

Agenda

Public Meeting

1. Chair and quorum

Information

Chair

2. Apologies for absence

Information

Chair

Rabina Tindale

3. Declarations of interest

Information

Chair

4. Minutes of the previous meeting

Decision

Chair

 COG Minutes - 27.4.22 v2.pdf (5 pages)

 Action Log - April 2022 CoG.pdf (1 pages)

5. Chair's opening remarks

Information

Chair

Verbal item

6. Chief Executive's update

Discussion

Silas Nicholls

Presentation

7. Aspire Accreditation

Information

Emma Rogers and Karen Ashcroft


Presentation

 ASPIRE Presentation CoG.pdf (11 pages)

8. Patient Experience and Engagement

Information *Emma Rogers and Kathryn Glass*

Presentation


 Patient Experience presentation CoG.pdf (15 pages)

9. Non Executive Directors' and Committee reports

Information *Non-Executive Directors'*

The latest People and Audit Committee reports will be presented to Council of Governors once reviewed by the Board of Directors.

9.1. Audit Committee: AAA Summary report


 AAA Audit - May 2022.pdf (2 pages)

9.2. Q&S Committee: AAA Summary report

 AAA QS - May 2022 - FT.pdf (2 pages)

9.3. Finance & Performance Committee: AAA Summary report

Information

 AAA F&P - May 2022.pdf (2 pages)

Consent Agenda

10. Election Update

Information

Election Update 2022 v2.pdf (4 pages)

11. Date, time and venue of next meeting

Information

27 October 2022, 5.15pm - 7.15pm, 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 27 April 2022

AT THE EDGE, RIVEREDGE, WIGAN, WN3 5AB

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 L Hale	Public Governor, Makerfield
	Ms Michelle Hartley	Staff Governor, Nurses and Midwives
	Mr A Haworth	Public Governor, Leigh
	Mr M Koriba	Public Governor, Rest of England and Wales
	Mrs L Lymath	Public Governor, Rest of England and Wales
	Mr A Savage	Staff Governor, All other staff
	Ms S Sephton	Public Governor, Leigh
	Ms Bryonie Shaw	Appointed Age UK
	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)
	Mr P Howard	Director of Corporate Affairs
	Ms Toria King	Equality, Diversity & Inclusion Lead
	Mr S Nicholls	Chief Executive
	Mrs F Thorpe	Non-Executive Director

11/22 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.

12/22 Apologies for absence

Apologies were received from Mr B Anderton, Mr S Campsall, Dr E Cooper, Ms D Gurbutt, Ms S Howard, Dr C Kelly, Mrs C Martindale, Mr M Ryding.

13/22 Declaration of interests

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

14/22 Minutes of previous meeting

The minutes from the previous meeting held on 11 January 2022 were APPROVED as a true and accurate record, subject to amending the attendance of Ms B Shaw.

15/22 Equality, Diversity and Inclusion

Mr P Howard introduced Ms T King to the Council, who delivered a presentation on equality, diversity and inclusion and shared a video aimed at highlighting the fact that not all disabilities are visible and the potential for these to impact staff at work and patients in accessing services. She went on to outline the foundation trust's ED&I strategy.

Mr P Howard outlined some of the steps that have already been taken to ensure the Trust is a more inclusive environment and noted that the Trust had set up three new networks to support colleagues with protected characteristics.

At the end of the session, Governors were invited to contact Toria King if they have any further questions or experiences they wish to share. The Council were also keen to continue this topic in one of the Governor workshops which allow them to understand the topic more fully.

16/22 Chief Executive's Update

Mr S Nicholls provided an update to the Council, which included the foundation trust's recovery programme, pressures in the urgent and emergency care system and the recent staff survey results. Particular note was made of the development of a Green Plan as part of the foundation trust's net-zero ambitions.

Ms S Spibey questioned what the response was to the non-urgent referrals that are trying to be expedited and noted that very few departments are offering an advice and guidance service whilst they are waiting.

Mr S Nicholls responded stating that there are still a few gaps in these areas, but that the Trust is looking to fill the gaps to support those patients waiting treatment.

Ms J Hilling firstly congratulated the Trust on the humanitarian relief for the Ukraine then went on to ask how patients who are on the waiting list being kept up to date with where they are, are they being provided with regular updates. Following on from this Phil Woods raised concerns that some patients could be being missed due to errors in the admin process and is there a way of addressing this.

Mr S Nicholls responded by informing the Council that there are initiatives in place to support those patients on a waiting list and that these are working well across Greater Manchester.

Mr P Woods then asked if the maintenance staff and cleaners will be included in the STAR awards as they are staff that work at the ground level. Silas Nicholls responded by stating that the awards have and will always be open to all staff in any department or area.

In response to a question from Mrs L Hale, Mr S Nicholls described how the Trust had invested into Ward Managers and how much of their time is now focused on the management of the ward and progress is being made all the time.

Mrs L Sykes commented on the improvement of the staff survey results. She did question how the Trust planned to improve the patient engagement and involvement as she noted that communication comes up on the staff survey every time, and that talking to patients should be at the top of the lists.

17/22 Non-Executive Directors' and Committee reports

Mrs F Thorpe presented the Quality and Safety AAA summary report, sharing the purpose of the new reports with the Council. Noting that the area to focus on would be the Alerts section.

She noted that this would allow the teams to focus on the actions that need to be taken and to focus more clearly on what has been addresses.

