be mapped out to ensure the stability of services moving forwards. ▪ The Committee had concerns around how the impact of the wider labour market shortages may affect WWL's turnover, especially associated with the unregistered clinical workforce, administrative & clerical and estates & facilities roles. This aligns to the areas with the most significant turnover with less than 12 months' service (where the percentage of leavers with less than 12 months' service is around 25%). ▪ The Trust is currently spending above the NHSE agency ceiling profile but have plans to reduce this expenditure – for example 10 senior house officer level positions have been approved to reduce run rate and have been recruited to. A rate card (the hourly rate of pay for bank / agency workers) is underway, including a benchmarking process. WWL have in place exit plans to ensure that off framework agencies are not used moving forwards. ▪ The fair experience for all report showed that, during the 2-month reference period, BAME colleagues (3 cases) were 6 times more likely to enter the formal disciplinary process than white colleagues. The disciplinary scrutiny and review panel reviewed the known facts for those cases along with the associated context and was satisfied that formal disciplinary investigation was warranted in each case (alleged fraud, sexual harassment – where a previous file note had been issued for similar concerns and falsification of clinical records). ▪ The findings from the team stress management pilot show the level and impact of presenteeism within the teams involved. The teams valued the process as a positive engagement opportunity and identified many simple actions that could be easily implemented at local level by managers to address issues that cause stress in those teams.
ASSURE
<ul style="list-style-type: none"> ▪ The team stress management programme provides good evidence that the Trust is taking a positive and structured approach to the HSE stress management standards. It's targeted roll out will further support this evidence base. ▪ The staff story illustrated how informal research activity is being completed in non-medical teams and highlighted how valued allied health professionals are as members of specialist teams. ▪ Corporate objective CO10 around meeting the financial plan and delivering efficiencies is now being aligned with the workforce efficiencies agenda. A risk profile has been added

for objective CO6 around the capability and capacity of line managers, as well as HR and staff side colleagues, as the organisation moves towards a person-centred approach to people management policy, which moves away from trigger, rule and escalation-based approaches.

- Governance processes are now in place around workforce efficiencies through the Pay Review Group and work to deliver revised rate cards and spend reduction plans by the end of September 2022 is on track. There is now a clear programme of work in place to look at how WWL can reduce the requirement for temporary workers, reduce cost, improve the governance and create efficiencies around the recruitment and onboarding processes. The 'people digital' systems are also being used to ensure transparency and support scrutiny here.
- There is now a centralised team co-ordinating the rollout of the various 'people digital' projects due to their interdependencies. Planned project deliverables that have been achieved to date include matching ESR establishment to the finance ledger. Roll out plans for e-rostering, self-service and Empactis are all on target.
- The divisions now all have retention groups in place, feeding into our strategic retention group and Our Family, Our Future, Our Focus Staff Engagement Group.

ADVISE

- The performance dashboard provides appropriate assurance and sets moving targets aligned to delivery plans / improvement trajectories (where appropriate), which allows for monitoring to ensure that the Trust is on track for delivery on an ongoing basis. Targets will be kept under regular review and will change based on the improvement trajectory for delivery. As the dashboard is developed into the overarching business intelligence interactive performance dashboard, trend over time data will become more visual and transparent in its display.
- A forecasting tool is now being used for recruitment and retention, which incorporates all of the recruitment pipelines and turnover and retirement projections. This will be used at Trust and divisional level to monitor progress and to forecast recruitment & retention activities. As it develops further, it will also be used to help predict issues with future service stability.
- The fair experience for all report now includes dignity at work and grievances, which supports progression towards meeting corporate objective CO6 around culture and civility and aids triangulation here.
- Good assurance was provided that the freedom to speak up processes are working to agreed timelines and that there are plans for freedom to speak up publicity during speaking up month in October.
- The medical appraisal & revalidation report was recommended to the Board of Directors for approval.
- The equality, diversity and inclusion report was approved for publication.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risks were discussed in the context of the corporate objectives as outlined above.

