

Council of Governors formal meeting

Thu 27 April 2023, 17:30 - 19:15

Boardroom, Trust HQ



Agenda

Food to be served from 5pm in the Executive Meeting room

1. Chair and quorum

Information Mark Jones

2. Apologies for absence

Information Mark Jones

3. Declarations of interest

Information Mark Jones

4. Minutes of previous meeting

Decision Mark Jones

- 📄 04. Minutes_Council of Governors_110123 (1).pdf (5 pages)
- 📄 04a. Minutes_Extraordinary meeting of the Council of Governors_220323 (2).pdf (2 pages)

5. Chair's update

Information Mark Jones

Verbal item

6. Lead Governor update

Information Andrew Haworth

- 📄 06. Lead Gov update April 2023.pdf (3 pages)

7. Chief Executive's report

Information Silas Nicholls

Presentation

8. National Staff Survey results

Information

Rachel Gleave & Mary Fleming

Presentation

9. Corporate Objectives 2023/24

Information

Richard Mundon

 27th April - Council of Governors Leaders Forum slides - Corp objectives FINAL.pdf (8 pages)

10. Patient Experience and Engagement Group

Discussion

Emma Rogers

Presentation


11. Non-Executive Director reports

Information

Reports to be taken as read -governors are invited to raise any queries.

 11. AAA Audit - Feb 2023.pdf (2 pages)

 11. AAA _ People - Mar 2023.pdf (2 pages)

 11. AAA F&P - 29 Mar 2023.pdf (2 pages)

 11 AAA - Research - March 2023.pdf (2 pages)

 11. AAA QSfeb.23.pdf (3 pages)

12. Details of next meeting

Information

Mark Jones

Wednesday 19 July 2023, 5.15pm to 7.15pm, Boardroom, Trust HQ

Council of Governors

Wed 11 January 2023, 17:15 - 19:15

Trust Headquarters, Boardroom



Wrightington, Wigan and
Leigh Teaching Hospitals
NHS Foundation Trust

Attendees

Board members

Mr M Jones (Chair - in the Chair), Mr P Allard (Public Governor - Wigan), Mr A Boardman (Public Governor - Leigh), Mr J Cavanagh (Appointed Governor - Volunteers), Mr L Chamberlain (Public Governor - Makerfield), Ms E Cooper (Staff Governor - Medical and Dental), Mr S Gorst (Staff Governor - All other staff), Ms D Gurbutt (Appointed Governor - University of Central Lancashire), Ms M Hartley (Staff Governor - Nursing and Midwifery), Mr A Haworth (Public Governor - Leigh), Ms J Hilling (Public Governor - Rest of England and Wales), Ms C Kelly (Appointed Governor - Edge Hill University), 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 Spibey (Public Governor - Leigh), Cllr F Walker (Appointed Governor - Local Authority), Ms B Shaw (Appointed Governor - Age UK), Mr P Woods (Public Governor - Makerfield)

In attendance

Miss N Armstrong (Corporate Governance Officer - Minutes), Mrs R Bradley (Non-Executive Director), Mr C Greenhalgh (Programme Director at Groundwork Cheshire Lancashire & Merseyside), Mrs N Guymer (Deputy Company Secretary), Mr I Haythornthwaite (Non-Executive Director), Mr P Howard (Director of Corporate Affairs), Mrs L Lobley (Non-Executive Director), Mrs A-M Miller (Director of Communications and Stakeholder Engagement), Ms A Mitton (Assist. Director of Comms & Engagement at NHS GM Integrated Care), Mr S Nicholls (Chief Executive), Ms C Roberts (Dep. Director for System Integration & Partnerships at NHS GM Integrated Care), Mrs E Rogers (Associate Chief Nurse - Quality and Patient Experience), Mr S Williams (Engagement Manager for Wigan at NHS GM Integrated Care)

Meeting minutes

1. 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.

Information

Mark Jones

2. Apologies for absence

Apologies for absence were received from Mr M Koriba, Ms S Sephton, Ms L Taberner.

Information

Mark Jones

3. Declarations of interest

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

Information

Mark Jones

4. Minutes of previous meeting

Following the amendment that in section 41/22 Michelle Hartley clarified that it is the maternity voices partnership for pregnant and newly delivered mums and not the community voices partnership the minutes of the previous meeting were **APPROVED** as a true and accurate record.

 Minutes_Council of Governors_Oct.pdf

 Minutes_Council of Governors Dec.pdf

Decision

Mark Jones

5. Chair's update

The Chair provided a brief update to the Council and then took the opportunity to introduce colleagues from NHS Greater Manchester (GM) integrated care who were joining WWL's Council of Governors meeting.