Mrs F Thorpe noted that in the Assure area it was clear what elements have been achieved.

She informed the council that the Discharge Report would now be coming to the Quality and safety committee to ensure that the measures are being tracked clearly.

Susan Spibey asked for clarification on some of the acronyms in the report so the Council could better understand what was being told. Francine Thorpe agreed to share this feedback with the report authors to ensure information was clear to the Council in the future.

18/22 Governor briefings on Committees

Mr M Koriba provided an update to the Council on the recent People Committee. He followed the format of the AAA reports.

He informed the Council that one of the alerts raised in the committee was the 29.5% response rate to the National Staff Survey and this was one of the lowest response rates in the Country.

Mr M Koriba went on to inform the Council that staff turnover for the trust is around 10% with 20% of staff joining and leaving within the first year, he did however note that this figure used to be 28% so there has been a reduction.

He then went on to inform the Council of the new exit-interview process which would be being launched later in the year. Informing members of the Council that these interviews are no longer being carried out by Managers but with the Freedom to Speak Up Guardian service. It is hoped that this will help the Trust to gain an insight into why staff are leaving

and assist them in developing staff retention. Mr M Koriba also informed the Council that the use of this service seems to be positive as more people are contacting the service to raise their concerns.

Mr M Koriba then went on to discuss the assure element of the report, informing the Council that there are several steps being taken to support recruitment and that there are currently 209 candidates awaiting pre-employment checks. He noted that new staff networks have been introduced and that 96-98% of students who work at the trust have a positive experience.

He noted that the Staff Survey results were also mentioned during the People Committee.

Mr A Haworth went on to discuss Mr B Anderton's report from the recent Finance and Performance Committee.

He commented on how the committee had discussed Global Training and Education Centre (GTEC) for overseas doctors and nurses. It was agreed that the finances would be overseen by the Finance and Performance Committee and that wellbeing and training of staff would be overseen by the People Committee.

Mr A Haworth noted that discussions around the Trusts financial position had also taken place and reiterated that it would face a challenging year this year, but that the Finance Team and divisions are working together to help deliver the Cost Improvement (CIP) target that had been set.

Mrs L Sykes provided an update on the Assurance committees informing the Council that following the next Governor Elections there will be 4 seat available on various committees for a Governor observer.

Mr M Jones thanked everyone for their updates and suggested that if any governors would like to sit on one of the committees, they should inform Andrew Haworth and discuss with him and the Council member currently on the committee.

19/22 Review of leadership and governance using NHS well-led framework

Mr P Howard summarised the paper which had been circulated in advance of the meeting. He noted that there are 15 recommendations.

The Council were informed that this paper and information had been presented to the Board of Directors and that progress will be monitored throughout the year. Paul Howard then went on to state the Board of Directors will look to commission a 'mini review' in the next 18 to 24 months to confirm closure of the action plan and to have a deep dive into an area of the Board's choosing.

Mr M Jones informed the Council that following one of the recommendations the Non-Executive Directors will restart their site visits, following all appropriate Infection, Prevention and Control procedures and that once these have been reinstated, he is keen for the Governor visits be reinstated.

Mrs L Sykes commented that although the Governors had been involved in the review, they had not seen the initial report and requested if this was possible. Mr P Howard confirmed he would share the report with the Governors.

ACTION: P Howard

20/22 Looking Forward

Mr M Jones shared with the Council that from 1 July 2022 the Trust will be operating within an Integrated Care System (ICS). He noted that there will be questions around what this will look like for Governors, what they do now and what they will be able to do. He informed them that he had circulated a document prior to the meeting around this which will be beneficial for the Council.

Mr M Jones informed the Council that they will look at this in more detail as more information becomes available.

21/22 Date, time and venue of next meeting

Tuesday 19 July 2022, 5:15pm – 7:15pm, Alberts Standish.

Action Log

Council of Governors Meeting – April 2022

Date of meeting	Minute ref.	Item	Action required	Assigned to	Target date	Update
27 April 2022	19/22	Review of leadership and governance using NHS well-led framework	Share with the Council of Governors the full Well-Led report	P Howard	19 July 2022	Report sent Action Closed

ACCREDITATION UPDATE

July 2022



Accreditation System Providing Improvement and Recognition in the care Environment

