Mersey and West Lancashire Teaching Hospitals NHS Trust

Trust Board Meeting (Public)

To be held at 09.30 on Wednesday 26 June 2024
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
09.30	1.	**Employee of the Month (June 2024)** *Purpose: To **note** the Employee of the Month presentations for June 2024*	Film	Chair *(10 mins)*
09.40	2.	**Chair's Welcome and Note of Apologies** *Purpose: To record apologies for absence and confirm the meeting is quorate*	Verbal	Chair *(10 mins)*
	3.	**Declaration of Interests** *Purpose: To record any Declarations of Interest relating to items on the agenda*	Verbal	
	4.	**TB24/044 Minutes of the previous meeting** *Purpose: To **approve** the minutes of the meeting held on 29 May 2024*	Report	
	5.	**TB24/045 Matters Arising and Action Logs** *Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and **approve** completed actions*	Report	
Performance Reports				
09.50	6.	**TB24/046 Integrated Performance Report** 6.1. Quality Indicators 6.2. Operational Indicators 6.3. Workforce Indicators 6.4. Financial Indicators *Purpose: To **note** the Integrated Performance Report for assurance*	Report	L Barnes R Cooper obo L Neary M Szpakowska G Lawrence *(30 mins)*
Committee Assurance Report				
10.20	7.	**TB24/047 Committee Assurance Reports**	Report	

		7.1. Executive Committee 7.2. Audit Committee (verbal update) 7.3. Charitable Funds Committee 7.4. Quality Committee 7.5. Strategic People Committee 7.6. Finance and Performance Committee *Purpose: To **note** the Committee Assurance Reports for assurance*		A Marr S Connor obo I Clayton G Appleton G Brown L Knight S Connor *(40 mins)*
Other Board Reports				
11.00	8.	**TB24/048 Fit and Proper Person Chair's Annual Declaration** *Purpose: To **note** the Fit and Proper Person Chair's Annual Declaration*	Report	Chair (*10 mins)*
Concluding Business				
11.10	9.	**Effectiveness of Meeting**	Report	Chair *(5 mins)*
11.20	10.	**Any Other Business** *Purpose: To **note** any urgent business not included on the agenda*	Verbal	Chair *(5 mins)*
		Date and time of next meeting: Wednesday 31 July 2024 at 10.00		**11.30 close**
15 minutes break				

Chair: Richard Fraser

Minutes of the Trust Board Meeting
Held at Boardroom, Level 5, Whiston Hospital / on Microsoft Teams
Wednesday 29 May 2024
(Approved at Trust Board the Trust Board on Wednesday 26 June 2024)

Name	Initials	Title
Richard Fraser	RF	Chair
Ann Marr	AM	Chief Executive Officer
Anne-Marie Stretch	AMS	Deputy Chief Executive Officer & Director of Human Resources
Geoffrey Appleton	GA	Non-Executive Director & Deputy Chair
Lynne Barnes	LB	Acting Director of Nursing, Midwifery & Governance
Gill Brown	GB	Non-Executive Director
Nicola Bunce	NB	Director of Corporate Services
Ian Clayton	IC	Non-Executive Director (via MS Teams)
Steve Connor	SC	Non-Executive Director
Rob Cooper	RC	Managing Director
Malcolm Gandy	MG	Director of Informatics
Paul Growney	PG	Associate Non-Executive Director
Lisa Knight	LK	Non-Executive Director (via Teams)
Gareth Lawrence	GL	Director of Finance and Information
Hazel Scott	HS	Non-Executive Director
Carole Spencer	CS	Associate Non-Executive Director
Rani Thind	RT	Associate Non-Executive Director
Peter Williams	PW	Medical Director

In Attendance

Name	Initials	Title
Yvonne Mahambrey	YM	Quality Matron, Patient Experience (Agenda Item 2) (via MS Teams)
Sue Orchard	SO	Head of Midwifery, Whiston Hospital (Agenda Item 2) (via MS Teams)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager

Apologies

Name	Initials	Title
Angela Ball	AB	Halton Council Representative (Stakeholder Representative)
Lesley Neary	LN	Chief Operating Officer
Sue Redfern	SR	Director of Nursing, Midwifery and Governance

Agenda Item	Description
Preliminary Business	
1.	**Employee of the Month**

	1.1. The Employee of the Month for May 2024 was Alyson Swift, Cellular Pathology Personal Medical Secretary (St Helens Hospital), and the Board watched the film of PW reading the citation and presenting the award to Alyson. **RESOLVED:** The Board **noted** Employee of the Month film for May 2024 and congratulated the winner.
2.	**Patient Story**
	1.1. RF welcomed YM and SO to the meeting. 1.2. LB introduced the Patient Story video which showcased the journey through a patient's pregnancy and birth, which had included an emergency Caesarean section (C-section). 1.3. RF reflected on the positive maternity story and asked that YM and SO pass on the Board's thanks to the family for sharing their story. 1.4. SO commented that although the patient story had been positive there was still learning for the service about some things that could be done better. SO noted that the sex of the baby had been announced to the father following the C-section and that this had not been part of the patient's birth plan. SO assured the Board that additional learning at both the Ormskirk and Whiston maternity units had been undertaken to ensure all staff checked the patient's wishes when they were going in for a C-section and this had been incorporated into the staff huddle prior to starting the procedure. 1.5. GB commented that it was good to see how the teams had listened to the patient and families wishes for many other aspects of the pregnancy and birth and worked with her throughout the pregnancy to achieve a positive outcome, even though things had not quite gone to plan in the end. 1.6. *(YM and SO left the meeting)* **RESOLVED:** The Board **noted** the Patient Story
3.	**Chair's Welcome and Note of Apologies**
	3.1. RF welcomed all to the meeting and in particular welcomed CS who was attending her first Board meeting in her role as Associate Non-Executive Director. 3.2. RF noted the apologies of LN and SR and wished them both a speedy recovery.

	3.3. RF acknowledged the following awards and recognition that the Trust had recently received: 3.3.1. Helen Day, Paediatric Nurse, Ormskirk was shortlisted for the Paediatric Nurse of the Year Category in the national Diabetes Nursing Awards. 3.3.2. The Garswood District Nursing Team were finalists for the 'best placement area/team' for student nurses at Liverpool John Moore's University 3.3.3. International Day of the Midwives MWL awards: Megan Rumsby, Ormskirk Hospital, was the winner of the Midwife Hero Award and Jackie Burke, Whiston Hospital, was the winner of the Maternity Support Worker Hero. 3.3.4. International Nurses Day MWL awards: Sarah Coppell, Lead Nurse, Medicine In-Patients Wards, Southport Hospital was the winner of the Nursing Hero Award and Glen Davies, Health Care Assistant, Whiston Hospital, was winner of the Health Care Assistance Hero Award. 3.3.5. MWL NHS Charity Events – the Deputy Finance Accountant, Southport Hospital, completed the London Marathon in two hours, 43 minutes and 17 seconds and raised £730 and a team of skydivers jumped out of a plane at 15,000 feet and raised £3,100 for the Charity. 3.4. The Annual MWL Staff Awards had taken place on Friday 10 May and RF congratulated the winners and thanked the Comms team for arranging another fantastic event. Apologies for absence were **noted** as detailed above
4.	**Declaration of Interests**
	4.1. There were no declarations of interests in relation to the agenda items.
5.	**TB24/036 Minutes of the previous meeting**
	5.1. The meeting reviewed the minutes of the meeting held on 24 April 2024 and approved them as a correct and accurate record of proceedings subject to the following amendment: *5.1.1.1.* 6.4.1.3 to be amended to read '*At Month 12 the financial outturn reduced to a £0.6m surplus for the 2023/24 financial year. The deterioration of the forecast outturn was due to two key elements:* • *Failure to deliver CQUIN targets, confirmed by the ICB.* • *Discrepancies in the Electronic Recovery Fund (ERF) allocation/payments for Q4.'* **RESOLVED:** The Board **approved** the minutes from the meeting held on 24 April 2024 subject to the amendment detailed above
6.	**TB24/037 Action Log and Matters Arising**

	6.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions. 6.2. The following action was closed: 6.2.1. Agenda Ref 6 (MWL TB24/014 Maternity FFT scores) – LB advised that the data collection methods had been reviewed and some additional options were being implemented to give more choice to patients. There was a volunteer available in one area to provide support to women. Information was provided to women regarding the four touch points due to the repetitive nature of the survey. FFT should not be used in isolation to monitor patient experience but as part of a wider suite of indicators. The Maternity and Neonatal Voices Partnership (MNVP) and feedback from compliments and complaints would also be reported. This was being monitored at local maternity governance meetings, the Patient Experience Council and Quality Committee on a regular basis. **RESOLVED:** The Board **approved** the action log.
Performance Reports	
7.	**TB24/038 Integrated Performance Reports**
	The Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for April 2024 was presented.
7.1.	**Quality Indicators**
	7.1.1. LB presented the Quality Indicators. 7.1.2. LB highlighted the following: 7.1.2.1. Hospital Standardised Mortality Ratio (HSMR) rate was 84.1 at December 2023. 7.1.2.2. The inpatient Friends and Family Test (FFT) recommendation rate in April was 94.7% against a target of 90%. 7.1.2.3. The Nurse fill rates was 99.1% and LB reported that there were no areas of concern. 7.1.2.4. There were ten cases of Clostridium difficile (C.diff) reported in April. The Trust had not yet been notified of the annual tolerance target by NHSE. 7.1.2.5. There were 14 cases of Escherichia coli (E.coli) reported in month which was a reduction of 22 cases from the preceding month. 7.1.2.6. There had been no cases of Methicillin-Resistant Staphylococcus Aureus bacteraemia (MRSA) reported since August 2023. 7.1.2.7. Pressure Ulcers – the latest validated data was for December 2023 and there had been five category 2 or above pressure ulcers with lapses in care reported. Work was ongoing to reduce the backlog of reviews and present the data in a more timely manner. 7.1.2.8. One neonatal death had been reported in April 2024. The baby was delivered at Whiston Maternity Unit, but antenatal and postnatal care was

	provided by another maternity provider. An initial review had not identified any care issues at MWL. 7.1.2.9. There had been no never events reported in April 2024. 7.1.2.10. The number of complaints responded to within 60 days had increased to 73.5%, which was an improvement from 47.1% in March 2024.
7.2.	**Operational Indicators**
	7.2.1. RC, on behalf of LN, presented the operational indicators and advised that performance had been discussed in detail at the Finance and Performance (F&P) Committee. 7.2.2. RC highlighted the following: 7.2.2.1. Urgent Care performance remained pressured and 4-hour performance (mapped) had reduced from 77.6% in March 2024 to 75% in April, national performance was 74.4% and Cheshire and Merseyside (C&M) was 72.1%. 7.2.2.2. Ambulance handovers within 30 minutes was 56.1% against a target of 95%. 7.2.2.3. The Trust continued to utilise all escalation capacity across both acute sites. The Emergency Departments (EDs) had improvement actions as part of the footprint recovery plan which in turn formed part of the C&M Urgent and Emergency Care (UEC) Improvement programme. RC advised that there were three main workstreams in the programme: admission avoidance, acute length of stay, and timely discharge. 7.2.2.4. The Trust had 2,551 52 +week waiters but zero 78-week waiters at the end of April 2024. Plans were in place to achieve zero 65-week waiters by the end of August 2024, ahead of the national deadline of September 2024. 7.2.2.5. The Trust had seen an improvement in the overall diagnostics 6-week performance from 87.8% in March 2024 to 89% in April 2024. It was noted that the Trust was the best performing Trust nationally from a diagnostic point of view. DEXA scans remained challenged; however, improvements were expected in May 2024 when planned additional capacity became available. There were also longer-term plans in place to increase the in-house workforce as well as outsourcing to clear the current backlog. RC noted that it was anticipated that by June 2024 95% of patients requiring a DEXA scan would receive this within six weeks. 7.2.2.6. The Trust was in the top 10% of the country for the 62-day cancer pathway performance in March 2024 at 82.1% against a target of 85%. The Cancer faster diagnosis standard performance had been 75.3% in March against the target of 75%. 7.2.2.7. The Trust continued to experience challenges with the production of GP letters following an outpatient appointment, however, the situation had improved significantly with urgent letters now being produced within 48 hours and routine letters produced within ten days. 7.2.3. GB reflected on the significant improvement in diagnostic performance and asked whether the additional capacity that was coming online from May was because of the new endoscopy unit that was being built at Southport Hospital. RC advised that the additional capacity was due to an increase in