Information

Mark Jones

6. Chief Executive's report

The Chief Executive provided an update to members of the Council on the Trust's current position. He noted that WWL are facing sustained and extreme pressures across its services, which led to WWL calling an internal critical incident in December.

The Chief Executive informed the Council that colleagues have been working hard to tackle the demand, to support WWL's services and each other and to discharge patients quickly and safely. It was however noted that the challenge in discharging a high volume of patients is that the service would become saturated with no further capacity.

Information

Silas Nicholls

He further discussed with the Council that other organisations across GM are facing the same pressures.

The Chief Executive then took members of the Council through Trust's approach to tackling the pressures being face at WWL. He noted that the Trust would be looking at the following:

- Increasing the capacity to meet the demand
- Ensuring a strong focus on safe and timely discharges
- Continue to work closely with health and social care partners
- Educating the Trust's patients and the community to choose the appropriate healthcare for their needs and to support the discharge process.

Mr M Ryding asked what percentage of patients who attend Accident and Emergency (A&E) should have been seen elsewhere.

The Chief Executive responded informing the Council that of those patients that attend A&E, WWL admit 30-40% of them, and that patients are streamed to the Urgent Treatment Centre, he further noted that although he did not have the exact figure he would estimate 10-20% of patients attending the department could be seen elsewhere.

Mr P Woods questioned if the Trust's priority would be to change the foot print of the Accident and Emergency department or invest in another reablement unit like the Jean Heyes unit to help with the demand on it's services

The Chief Executive responded informing the Council that the Trust would prioritise investment in an additional reablement units as this would free up much needed beds and assist with improving flow around the hospital, which in turn would allow A&E to manage patients safely. He did note that A&E does require expansion but that there are additional areas that need to be improved before the expansion could be considered.

The Chief Executive further informed the Council that WWL has a sequence of prioritisation for schemes and will be working through this as and when capital and funding becomes available.

Ms S Spibey queried if the Trust had any data around the attendances at A&E over the festive period and if it had identified any trends linked to social issues.

The Chief Executive informed the Council that he did not have this data to hand but if it is an area that the Council are interested in the data can be pulled together.

Cllr F Walker asked if the launch of the virtual wards has played its part to support the Trust with the pressures it has been facing.

The Chief Executive responded that there are currently 45 patients on the virtual ward and the Trust is currently trialling GP's referring directly to the virtual ward. He noted that they would like to explore the ambulance service referring directly to the virtual ward, and recruiting more staff to support the service.

The Chief Executive continued by providing the Council with an update on the recent industrial action. He advised about stating that currently no significant impact had been seen from the industrial action and that there had been a change in behaviours from members of the public. Noting that attendances to A&E had increased prior to the industrial action, decreased during the industrial action period and started to increase again following the end of the action.

The Chief Executive further noted that the Trust, as well as the wider GM system have heavily pushed communications via social media to encourage members of the public to access the appropriate service for their needs and that NHS 111 is having a positive impact.

He then took the Council through the Trusts plans to deliver a safe and effective service through further upcoming industrial action.

The Chair informed members of the Council that during the scheduled Board of Directors meeting there will be a break for colleagues who wish to visit the picket line and show their support to do so.

Ms J Hilling questioned if there had been a marked increase in members of the public bringing category 2 patients into the Accident and Emergency department.

The Chief Executive responded that WWL thus far had not seen this being the case.

7. External engagement

Alexia Mitton - Assist. Director of Comms & Engagement at NHS GM Integrated Care

Claire Roberts - Dep. Director for System Integration & Partnerships at NHS GM Integrated Care

Colin Greenhalgh - Programme Director at Groundwork Cheshire Lancashire & Merseyside

Scott Williams - Engagement Manager for Wigan at NHS GM Integrated Care

The Chair introduced this item by sharing WWL's 2030 strategy and the role Governors have to play within the Health and Care Act 2022

The Chair introduced Ms C Roberts and Mr C Greenhalgh who took members of the Council through proposals for effective joint working with the Voluntary, Community, Faith and Social Enterprise sector (VCFSE).

They informed the Council that throughout the development of the Healthier Wigan Partnership the VCSFE sector has been described as an equal partner and a key shareholder in the health and wellbeing of the boroughs population.

Wigan has an estimated 1,400 VCSFE organisations. However Ms C Roberts and Mr C Greenhalgh noted that there are few larger national sector organisations within the borough.

Mr C Greenhalgh informed the Council that he is involved in the strategic Boards across the borough and participates in meetings across GM. He noted the borough requires VCFSE as partners as they can bring additional resource into the borough and help to build trust with the local population.