Starting point



Quality Improvement

Recognition

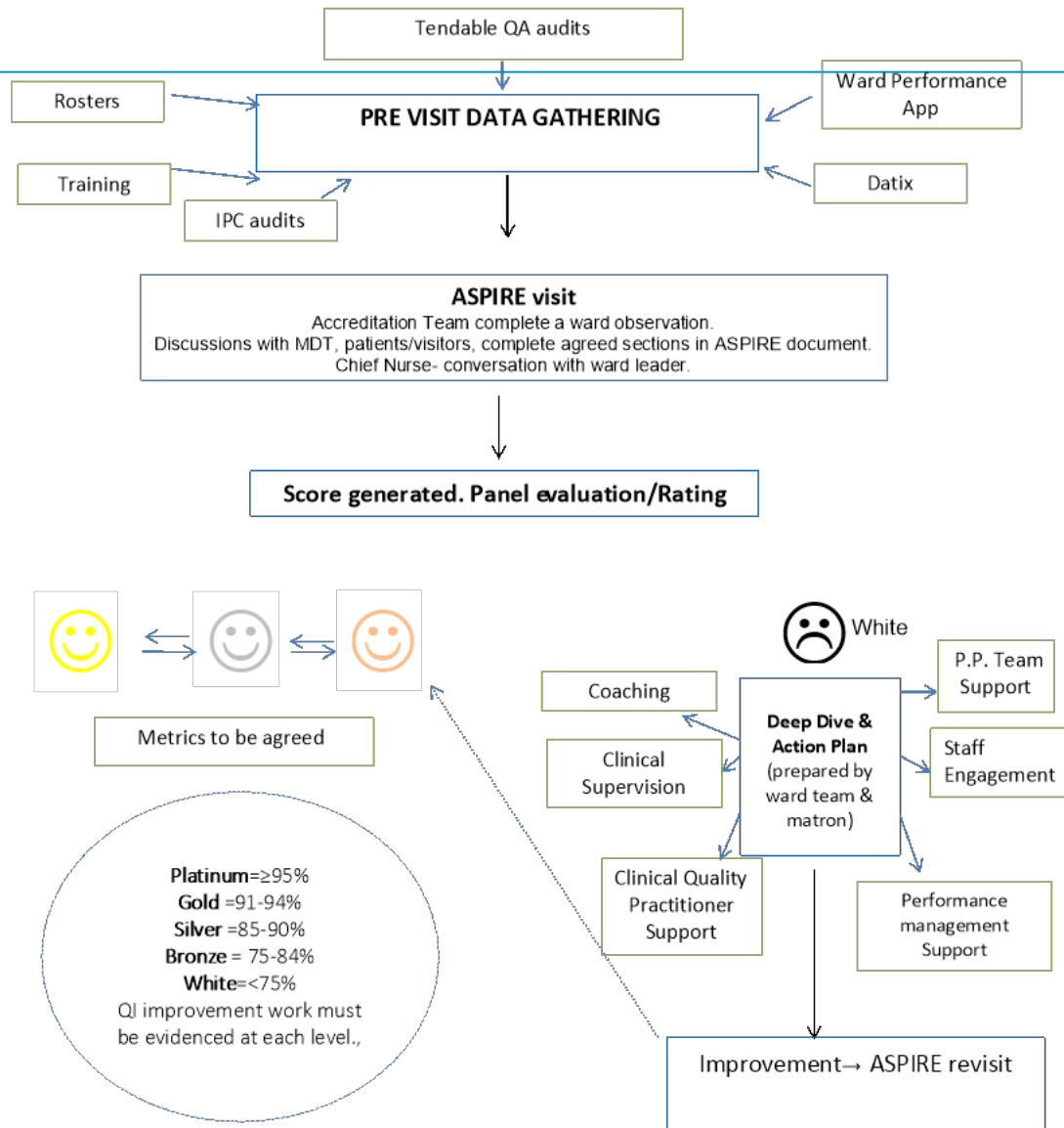
Journey so far....



- Ward accreditation programme launched 2018, paused due to the pandemic
- Scoping exercise to relaunch programme August 2021
- Areas for improvement identified and teams supported
- Trust wide coaching programme for ward leaders
- Protected time for the ward leaders
- Ward leader / Deputy Ward leader forum created
- Matrons' forum created
- Allied Health Professionals forum created
- After Action Review and Human Factors Training



Assessment Process



ASPIRE 2022

“We will improve the patient experience and the quality of care by ensuring all clinical areas participating in the ward accreditation programme achieve a bronze rating by the 31st March 2022.”

- **Phase 1 :All wards previously accredited assessed.**
- ✓ 15 areas awarded Bronze (75%)
- ✓ 6 awarded Silver (85%)*
- ✓ Celebration event, to recognize teams' achievements