	capacity across all sites that were supporting the total MWL waiting list, as well as additional outsourcing for different tests. The new unit at Southport Hospital was still being built.
7.3.	**Workforce Indicators**
	7.3.1. AMS presented the Workforce Indicators and highlighted the following: 7.3.1.1. The core mandatory training compliance was 87.5% against the target of 85%. AMS noted that regular updates on compulsory training compliance were being presented at the Executive Committee for performance monitoring and the Quality Committee for assurance. The Executive were reviewing down to departmental level. 7.3.1.2. There had been a reduction in the MWL appraisal compliance rate to 79.2% in April 2024. The appraisal window of April to September had been adopted across all MWL sites and this dip was expected at the start of the period. 7.3.1.3. In month sickness remained above target at 5.4% against a target of 5% (a reduction of 0.3% in month). Anxiety, stress, and depression remained the main reasons for sickness and actions were in place to support staff.
7.4.	**Financial Indicators**
	7.4.1. GL presented the Financial Indicators and highlighted the following: 7.4.1.1. The Trust was currently reporting a £33.8m deficit plan which would be subject to resubmission in June 2024. This plan was underpinned by a £45m Cost Improvement Programme (CIP) which included £9m non-current CIP, and the delivery of the 2024/25 Payment by Results (PBR) activity plan. The plan also included £12m non recurrent support as part of the transaction business case which has been phased into month 12. 7.4.1.2. It was noted that the current would break the Trust's breakeven duty and eliminated the surpluses that had been made over preceding years. This would trigger a three-year recovery plan. 7.4.1.3. At month 1 the Trust had reported a deficit of £4.9m in line with the plan. This included underperformance against the activity plan of £1.3m which was currently being mitigated by non-recurrent underspends elsewhere in the position. 7.4.1.4. Agency spend in month was 3.6% against the target of 3.2% of total pay-bill. GL noted that agency spend in 2023/24 had reached 3.9%. 7.4.1.5. The Trust had achieved £9m (20%) of the CIP target. 7.4.1.6. The capital expenditure for 2024/25 was £48m which included IT and estates. The capital plan for month 1 had been delivered. 7.4.1.7. The cash balance as at the end of month 1 was £6.4m. 7.4.2. CS reflected on the linking of CIP with the possible restrictions to staff recruitment and asked if there were any productivity components of the CIP that would require additional staff and if these would be at risk. GL advised there would be components that would be at risk and referenced the additional capacity for diagnostics which was being done at a significant

	margin and it would be imperative to have Trust staff to deliver the activity plans as well as the CIP. 7.4.3. RT reflected that the new format of the IPR was easier to read, and found the benchmarking information particularly useful, but suggested the labels "best" or "worst" might be more useful descriptors for some indicators. RF agreed that the new IPR was more user friendly, and that benchmarking information should be included wherever it was available and reported in the same timescales as the IPR. 7.4.4. GB asked if any of the Trust's capital programme was potentially at risk given the current national NHS financial situation. GL advised that he believed that there would be small capital reductions based on the agreed control total, however, the impact of this was currently unknown. The capital plan included £7m of IT capital which was part of the national digital programme and GL noted that, in the last financial year when the financial position deteriorated, some IT budgets had been reduced. GL advised that while there was a risk element, the Trust's key IT projects, the Electronic Patient Records (EPR) system and the Laboratory Information Management System (LIMS), formed part of a regional procurement exercise. 7.4.5. GB asked if there was any financial support from the Integrated Care Board (ICB). GL advised that there was £8m of capital for backlog maintenance in the 2024/25 programme as well as some transformation funding which had been agreed as part of the transaction agreement and it was not thought that this was at risk. **RESOLVED:** The Board **noted** the Integrated Performance Report.
Committee Assurance Reports	
8.	**TB24/039 Committee Assurance Reports**
8.1.	**Executive Committee**
	8.1.1. AM presented the Executive Committee Assurance report covering the meetings held in April 2024. AM highlighted the following: 8.1.1.1. The Committee had reviewed the Laboratory Information Management System (LIMS) full business case (FBC) before it came to the Board. AM noted that this would not provide access to a patient's entire care record but was an essential tool for pathology and would allow test results to be shared across C&M. The system would also pave the way for a hub model for pathology delivery. The FBC had now been approved by four of the five trusts involved during April 2024. 8.2. In response to RF's question, AM advised that it was anticipated that the final Trust would approve the LIMs business case at the next Board meeting in early June. RC advised that he was due to attend a Pathology Group meeting

	on 30 May 2024 to discuss the next steps in planning the East Sector Pathology Hub. 8.3. RT reflected on the item about the introduction of the long day shifts for nursing on the legacy STHK sites and asked whether this was the same for maternity services. LB commented that she was not aware of any different issues in maternity services who had also implemented the 12-hour shifts and had personally only received positive feedback. It was noted that questions about the long day shifts were part of the quality walkabouts. RT agreed that the feedback she had received had also been positive but asked if this allowed for sufficient staffing at times of high demand. AM agreed that the Executive Committee would review this. **ACTION** Executive Committee to review the long shift staffing patterns against demand profile for Maternity services. 8.4. GB commented that, in her experience, longer shifts were initially popular, however, over time staff could become tired, and it was important to review the impact regularly. AMS agreed with GB's comments and advised that annual evaluations were planned which would include the numbers of referrals to Health, Work and Well Being (HWWB). The remainder of the report was **noted.**
8.5.	**Quality Committee**
	8.5.1. GB presented the Quality Committee Assurance Report for the meeting held on 21 May 2024 and highlighted the following: 8.5.1.1. The Quality Committee Corporate Performance Report had highlighted that all three indicators for nutrition and hydration were below target and that this remained a priority for improvement. . 8.5.1.2. The Committee had reviewed the Quality Account and recommended it to the Board for approval. 8.5.2. There had been an update on the CQC report of the Medicine and Spinal Unit at Southport Hospital on 24 January 2024. The report had been generally positive about the care being provided with a few recommendations: • ensuring that records were always stored securely. • The provision of a 7-day service from Speech and Language Therapists (SALTs), and dietetics • Improved Mental Capacity Act (MCA) training compliance – which had already been achieved. 8.5.2.1. An action plan had been developed for the recommendations and an option appraisal for the Dietetics and SALT cover was to be presented to the Executive Committee by July 2024.

	8.5.3. The Committee had reviewed the following reports and GB highlighted the following points: Patient Safety Council Assurance Report: 8.5.3.1. Failure or delay in diagnosis was identified as the key theme in the Learning from Claims review. Patient Safety Update (Incidents/PSII/Never Events) Quarterly 4 Report 8.5.3.2. There was a plan in place to deliver a Trust wide clinical incident reporting system for MWL as the Trust currently remained on two systems. 8.5.3.3. There were nine Patient Safety Incident Investigations (PSII's) that were live, and the details of each incident and any immediate issues and actions had been reported to the Committee. 8.5.3.4. There had been increased focus on the validation of pressure ulcer reporting and the Trust had moved to one consistent assessment tool across all sites. 8.5.3.5. An update on the first 12 months of the Patient Safety Incident Response Framework (PSIRF) would be presented in September 2024. Maternity and Neonatal Services Q4 Report 8.5.3.6. A review of induction of labour at Ormskirk Maternity unit was being undertaken due to a reported increase in the induction rates compared to national benchmarks. Red flag incidents were also being reviewed to ensure consistency of reporting. 8.5.3.7. Carbon monoxide monitoring at 36 weeks performance had improved (Whiston 95.1% and Ormskirk 80.5%) with more work to do to achieve the target of 100%. 8.5.3.8. Referrals to smoking cessation services continued to increase and was over 90% in April 2024. 8.5.3.9. There had been two perinatal mortalities in Q4, and both had undergone multidisciplinary team (MDT) reviews with the learning shared across both units. 8.5.3.10. Two Maternity and Newborn Safety Investigation (MNSI) cases were reported in Q4. Two completed MNSI reports had been received during Q4 from incidents that had occurred in August and September 2023 and the recommendations had been implemented. 8.5.3.11. There had been 44 maternity red flags recorded in Q4. 34 of these related to triage breeches due to increased triage activity and acuity. Improvement actions and alignment of processes across both sites had been undertaken and there was on-going monitoring in place. 8.5.3.12. Whiston Neonatal Unit had 16 closures in Q4 and was an outlier compared to other units. 8.5.3.13. A Neonatal Unit medication review was being undertaken supported by the Chief Pharmacist. 8.5.3.14. The Committee had requested that future reports include a wider range of information about patient experience and feedback in addition to the FFT data. Nurse Safe Staffing

8.5.3.15. The Committee had been assured that the Trust has safe staffing levels.
8.5.3.16. The review of the temporary workforce was ongoing with a move away from agency utilisation.

Medicines Storage & Security Report Q3 & Q4

8.5.3.17. Improvement had been noted between Q3 and Q4 at the Whiston and St Helens Hospitals, however, some areas required additional support to improve compliance with the key medicines' safety metrics. This was the first report for the Southport and Ormskirk Hospital sites and some areas also needed additional support. Immediate improvement actions had been undertaken in real time with areas which were non-compliant during the audit process.
8.5.3.18. The Chief Pharmacist was reviewing the provision of ward-based Pharmacy technicians and link nurses and expected to develop a business case to increase the resource at the Southport and Ormskirk Hospital sites to match the provision at the legacy STHK sites.
8.5.3.19. The alignment of auditing systems, processes and scoring across all sites was to be undertaken and the Southport and Ormskirk sites would be audited using the Tendable system going forward.
8.5.3.20. Additional focus was required to ensure that medication trolleys were tethered and secure and on-going monitoring of this was required.
8.5.3.21. Community clinics had not historically been included in the medicines safe and secure storage audit programme but going forward a baseline audit would be completed to establish what level of scrutiny and monitoring was needed.

Patient Experience Council (PEC) Report

8.5.3.22. The PEC had discussed the consistent provision of meals for relatives of patients who were end-of-life.

Quality Spot Checks (final report)

8.5.3.23. The report had provided assurance on the actions taken since the MIAA limited assurance audit to improve the recording of key information.
8.5.3.24. A Nursing Conference was to be held on 21 June 2024 to focus on delivering consistently high-quality nursing care.

Clinical Effectiveness Council (CEC) Report

8.5.3.25. The Medical Emergency Team (MET) improvements had been maintained for the legacy STHK sites.
8.5.3.26. The CEC had discussed anaesthetic on call cover at Ormskirk Hospital and how this could be improved.
8.5.3.27. A response was awaiting from the Lancashire and South Cumbria ICB regarding the commissioning plans for the Paediatric Dietetic service, which had been identified as a fragile service.

8.5.4. GB commented on the enormous amount of quality improvement work that the Quality Committee was seeing from all teams across the Trust.