Committee report

Report from:	Audit Committee
Date of meeting:	21 September 2022
Chair:	Ian Haythornthwaite

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

ALERT
<ul style="list-style-type: none"> ▪ The Committee does not wish to alert the Board in respect of any issues.
ASSURE
<ul style="list-style-type: none"> ▪ The Board Assurance Framework provides assurance that the correct processes and procedures are in place to monitor delivery of the corporate objectives and maintain appropriate oversight of corporate risks to delivery. ▪ The counter fraud report provided assurance that the counter fraud measures in place across the trust effectively address the level of fraud related activity taking place. ▪ The internal audit follow up report provided assurance that WWL is implementing audit recommendations. ▪ The Committee received the freedom to speak up report and took assurance that this service and its processes are functioning as they should be.
ADVISE
<ul style="list-style-type: none"> ▪ Following concerns being raised, the Committee was advised of the new processes being put in place to monitor patients bringing valuables and jewellery in to the hospital and requested that they are able to monitor these processes moving forwards. ▪ Following queries raised around waivers, the Committee agreed that the procurement team will be invited to future meetings to provide more insight in this area. ▪ The external auditor's quarter 1 update and benchmarking report were received. ▪ The internal audit two years summary provided assurance that the organisation is actively closing off outstanding audit issues. ▪ The Committee received two internal audit reports on the data protection and security toolkit and pressure ulcers in respect of which moderate and substantial assurance were received respectively. In respect of the former it was explained that the threshold for moderate used is that set by NHS Digital and is therefore higher than those used in other audits. It was advised that most Trusts receive a moderate rating here. ▪ The Committee received the minutes of its reporting groups.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Deep dives were carried out in to two areas of risk scored at 15 plus and provided assurance that the correct processes for managing those risks are in place.
 - Risk 2111: Clinical waste – the Committee were assured around the processes in place to mitigate this risk.
 - Risk 2384: District nurse staffing capacity and capability – processes in place to address this risk provided assurance to the Committee, although it was noted that sign off and implementation of the transformation plan and additional associated risks identified during that process will require ongoing monitoring. The risk will therefore be brought back for the consideration of the Committee if necessary.

Committee report

Report from:	Research Committee
Date of meeting:	5 September 2022
Chair:	Clare Austin

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

ALERT

- The Committee discussed the ongoing challenges in meeting the requirement for 20 joint appointments at consultant level with a University, needed to meet the current criteria for university hospital status. The Committee felt the criteria is unfair, unreasonable and counter to government policy. The Committee agreed that WWL as an organisation should take more robust action to address this. Associated recommendations for the Board will be set out in a paper accompanying this report.

ASSURE

The Committee were assured:

- By the improving level of research related engagement across the organisation
- By the broadening of clinical research leadership and clinical leads (including appointments from nursing and allied health professionals and community division)
- That the Trust is now actively seeking to increase funding to support time for research for all types of staff.
- By the work done towards developing the research culture across the organisation including:
 - The inclusion of research as a metric in the ASPIRE ward accreditation scheme;
 - The multidisciplinary input into research including the Edge Hill University think tanks;
 - Feedback obtained via a recent survey and associated feedback/follow up on this
- That the Trust is on track to achieve the average research capacity funding of £200k plus per year by 2024/25 required to meet the criteria for University Teaching Hospital
- By the ongoing monitoring of engagement and research activity
- That the Ashton Research Hub is now established and will soon be operational

ADVISE

- The Ashton Research Hub will be due to hold a formal opening ceremony shortly, for which some Board attendance will be sought

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- There is a risk to delivery corporate objective CO16 and achievement of the university hospital association criteria, which the Board is already aware of.