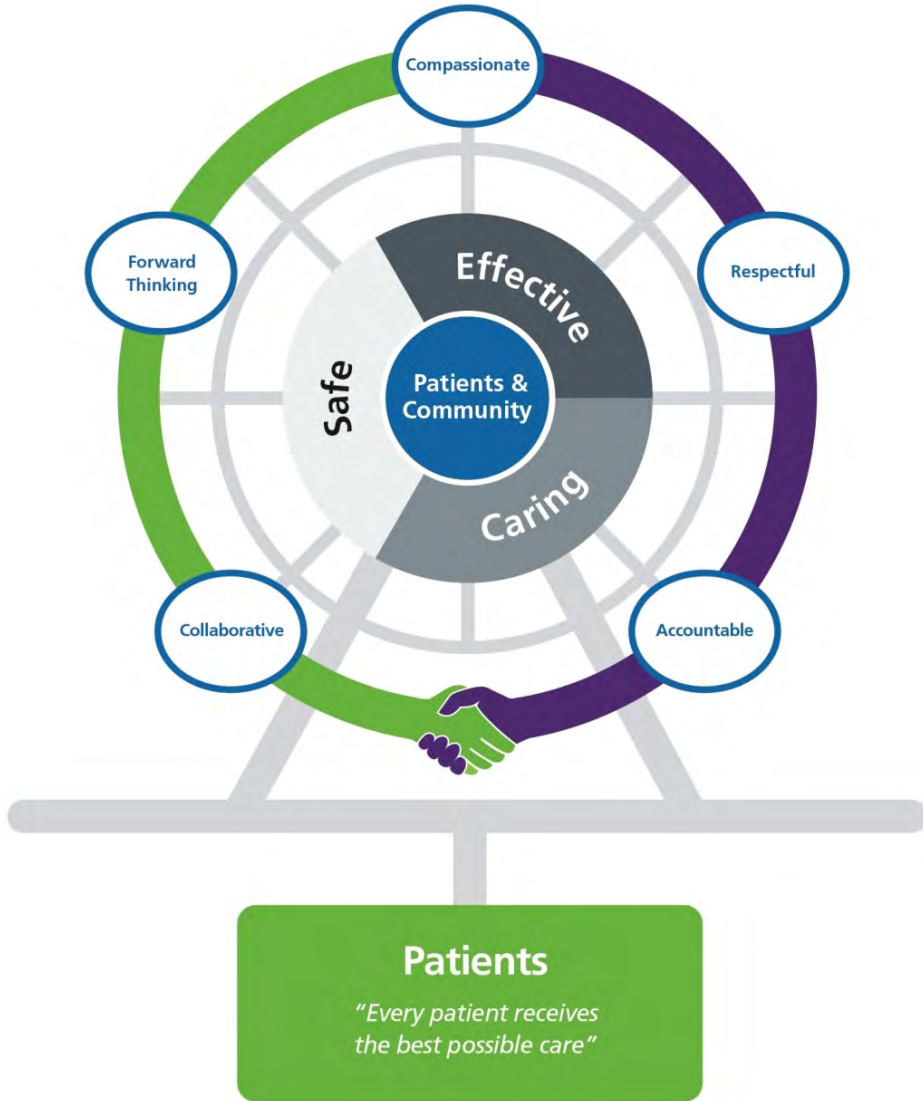
* Plus, evidence of Quality Improvement Project work (QI)

Celebrations

Patients feel well cared for

Call bells were answered promptly

SKINN assessment completed a minimum of twice daily



Staff were friendly and welcoming to the accreditation Teams

Staff treat one another with respect

Patients appeared comfortable

Patient comments/feedback



....everything has been spot on, perfect couldn't have been any better.

Staff have been very friendly very nice, and they all work very hard.



Staff have been marvellous, very friendly. I chose to come here from Blackburn.

I'm planning to come here for my next knee surgery. People have been kind and gone above and beyond to help

Areas for improvement....

Performance



Infection Prevention &
Control Compliance

Nosie @ Night
Protected Mealtimes

Health & Safety
Daily/Weekly checks

Staff knowledge
base;
Freedom to speak up
guardian.
Mental Capacity
Trust Behaviors

Documentation

Next Steps



- Recruit -Associate Chief Nurse, Quality & Patient Experience ✓
- Assemble a Quality Assurance Steering Group to have trust wide oversight of the monthly Quality Assurance Audits, QI projects, monitor progress through the ASPIRE levels and action plans
- Work with ED/ Maternity/ Paediatric/ Community wards to develop metrics for accreditation
- Workshop to further engage with the wider Allied Health Professional workforce
- Agree additional measures for Gold and Platinum awards
- Support wards and departments to progress through each award level, with a road map to achieve gold within a two-to-three-year period
- Encourage sharing of ideas via the Continuous Improvement Network
- Further develop the programme to include other areas e.g. Pharmacy
- Create a band 5 and non-registered forum

Happy Staff Happy Patients = WWL Family

Partnerships



Thank you



Patient Experience & Engagement Team

People at the heart of all we do

#hellomynameis... Emma



Hello, My name is Emma Rogers, and I am the Associate Chief Nurse; Quality & Patient Experience

My role is to lead on the Quality & Patient Experience agenda across the organisation and raise the profile at Trust Board level, and collaboratively across the Wigan and Wider Greater Manchester.

I am passionate about representing the patient voice and driving improvement.

#hellomynameis...Kathryn



Hello, My name is Kathryn Glass, and I am the Head of Patient Experience & Engagement.

My role is to lead on the Patient Experience agenda to ensure that our patients, their families and carers receive an experience that not only meets, but exceeds, their expectations of the services at the Trust.

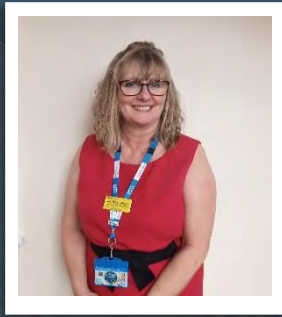
I oversee the Patient Experience Team which includes the Volunteer Services, Patient Experience, Chaplaincy Service, Patient Services for Equality, Diversity & Inclusion, Patient Information and the Armed Forces Agenda.

I am passionate about representing the patient voice and driving improvement.