	8.5.5. RT commented that this was the first time that the quarterly maternity report had also included information about the neonatal unit and felt this was important. The number of closures of the Whiston neonatal unit seemed to be a cause for concern, although it had been noted that additional staff had been allocated to support the transitional care plan and this might make a difference. AM agreed that the issue needed to be examined further and suggested the Executive undertake a deep dive to examine the causes and any recurrent themes. **ACTION:** The Executive to undertake a deep dive in to the Q4 neonatal unit closures at Whiston Hospital. 8.5.6. GA commented that a year ago there had been two separate Quality Committee meetings across the legacy trusts with big agendas and this had been consolidated to one meeting. GA reflected on the work undertaken to achieve this, and whilst there was still work to be done, this was a great accomplishment. RF agreed with GA's comment and thanked all involved for their hard work. Additionally, RF commented that MWL was now one Trust with five hospital sites, and we needed to steer away from referring to legacy STHK and legacy S&O. 8.5.7. GB reflected on the national shortage of neonatal nurses and AMS agreed and noted that this was one of the drivers for the Specialist Commissioning review of neonatal services and the ICB review of maternity services. LB commented that the Letby case had affected recruitment as these units were no longer seen as attractive place to work. 8.5.8. RF reflected on the pressures on staff in these services which were subject to so much scrutiny and how this was one of the drivers for service reconfiguration, not just locally but nationally. 8.5.9. RT commended the Executive for bringing the reporting together for MWL so quickly and all staff for their openness and honesty at meetings and commented on the importance of this. The remainder of the report was **noted**.
8.6.	**Strategic People Committee**
	8.6.1. LK presented the Strategic People Committee Assurance report and highlighted the following: 8.6.1.1. The Committee was now able to get the level of assurance needed from the Workforce Dashboard and there has been discussions about further refining of some of the metrics, for example removing foundation doctors from the medical staff turnover rates as they were in rotational posts and finding more sophisticated and meaningful ways of reporting Medical staff turnover.

	8.6.1.2. The Committee had received an update on the People Plan and the outstanding actions. The reduction in agency spend had not been achieved in 2023/24 and this would continue to be monitored by the Premium Payments Scrutiny Council and the Executive Committee. 8.6.1.3. The approval of HR policies and procedures remained a challenge due to reduced capacity of the medical workforce to attend the Local Negotiating Committee (LNC) to review and approve the policies as a result of industrial action during the last 12 months. Discussions were taking place with the LNC to find a solution to clear the backlog. 8.6.1.4. The Committee had received a presentation on the next steps in developing the MWL culture and future engagement plans which included face-to-face coffee mornings and leadership meetings. 8.6.1.5. The Committee had received a Workforce Retention presentation which had highlighted the key points about why staff were leaving and how the organisation could respond, this particularly focused on leavers within the first four years of service. It was noted that work life balance and flexible working was a common theme, and this would be discussed at a future meeting to gain a better understanding of what staff meant by flexible working. 8.6.1.6. The Lead Employer (LE) report was received and the strategic priorities for 2024/25 included the renewing of contracts and the implementation of "widgets" to improve efficiency. The LE was also working with host organisations to ensure they understood the local role and responsibilities. Communication and ways to better support LE doctors whilst on sick leave was also planned. 8.6.1.7. The Committee had received an update on Equality, Diversity, and Inclusion (ED&I) and proposed SMART Objectives. There were two frameworks with six high impact actions in the Equality Delivery System (EDS) Domain 3 'Leadership' category. It was expected that NEDs, Executives, and the wider workforce would have ED&I SMART objectives embedded into their appraisals, operational plans, and workforce strategies. 8.6.2. LK noted that the Payroll Services had won the Excellence in Support Services at the recent MWL Staff Awards. The remainder of the report was **noted**.
8.7.	**Finance and Performance Committee**
	8.7.1. SC presented the Committee Assurance report and noted that the Committee had reviewed the CPR and monthly finance report, but the key points had already been discussed in other reports already reported. Other points to highlight were: 8.7.1.1. The Committee had received the Annual Meeting Effectiveness Review which concluded that the purpose and remit of the Finance and Performance Committee remained appropriate, and meetings were judged as effective.

	8.7.1.2. The Committee received the Women's and Childrens Division CIP presentation which provided an update on progress for 2024/25 and the cost controls in place to ensure the effective use of existing resources. 8.7.1.3. The Elective Care Recovery Update report noted that the Trust had met the target to achieve zero 78 week waits at the end of 2023/24. A MWL Theatre Strategy and Improvement Group had been established to oversee the development and implementation of improvement plans for Theatres. MWL had demonstrated ongoing improvement in uncapped theatres utilisation and capped utilisation under a comprehensive validation exercise. St Helens Hospital had one of the highest volumes of cases per session in the ICB. Activity performance at M1 was adverse to plan due to the repatriation of orthopaedic surgery back to Whiston, consultant sickness and challenges in services delivered via service level agreements (SLA) with other trusts , however, it was expected that this would be recovered over the course of the year. 8.7.1.4. The Committee received the National Cost Collection (NCC) update outlining the costing process in place to support the NCC for 2023/24 and recommended approval of these to the Board. 8.7.1.5. The Committee received the assurance reports from the Procurement Council, the CIP Council, the Capital Planning Council, the Estates & Facilities Management Council, and the IM&T Council Update. 8.7.2. The Board **approved** the costing processes to support the National Cost Collection for 2023/24. The remainder of the report was **noted**. **RESOLVED:** The Board **noted** the Committee Assurance Reports
Other Board Reports	
9.	**TB24/040 Aggregated Incidents, Complaints and Claims Report**
	9.1. LB presented the Aggregated Incidents, Complaints and Claims Report for quarter 3 and quarter 4 of 2023/24 and highlighted the following: 9.1.1. The number of incidents had reduced in Q4 following a peak in Q3. Incident themes included availability of beds, falls and pressure ulcers. The Trust still operated two DATIX systems and plans were being developed to move to a single MWL system. 9.1.2. All the 'old style' Strategic Executive Incident System (STEIS) reports had now been submitted and the Trust had moved to the Patient Safety Incident Response Framework (PSIRF) and was conducting Patient Safety Incident Investigations (PSII). These incidents were still being reported externally (to commissioners) alongside extended learning reviews. 9.1.3. The performance and turnaround times for Complaints had been below target and this had been further affected by the amalgamation of the legacy trusts' Complaints systems, however, there has been a significant

	improvement in April 2024. ED and Urgent Care continued to receive the highest number of complaints. The main themes for both complaints and compliments remained unchanged and were about communication, clinical care, staff attitude and behaviour. 9.1.4. Whilst learning from previous claims continued to be shared there was a bigger focus on real time learning. Summaries of key learning from claims was regularly presented at the Quality Committee and Patient Safety Council. A weekly Claims management meeting was in place to identify immediate learning. 9.2. LB advised that the Trust had recently launched the 'Keep Me Here' programme for the dementia pathway to prevent these patients being moved unnecessarily. It was anticipated that this would have a positive impact on bed moves and the results would be monitored at the Executive Committee. 9.3. RT noted the reported fall in Patient Advise and Liaison Service (PALS) activity in quarter 2 (following the creation of MWL) and asked whether this was due to reduced staff numbers in the PALs service. LB advised that a review of the Complaints and PALS service was currently being undertaken and a consistent approach was required across MWL. To facilitate this members of the PALS team had been moved to different sites to share best practice. RT asked if there was a possibility that patients or relatives who might have approached PALS had not received assistance. LB advised that this was not the case but felt that sometimes the PALS responses were currently not as timely as they could be, which was an area for improvement to prevent issues being escalated to formal complaints and provide a better experience if patients or relatives had a concern. AM commented that this did not adequately explain the decrease in PALS contacts but did reflect that there had been a steep rise in the number of 'Ask Ann' emails received, which suggested that the process review was timely. AM asked for the outcome of the review to be considered by the Executive Committee, once completed. **ACTION** The PALS service review to be presented to the Executive Committee 9.4. CS commented that this was a clear and informative report and asked if there was any additional information about feedback about patients and their relatives experiences of the PALs and complaints process. LB responded that people who complained were asked for feedback about the process, but there was not usually a good response rate, however this was being looked at as part of the review and would result in recommendations for change. **RESOLVED:** The Board **noted** the Aggregated Incidents, Complaints and Claims Report
10.	**TB24/041 Quality Account**

	10.1. LB presented the draft Quality Account for 2023/24 for MWL and noted that the report had been reviewed by the Quality Committee and was recommended to Board for approval. The report had also been presented to the Commissioners and Healthwatch and their feedback was included in the report. The report had also been scheduled to be presented to local councillors who were the Chair and Deputy Chair of Sefton Council's Oversight and Scrutiny meeting on 28 May, but this meeting had been stood down and was rescheduled to 05 June 2024. 10.2. The Quality Account had to be published on the Trust's website by 30 June 2024. 10.3. The Quality Account had been updated to include the feedback from the Quality Committee around spiritual care and volunteering. 10.4. The Quality Account had been complex to prepare due to the completion of the transaction to create MWL on 01 July 2023, and had been a busy year with five CQC inspections. Other challenges had included the urgent care pressures and the elective recovery programme. 10.5. LB highlighted the following achievements: 10.5.1. Sylvia Sinclair, Deputy General Manager with partners Medirest received the MyCleaning Lifetime Achievement Award and a Special Recognition Award at the MWL Staff Awards following 50 years' service. 10.5.2. Southport Hospital had won the Nursing Times Critical and Emergency Care Nursing category for an initiative that supported patients' families and their own staff after a patient sadly dies on the unit through the Pause Campaign where staff and families came together for a minute's silence in memory of the patient. The Critical Care Unit was also a winner of a Special Recognition Award at the MWL Staff Awards. 10.6. The delivery of the Trust objectives from a quality perspective was included in the Quality Account. Work was being carried forward into 2024/25 on hydration, some elements of the EDs and Infection, Prevention and Control metrics. 10.7. LB commented, that in her opinion, the best parts of the report were about staff and patient experience and noted that despite the transaction seven of the eight staff survey measures had scored above peer organisations. 10.8. LB advised that the Trust was one of the first organisations to introduce the PSIRF and was the first one to submit all legacy serious incidents reports. 10.9. GB reflected on the report and commented that it did not fully reflect the challenges and hard work that had taken place during 2023/24 to bring to the two legacy trusts together.

	10.10. GB also commented that she had not been aware that Foundation Trusts did not submit a Quality Account and MWL was one of the few trusts in the region that was still required to do so. NB confirmed that this was the case and NHS Trusts still had a statutory duty to produce a quality account, although changes to legislation to align to the same requirements as Foundation Trust had been proposed. 10.11. LB thanked the Deputy Director of Governance for compiling the report. **RESOLVED:** The Board **approved** the Quality Account
11.	**TB24/042 Board and Committee Effectiveness Review**
	11.1. NB presented the revised Terms of Reference (ToR) for the Board and its Committees which reflected the outcomes of the 2023/24 meeting effectiveness review process. NB noted that the effectiveness reviews of each Committee had been shared with the Chair of each Committee and a full summary would be presented to the Audit Committee. 11.2. NB noted that the majority of amendments (highlighted in red) reflected the amendments to structure as the MWL operating model had been implemented and naming terminology. 11.3. RT asked about the Quality Committee and the additional members that could attend and noted that maternity had not been included. NB advised that the Divisional Directors of Nursing/ Midwifery were included as invited attendees. 11.4. AM noted that the job title for the Director of Strategic Clinical Reconfiguration was now known as the Director of Strategy. **RESOLVED:** The Board **approved** the updated Terms of Reference with the amendment noted above.
12.	**TB24/043 Review of Trust Board Objectives for 2023/24**
	12.1. AM presented the Review of Trust Board Objectives for 2023/24 report and noted that 22 objectives had been fully delivered and eight were rated as amber. 12.2. It was noted that Objective 4.1 (implement a new speech recognition system to improve the turnaround times for clinic letters) had been deferred. Additionally, AM noted that, whilst the outcome had been achieved, and letter turnaround had improved, a long-term digital solution was still required, and this would be carried forward.