Committee report

Report from:	F&P Committee
Date of meeting:	28 September 2022
Chair:	Alison Tumilty

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

ALERT
<ul style="list-style-type: none"> ▪ Urgent and emergency care remains pressurised and both current demand and the ‘no right to reside’ figures remain a risk for the organisation. ▪ Although the overall referral rate has not increased, the number of cancer referrals has increased - the risk identified was that the increase in referrals is displacing routine patients, with the capacity being redirected to the referrals and pushing back the existing patients, increasing their wait time. ▪ The national cost collection index was noted to be at a much higher level than usual, although the Committee did appreciate some of the reasons for this - stemming from the types of activity which took place during the pandemic period – it was recognised that more work needs to be done to fully understand and manage the position. The committee took confidence that there are actions in place to address this and identify further opportunities to reduce it and requested for it to come back to committee later this year once the 21/22 numbers are available. ▪ The month 5 financial position is currently off plan but WWL will continue to aim for the £8.4m deficit target. An Executive Team away day session on 11 October 2022 will review the likelihood of achieving this and identify actions to be put in place to support this moving forwards. ▪ Internal auditors observed that transformation work is focussed more on quality improvement than cost saving. This is therefore being refocussed to ensure delivery of more financial savings. The executive team have been made aware and are taking action around the refocus. Delivery of the workforce efficiency program is a key concern and the Committee Chair has discussed with the People Committee Chair, the need for read across to be maintained between the two Committees to ensure that both are receiving the relevant assurances and the project is being given sufficient priority. ▪ The cost improvement program (CIP) is behind plan and the corporate CIP has a gap of £5m with no schemes identified at this stage to fill this. The Committee Chair is to meet with the Deputy CFO to get a more detailed understanding if this gap and actions being taken to address. The need to begin drafting the next year’s CIP plan was noted.
ASSURE

- Cancer Referrals - The Committee were advised that a transformation piece is underway, working with Manchester Cancer and primary care cancer leads to manage increasing demand, through streamlining, by piloting one stop services.
- The surgery divisional team attended to present their deep dive. More guidance will be provided moving forward to steer the teams providing deep dives to ensure that their reports are assurance focussed and guidance will be provided to identify the key assurances required from the presentation, at the start, with most of the slot dedicated to questions from the Committee.
- Winter planning is progressing appropriately and will focus on admission avoidance, capacity and modelling for the 'worst case scenario' position.
- The national standards for 104, 78 and 52 week key performance indicators are being met.
- There has been good progress, with growth in the elective waiting list slowing. There has been an overall reduction in the number of urgent and high risk patients on the waiting list.
- Elective activity levels are increasing month on month against the 2019/20 baseline but are still behind plan.
- The Committee reviewed rapid reviews from the divisions of medicine, surgery and community for the months of August and September 2022 and acknowledged the actions being taken to address the reasons for the rapid escalations.
- Despite the CIP plan being behind target, the Committee felt assured by the systems and processes in place to ensure 'rapid' escalation of key issues for closer monitoring; that a post has now been designated for a Project Director of Transformational Finance who will oversee financial delivery in this area and further, that the Trust is effectively implementing the internal audit recommendations around CIP.

ADVISE

- The Committee is taking a structured approach to reviewing delivery of benefits in previously approved business cases, including qualitative and financial savings. A full schedule will be brought to the next meeting to set out when each report will be considered.
- The benefits realisation report for the supernumerary ward leaders business case showed that significant progress has been made in terms of recruitment and implementation but due to implementation delays, linked to recruitment issues, we are not seeing all of the benefits identified in the business case originally. I was requested that this case return to the Committee at a later date for review.
- An escalation process and key triggers will be put in place for consideration where quality impact assessments are deemed to be of concern, so that they may be reviewed by the relevant committee.
- In respect of the business case presented for Leigh Laminar theatre and the Community Diagnostic Centre, the Committee noted their support for the decision made, via the Board's emergency powers, to commit to expenditure which was expected to be funded by the Community Diagnostic Centre national fund, but which had yet to be confirmed as allocated to the Trust. This would be ratified by the Board the following week.
- The Sterile Service Decontamination Unit capital equipment business case was approved.
- The Committee ratified the virtual approval of the Cardiac Catheter Lab business case.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The Committee reviewed the revised BAF for finance & performance risks and agreed to maintain scrutiny of these risks at all future committees.