He took members of the Council through the benefits of working with the VCSFE sector.

The Chair noted that the system board are not the operational part of the system but that they look at the opportunities that are available and how they can support the operational development of them and the benefits they will have for the local population.

Mr P Woods queried if there is the possibility of mentoring, coaching and skill sharing being shared with local charities and community groups as often they have a smaller capacity.

Mr S Williams and Ms A Mitton informed the Council that they are undertaking a piece of work which would provide this support to these groups through work as part of the Wigan Borough Engagement group and noted that some members and previous members of the Council sit on this group.

Ms A Mitton informed the Council that their focus is on engaging and listening to local residents.

The Council recognised that the Trust and community leaders are not readily available to engage with local residents and this is where their engagement work helps to inform work that may be undertaken in the borough.

Ms A Mitton then went on to inform the Council that the Local Healthwatch is an independent body and that before a piece of engagement work is undertaken this is discussed with them to ensure work is not duplicated, or does not contradict work that is already taking place. It is importance to work together to achieve the best outcomes for the local communities.

Mr S Williams further advised that he has been involved with developing engagement with the wider system and has been involved with 'Big Conversations phase 2' across GM. The hope is that this will help the borough to understand the needs of versatile and complex communities.

The work with charities Healthwatch and Groundwork will allow the engagement team to reach more challenging communities and see what it is like on the ground for them. It is hoped that the outcome will be healthier and happier lives for these communities.

Mr S Williams was pleased to inform the Council that the Wigan locality had a better response rate than that of others across GM and that this was consistently evident.

He referenced the system priorities and of the work that is being undertaken to support the locality to deliver positive outcomes.

Mr S Williams further informed members of the Council that in March 2022 a piece of engagement work had begun around children, young people and families, with a focus on those families with children who are identified as have complex needs, special educational needs and disabilities.

Ms J Hilling asked how the team are working on engaging with those people who do not usually engage and how could they get young people and young families involved.

Mr S Williams responded explaining that they are engaging with Special Educational Needs Co-ordinators (SENCO's)

and community organisations, and are offering the opportunities for as many groups and organisations to be involved and are being pro-active at engaging with these groups

Ms D Gurbutt questioned if the team are aware of the areas where response rates are poorer.

Ms A Mitton responded informing the Council that they are aware of the areas within the Wigan locality where there is a poorer response and less engagement and continued to inform them of these areas.

Cllr F Walker noted the importance of pitching the engagement work at the right level and wondered if the right questions are being asked. He informed members of the group of a boxing club he had, had the privilege of spending some time with and how the discipline they provide as well as the physical activity contributes to the health of the borough and the importance of being aware of the bigger picture across the borough. He finished by expressing concerns that he felt there was more time being spent talking about engagement rather than actually engaging with the public.

Mr P Howard responded to the concerns raised by members of the Council and reminded them that the short term work being undertaken now will have a longer term. He further noted that the contacts being made and the discussions currently taking place in meetings like the Council of Governors mean that Governors will be equipped to go into the community and share the information. This means a wider reach for all.

Ms AM Miller advised the Council that WWL work with Ms A Mitton to share communications across Primary Care and that this has worked well. She continued stating that if the Trust needs to make a minor service change, Ms A Mitton and her team are one of the first the Trust contact as they can bring insight into the organisation.

The Chair thanked Ms C Roberts, Mr C Greenhalgh, Mr S Williams and Ms A Mitton for coming to speak to the Council about the work that is being undertaken and how the governors can support this.

8. Non-Executive Director reports

Information

Members of the Council noted the contents of the quality and safety summary report.

Mrs L Lobley summarised the people committee summary report.

Mrs S Spibey questioned if the Training Medical Education Group who will have responsibility for requesting formal action plans to be put into place is an internal group and what the national General Medical Council (GMC) standards are. She further questioned if the results look at all aspects within each speciality. Finally she asked if managers, senior managers and executives are aware of the results of the survey and if they are supporting the action plans that are being developed.

Mrs L Lobley responded informing the Council that the GMC survey measures how the Trust trains Doctors. She further confirmed that the Trainee Medical education group is an internal group.


Lady R Bradley summarised the finance and performance summary report. She noted that the committee were informed that any impact from the industrial action is being closely monitored through the Executive Team Meetings and the Board of Directors would be updated as required.


Lady R Bradley finished by informing the Council that the committee are monitoring progress to ensure the committee have appropriate grip and control in place to assist the Trust to achieve its financial plan.


Members of the Council received and noted the contents of the report.