	12.3. The objectives not fully achieved in 2023/24 had all been carried forward to the 2024/25 Trust objectives that the Board had approved in March. 12.4. RF commented that it was always good to reflect on the previous year and felt that a lot had been achieved even if the objective had not yet been fully delivered. **RESOLVED:** The Board **noted** the Review of Trust Board Objectives for 2023/24
Concluding Business	
13.	**Effectiveness of Meeting**
	13.1. RF asked LK and IC about their experience attending today's Board meeting via Teams. LK commented that, whilst she preferred to attend the meeting in person, using Teams had been fine, and she had felt included and able to participate. IC commented he had also felt included in the meeting and that he could ask questions. On occasion the sound quality had been a little poor, but this had not prevented him from following the meeting. 13.2. CS commented that she had observed previous meetings via Teams and agreed with IC's comment about the sound. CS thanked all members for their welcome to the Trust and for meeting with her prior to the Board meeting. CS felt the structure of the meeting was clear, and the papers had been well presented and were easy to read. CS reflected on the open and honest challenges and responses.
14.	**Any Other Business**
	14.1. RF noted that CS would be attending the different Committee meetings over the next few months as part of her induction. 14.2. PG, with two friends, would be walking 26 miles between Southport, Ormskirk, Whiston and St Helens hospitals on Saturday 15 June to raise funds for the MWL NHS Charity to support patients living with dementia. RF wished PG and the team all the best with the challenge. The being no other business, the Chair thanked all for attending and brought the meeting to a close at 12.02. The next Board meeting would be held on **Wednesday 26 June 2024 at 09:30**

Meeting Attendance 2024/25												
Members	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Richard Fraser (Chair)	✓	✓										
Ann Marr	✓	✓										
Anne-Marie Stretch	A	✓										
Geoffrey Appleton	✓	✓										
Lynne Barnes	✓	✓										
Gill Brown	✓	✓										
Nicola Bunce	✓	✓										
Ian Clayton	✓	✓										
Steve Connor	✓	✓										
Rob Cooper	✓	✓										
Malcolm Gandy	✓	✓										
Paul Growney	✓	✓										
Lisa Knight	✓	✓										
Gareth Lawrence	✓	✓										
Lesley Neary	✓	A										
Sue Redfern	A	A										
Hazel Scott	✓	✓										
Carole Spencer		✓										
Rani Thind	✓	✓										
Peter Williams	✓	✓										
In Attendance	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Angela Ball	A	A										
Richard Weeks	✓	✓										
✓ = In attendance A = Apologies												

Trust Board (Public)
Matters Arising Action Log
Action Log updated 21 June 2024

Mersey and West Lancashire Teaching Hospitals NHS Trust

Status	
Yellow	On Agenda for this Meeting
Red	Overdue
Green	Not yet due
Blue	Completed

Agenda Ref	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion *(for overdue actions)*	Status
12	31/01/2024	**MWL TB24/010 Learning from Deaths Quarterly Report** 12.1 STHK sites	The Board requested a summary of the themes, learning and actions plans from the Quarterly Learning from Deaths Report be brought together in to an annual report each year. PW agreed to do this for July and NB to update the Board workplan to include this. <u>Update (April 2024)</u> Board workplan updated	PW	Jul-24		
6	24/04/2024	**TB14/030 Integrated Performance Report** 6.2 Operational Indicators	RT commented that non-obstetric ultrasound was not included on the Corporate Risk Register (CRR) and asked if additional capacity was planned or if the Trust would continue to outsource this. LN responded that outsourcing had been used to overcome the backlog, but once again there was sufficient internal capacity to cope with the predicted levels of growth once a steady state was achieved. LN suggested the capacity and demand modelling for each diagnostic modality be presented at the Finance and Performance Committee to provide assurance <u>Updated (June 2024)</u> A follow up Diagnostics Report was presented at Finance and Performance Committee on 20 June 2024.	LN	Jun-24		Closed

8	29/05/2024	**TB24/039 Committee Assurance Reports** 8.1 Executive Committee	RT reflected on the item about the introduction of the long day shifts for nursing on the legacy STHK sites asked whether this was the same for maternity services. LB commented that she was not aware of any different issues in maternity services who had also implemented the 12-hour shifts and had personally only received positive feedback. It was noted that questions about the long day shifts were part of the quality walkabouts. RT agreed that the feedback she had received had also been positive but asked if this allowed for sufficient staffing at times of high demand. AM agreed that the Executive Committee would review this.	LB	Jul-24		**Delegated to Executive Committee**
8	29/05/2024	**TB24/039 Committee Assurance Reports** 8.1 Quality Committee	The number of closures of the Whiston neonatal unit seemed to be a cause for concern, although it had been noted that additional staff had been allocated to support the transitional care plan and this might make a difference. AM agreed that the issue needed to be examined further and suggested the executive undertake a deep dive to examine the causes and any recurrent themes. The Executive Team to undertake a deep dive in to the Q4 neonatal unit closures at Whiston Hospital	LB	Jul-24		**Delegated to Executive Committee**
9	29/05/2024	**TB24/040 Aggregated Incidents, Complaints and Claims Report**	A review of the PALs service to be undertaken and feedback to be presented at Executive Committee	LB	Jul-24		**Delegated to Executive Committee**

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	26 June 2024
Agenda Item	**TB24/046**			
Report Title	**Integrated Performance Report**			
Executive Lead	Gareth Lawrence, Director of Finance, and Information			
Presenting Officer	Gareth Lawrence, Director of Finance, and Information			
Action Required		**To Approve**	X	**To Note**

Purpose

The Integrated Performance Report provides an overview of performance for MWL across four key areas:

1) Quality
2) Operations
3) Workforce
4) Finance

Executive Summary

Performance for MWL is summarised across 30 key metrics. Quality has 10 metrics, Operations 13 metrics, Workforce 4 metrics and Finance 3 metrics.

Financial Implications

The forecast for 2023/24 financial outturn will have implications for the finances of the Trust.

Quality and/or Equality Impact

The 10 metrics for Quality provide an overview for summary across MWL.

Recommendations

The Trust Board is asked to note performance for assurance.

Strategic Objectives

X	**SO1** 5 Star Patient Care – Care
X	**SO2** 5 Star Patient Care – Safety
X	**SO3** 5 Star Patient Care – Pathways
X	**SO4** 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care – Systems
X	**SO6** Developing Organisation Culture and Supporting our Workforce
X	**SO7** Operational Performance
X	**SO8** Financial Performance, Efficiency and Productivity
X	**SO9** Strategic Plans

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary

Overview

Mersey and West Lancashire Teaching Hospitals ("The Trust") has in place effective arrangements for the purpose of maintaining and continually improving the quality of healthcare provided to its patients.
The Trust has an unconditional CQC registration which means that overall its services are considered of a good standard and that its position against national targets and standards is relatively strong.
The Trust has in place a financial plan that will enable the key fundamentals of clinical quality, good patient experience and the delivery of national and local standards and targets to be achieved. The Trust continues to work with its main commissioners to ensure there is a robust whole systems winter plan and delivery of national and local performance standards whilst ensuring affordability across the whole health economy.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	84.1	100	93.0	Best 30%
FFT - Inpatients % Recommended	May-24	94.6%	90.0%	94.6%	Worst 50%
Nurse Fill Rates	Apr-24	99.1%	90.0%	99.1%	
C.difficile	May-24	4		14	
E.coli	May-24	12		26	
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-24	0.10	0.00	0.10	
Falls ≥ moderate harm per 1000 bed days	Apr-24	0.30	0.00	0.30	
Stillbirths (intrapartum)	May-24	0	0	0	
Neonatal Deaths	May-24	1	0	2	
Never Events	May-24	1	0	1	
Complaints Responded In 60 Days	May-24	65.8%	80.0%	69.4%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Apr-24	70.3%	75.0%	70.3%	Worst 30%
Cancer 62 Days	Apr-24	80.1%	85.0%	80.1%	Best 20%
% Ambulance Handovers within 30 minutes	May-24	49.5%	95.0%	52.6%	
A&E Standard (Mapped)	May-24	74.1%	78.0%	74.5%	Best 50%
Average NEL LoS (excl Well Babies)	May-24	4.1	4.0	4.1	Best 30%
% of Patients With No Criteria to Reside	May-24	22.0%	10.0%	21.8%	
Discharges Before Noon	May-24	18.6%	20.0%	18.1%	
G&A Bed Occupancy	May-24	97.7%	92.0%	97.7%	Worst 40%
Patients Whose Operation Was Cancelled	May-24	0.9%	0.8%	0.8%	
RTT % less than 18 weeks	May-24	61.4%	92.0%	61.4%	Best 30%
RTT 65+	May-24	572	0	572	Worst 30%
% of E-discharge Summaries Sent Within 24 Hours	May-24	81.4%	90.0%	82.5%	
OP Letters to GP Within 7 Days	Apr-24	72.8%	90.0%	72.8%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	May-24	72.6%	85.0%	72.6%	
Mandatory Training	May-24	87.7%	85.0%	87.7%	
Sickness: All Staff Sickness Rate	May-24	5.6%	5.0%	5.5%	
Staffing: Turnover rate	May-24	0.8%	1.1%	0.8%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	May-24		1,400	1,700	
Cash Balances - Days to Cover Operating Expenses	May-24	1.2	10		
Reported Surplus/Deficit (000's)	May-24		-8,559	-8,559	

Board Summary - Quality

Quality

Friends and Family Test – achieved the overall target despite lower recommendation rates within Maternity areas. All comments have been shared with the teams and actions have been implemented.

Clostridium difficile infection - A CDI Improvement Plan has been developed, incorporating the key elements of environmental cleanliness, appropriate antimicrobial prescribing and staff awareness and training. The Consultant Nurse IPC is also representing the Trust at an NHSE-led Cheshire and Merseyside IPC Provider Collaborative. The first improvement project was agreed to focus on C difficile, which is a common challenge facing acute Trusts in the region.

E coli - The E coli Improvement Plan remains on track, and the Trust is also collaborating on an ICB-led North Mersey IPC/AMR action plan, with a focus on reducing E coli BSIs and hydration.

Pressure Ulcers – The TVN team are continuing to align pathways and processes for pressure ulcer prevention across the MWL organisation. Training needs analysis for all staff across the organisation is a current project. The TVN teams have been working closely so that pressure ulcer prevention training aligns across the organisation with a standard curriculum from NHS England, this aligns with NHS national wound care strategy that 'every contact counts' in the reduction of pressure ulcers. The Maelor risk assessment is now embedded in S&O paper risk assessment documentation. Work is currently underway to digitalise nursing admission and risk assessment documentation. This will ensure data is captured in a timely manner. Processes have been developed to review Pressure ulcers incidents under PSIRF process.

Patient Falls – The Falls leads at both sites continue to work on trust-wide actions, including daily walkarounds, ward audits and support and education. The Bi-monthly Falls Improvement Group continues to share themes/trends, lessons learned and Trust-wide audit compliance. The MWL Trust Falls Prevention strategy and action plan are now harmonised to cover all sites. There was a reduction in the falls rate in 2023/24 compared to the previous year.

Never Events - A Never Event was reported in May 2024 (1 YTD), from StHK sites. This was a Retained Guidewire. The incident is subject to a PSII. Immediate actions have been implemented, including sharing the CVC checklist (which should be completed in accordance with trust policy), the guidelines for safe vascular access and trust policy for policy and placement of indwelling intravenous catheters to all anaesthetic staff.

Neonatal death – this was a pre-term delivery (24+1) at Ormskirk for a woman who attended in spontaneous labour at an extreme premature gestation. PMRT review commenced.

HSMR - Latest data available up to and including Dec-23. YTD the Trust HSMR remains low at 93.0, with both sites below 100 (STHK site 91.0 and S&O 98.0). The YTD S&O HSMR has increased from 22-23. The factors driving the rise in HSMR have been reviewed and this appears to be driven by a fall in palliative care coding and a drop in patients recorded as having septicaemia. Action has been taken to ensure that patients are coded as accurately as possible to ensure an accurate HSMR. The Trust continues to monitor and investigate any alerting diagnosis groups. Crude mortality remains unchanged. The SHMI remains within expected levels.