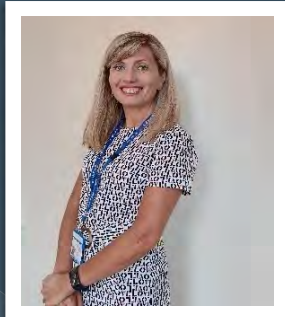
Meet the team



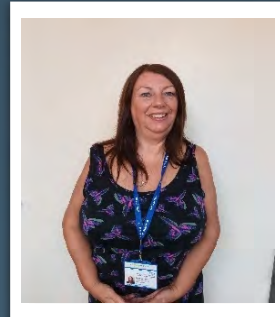
Emma Rogers
Associate Chief Nurse for
Quality & Patient
Experience



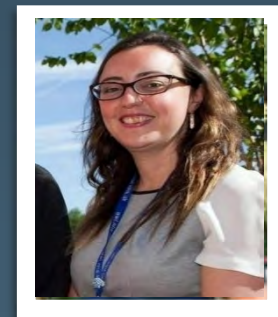
Kathryn Glass
Head of Patient
Experience &
Engagement



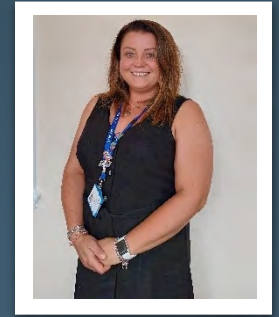
Debbie Jones
Equality, Diversity &
Inclusion Patient Lead



Florence France
Patient Information
Facilitator

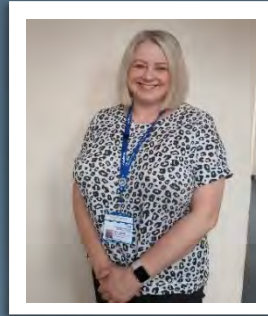
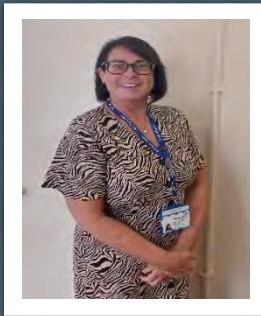


Nadia Bousseau
Volunteer
Services Manager

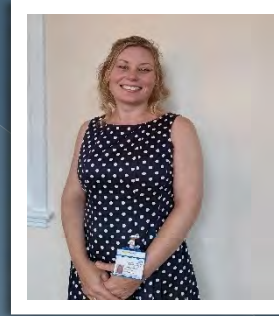


Laura Milward
Volunteer
Services Manager

**Clare
Fairclough**
Patient Experience
& Engagement
Facilitator



Kerrie Longden
Patient Experience &
Engagement Facilitator

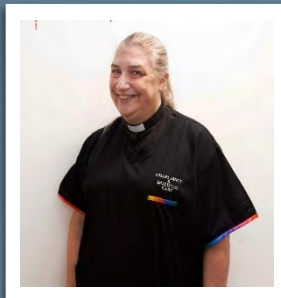


Leanne Cobham
Armed Forces
Healthcare Lead

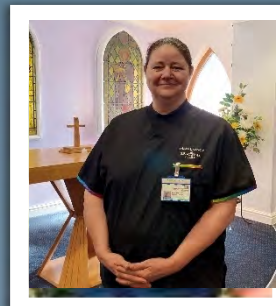


Lesley Holding
Armed Forces
Healthcare
Navigator

Anne Edwards
Lead Hospital
Chaplain



Jane Reynolds
Hospital Chaplain



Pauline Smith
Assistant Hospital
Chaplain



Our Mission Statement

- Our Mission is to treat everyone who uses the services at Wrightington, Wigan & Leigh NHS Foundation Trust as equal
- We will put the patient at the heart of everything we do
- We will actively listen to the views of patients, carers, families and friends
- We will ensure our services are accessible for all regardless of age, race, disability, sexual orientation or gender
- We will support to improve experience by raising awareness of key events and engagement roadshows
- We will be visible across the organisation

How we learn from experience

We receive feedback through a number of ways including:

- National Patient Surveys
- Bespoke Inpatient iPad surveys
- Friends and Family Tests
- Care Opinion website – NHS Choices
- Patient Stories
- Compliments and Complaints

NHS
Wrightington, Wigan and
Leigh Teaching Hospitals
NHS Foundation Trust

PATIENTS NAME: _____
WARD: _____
DOB: _____

PERSONAL ITEMS

HEARING AID LEFT
HEARING AID RIGHT
DENTURES TOP
DENTURES BOTTOM
SPECTACLES
OTHER: _____

Our Journey so far...



- Planned review for the Patient & Public Involvement Strategy
- Hello My Name is campaign
- Mixed Sex Accommodation
- Armed Forces Project
- Patient Property Boxes
- Friends and Family Test QR Coded poster
- Return of Volunteers to all sites
- Planned review of the Volunteers Strategy
- Volunteer Events Week celebrations
- Development of Carer's Passport and Agreement
- Work undertaken with the Catering team to review patient menu

Our Journey continued...

- Collaborative working with Healthwatch CCG, Wigan Borough Council.
- Chaplaincy Staff well-being support – increased over the course of the pandemic, in particular around End of Life Care
- Memorial Services – for WWL colleagues who passed away in the pandemic
- Weekly ward visits where ever possible
- Introduced “Hopes, Thoughts & Prayer “Trees across all sites
- Attended 258 emergency out of hours call outs to minister to our patients
- Supported the families of babies born sleeping, conducting monthly “Bond of Love” remembrance services
- Organised Weddings for patients at the end of their lives
- Invited to be part of the Discharge Improvement Group



Current top themes...