Mr I Haythornthwaite concluded this portion of the meeting by summarising the audit committee summary report.

Members of the Council received and noted the contents of the summary report.

 21. AAA _ People - 18 Oct 2022 2.pdf

 AAA F&P - Nov KK IB 2.pdf

 21. AAA Audit - Nov 2022.pdf

 AAA QS - Oct 22.pdf

9. Appointment of lead governor

Decision

Mark Jones summarised the report which had been circulated in advance of the meeting. He noted that the corporate affairs team had received one expression of interest from Mr A Haworth.

Mark Jones

The Council **APPROVED** the recommendation set out in the paper to appoint Mr A Haworth as lead Governor for the following 12 months.

Mr M Jones further informed the Council that he has spoken with Mr A Haworth and discussed the opportunities of him liaising with the lead Governor form Bolton NHS Foundation Trust.

 Report - CoG - Lead Governor 2023.pdf

10. Non-Executive Director/Governor clinical visits

Information

Mr A Haworth and Mrs L Lobley were pleased to inform members of the Council that the Non-Executive Directors visits to clinical areas within the Trust have been reinstated, but that this was still in the early stages.

Mr A Haworth noted that once the initial visits and procedures have taken place with the Non-Executive's the team would look to reinstate the governors visiting the clinical areas. He was unable to provide a specific time frame for this but asked any members of the Council who were interested in undertaking visits to inform him.

11. Details of next meeting

Information

Thursday 27 April, Boardroom, Trust HQ 5.15pm - 7.15pm

Mark Jones

Extraordinary meeting of the Council of Governors

Wed 22 March 2023, 17:00 - 17:30

Microsoft Teams

Attendees

Board members

Mr M Jones (Chair - in the chair), Mr P Allard (Public Governor - Wigan), Mr L Chamberlain (Public Governor - Makerfield), Mr S Gorst (Staff Governor - All other staff), 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), Ms L Lymath (Public Governor - Rest of England and Wales), Mrs C Martindale (Public Governor - Wigan), Mr A Savage (Staff Governor - All other staff), Ms S Sephton (Public Governor - Leigh), Ms B Shaw (Appointed Governor - Age UK), Mr P Woods (Public Governor - Makerfield)

In attendance

Miss N Armstrong (Corporate Governance Officer - Minutes), Mrs N Guymer (Deputy Company Secretary), Mr P Howard (Director of Corporate Affairs)

Meeting minutes

1. 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.

Information

Mark Jones

2. Apologies for absence

Apologies for absence were received from Ms S Spibey, Ms D Gurbutt, Ms M Hartley, Ms C Kelly, Mr M Ryding and Mr J Cavanagh

Information

Mark Jones

3. Declarations of interest

No attendees declared an interest in respect of the item being considered during the meeting.

Information

Mark Jones

4. Resolution to exclude member of the press and public

The Council **RESOLVED** to exclude members of the press and public.

Decision

Mark Jones

5. Non-Executive Director appointment

The Chair summarised the list of colleagues who had taken part in the Stakeholder panel.

Decision

Mark Jones

He informed the Council that the calibre of candidates made the decision a difficult one. Following the stakeholder panel feedback and interview panel a consensus had been reached to offer the position to Ms J Gill. He went on to summarise her previous career experience.

The Chair then opened the floor for questions and comments.

Mr S Gorst expresses his firm support for the decision of the panel.

Mr M Koriba informed the Council he was pleased to see Ms J Gill had the multiagency background, as it is good practise to bring someone into the post with external experience, as they will see things differently and bring a different perspective.

Mr A Howarth summarised his thoughts following the interview process and his thoughts on the candidates.

Members of the Council **APPROVED** the appointment of Ms J Gill.

The Chair informed the Council of some areas of learning that had taken place during the process and that would be taken forward to future appointments.

The Chair noted that following the departure of Non Executive Director, Dr S Elliot, a further recruitment exercise would be undertaken to fill the post. He sought approval from the Council to appoint Diane Charnock Consulting once again,

highlighting the high calibre of candidates which the firm had provided during the now concluded round of recruitment.

Following a query from Mr P Woods, Mr P Howard confirmed that since a tendering exercise for this type of work had been undertaken during the last six months, there would be no requirement to go through any further process in that regard, however for completeness he agreed to confirm the position with WWL's procurement team.

The Council

APPROVED

the appointment of Diane Charnock Consulting as the recruiter for the upcoming vacancy.