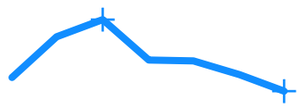
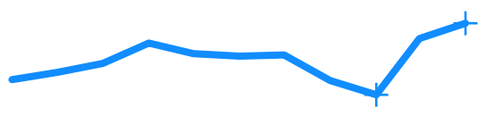
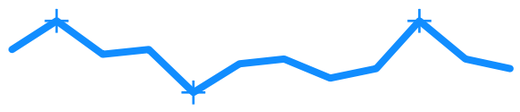
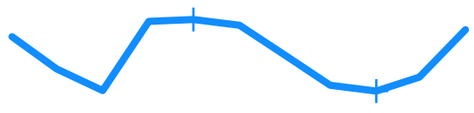
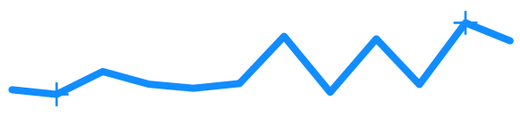
Complaints - % of stage 1 complaints resolved in 60 working days - Performance against the 60 day target is improving across both April and May 2024.

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Dec-23	84.1	100	93.0	Best 30%	
FFT - Inpatients % Recommended	May-24	94.6%	90.0%	94.6%	Worst 50%	
Nurse Fill Rates	Apr-24	99.1%	90.0%	99.1%		
C.difficile	May-24	4		14		
E.coli	May-24	12		26		
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-24	0.10	0.00	0.09		
Falls ≥ moderate harm per 1000 bed days	Apr-24	0.30	0.00	0.30		
Stillbirths (intrapartum)	May-24	0	0	0		
Neonatal Deaths	May-24	1	0	2		
Never Events	May-24	1	0	1		
Complaints Responded In 60 Days	May-24	65.8%	80.0%	69.4%		

Board Summary - Operations

Operations

A&E

4-Hour performance decreased in May, achieving 68.2% (all types), national performance 74% and providers across Cheshire & Merseyside averaging 71.1%. The Trusts mapped 4-Hour performance achieved 74.1%. The Trust declared OPEL 4 in May.

The Trust continue to utilise all escalation capacity across both sites.

Patient Flow

Bed occupancy across MWL averaged 106% in May equating to 99 patients - an increase from 104% in April. There was a peak of 157 patients (60 at S&O, 97 at StHK), which includes patients in G&A beds, escalation areas and those waiting for admission in ED. There is an increased number of admissions sustaining this high occupancy level, with admissions 6% higher than last May driven by 6% increases in both 0 day and 1+ LOS activity. Average length of stay for emergency admissions is high, at 9.1 at S&O and 7.8 at StHK, with an overall average of 8.2 days, the impact of non-CTR patients being 22% at Organisation level, 0.5% higher than April - (25% StHK and 18% S&O).

18 Weeks

The Trust had 2,629 52-week waiters at the end of May (198 S&O and 2,431 StHK) and 3 78-week waiters.
The 52-week position is an increase of 78 from April. 18 Week performance in May for MWL was 61.4%, S&O 67.9% and StHK 59%. MWL performance remains ahead of national performance (latest month April) of 58.3% and C&M regional performance of 57%.

Cancer

Cancer performance for MWL in April decreased to 70.3% for the 28-day standard (target 75%), with Southport achieving 64.7% and St Helens performance being 73.8%. Latest published data (Apr 24) shows National performance of 73.5% and C&M regional performance of 71.3%. Performance for 62-day decreased to 80.1% (target 85%), with Southport achieving 67.1% and St Helens 86%. C&M performance was 70.9% and National 66.6%. Tumour site specific improvement plans are in place which set out the key actions being taken to achieve the 28 day and 62-day standards for 2024/25.

Diagnostics

Diagnostic performance increased in May for MWL to 93.5%, S&O 89.2% and StHK 96.1%. MWL performance is ahead of national performance (latest month April) of 77% and C&M regional performance of 89.8%.

Letters

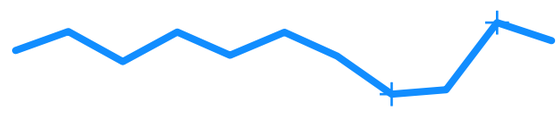
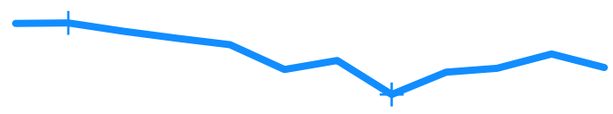
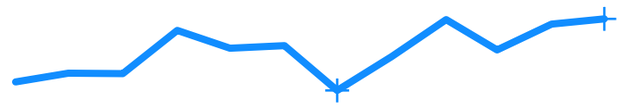
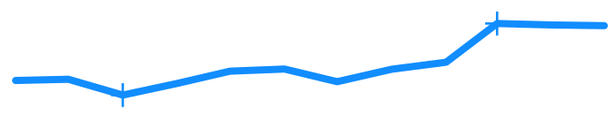
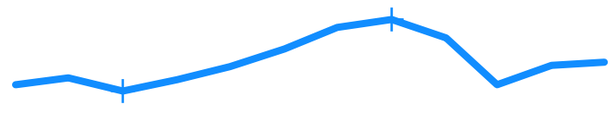
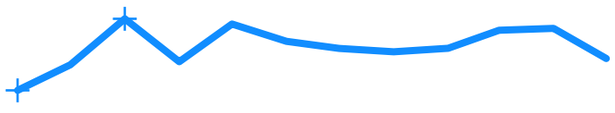
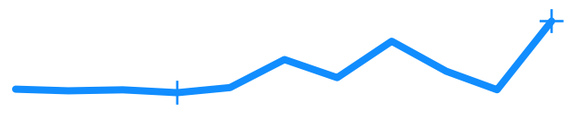
The Trust had a significant improvement in performance in letters sent to GP's within 7 days. The interim solution will continue to be rolled out across Q1 2024/25. Urgent letters are being produced within 48 hours of appointment.

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Apr-24	70.3%	75.0%	70.3%	Worst 40%	
Cancer 62 Days	Apr-24	80.1%	85.0%	80.1%	Best 10%	
% Ambulance Handovers within 30 minutes	May-24	49.5%	95.0%	52.6%		
A&E Standard (Mapped)	May-24	74.1%	78.0%	74.5%	Best 50%	
Average NEL LoS (excl Well Babies)	May-24	4.1	4.0	4.1	Best 30%	
% of Patients With No Criteria to Reside	May-24	22.0%	10.0%	21.8%		
Discharges Before Noon	May-24	18.6%	20.0%	18.1%		
G&A Bed Occupancy	May-24	97.7%	92.0%	97.7%	Worst 40%	
Patients Whose Operation Was Cancelled	May-24	0.9%	0.8%	0.8%		
RTT % less than 18 weeks	May-24	61.4%	92.0%	61.4%	Best 30%	
RTT 65+	May-24	572	0	572	Worst 40%	
% of E-discharge Summaries Sent Within 24 Hours	May-24	81.4%	90.0%	82.5%		
OP Letters to GP Within 7 Days	Apr-24	72.8%	90.0%	72.8%		

Board Summary - Workforce

Workforce

Mandatory Training - The Trust continues to exceed its mandatory target at 87.7% against a target of 85%.

Appraisals - The Trust is currently in its annual appraisal window achieving 72.6% against a target of 85%. There has been an in month reduction in compliance across both legacy sites with the lower compliance on legacy S&O sites achieving 69% and legacy STHK sites achieving 74.4%.

Sickness - In-month sickness remains above target, at 5.6% against the 5% target. This is a 0.2% in month increase. The top reason for absence is Anxiety, Stress and Depression. This is consistent with the top reason for absence across the NHS. The Trust continues to focus on supporting all employees who are absent due to Anxiety/Stress/Depression by ensuring that all supportive actions have been undertaken. Further targeted work has also been undertaken as part of our overall absence management approach:

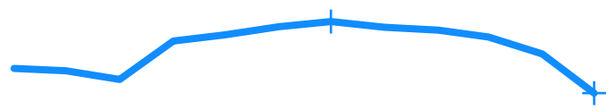
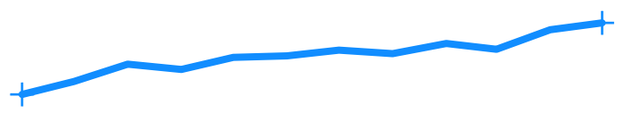
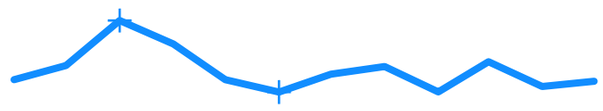
• Ensuring that welcome-back conversations (renamed from return to work), welfare meetings and trigger meetings are being undertaken
• Carrying out internal audits of areas to ensure the processes are being followed and providing support and training to line managers
• Delivering Attendance Management training sessions to new and existing managers.
• Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
• Facilitating early engagement of all employees who are absent due to musculoskeletal problems.
• Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
• Facilitating early engagement of all employees who are absent due to musculoskeletal problems.

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	May-24	72.6%	85.0%	72.6%		
Mandatory Training	May-24	87.7%	85.0%	87.7%		
Sickness: All Staff Sickness Rate	May-24	5.6%	5.0%	5.5%		
Staffing: Turnover rate	May-24	0.8%	1.1%	0.8%		

Board Summary - Finance

Finance

The final approved MWL financial plan for 24/25 gives a deficit of £26.7m, which assumes:

- Payment of £12m funds in line with transaction business case
- Delivery of £36.2m recurrent CIP
- Delivery of £11.8m non-recurrent CIP
- Delivery of the 24/25 activity plan, in order to achieve planned levels of income including ERF/API variable funding
- Contract agreements in line with planned values

Surplus/Deficit – At Month 2, the Trust is reporting a year to date deficit of £8.6m in line with plan. This position includes underperformance from month 1 against the activity plan which is currently mitigated by non recurrent underspends elsewhere in the position.

CIP - The Trust's CIP target for financial year 2024/25 is £48.0m, of which £36.2m is to be delivered recurrently and £11.8m non-recurrently. As at Month 2, the Trust has successfully transacted CIP of £12.6m in year of which £11.2m is recurrent, with a further £6.8m of recurrent CIP at finalisation stage.

Cash - At the end of M2, the cash balance was £3.1m, the Trust will require cash support throughout the year and will need to provide significant assurance to recieve this. The application for quarter 2 has been submitted in line with plan. Trust will continue to monitor Lead Employer cash balances to ensure no detrimental impact to the Trust.

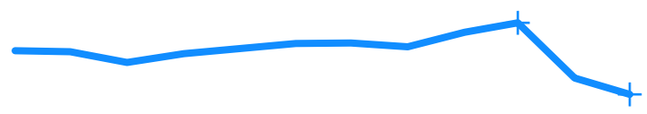
Capital - Capital expenditure for the year to date (including PFI lifecycle) totals £1.7m which includes the use of PDC funding (provided by Department of Health & Social Care).