Governors' Presentation

Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

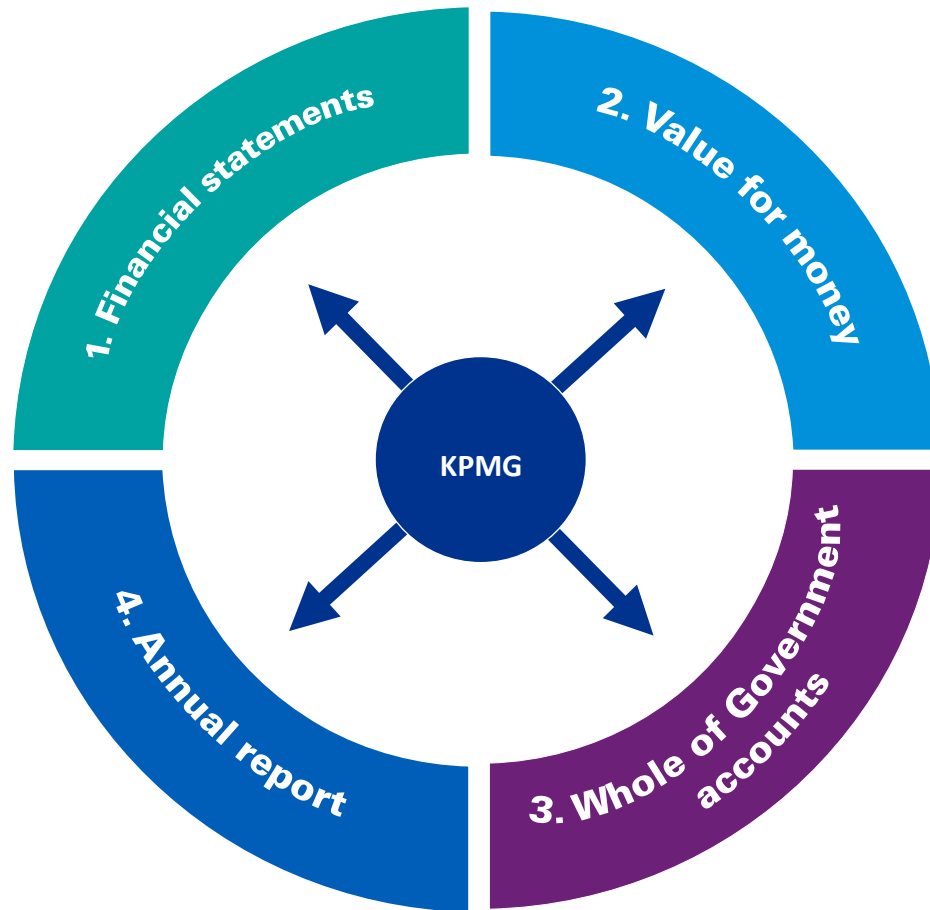
2021-22 Council of Governors' meeting

27 October 2022

Agenda

- Our responsibilities
- Headlines from our work 2021 -22

Our responsibilities



Auditor's Annual Report

Requirements

- *Report prepared in line with requirements of the Code of Audit Practice published by the National Audit Office*
- *Public facing document to be published alongside the Trust's annual report and accounts on the Trust's website*

- ✓ The report summarises the findings and key issues arising from our audit.
- ✓ Includes the detailed commentary from the completion of our value for money assessment.

1. Financial statements

Requirements

- *The accounts are properly prepared in accordance with accounting standards*
- *The accounts give a true and fair view of the financial performance and position of the Trust.*

Trust outcome

- ✓ We issued an unqualified opinion in 2021-22.
- ✓ Means that the accounts give a true and fair view of the Trust's performance during the year and of its year end financial position.
- ✓ No material errors identified.
- ✓ 6 recommendations raised in order to improve the process for next year.