6. Details of next meeting

27 April 2023, 5.15pm to 7.15pm

Information

Mark Jones

Title of report:	Lead Governor update
Presented to:	Council of Governors
On:	27 April 2023
Presented by:	Lead Governor
Prepared by:	Andrew Haworth
Contact details:	members@wwl.nhs.uk

Executive summary

A mid-year Governor election in our Makerfield and Nursing & Midwifery Staff Constituencies has recently concluded. This report provides an update as to the result of the election and also on the remaining vacant seat.

Report

Vacancies in Constituencies were advertised in Summer 2022 via our provider Civica Election Services and this resulted in places where there were competitive applications being filled by election. However, no applications were received for the Makerfield Constituency with the result that 2 vacant positions there remained unfilled.

Meanwhile the resignation of Lynsey Derbyshire, one of our Nursing & Midwifery Staff Governors created a third vacant position on the Council.

Invitations for nominations went out to Members in both Constituencies, social media was utilised, staff were reminded via internal briefing and a 'find out more' session was held in February this year at the new Ashton in Makerfield Research Hub. An additional virtual session was advertised but was cancelled due to lack of confirmed attendees.

For the 2 vacancies in Makerfield, 2 applications were received, this precluded the need for a vote and so Andrew Bullen joins our Council for his first 3-year term and Ken Griffiths re-joins to start his second 3-year term. The Staff vacancy received no applications and remains vacant at present.

It should be noted that the invitation to stand for Staff Governor within the Nursing & Midwifery Constituency hit the depth of the 'winter pressures' and strike action, which is likely to have dissuaded a busy nursing workforce from seeking out additional roles such as governorships.

Recommendation(s)

Council is recommended to welcome the filling of 2 vacancies in the Makerfield Constituency whilst recognising that recruitment of a Nursing & Midwifery Staff Governor has proved difficult and that this vacant seat may not be filled as swiftly as it has in previous years.

2023/24 Corporate Objectives

Council of Governors
27th April 2023



Our Corporate Objectives in context

Our Corporate Objectives are fundamental in describing 'what' and 'how' we will deliver our strategy each year



Our Corporate Objectives 2023/24

Patients



We will...

- Improve the safety and quality of clinical services
- Ensure patients and their families receive personalised care in the last days of life
- Improve diabetes care for our population
- Improve the delivery of harm-free care
- Promote a strong safety culture within the organisation
- Improve the quality of care to our patients
- Listen to our patients to improve their experience

People



We will...

- Enable better access to the right people, in the right place, in the right number, at the right time
- Improve experience at work by actively listening to our people, and turning understanding into positive action
- Develop system leadership capability whilst striving for true place-based collaboration for the benefit of our people

Performance



We will...

- Deliver our financial plan, providing value for money services
- Minimise harm to patients through delivery of our elective recovery plan
- Improve the responsiveness of urgent and emergency care

Partnerships



We will...

- Improve the health and wellbeing of the population we serve
- Develop effective partnerships within the new statutory environment
- Make progress towards becoming a Net Zero healthcare provider
- Increase research capacity and capability at WWL in collaboration with Edge Hill University, making progress towards our ambition to be a University Teaching Hospital

Appendix

Detailed Corporate Objectives



Our Patients

To be widely recognised for delivering safe, personalised and compassionate care, leading to excellent outcomes and patient experience.



To improve the safety and quality of clinical services through a focus on reducing mortality from sepsis



To ensure patients and their families received personalised care in the last days of life, by expanding end of life care through District Nursing teams and reducing the number of patients admitted to hospital on an end-of-life pathway



To improve diabetes care for our population by working with our partners across primary care to deliver the diabetes transformation programme



To improve the delivery of harm-free care through continuing improvements in pressure ulcer reduction



To promote a strong safety culture within the organisation, continuing to increase staff psychological safety, and embedding Human Factors awareness



To improve the quality of care to our patients, continuing to build upon the ward accreditation programme, and to include escalated areas within the ED



Listening to our patients to improve their experience, delivering timely and high-quality responses to concerns raised by patients, friends and families

Our People

To create an inclusive and people centred experience at work that enables our WWL family to flourish.



To enable better access to the right people, in the right place, in the right number, at the right time by improving workforce sustainability (e.g. reducing sickness, reducing the vacancy rate, and improving time to hire)



To ensure we improve experience at work by actively listening to our people, and turning understanding into positive action, by continuing to develop a positive culture as part of Our Family, Our Future, Our Focus



To develop system leadership capability, through active and regular participation in leadership development opportunities, enabling us to strive for true place-based collaboration for the benefit of our people

Our Performance

To consistently deliver efficient, effective and equitable patient care.