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	May-24		1,400	1,700		
Cash Balances - Days to Cover Operating Expenses	May-24	1.2	10			
Reported Surplus/Deficit (000's)	May-24		-8,559	-8,559		

Board Summary

Southport & Ormskirk

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	81.4	100	98.0	
FFT - Inpatients % Recommended	May-24	94.2%	90.0%	94.0%	
Nurse Fill Rates	Apr-24	98.2%	90.0%	98.2%	
C.difficile	May-24	0		4	
E.coli	May-24	5		12	
Hospital Acq Pressure Ulcers per 1000 bed days	Jan-24	0.06	0.00	0.06	
Falls ≥ moderate harm per 1000 bed days	Apr-24	0.32	0.00	0.32	
Stillbirths (intrapartum)	May-24	0	0	0	
Neonatal Deaths	May-24	1	0	1	
Never Events	May-24	0	0	0	
Complaints Responded In 60 Days	May-24	76.9%	80.0%	80.0%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Apr-24	64.7%	75.0%	64.7%	
Cancer 62 Days	Apr-24	67.1%	85.0%	67.1%	
% Ambulance Handovers within 30 minutes	May-24	64.1%	95.0%	65.7%	
A&E Standard (Mapped)	May-24				
Average NEL LoS (excl Well Babies)	May-24	5.4	4.0	5.3	
% of Patients With No Criteria to Reside	May-24	17.5%	10.0%	17.9%	
Discharges Before Noon	May-24	20.0%	20.0%	20.1%	
G&A Bed Occupancy	May-24	97.8%	92.0%	97.6%	
Patients Whose Operation Was Cancelled	May-24	0.8%	0.8%	0.9%	
RTT % less than 18 weeks	May-24	67.9%	92.0%	67.9%	
RTT 65+	May-24	10	0	10	
% of E-discharge Summaries Sent Within 24 Hours	May-24	81.2%	90.0%	81.0%	
OP Letters to GP Within 7 Days	Apr-24	78.6%	90.0%	78.6%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	May-24	69.0%	85.0%	69.0%	
Mandatory Training	May-24	90.0%	85.0%	90.0%	
Sickness: All Staff Sickness Rate	May-24	6.0%	6.0%	6.0%	
Staffing: Turnover rate	May-24	0.8%	1.1%	0.8%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	May-24				
Reported Surplus/Deficit (000's)	May-24				

Integrated Performance Report

Integrated Intelligence & Improvement Service

Mersey and West Lancashire Teaching Hospitals NHS Trust

Board Summary

St Helens & Knowsley

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Dec-23	84.9	100	91.0	
FFT - Inpatients % Recommended	May-24	94.8%	94.0%	94.9%	
Nurse Fill Rates	Apr-24	99.9%	90.0%	99.9%	
C.difficile	May-24	4		10	
E.coli	May-24	7		14	
Hospital Acq Pressure Ulcers per 1000 bed days	Mar-24	0.00	0.00	0.10	
Falls ≥ moderate harm per 1000 bed days	Apr-24	0.29	0.00	0.29	
Stillbirths (intrapartum)	May-24	0	0	0	
Neonatal Deaths	May-24	0	0	1	
Never Events	May-24	1	0	1	
Complaints Responded In 60 Days	May-24	60.0%	80.0%	61.9%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Apr-24	73.8%	75.0%	73.8%	
Cancer 62 Days	Apr-24	86.0%	85.0%	86.0%	
% Ambulance Handovers within 30 minutes	May-24	41.6%	95.0%	45.6%	
A&E Standard (Mapped)	May-24				
Average NEL LoS (excl Well Babies)	May-24	3.6	4.0	3.7	
% of Patients With No Criteria to Reside	May-24	24.5%	10.0%	24.0%	
Discharges Before Noon	May-24	17.1%	20.0%	16.2%	
G&A Bed Occupancy	May-24	97.6%	92.0%	97.8%	
Patients Whose Operation Was Cancelled	May-24	1.0%	0.8%	0.8%	
RTT % less than 18 weeks	May-24	59.0%	92.0%	59.0%	
RTT 65+	May-24	562	0	562	
% of E-discharge Summaries Sent Within 24 Hours	May-24	81.5%	90.0%	83.0%	
OP Letters to GP Within 7 Days	Apr-24	69.5%	90.0%	69.5%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	May-24	74.4%	85.0%	74.4%	
Mandatory Training	May-24	86.7%	85.0%	86.7%	
Sickness: All Staff Sickness Rate	May-24	5.4%	5.0%	5.3%	
Staffing: Turnover rate	May-24	0.8%	1.1%	0.8%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	May-24				
Cash Balances - Days to Cover Operating Expenses	May-24				
Reported Surplus/Deficit (000's)	May-24				

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	26 June 2024
Agenda Item	**TB24/047 (7.1)**		
Committee being reported	Executive Committee		
Date of Meeting	This report covers the four Executive Committee meetings held in May 2024		
Committee Chair	Ann Marr, Chief Executive Officer		
Was the meeting quorate?	Yes		

Agenda items		
Title	**Description**	**Purpose**
There were five Executive Committee meetings held during May 2024. At every meeting bank or agency staff requests that breached the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded. At each meeting the weekly vacancy control panel decisions were also reported.		
02 May 2024		
Plan to Reduce HCA Agency Spend	• The Acting Director of Nursing, Midwifery and Governance introduced the report which provided assurance on the progress of each of the workstreams examining ways to reduce spend on agency HCA temporary staff. • Workstreems covered – reviewing the patient assessment criteria, increasing recruitment to the internal bank, continuing to minimise vacancies and turnover, processes for planning and approving annual leave, harmonisation of roster management practices across the legacy trust sites and improved reporting systems to track the reasons for agency requests. • The next phase would be to quantify the impact of each of the workstreams on reducing predictable variation in staffing compared to known demand. • There would continue to be regular progress monitoring.	Assurance
May Trust Board agenda.	• The Director of Corporate Services presented the draft Trust Board agenda for review. • Committee selected the Employee of the Month, from the nominations received.	Approval
CQC Focused Inspection – Medicine and Spinal Injuries	• The Acting Director of Nursing, Midwifery and Governance presented the CQC report which had been published on 17th April. Under the new CQC	Assurance

Unit (Southport Hospital)	assessment framework the services were not rated. • There had been positive feedback about the care provided by the teams at Southport Hospital. • There were some “should do” actions and an action plan had been developed to address these, although it was noted that the national shortage of dietitians would make this challenging.	
Ward Acreditation Programme	• The Acting Director of Nursing, Midwifery and Governance presented proposals for an MWL ward acreditation scheme to drive quality improvement and assurance of the nursing care standards. • There was a plan to operationalise the new scheme with a pilot planned and formal launch expected in June. • The Committee approved the proposals.	Approval
Ward Spot Check Audits Assurance Report	• The Acting Director of Nursing, Midwifery and Governance presented an update on the management actions following the results of the annual ward spot check audits by MIAA. • Each ward had presented an improvement plan to the Corporate Nurse meeting, and every ward across the trust had now also been audited using the same criteria. • A nurse “back to basics” conference was being planned for 21st June, and 7 minute briefing sessions had been developed and were being rolled out for delivery during daily safety huddles. • Committee noted the progress made.	Assurance
Falls Assurance Report Q3 & 4	• The Acting Director of Nursing, Midwifery and Governance presented the report detailing the number of falls and the actions being taken to reduce falls based on a review of moderate or above harm falls. • The Committee reviewed the findings and identified a number of areas for further analysis that would strengthen the assurance provided.	Assurance
Urgent Treatment Centre (UTC) / Walk in Centre (WIC) Review	• The Director of Finance and Information set out the current contractual position in relation to the Huyton WIC, which was provided by the Trust and subcontracted to Mersey Care NHSFT. • The Committee reviewed potential future options, including upgrading the WIC to a UTC and the impact this could have on ED access performance.	Assurance

	• It was agreed that a formal options appraisal paper was needed.	
09 May 2024		
Patient tracking system – SDEC/AMU (Whiston)	• The Director of Informatics provided an update on the options to create a new patient tracking system for patients admitted to SDEC or AMU from ED, before being admitted as an inpatient. • A workaround solution had been identified that could be implemented ahead of the implementation of the new EPR. • Further concept testing was needed with clinicians and then a business case would be developed. • It was agreed that the process mapping should include both EDs to facilitate standardisation across MWL.	Assurance
Freedom of Information (FOI) request compliance	• The Director of Informatics presented the report detailing current performance. • In 2023/24 MWL had received 1,192 FOI requests which included 6,160 separate questions or information requests. 58% were responded to within 20 working days. • In April 2024 77 FOI requests had been received with 473 questions/information requests. • The paper detailed the total FOIs assigned to each Director and the numbers that were completed within the statutory timescales.	Assurance
Southport Hospital HSMR review	• The Medical Director introduced the report which examined the reasons for the fluctuations in HSMR since 2017/18. • Coding practice, and service change such as the creation of an Ambulatory Care Unit and outreach palliative care teams from the hospice had impacted on the reported HSMR, although crude mortality had remained stable • Committee discussed the plans to recruit and train clinical coders and the introduction of increased data quality and consistency checking.	Assurance
Sterile Services Business Case	• The Managing Director introduced the report which detailed the options for securing a sterile service for the Whiston and St Helens Hospital sites following the end of the current contract in 2025. • The options included both internal and external options and took account of demand across MWL. • The Committee approved the preferred option, which allowed for expansion in the future.	Approval

	• A further recommendation for approval would be presented when the contract negotiations were concluded.	
16 May 2024		
Risk Management Council (RMC) Assurance Report	• The Director of Corporate Services presented the RMC assurance report. • The total number of reported risks across MWL was 1,069, of which 43 were escalated to the corporate risk register (CRR). There had been no new CRR risks escalated in April. • The RMC received assurance reports from the Emergency Preparedness, Resilience and Response (EPRR) operational group and the Claims Governance group. • The RMC approved the Adverse Weather and Heatwave Plan.	Assurance
Review of 2023/24 Trust Objectives	• The Director of Corporate Services presented the review of achievement the Trust objectives for 2023/24, following updates from each of the lead directors. • Committee reviewed the results for consistency and agreed further narrative for inclusion in the report to the May Trust Board.	Assurance
Financial Plan 2024/25	• The Director of Finance and Information briefed the committee on the letter received from the ICB Chief Executive and Director of Finance, setting out an additional stretch target for every provider trust to reduce the planned Cheshire and Merseyside ICB deficit for 2024/25. • Committee agreed that the Trust acceptance of the additional CIP needed to be discussed with the Board.	Assurance
NHSE Productivity Metrics	• The Director of Finance and Information presented the Chshire and Merseyside ICB corporate benchmarking data for all trusts. • It was agreed that each Director would review the metric for their portfolios and provide a locally informed analysis of the Trust position.	Assurance
Quality Spot Check – Follow up audits	• The Acting Director of Nursing, Midwifery and Governance provided an update on the action taken to address the management actions from the audits and strengthen the internal monitoring and assurance processes. • The Committee supported the proposed on going monitoring arrangements. • An assurance report would be presented to the Quality Committee.	Assurance

Equality, Diversity and Inclusion (EDI) Smart Actions	• The Director of HR/Deputy CEO presented the proposed SMART actions for board members to support the Trust EDI and health inequality reduction aspirations. • The Committee supported the proposals and agreed to work with the EDI team to identify appropriate EDI objectives for each individual Director.	Approval
Equality Diversity Scheme (EDS) Annual Report 2023/24	• The Director of HR/Deputy CEO presented the EDS annual report which detailed the progress in achieving the objectives that had been agreed for 2023/24. • The assessment had been verified by an independent panel and all objectives had been categorised as "achieving", which reflected good progress. • The Smart EDI actions (previous item) were part of the additional actions identified for 2024/25.	Assurance
23 May 2024		
Escalation Beds – Impact review	• The Managing Director introduced the report which examined the impact of increasing to 5 beds in a ward bay at Whiston Hospital as part of the winter 2023/24 escalation plans. • It was noted that a NHSE priority for 2024/25 was to eliminate corridor care, which would probably require "5th" beds to be utilised again. • Infection prevention control (IPC) concerns had been noted when the beds were opened. To date no direct link had been found between the number of beds in a bay and rates of transmission. On balance the committee felt the conditions in the ED corridor created a greater risk of transmission. • The additional staffing required to support the extra beds on a ward were acknowledged. • The report identified measures that could be taken to improve patient experience and safety if the 5th beds were to become a permanent requirement, including separate bed head services and maximising the floor space in the bay. This would require come capital investment. • It was agreed that the full evaluation should be completed, with recommendations for the future, which would be presented back to the Committee the following month.	Assurance
Theatre Productivity Programme	• The Director of Finance and Information introduced a report from the Service Improvement	Assurance