- Noise at night
- Food choice
- Discharge Plans
- Completion of property checklist



#hellomynameis...launch

- A simple introduction is the first rung on the ladder to providing truly person-centred care
- It is important for patient's to feel that their care is compassionate and that staff see them as a person and not just a patient
- These values are about staff working collaboratively to deliver great patient experience., involving patients, families, carers and friends to ensure that people are at the heart of what we do
- Staff working for the Trust are our biggest asset and we understand that, in order to deliver a good patient experience, we also must ensure a positive staff experience

<p>Monday 25th July</p> <p>COMMUNICATION</p> <p><i>Effective communication is of paramount importance and starts with a simple introduction</i></p> <p>Today the Quality & Patient Experience team will be out and about to help launch the Hello My Name is initiative.</p> <p>An inclusive campaign for all staff across all areas of the Trust.</p> <p>The Core Values of the Campaign will be shared with all staff.</p>	<p>Tuesday 26th July</p> <p>HELLO MY NAME IS. CELEBRATION DAY</p> <p><i>Kate's patient experience</i></p> <p>Today, Chris Panton who is Kate's husband will be doing a presentation explaining why this week is so important and why we need to keep focusing on the good work started by him & Kate.</p> <p>The distribution of #hellomynameis name badges will commence.</p> <p>Chris will be visiting some of the Clinical areas.</p>	<p>Wednesday 27th July</p> <p>PATIENT AT THE HEART OF ALL DECISIONS</p> <p><i>"No decision about me without me"</i></p> <p>Today we will hear from our patients about how they have been involved in decisions regarding their care and ideas on how we make this better.</p>	<p>Thursday 28th July</p> <p>SEE ME</p> <p><i>This value is as simple as seeing the person and not a patient or defined by their illness</i></p> <p>Today we focus on the 'back of bed' boards and how we can make these more person-centred by asking what matters to our patients. By doing this we will help get to know our patients better.</p> <p>Patient Experience & Engagement Group meeting, where Hello my name will be a key focus.</p>	<p>Friday 29th July</p> <p>THE LITTLE THINGS</p> <p><i>These really do matter and could be as simple as sitting down next to someone rather than looming over them</i></p> <p>Today the Quality & Patient Experience team will be out and about to hear your pledges on how you will support embedding the little things that matter to patients.</p> <p>Prize for the best engaged area.</p>
<p>Next steps....</p> <ul style="list-style-type: none">● Launch of the nomination process for Kate Granger Stars. (Staff who continually demonstrate the campaign's core values)● #hellomynameis name badges planning for all other groups of staff.● Roll out of improved patient behind the bed board with a focus on "What matters to me" section.● Scoping work to embed in to the ASPRE Accreditation programme				
<p>These Kate Granger values are the first rung in the ladder to providing truly person-centred and compassionate care</p>				



Our future plans...

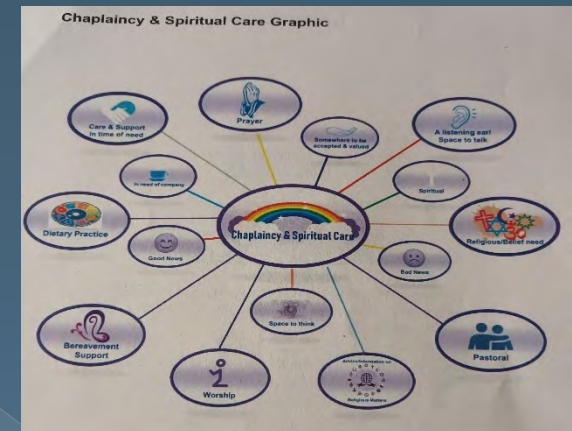
- **Care Opinion** – scope funding to invest in the full Care Opinion patient feedback platform
- **Carers** – Capture carers experiences in a Carers survey and implement the Carer's passport and agreement across all Divisions
- **Be Equal** – Ongoing education of accessible information standards and improving support for patients under the protected characteristics
- **Dressed is Best** – Support and collaboration with in patient wards to encourage and embed the Dressed is Best Campaign
- **Property** – Relaunch patient property policy standards, including the completion of property checklists, and introduce patient property boxes to store personal items
- **Surveys** – Continue to learn from feedback provided in the In-patient surveys, Friends & Family tests and National Inpatient Surveys
- **Accessible surveys** – To provide surveys that are in easy read format to facilitate feedback from hard to reach groups

Our future plans...

- ◉ **Surveys** – Continue to learn from feedback provided in the Inpatient surveys, Friends & Family tests and National Inpatient Surveys
- ◉ **Accessible surveys** – To provide surveys that are in easy read format to facilitate feedback from hard to reach groups
- ◉ **Patient Stories** – Provide opportunities for people to share their experiences
- ◉ **ASPIRE** – Support to monitor trends that affect Patient Experience and triangulate themes alongside the Clinical Quality visits
- ◉ **Events** – We will develop a annual event plan to promote these dates and engage with patients
- ◉ **Estates** – Work closely with Estates & Facilities to provide safe spaces for patient care
- ◉ **Qualitative Dashboard** – Further develop the Quality dashboard as a way to triangulate and monitor patient feedback
- ◉ **Noise at night** – Scoping exercise to commence to support divisional project to make improvements

Our future plans...

- **First Friday** – Work in collaboration with the Leadership walk round visits to speak to patients and staff to hear about their experiences
- **Chaplaincy Ward visits** – Provide twice weekly visits for people
- **Chaplaincy Staff Well-being** – Support the facilitation of more staff support structures groups and networks
- **Equity** – To provide equity of Chaplaincy & Spiritual Care between Acute and Community Settings
- **Teamworking** - Patient Experience & Engagement whole Team Away Day
- **Volunteers** – Volunteer workshop to be held in August 2022. Senior leadership team to share the strategic vision, listening event and sharing of ideas



Support from Governors

Things to consider:

- How can you support the Patient Experience agenda and share key messages with the public?
- How will you link Patient Experience strategy objectives with any engagement work?
- Ideas to be included in our strategy?