2. Value for money

Requirements

Assess whether there are significant weaknesses in the Trust's arrangements for achieving value for money.

Our responsibilities

- ✓ Increased depth to our assessment of whether there are significant risks, considering the design of a range of systems.
- ✓ Production of a commentary on the arrangements in place to be published on the Trust's website.
- ✓ Conclusion provided against each of the three domains, summarising the work performed and our findings.

Financial sustainability

How the body manages its resources to ensure it can continue to deliver its services.

Governance

How the body ensures that it makes informed decisions and properly manages its risks.

Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services.

2. Value for money

Reporting

Required reporting includes;

- ✓ A summary of our risk assessment against each of the three value for money criteria, setting out our view of the arrangements in place compared with industry standards;
- ✓ A summary of any further work undertaken against identified significant risks and the findings from this work; and
- ✓ Recommendations raised from the work undertaken and follow up of previous recommendations.

Trust outcome

- ✓ We did not identify any significant risks with regards to the Trust's arrangements.
- ✓ We did not identify any significant weakness with regards to the Trust's arrangements.
- ✓ Copy of our commentary has been provided alongside this pack.
- ✓ We have not raised any recommendations following the completion of our work.

3. Whole of Government Accounts

Requirements

- *Confirm that the Trust's submission to NHS Improvement for production of the consolidated NHS provider sector accounts matches the financial statements.*

Trust outcome

- ✓ For 2021-22 we issued an unqualified consistency certificate.
- ✓ This means that we did not identify any inconsistencies between the financial statements and the information included in the consolidation schedules.

4. Annual Report

Requirements

- *Confirm that the information included within the annual report is consistent with our knowledge of the Trust; and*
- *Confirm that all requirements of the Annual Reporting Manual have been included.*
- *Verify the accuracy of certain remuneration disclosures.*

Trust outcome

- ✓ We confirmed that the Governance Statement had been prepared in line with the Annual Reporting Manual requirements.
- ✓ We did not identify any material inconsistencies with our knowledge of the Trust.
- ✓ We audited the information required to be checked as part of the remuneration report.



Q&A



The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavor to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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Title of report:	Council of Governors Workplan 2022/23
Presented to:	Council of Governors
On:	27 October 2022
Item purpose:	Discussion
Presented by:	Deputy Company Secretary
Prepared by:	Nina Guymer
Contact details:	Nina.Guymer@wwl.nhs.uk

Executive summary

The Council of Governors' workplan is reviewed by the corporate affairs team at least annually and sets out the schedule of items due to be discussed at meetings and workshops during the year ahead.

In the main, formal meetings deal with business to be transacted and decisions or documents which require formal approval. Workshops are intended to be practical and educational and focus more on skill building and expanding the knowledge base of the Council.

As the head of the Council of Governors, the Chair will set/review and approve the agenda for each meeting, which will be informed by the workplan.

Link to strategy and corporate objectives

Not applicable

Risks associated with this report and proposed mitigations

Not applicable

Financial implications

Not applicable

Legal implications

Not applicable

People implications

Not applicable

Wider implications

Not applicable

Recommendation(s)

The Council is requested to:

- Review the workplan and provide feedback;
- Raise suggestions for additional areas of focus, particularly at workshops;
- Remember that you are always welcome to provide suggestions throughout the year, via telephone or email to the Deputy Company Secretary.