	Team detailing the work undertaken with theatres at St Helens Hospital to optimise utilisation. • Through improved management systems and scheduling practices utilisation had improved by 10% compared to 2023/24. • Committee discussed the national benchmarking information on theatre utilisation and the difference between capped and uncapped productivity measurements. Due to the high volume low complexity case mix undertaken at St Helens hospital the turnaround time between cases would need to be less than 6 minutes to achieve 85% utilisation on capped activity. • Improved recording systems would allow better analysis of reasons for threatre cancellations or late starts, which going forward would enable the team to focus attention on those things that would make the greatest impact. • The next steps included milestone reviews to ensure the new processes were embedded as business as usual.	
Health Work and Wellbeing – Occupantional Health system business case	• The Director of HR/Deputy CEO presented the business case, which detailed the need to move to a single Occupantional Health information system for MWL, as the current contracts were due to end in November 2024. • The requirements for the Occupational Health system were very specific and needed to be independent of any other staff records systems. A review of the market leaders had been undertaken via a procurement framework. A preferred solution had been selected which apart from year 1 implementation support, would be more cost effective than the two legacy trust systems. • The Committee approved the business case and year 1 project management costs.	Approval
Appraisal, Mandatory and Compulsory Training Compliance	• The Director of HR/Deputy CEO introduced the report which provided the compliance figures for April 2024. • Appraisal compliance was below the target rate but it was recognised that the new annual appraisal window had only recently started and this was expected. • Mandatory training compliance was 84.4% but improving across a number of areas.	Assurance

	• Committee also examined the compulsory training compliance and noted improvement in some subjects. • Director action plans would be presented at the end of Q1.	
Quarterly Bed Moves Report	• The Managing Director presented the data on beds moves, which were broken down by elective/non-elective and day/night moves. • The data showed that the total number of bed moves had remained relatively consistent over time, but the number of moves happening at night had reduced. • The majority of patients moved less than 3 times in an episode of care, and reviews had been undertaken on the small number who had more bed moves, which showed the moves were clinically appropriate. • It was noted that the "keep me here" campaign had now started for patients with Dementia and the impact of this would be assessed in the next report which would initially be considered by the Divisional Management Teams.	Assurance
Month 1 Financial Position	• The Director of Finance and Information provided an update on the Trust month 1 financial position, and the actions being taken to achieve the activity levels needed from month 2.	Assurance
Cyber Security Report	• The Director of Informatics presented the quarterly cyber security assurance report, detailing the measures taken by the trust to prevent and if necessary react to cyber threats.	Assurance
30 May 2024		
Nurse Staffing – Reporting Alignment	• The Acting Director of Nursing, Midwifery and Governance presented a recommendation to align the nursing safer staffing reporting to the system that had been used at the legacy STHK sites. This system reported fill rates against the budgeted establishment for each ward. • The change would impact on the reported fill rates from the legacy S&O sites but would allow better differentiation of core staffing requirements compared to demand for supplementary care or staffing of temporary escalation beds. • The Committee approved the change which would be effective from June and impact safer staffing reported figures in July.	Approval
Laboratory Information System	• The Director of Informatics reported that the LIMS business case had now ben approved by every	Assurance

(LIMS) Business Case	Trust with a pathology service, except one. The final trust was considering the case at its board meeting on 5th June.	

Alerts:

None

Decisions and Recommendations:

New investment decisions taken by the Committee during May 2024 were:

- Approval of the sterile services business case – with authority to negotiate a contract with the supplier.
- Approval of the business case to procure a single ocupantional health records system for MWL.

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report

Title of Meeting	**Trust Board**	**Date**	26 June 2024
Agenda Item	**TB24/047 (7.3)**		
Committee being reported	Charitable Funds Committee		
Date of Meeting	11 June 2024		
Committee Chair	Geoffrey Appleton, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
Head of Charity report	• The Committee noted the work completed since the last meeting.	Assurance
Fundraising update	• The Committee received the latest fundraising update.	Assurance
Finance Report Year End Position	• The Committee noted the STHK and S&O Finance reports and year end position.	Assurance
Review of Charity Risk Register	• The Committee noted the Charity Risk Register.	Assurance
Summary of Applications approved since last meeting	• The Committee noted the applications for funding approved since the last meeting.	Assurance

Alerts:

No alerts were raised.

Decisions and Recommendation(s):

- The Committee noted the work completed since the last meeting.

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	26 June 2024
Agenda Item	**TB24/047 (7.4)**		
Committee being reported	Quality Committee		
Date of Meeting	18 June 2024		
Committee Chair	Gill Brown, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
Minutes of the previous meeting	• Minutes of the meeting held on 21 May 2024: - approved as a correct and accurate record of the proceedings.	Approved
Matters arising/Action Log	• Noted actions aligned to agenda items on the meeting with remaining actions due at future meeting and within the meeting pack. • Action 45 to be removed. • Escalation of Falls Report to Executive Committee and future report to Quality Committee. • Required additions to Quality Account confirmed as complete and presented to Board.	Assurance
Quality Committee Corporate Performance Report	• 1 Never Event – retained guidewire - Immediate actions in place. Committee requested improvement / more comprehensive assurance regarding immediate actions to be provided in Corporate Performance Report when such incidents occur. Verbal update provided on immediate actions received for this incident. Committee also informed on the plan to revise national Never Events definitions. • **Pressure Ulcers:** Reduction in month and 10% reduction overall, year on year. Committee acknowledged the work of the Tissue Viability Team and requested assurance on resource in the team going forward to maintain compliance. • **Patient Falls (with moderate harm or above):** Slight increase in month however year on year decrease in overall numbers and harms reported. Difference between the sites recognised, potentially associated to patient environment. Executive Committee - deep dive thematic review to include a review of differences across sites.	Assurance

	Chair requested inclusion of time of day and area where fall occurred – agreed to include in deep dive thematic review. Chair referenced research regarding decaffeinated drinks and assurance given this is being reviewed across MWL by falls leads – future report requested to the Committee. • **Staffing – p**reviously reported as legacy organisations. Future MWL reporting will show an improved fill rate. • **Infection Prevention and Control (IPC):** Continue to await national/regional 24/25 target thresholds. Internal improvements in place within Trust objectives and ongoing review. Carbapenemase-producing Enterobacteriaceae (CPE) - current outbreak with supportive guidance in place from regional NHSE. Zero Methicillin-Resistant Staphylococcus Aureus (MRSA) • **Complaints** - Patient Advise and Liaison Service (PALS) backlog Whiston site - supportive plan in place to address responsiveness and address impact on both complaints and 'Ask Ann' numbers. Committee requested further assurance to address the sustainability of this PALS provision. • **Friends and Family Test (FFT)** - positive Overall - recognising work ongoing to improve response rates in Maternity through paper/digital and volunteer role. However, Chair requested report on specific actions being taken and progress with those actions against FFT and overall improvements to patient experience in Maternity. • **Integrated Performance Report (IPR)** – correction noted to IPR - one neonatal death. • **Training** – reporting to Executive Committee for oversight with a priority focus on Safeguarding, IPC (including Aseptic Non Touch Technique (ANTT)) and Life Support. • **CQC** – awaiting draft reports for the Emergency Departments (ED) – external partner feedback has been requested. CQC requested attendance at Board.	

	• **Hospital Standardised Mortality Ratio (HSMR)** - no new data released therefore remains the same as previous meeting. Chair requested assurance against review process for corporate reporting in the IPR - inclusive of considered reporting on deteriorating patients and sepsis. Review agreed by Nursing and Medical Executive leads.	
Clinical Effectiveness Council Report	• Noted policies approved. • Presentation / Report from Resuscitation Services: Merged Trust compliance levels (April-May 24) Slight reduction in Basic Life Support (BLS) level 2, Intermediate Lift Support (ILS) level 3 and Paediatric Intermediate Lift Support (PILS) level 3 training figures – increased training being made available. MWL cardiac arrest figures reporting close to national average recognising the fluctuations within seasonal variances. • Intensive Care National Audit and Research Centre (ICNARC) – figures reflective of regional patient cohorts. Quality Indicator Dashboard: red indicator – high risk sepsis admissions from wards – review by Critical Care Team for lessons learnt. Medical Director to also request for Deteriorating Patient Team to be involved in the review. Chair requested and received assurances against commissioned critical care bed base. • Drugs and Therapeutics Committee report :First joint meeting for MWL, Terms of Reference (ToR) under consultation. • Women & Childrens Services Report: Maternity Key Performance Indicators (KPI's) – a positive increase to 94.6% of women who were smokers at initial antenatal appointment referred to stop smoking service. • Laboratory Performance: Noted recruitment to four new Consultant Histopathologists and ongoing investment in training posts to support future recruitment. • Blood Transfusion Exception Report: concerns raised re duplicate patient records – mitigation plan in place and no patient safety concerns raised. Working group to review inadequate clinical details and aligning to Careflow. Major haemorrhage audit - shared learning to reduce blood product wastage.	Assurance

	• Report from Sepsis Team: Moving to AQUA metrics to monitor Sepsis with review of the AQUA metrics to assure aligned to national guidance. • Committee noted positive survival rate post cardiac arrest, positive recruitment to Histopathologists posts. • Committee requested assurance against plans for recruitment to Gynaecology Consultants. Assurance provided regarding recent recruitment of G&O consultants and productivity review. • ICNARC report–identified benefit of discussions with community PLACE board colleagues to regarding preventative measures community cardiac arrest and Sepsis mortality preventative workstreams.	
Clinical Audit Programme Progress	• 2023/24 two clinical audit plans - plan for single audit plan for MWL. Data provided for 2023/24 audit schedule compliance. • Six audit posters accepted for national clinical audit conference, congratulations to paediatric consultant for winning poster (Ormskirk Team : Improving 14 hr paediatric consultant review). • Chair action request for poster presentation from junior doctor on Catheter Knowledge Quality Improvement Project to be reviewed for shared learning.	Assurance
Clinical Research - 6 monthly Update	• Increased commercial activity and recruiting the first patient globally to the Radiant study and first patient in the UK to the Anthem study. • Throughout 2023/24 top recruiting site across numerous research studies. • MWL recruited over 4,384 patients to research studies since April 2023, highest recruitment in five years placing MWL third top recruiter on the Clinical Research Network, North West Coast (CRN NWC) dashboard. • Ranked first on the CRN NWC dashboard for number of responses to the Patient Research Experience Survey (PRES). • National Institute for Health Research (NIHR) capital funding secured supporting dedicated Research Hub at Ormskirk site. • Committee discussed impact of static NIHR funding.	Assurance
Patient Safety Council Report	• Noted policies approved and updated.	Assurance