Any questions..?



Committee report

Report from:	Audit Committee
Date of meeting:	5 May 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"> ▪ A limited assurance report was received in respect of private patients and overseas visitors – the Committee have asked for a further action plan and update to be presented at a future meeting
ASSURE
<ul style="list-style-type: none"> ▪ Moderate assurance reports were received in respect of conflicts of interest, payroll (control design) and clinical governance. Substantial assurance was affirmed in respect of control operation and the assurance framework met NHS requirements although some improvements were suggested. The Committee will track follow up of recommendations with management. ▪ The Committee noted that Trust’s compliance with the NHS FT code of governance. ▪ The Committee are pleased to advise of the substantial assurance received through the head of internal audit opinion from 2021/22. ▪ The counter fraud workplan was approved. ▪ Risk deep dives carried out in three areas and the Committee were assured about the level of risk management in place in these three areas: <ul style="list-style-type: none"> - Depleted Microbiology Service - RAEI theatre staffing - Symptomatic breast imaging request: waiting times ▪ The Committee holds assurance on the Trust’s BAF and risk register and reviewed latest version.
ADVISE
<ul style="list-style-type: none"> ▪ The legal services annual report was deferred until the next meeting. ▪ The external audit plan was received and approved. ▪ The Committee noted that the BAF is being reviewed in light of recent developments and the new financial year. It was noted that this will be considered at the risk session in the NED workshop on 25 May 2022 by the NED members of the Board. ▪ The Committee received the revised terms of reference for 2022/23 which have been approved by the Board.

- The Committee received the draft annual accounts and noted that they will now be subject to audit by KPMG.
- The Committee reviewed minutes of the Risk Management Group from March 2022.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- As noted above.

Committee report

Report from:	Quality and Safety Committee
Date of meeting:	24 May 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"> ▪ Non-achievement of the objective for 2021/22 in relation to a 25% reduction in sepsis related mortality. This objective will be rolled over into 2022/23 ▪ Workforce challenges were highlighted in relation to the Trust's ability to meet the Continuity of Care (CoC) standards within maternity services. Plans outlined did confirm that the most vulnerable patients would be seen as a priority for CoC once re-established. ▪ Complaints response times remain a challenge; however this is an area of focus for 2022/23 and actions have already begun to improve the timeliness and quality of complaints responses ▪ IPC report confirmed 53 cases of C Difficile for 20/21, against a threshold of 46 as set by NHSE. This is in keeping with other organisations and the thresholds for 2022/23 are likely to be reviewed to reflect this.
ASSURE
<p>Year end reports received for 2020/21 BAF objectives noted the following achievements:</p> <ul style="list-style-type: none"> ➤ 50% reduction in mortality related to AKI against a target of 25% ➤ Trust SHMI position is now within the expected range (data to January 2022) ➤ Hospital Standardised Mortality Rate (HSMR) is now lower than expected and a notable improvement seen in weekend HSMR ➤ 67% reduction in Hospital Acquired Pressure Ulcers (HAPU) and a 37.5% reduction in Community Acquired Pressure Ulcers (CAPUs). ➤ Reduction of Serious Incidents reported in relation to pressure ulcers, both HAPU and CAPU are 66%. ➤ 21 wards assessed as part of the revised accreditation process; 15 rated as bronze, 6 rated as silver ➤ 71% Ward Managers attended Human Factors training against a target of 50% <ul style="list-style-type: none"> • Maternity services presented a gap analysis in relation to the recommendations outlined in the Ockenden 2 report. RAG rating was reviewed. Links maintained with the national and local maternity networks

- Thematic analysis presented in relation to complaints and PALs enquiries including evidence of assurance of actions taken following negative service user feedback. High numbers of concerns raised to PALs being resolved “on the spot”
- The Trust has now implemented the National Standards of Healthcare Cleanliness (NSHC), evidenced by the appropriate auditing of the clinical areas.
- IPC report confirmed zero Trust–assigned MRSA Bloodstream infection cases in Q4.

ADVISE

- The committee received a verbal update on the investigation into treatment delays as the formal report has not yet been validated. This will be presented at the next meeting with a focus on issues identified, recommendations and actions taken along with timescales for implementation.
- A presentation was received in relation to actions being implemented to re-introduce patient experience feedback. This included links with Wigan Healthwatch, and Wigan Borough Council. Improvement actions were outlined in response to service user feedback including the revision of the carers passport. In response to a request from the Governor Observer at the meeting the presentation will be taken to the next Governors meeting. The Q&S Committee will retain oversight of progress in this area through regular reports.
- The ward accreditation report whilst positive in many areas did highlight a number of areas where improvements are required across the organisation. Assurance was sought that these would be addressed and the Committee asked for further information to be presented at future meetings.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- 8 risks remain open against the 2021/22 BAF objectives these were discussed and will be reviewed and mapped against the 2022/23 objectives for presentation at the next meeting