COUNCIL OF GOVERNORS MEETINGS/WORK PLAN 22/23

DATE	PRESENTATIONS/REPORTS	STANDING ITEMS	ITEMS FOR DISCUSSION	FOR INFORMATION
27 Oct 2022 CoG Formal Meeting 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> Chief Executive’s update Non-executive Directors’ reports (AAA summaries) 	<ul style="list-style-type: none"> Chair and quorum Apologies for absence Declarations of interest Minutes of previous meeting 	<ul style="list-style-type: none"> Update on work in progress following September workshop 	<ul style="list-style-type: none"> Workplan Presentation of annual report and accounts 2022/23 schedule Chair’s appraisal feedback
22 November 2022 Workshop 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> Civility and culture – RG & AH 			
11 January 2023 CoG Formal Meeting 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> Chief Executive’s update Non-executive Directors’ reports (AAA summaries) 	<ul style="list-style-type: none"> Chair and quorum Apologies for absence Declarations of interest Minutes of previous meeting 		
8 February 2023 Workshop 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> Chairs Opening remarks Chief Executive Update 			<ul style="list-style-type: none"> Members’ events update
27 April 2023 CoG Formal Meeting	<ul style="list-style-type: none"> Chief Executive’s update Non-executive Directors’ reports (AAA summaries) Staff survey 	<ul style="list-style-type: none"> Chair and quorum Apologies for absence Declarations of interest Minutes of previous 		

17:15 – 19:15 Boardroom THQ		meeting		
16 June 2023 Workshop 17:15 – 19:15 Boardroom THQ	•			
19 Jul 2023 CoG Formal Meeting 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> • Chief Executive’s update • Non-executive Directors’ reports (AAA summaries) • NED appraisals • NED remuneration 	<ul style="list-style-type: none"> • Chair and quorum • Apologies for absence • Declarations of interest • Minutes of previous meeting 	•	<ul style="list-style-type: none"> • Receipt of Annual Report and Accounts • Wigan Pride in August
14 September 2023 Workshop 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> • ED&I update – PH and TK 			
24 Oct 2023 CoG Formal Meeting 17:15 – 19:15 Boardroom THQ	<ul style="list-style-type: none"> • Chief Executive’s update • Non-executive Directors’ reports (AAA summaries) 	<ul style="list-style-type: none"> • Chair and quorum • Apologies for absence • Declarations of interest • Minutes of previous meeting 	• Workplan	<ul style="list-style-type: none"> • Workplan • 2023/24 schedule • Chair’s appraisal feedback
23 November 2023 Workshop 17:15 – 19:15 Boardroom THQ	•			

Governor calendar 2023

Meeting scheduling has been changed this year so that most meetings commence at either 15 or 45 minutes past the hour. This is intended to provide an opportunity for attendees to move between meetings, to have comfort breaks and to be able to network.

COUNCIL OF GOVERNORS – FORMAL MEETINGS (Held in public)

Members: All Governors, Chair
In attendance: NEDs, Chief Executive, Director of Corporate Affairs, Executive Directors based on the agenda

Date and time of meeting	Venue	Deadline for papers
11 Jan 2023, 5.15 to 7.15pm	Trust HQ Boardroom	3 Jan 2022
27 Apr 2023, 5.15 to 7.15pm	Trust HQ Boardroom	18 Apr 2022
19 Jul 2023, 5.15 to 7.15pm	Trust HQ Boardroom	11 Jul 2022
24 Oct 2023, 5.15 to 7.15pm	Trust HQ Boardroom	16 Oct 2022

COUNCIL OF GOVERNORS – INFORMAL WORKSHOPS

Members: All Governors, Chair
In attendance: NEDs, Chief Executive, Director of Corporate Affairs, Executive Directors based on the agenda

Date and time of meeting	Venue	Deadline for papers
8 Feb 2023, 5.15 to 7.15pm	Trust HQ Boardroom	31 Jan 2022
15 Jun 2023, 5.15 to 7.15pm	Trust HQ Boardroom	7 Jun 2022
14 Sep 2023, 5.15 to 7.15pm	Trust HQ Boardroom	6 Sep 2022
23 Nov 2023, 5.15 to 7.15pm	Trust HQ Boardroom	14 Nov 2022

ANNUAL MEMBERS' MEETING (Held in public)

Members: Open to all foundation trust members
In attendance: All Non-Executive Directors, all Executive Directors, All Governors

Date and time of meeting	Venue	Deadline for papers
8 Nov 2023, 1.15pm to 3.45pm	TBC	31 Oct 2022