To deliver our financial plan, through sound financial management, delivering efficiencies, and providing value for money services



To minimise harm to patients through delivery of our elective recovery plan, delivering more elective care to reduce the elective backlog and long waits, and working with partners to effectively manage demand



To improve the responsiveness of urgent and emergency care by working with our partners in continuing to reform community and urgent care, and keeping people independent at home where it is safe and clinically appropriate to do so

Our Partnerships

**To improve the lives
of our community,
working with our
partners across the
Wigan Borough and
Greater Manchester.**



To improve the health and wellbeing of the population we serve, using our significant potential as an anchor institution to reduce health inequalities and influence wider determinants of health



To develop effective partnerships within the new statutory environment, focusing on the effectiveness of diabetic, children and young people, and urgent and emergency care services, in line with local transformation programmes



To make progress towards becoming a Net Zero healthcare provider



To increase research capacity and capability at WWL and in collaboration with EHU plan to make progress towards our ambition to be a University Teaching Hospital

Committee report

Report from:	Audit Committee
Date of meeting:	28 February 2023
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 external auditor's fees for the year have increased by circa £7k as a direct result of additional systems audit work required by the system. This requirement applies to all NHS Trusts. ▪ In the last round of internal audit reviews, the Trust received one 'limited' assurance report relating to waiting list management. ▪ The Committee raised concerns around the progress being made with the administration of the overseas visitors and private patients service – these have now been referred to the executive team and brought to the attention of the Chief Executive specifically. ▪ The Committee raised concerns around the lack of expected completion dates on some of the outstanding internal audits for 2021/22. ▪ The Committee wishes to alert the Board that it has agreed to defer some of the internal audit work until 2023/24: <ul style="list-style-type: none"> - SLA management - Safer nurse staffing <p>The Committee subsequently agreed that the audit days are utilised on an audit of the Trust's 'PAS Upgrade' and on a 'Safeguarding' audit.</p> <p>It should be noted that this will not affect the year end audit opinion from the internal auditors (MIAA).</p>
ASSURE
<ul style="list-style-type: none"> ▪ Seven internal audit reports were completed in this period, one of which was 'limited' as described above, the other six were either 'moderate' or 'substantial'. ▪ The Committee received satisfactory assurance around the risk register, single tender waivers report and the counter fraud report. ▪ The Committee received assurance from the external auditors (KPMG) around the preparations that that Trust has made ahead of the year end audit.
ADVISE

- The future requirements of the Healthcare Financial Management Association checklist are currently unclear and if MIAA are expected to repeat the exercise in 2023/24 this may impact on WWL's internal audit plan.
- The Committee received an update on the accounting policies to be applied in the accounting year ending in March 2023 and recommend these to the Board for approval.
- The Committee received the; freedom to speak up tracker; counter fraud workplan; Committee workplan and minutes of its reporting groups.
- The Committee reviewed evidence which demonstrated the Trust's compliance with the NHS Foundation Trust Code of Governance and recommend to the Board that it declares such compliance in the Trust's 2022/23 annual report and accounts.
- The revised terms of reference were agreed and will be submitted to the Board for approval.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> ▪ Not applicable.

Committee report

Report from:	People Committee
Date of meeting:	14 March 2023
Chair:	Lynne Lobley

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

ALERT
<ul style="list-style-type: none"> The Committee expressed concern around some risks in respect of industrial action, including: <ul style="list-style-type: none"> - The potential for a full consultant strike to occur; - The potential for the junior doctors' strike to continue for a further 20 days over an undefined period. The people dashboard had not been updated due to operational pressures and therefore was included on the consent agenda for information only.
ASSURE
<ul style="list-style-type: none"> The workplan was noted as a useful tool and the Committee acknowledged the amended scheduling of various items, including those deferred due to strike action. The Committee received an update on the junior doctors' strike, including the action taken and measures put in place by the Trust to manage this thus far. The Committee felt secure with the plans in place to maintain patient safety throughout. The Committee received the analysis of the latest National Staff Survey results and were assured by the improvement of 5.5% to a 35% response rate; as well as that morale ranks first within the Greater Manchester Health and Social Care Partnership and top ten nationally. The Committee were thankful to the work of the communications team in propelling communications around the staff survey and how this contributed to the improved response rate.
ADVISE
<ul style="list-style-type: none"> The Committee carried out its annual effectiveness review. Amendments to the workplan were discussed, including ensuring that the Committee receives updates on the 'Our Family, Our Future, Our Focus' initiative, as well as work going on at place level. The need to ensure that the divisions and the Finance and Performance Committee are linked in where appropriate was also noted. The Committee has requested a debrief be provided following both the nurses' and junior doctors' strikes and will also hear a future staff story from a junior doctor. The Committee were happy to support the suggestions put forward in respect of the 'People' corporate objectives and related strategic measures, for the following financial year. The Committee noted how the national staff survey validated several of WWL's existing workstreams, including improving the appraisal process as well as training and

career progression.