Committee report

Report from:	F&P Committee
Date of meeting:	25 May 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"> ▪ The key assumptions to support elective recovery are not being met – specifically G&A bed occupancy, cancer referral demand and covid occupancy level rates ▪ Waiting lists are growing. ▪ The board should be alerted around the month 1 financial position and CIP delivery at month 1 – significant gaps in the plan have been exacerbated by this.
ASSURE
<ul style="list-style-type: none"> ▪ WWL are on track to deliver the 104 week wait target by the end of June 2022. ▪ The Hospital Only Discharge (HOD) Programme rating is now green, after the HOD team’s second meeting with WWL. ▪ £7m IM&T capital spend was achieved – spent and receipted in time to ensure utilisation of funding. ▪ CIP plans: <ul style="list-style-type: none"> ▪ The responses to the MIAA report on improving processes and governance in this area have been actioned. ▪ 90% of the required savings have now been identified and additional QIAA panels set up to cope with this volume. ▪ Two rapid meetings have already taken place and feedback from the divisional on what the RAPID process feels like in practice has been positive. ▪ The Chair of the Q&S Committee reported on maternity and around the actioning of Ockenden recommendations, which was considered to provide adequate assurance
ADVISE
<ul style="list-style-type: none"> ▪ Following the Chief Executive and his Deputy meeting with the Chief Executive and Director of Health Care from the Council, an update around system working was provided. The four areas of focus agreed were: 1) meeting with other system partners to explore market strategy for management of complex patients; 2) working together to address the immediate backlog of ‘no right to reside’ patients; 3) looking at costs currently being sustained to assess whether budgets can be pooled and demand moved as a system; 4) considering where demand in to the hospital can be influenced by focusing more on the wider out of hospital social care response.

- These are the areas system leaders have agreed to prioritise and will form part of the presentation to the National team leading discharge and flow when they return in the 6th June.
- The Board must sign off the final financial plan including CIP plan by 8 June 2022 to meet NHSE/I deadlines.
- The Chair of the Q&S Committee reported continuity of maternity care and noted that, in respect of the actions required to make improvements in this area, the team were unable to confirm where the extra costs required will be found at this stage.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Waiting lists are growing.
- The BAF had not been updated fully – Executive Directors will be asked to update and review this document before it is provided for future meetings.

Title of report:	Council of Governors Election update 2022
Presented to:	Council of Governors
On:	19 July 2022
Item purpose:	Information
Presented by:	Consent agenda
Prepared by:	Nina Guymer, Deputy Company Secretary
Contact details:	T: 07880 154754 - Nina.Guymer@wwl.nhs.uk

Executive summary

This report provides a short update for the Council on the position regarding the upcoming vacant seats and election process.

Link to strategy and corporate objectives

This report links to the equality, diversity and inclusion (ED&I) element of WWL's Strategy 2030 and more directly, our ED&I Strategy itself, which aims to: increase diversity and accessibility; eliminate equality and improve the experience of protected groups, in respect of both our people and our patients. The strategy also highlights a focus on leading from the top and embedding this approach at Board level. As the body that holds our Non-Executive Board members to account, a more diverse and inclusive Council of Governors will support pursuit of these aims.

Risks associated with this report and proposed mitigations

Not applicable.

Financial implications

Not applicable.

Legal implications

Not applicable.

People implications

As noted above.

Wider implications

Not applicable.

This year, the following seven seats will be considered for election:

Leigh	Linda Skyes
Makerfield	Les Chamberlain Lynda Hale
Rest of England and Wales	Mustapha Koriba Lisa Lymath
Wigan	Bill Anderton Pauline Gregory

Three of these seats will be vacated by governors who have now served their maximum term and will be unable to stand for re-election. One seat was recently vacated by a governor who was elected in 2021. Since the election process will begin in less than one month's time, it is recommended that this seat is also put up for election.

Revised election statement format

Following discussions at the December 2021 People Committee meeting around ensuring that the membership of the Council of Governors is considered from an ED&I lens, the Deputy Company Secretary was asked to consider how this could best be addressed.

Since governors are elected by members of their constituencies, the influence of the Trust in the diversity of the Council is limited - it is our members who we must ask to help us to further our ED&I aims in this instance.

Nominees are currently asked to produce an election statement for which they have a limit of 250 words. In order to encourage members to consider ED&I when casting their vote, going forwards, this statement will be split to address 3 distinct areas, with ED&I in the governor role being one of these. Civica, the company who will be providing the election service for the current year, have advised that it is common for trusts to split down the election statement in this way.

- 1. Why do you want to be elected as a WWL Governor? (80 words)**
- 2. What skills and qualities would you bring to WWL's Council of Governors? (80 words)**
- 3. How do equality, diversity and inclusion influence the role of the Governor? (90 words)**

Elections will also now be publicised through Trust's newly launched ED&I networks (FAME, LGBTQIA+ and Disability Networks) where staff governor seats are available and in the case of public seats, through appropriate external network, including Wigan Pride.

Nominations will open on 18 August 2022, with voting to begin on 7 October 2022 and the results announced on 10 November 2022 at our annual meeting.

The Council is asked to:

- **Support the pursuit of a more diverse Council of Governors by sharing our strategic aims with the membership, so that they are able to bear these in mind when they vote.**
- **Help us to embed this way of thinking more widely, through engagement with the Trust's membership and the broader public.**
- **The Corporate Affairs Team will be attending Wigan Pride and are looking for volunteers from the Council of Governors to join them to promote the election. Please let us know if you are able to make it**