- The Committee observed that the Trust has taken a caring approach towards supporting staff taking part in the junior doctors' strike.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- See above.

Committee report

Report from:	Finance and Performance Committee
Date of meeting:	29 March 2023
Chair:	Mick Guymer (supported by Rhona Bradley)

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

ALERT
<ul style="list-style-type: none"> The Committee noted that achievement of corporate objective CO12 around urgent care would not be achieved for 2022/23. The 2023/24 delivery plan is heavily predicated on the delivery of the system response to reducing the no right to reside figures. WWL is currently £4.5m above the agency ceiling. The 2023/24 financial plan was presented at a £37.1m deficit and the risks discussed and recognised. The challenges to achieving the plan were noted.
ASSURE
<ul style="list-style-type: none"> The Committee felt assured that the 2022/23 deficit of £1.4m would be achieved and that the full capital allocation would be utilised. Assurance was affirmed around the internal controls for monitoring overheating incidents and the Committee requested that Quality and Safety Committee maintain oversight of any implications that incidents may have on patient care moving forwards. There was significant assurance around achievement of the elective NHS mandated waiting times. Assurance was provided around the ongoing discussions being had at Healthy Wigan Partnership system level around the support required for WWL as a locality in delivering the NHS constitutional standards.
ADVISE
<ul style="list-style-type: none"> Recovery action planning implementation and delivery (RAPID) reviews will now be monitored at executive or management level, pending agreement from the incoming Committee Chair. The 2022/23 month 11 finance report was reviewed, with an increased confidence expressed given the revised deficit position of £1.4m. The Committee endorsed the business case for the Wrightington Theatre 11 improvements, for Board approval and then progression to the NHSE regional and national forums. The revenue risks were acknowledged and noted.

- The Committee's effectiveness review was carried out with agreement that the incoming Committee Chair will have the opportunity to feed in to changes to be made after around 6 months in post.
- The Committee approved slight revisions to the terms of reference.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The risks to the 2023/24 financial plan were noted and acknowledged.
- The risks around long-term finances were once again noted and the need for a longer term plan acknowledged.

Committee report

Report from:	Research Committee
Date of meeting:	7 March 2023
Chair:	Clare Austin

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

ALERT
<ul style="list-style-type: none"> ▪ The committee wish to alert the Board to the change in requirements to achieve University Hospital Status with the Trust now requiring 6% of consultant staff to be clinical academics, which is equivalent to 14 consultants although the exact numbers will need to be confirmed since there is a lack of clarity as to whether the consultant numbers also include locums, for example. ▪ Whilst our strategy to achieve these numbers represents a continuing risk, the Committee discussed a plan on how the Trust can achieve the staffing numbers required. ▪ The committee were made aware that whilst for 2024/25 the Trust will achieve the £200k from the Research Capacity Funding (RCF) required to achieve University Hospital Status, the current predictions for 2025/26 are not at this level at the moment. ▪ Currently there are no further NHR sponsored trials due to a recent submission for the BETTER trial being unsuccessful at stage 2.
ASSURE
<ul style="list-style-type: none"> ▪ The research assurance framework presents both quantitative and qualitative information against each of the strategic objectives. ▪ The number of commercial trials being undertaken are back to pre-covid numbers and is the best it has been for 3 years. ▪ Recruitment of participants to research activity is on target. ▪ The committee were assured that the Clinical lead for research in the community is already actively engaged with research. ▪ Following the first look of a short video presentation to recruit patients to the RAPSODI trial the committee were pleased to see EDI patients being identified and promoted and are keen for the video to be presented to the Board once it has reached its final iteration promotion within clinical trials – video to be shown at board once completed. ▪ The committee were presented with data to show why Expressions of Interest have been declined and were assured with this transparency. ▪ The committee were assured by the restructuring of the research budget codes on the ledger, which provides greater clarity on the income and expenditure of individual studies. They were also assured by the strong overall financial position for R&D and, given the income related strategic objectives, particularly by the fact that overall income is

forecast to increase by 11% compared to the prior year and commercial income is projected to rise by 87%.

- The committee noted the increase in reported publications and were assured that research outputs were being appropriately communicated.

ADVISE

- The committee would like to advise the Board that the Research Hub will be officially open on the 24 March 2023
- A member from Health Innovation Manchester attended the March Research Committee meeting and this relationship will now continue.
- The committee discussed the Research committee effectiveness review and provided feedback to the Company Secretary to complete said review.
- The links between the Research Agenda and the Corporate Agenda are greater.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The risk around the Clinical Academic Strategy to achieving University Hospital status has reduced.

Committee report

Report from:	Quality and Safety Committee
Date of meeting:	8 th February 2023
Chair:	Francine Thorpe

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

ALERT
<ul style="list-style-type: none"> • It is unlikely that we will achieve a 25% reduction in mortality related to sepsis by 31st March 2023 (corporate objective (CO) 1) due to a number of factors including the sustained pressure within the emergency department (ED) leading to delays in the recognition and treatment of sepsis. • Delay in completion of baseline audits relating to patients who die in their preferred place of death means that a target for improvement has not yet been set; therefore we are unlikely to achieve objective CO2. • Gaps in the provision of community care for people wishing to die at home have been identified and further work is required to understand how this contributes to hospital admissions. • Partial achievement of objective CO3 is anticipated with good progress being made in human factors training for staff. Improvements have been sustained in the prevention of pressure ulcers, however we have narrowly missed our target of zero preventable category 3 or 4 with one category 3 being reported. • Although significant improvement has been made in complaints response times, with some divisions achieving the target, it is unlikely that we will achieve our trust target of 85% by 31st March 2023 (CO5) • The maternity and neonatal service spotlight report highlighted 9 serious incidents (SIs) reported in Q3. Investigations are ongoing and safety summits have been held to review key themes. There is no single theme identified that links all incidents. • 5 SIs were reported in the ED during the period of the critical incident in December. Further information has been requested in relation to actions being taken to maintain patient safety in response to the issues identified. Four incidents related to delay in diagnosis • The committee has asked for information to be presented in relation to the effectiveness of Diabetes services provided by the Trust. SIs were reported in two different services relating to diabetic patients and it was noted that national data on diabetic outcomes places the Wigan locality in the lowest quartile

- The Q3 IPC report indicated an increase in clostridium difficile cases. The Trust will not meet the agreed trajectory for 2022/23. Comparative data across Greater Manchester (GM) and nationally has been requested for the next report.

ASSURE

- Significant progress was noted in the measures against the 5 areas for improvement highlighted as part of the ASPIRE accreditation process. Accreditation visits continue despite the ongoing challenges.
- The harm free care report was received providing assurance in relation to the ongoing reporting, monitoring and improvement work. Despite the sustained organisational pressures improvements were noted in a number of areas; training compliance continues on an upward trend.
- The spotlight report on maternity and neonatal services provided assurance against:
 - Ockenden actions
 - CNST compliance
 - Improvements in perinatal mortality (lowest stillbirth rate in GM)
 - Multidisciplinary training compliance
 - Maternity dashboard metrics (6 areas above GM average)
- The Q2 and Q3 complaints report highlighted improvements in complaint response times (45% in Q2, 59% in Q3). The Q3 report evidenced improvement in the quality of responses with a 38% reduction in “second bites”
- The Patient Experience Report highlighted assurance around the following:
 - Increased response rates for friends and family test
 - Feedback being sought through an In-house survey
 - Actions taken as a result of patient feedback
 - Progress in the development of a revised strategy
 - Targeted work being undertaken to seek feedback from under-represented groups e.g. people with a learning disability
- The safe staffing report provided assurance in relation to reduction in nursing vacancies, particularly within the division of medicine. Delays in the appointment of international recruits were noted however it is expected posts will be filled by April 2023.

ADVISE

- A Task and Finish Group has now been established to review any themes and develop actions relating to patients “being lost to follow up” which was highlighted in the serious incident report in December 2022. The committee will maintain oversight of this work through regular reports.
- An increase in red flags was noted within the safe staffing report, however these are being managed by twice daily safe staffing huddles where decisions are taken to deploy staff according to need. This does however impact negatively on the supernumery status of ward leaders which is regularly tracked.
- Four areas on the maternity dashboard were noted to be below the GM average. Further information has been requested for the next meeting in relation to audits undertaken to review the administration of steroids in premature labour as this is an area where the Trust is consistently RAG rated as red.
- Further information on the outcomes of learning disability mortality reviews (LeDeR) was requested; it was agreed that this should be taken forwards through relevant safeguarding forums.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none">• Risks relating to the board assurance framework (BAF) were discussed, the increased likelihood of non-achievement of some of our corporate objectives was noted.• There are 3 high risks relating to potential safety issues within the ED because of overcrowding and consistent high attendances. These were considered in the update provided by the Divisional Lead for Medicine.