	• MWL harmonisation in relation to alignment of falls management and Hospital Acquired Pressure Ulcers (HAPU). • Q4 (2023/24) legacy sites incidents reported. • Learning under Patient Safety Incident Response Framework (PSIRF) implemented across MWL. • 13 Patient Safety Incident Investigations (PSII) cases across MWL progressing within scope. • Manual handling reporting being harmonised across MWL. • IPC Report for April 2024. • Obstetrics and Gynaecology Q3 - 241 incidents reported increase on Q2. • Chair requested update on antimicrobial prescribing pharmacist. Mitigation in place whilst vacancy remains, and update requested at next meeting from Chief Pharmacist.	
Freedom to Speak Up – 6 Monthly Report	• Bi-annual report received – Q3 & Q4 (23/24) • 60% increase in concerns raised - positive and aligns to staff survey. • Benchmarking completed, positive impact of staff engagement and increased profile of Freedom to Speak Up (FTSU) champions. • Themes and concerns across sites noted. • Interpretation of management of attendance policy and how applied and compassionate application. • Concerns – highest category is in bullying and harassment as a continuing theme with education and guidance through leadership management training programmes. • Nine anonymous concerns raised. • Revised Strategy and Policy in place. • 0.6 WTE FTSU Guardian recruited to enhance the FTSU profile. • Chair requested future recording of ethnicity of staff members raising concerns – agreed that recording of all protected characteristics to be actioned.	Assurance
C. Diff Improvement Plan (action 49)	• Trust exceeded NHSE Clostridioides difficile (C.diff) combined threshold by 29 cases for 2023/24 improvement plan developed. • In Q4 all sites below Cheshire and Mersey C.diff rate noting some seasonality changes. • Improvement plan focuses on Infection Prevention and Control basics including environment, cleanliness of equipment, robust Diarrhoea management. • Antimicrobial stewardship remains a focus.	Assurance

	• A MWL Joint Facilities Group – also being established. • Chair assured by comprehensive action plan and requested a follow-up report regarding antimicrobial stewardship and Human papillomavirus (HPV) utilisation following review by Executive Committee.	
Improving the Management of Nutrition	• Different reporting mechanisms identified -Nursing Care Indicator will be in place from Q2. • Introduction and embedding of champion roles. • Further development of the role of the dietetic assistant to cover pre-referrals. • Continued cross site education and raising awareness. • Highlighting at Nursing Conference 21 June 2024 • Sharing best practice. • Harmonisation of Nutrition and Hydration steering group. Chair assured by Nursing Care Indicators and actions in place.	Assurance
Patient Experience Council Report	• Meal provision for relatives/carers under review. • Policy for the management of patient property in theatre noted with wider Trust review ongoing. • Butterfly service pilot completed with rollout plan across MWL. • Healthwatch reports identified concerns with wheelchair provision and paediatric disability car parking facilities-ongoing actions. • Chair requested further detailing in future complaints reports on themes around communication.	Assurance
Patient Engagement Strategy Review/Annual progress report	• Annual update on the implementation plans for the Patient Experience and Inclusion Strategy 2022 - 2025 legacy STHK and Patient Experience Strategy for legacy Southport and Ormskirk 2020-2024. • Good progress against actions with continued focus against actions at risk of not meeting deadlines. • MWL Patient Experience and Inclusion Strategy 2025-28 strategy in development. • Committee supported alignment of actions in the Strategy resulting from investigation of complaints, triangulation with patient outcomes, and divisional action plans.	Assurance

Any Other Business	• Nil	
Effectiveness of the Meeting	• Chair thanked the Divisional Directors of Nursing for attendance and effectiveness review from the Acting Director of HR and GA with thanks and all good wishes to Geoffrey Appleton for all his support to the Committee.	

Alerts:

- Nil

Decisions and Recommendation(s):

The Board is recommended to note the report, alerts and the assurances sought by the Committee.

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	26 June 2024
Agenda Item	**TB24/047 (7.5)**		
Committee being reported	Strategic People Committee		
Date of Meeting	17 June 2024		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
SPC 0624/03 – Minutes of the previous meeting	The Committee reviewed the minutes of the meeting held on the 20 May 2024 and approved them as a correct and accurate record of proceedings.	Decision
SPC 0624/04 Action Log and Matters Arising	The Committee reviewed the outstanding and approved the completed actions. **SPC 0524/006 MWL People Plan- End of Year Update 2023/24 - Completed** It was confirmed that further updates on the monitoring and management of bank and agency spend by the Premium Payments Council, and the Executive Committee will be included in future People Plan updates. **SPC 0524/008 Looking After Our People – Workforce Retention - Completed** - A paper was shared with the Committee members on the 21 May 2024 about leavers stating their reason for leaving was due to work life balance. **SPC 0424/005 Workforce Dashboard - Completed** An analysis of Medical Workforce turnover by grade, specialty and contract type was provided and this was reviewed at People Performance Council (PPC) in May 2024. **SPC 0324/006 Clinical Coding Staffing- Completed** - the Committee received an update presentation about the actions that have been taken to improve workforce plan for Clinical Coders.	Assurance
SPC 0624/05 – Workforce Dashboard	The CPR dashboard was presented focusing on the key indicators for the SPC. The following points were noted: • Mandatory training exceeded target at 88% for May, against the target of 85%. • Medical workforce compliance has increased to	Assurance

	76.2%. • The Mandatory Training Team MIAA internal audit has received substantial assurance. • There is a national review by NHSE of the core skills framework for Mandatory Training. The Assistant Director of Organisational Development, MWL is part of the working group along with the Deputy Director of HR & Governance for the Lead Employer. • The Trust is currently in its annual appraisal window achieving 72.6% against a target of 85%. There has been an in-month reduction in compliance across both legacy sites with the lower compliance on legacy S&O sites achieving 69% and legacy STHK sites achieving 74.4%. To improve the appraisal compliance, a monthly compliance report has been introduced and it will be shared at a division level. • In-month sickness remains above target, at 5.6% against the 5% target. This is a 0.2% in month increase. HR Operations teams across the Trust continue to work proactively with managers to reduce the numbers of absences with particular attention paid to Health Care Assistants (HCA) absences and specifically on absences relating to stress, anxiety or depression. • The HCA Task and Finish Group reported progress to the June People Performance Council. The group will identify two to three key areas that would benefit from interventional work looking at: policy compliance, management of long-term sick (LTS) cases, Bank v agency rates, rostering, staff facilities and breaks, establishments, and increased staff engagement. • Positive sickness rate reduction on the Qualified Nursing and Midwifery staff group from 6.5% to 6.1% • A data comparison May 2024 vs May 2023 shows an improvement with the overall sickness absence. • A deep dive work on the healthcare support workers have been completed and Terms of Reference have been approved by the People Performance Council. Five areas for focus have been identified: ward 11B, theatres, outpatient's department, and ward 2A. An additional meeting is scheduled for 02 July 2024.	

	• Turnover in month and over a rolling 12-month period is below target (0.8% and 12.7% respectively) • Time to hire increased from 39 days to 46 days which is mainly due to delays in candidates providing documentation. HCAs have the highest did not attend (DNA) rates for occupational Health appointments. • DNA rates for Health, Work and Well Being (HWWB) increased by 16.3% in the month, with 51% of those being for blood and vaccine post-placement. The People Performance Council (PPC) is monitoring this issue, and the HWWB team will attend the HCA induction course to capture new starters within the first seven days.	
SPC 0624/06 – Improving Working Lives of Doctors in Training	A paper and presentation were received, and the following highlights were noted: • A letter sent to Chief Executives, Chairs, HR Directors and Medical Directors from the Chief Executive, Chief Workforce Officer and Chief Medical Officer, NHS England, (NHSE) on the 25 April 2024 about the need for trusts and NHSE to make improving the working lives of NHS Staff a key strategic priority. • A summary of the NHSE letter was presented, the key themes were highlighted, and it was noted that actions were focussed on rotas, pay errors, and Mandatory Training. The key strategic priorities when delivered will lead to Improving the Working Lives (IWL) of Doctors in Training by creating a sense of value and belonging by: o Providing work schedules at least 8 weeks in advance and finalised duty rosters 6 weeks in advance, as per the current junior doctor contract. o Encouraging self-rostering, more flexibility in training o Reducing pay errors. o Improving statutory and mandatory training and protecting training time, for both learners and educators. o Aligning to the latest Core Skills Training Framework. o Making it easier for staff to move between organisations.	Assurance

	○ Implementing a reverse system for paying course fees so trainees don't have to pay in advance. ○ Identifying a senior, named individual to oversee the implementation of these actions. ○ Considering the British Medical Association (BMA) wellbeing guidance recently published. • The Trust, Lead Employer and Payroll Service have carried out a gap analysis against the national requirements to support improvements in the working lives of doctors in training. • Comprehensive action plans have been developed that to monitored by relevant Divisional/Operations Groups with oversight the PPC and HR Commercial Services Council as appropriate. • The Trust's Head of Medical HR has been identified as the senior, named individual to oversee the implementation of these actions for the Trust. • Internally within HR Commercial Services, the Assistant Director of HR will lead on actions relating to the Lead Employer and the Assistant Director of Employment Services will lead on actions relating to Payroll. • The immediate actions and timescales were discussed assuring that; payroll queries are handled swiftly by the end of July 2024, implementation of a board governance framework to monitor and report on pay errors by end of July 2024, use of e-Learning for health packages and shorter e-assessments by end of October 2024. Quarterly updates will be provided to the SPC and Executive Committee.	
SPC 0624/07 – Recruitment & Retention Operational Annual Assurance Update	The Strategic People Committee received an update on Recruitment & Retention Operational Annual Assurance Update and the following key points were noted: • The plan has been updated to include all sites across the Trust following the creation of MWL in July 2023. Within the Operational Plan there are four Pillars; Retention, Recruitment, Routes into Healthcare and Attraction identified with several priorities. • There are two risks that are on the Corporate Risk register impacted by the operational plan.	Assurance

	• The international recruitment targets for 2024/25 have been reduced. • The reliance on temporary staffing and agency usage has been reduced. • The review of the recruitment programme was presented which includes a new resignation form which aims to reduce the unknown reason for leaving and provide themes and trends to team to prevent leaving and increase retention. • The overall Trust vacancy rate for legacy STHK sites has fallen by 0.10% from March 2023 to March 2024 • Key actions, successes, and areas of priority action for 2024/25 were outlined which included the introduction of a shortened application form. • Over the next 12 months, the team plans to offer a proactive recruitment and resourcing service, focusing on hard-to-reach areas. The people plan also aims to increase the healthcare support worker workforce. • End to end recruitment process will be reviewed to identify where robotics and technology can create efficiencies to improve time to hire. • There has been a focus on the reduction of Band 5 RN and Band 2 HCA vacancies including centralised recruitment, bank recruitment and enhancing manager training packages. • The range of advertising media channels has increased, and the team have created an employer brand that showcases MWL as the best place to work and increase attraction.	
SPC 0624/08 – Clinical Coding Staffing update	The Strategic People Committee received a presentation, and the following key points were noted: • There continued to be recruitment challenges in the clinical coding service for qualified clinical coders. MWL has a workforce gap of 10.5 WTE in comparison with monthly average workload demand and uses agency contractors to mitigate this shortfall. • The difficulty in recruiting to the qualified positions within the team means that there is insufficient capacity within the team to code all the activity demand. Being unable to code the Trust activity will have impacts against clinical indicators, activity reports and finance. The Trust is currently	Assurance

	mitigating some of this by the use of agency staff and overtime, however, there is also a backlog of uncoded activity. The recruitment scope has been amended and MWL has recently recruited four additional trainees and one mentor but their impact to the coding workload will not negate the need for contractors for some time (phase 1 reduction estimated late 2025/early 2026, phase 2 reduction estimated late 2027/early 2028). • A new working model is needed in the Clinical Coding service so that there is a clear structure, development plan and succession planning in place. This would allow the Trust to develop their own qualified coders, giving qualified coders progression opportunities to mentors, auditors, trainers, etc. • The team is working with the recruitment in terms of attraction, and it was noted that trainee positions can be filled easily than the qualified posts. • A comparison with other trusts shows that the majority of clinical coders are currently receiving a Band 5 salary where MWL offers Band 4 • An automation (BOTs) project to support with Clinical Coding is underway currently with ophthalmology (cataracts). This has experienced some errors which have been logged with system supplier for a solution. • The risks of incorrect coding with automation were discussed in detail along with the need for robust mitigation plans. • A detailed progress report will be presented to the Executive Committee.	
SPC 0624/09 – Guardian of Safe Working: 9.1 LE Annual Report Hospitals 9.2 LE Annual Report GP/Hospices/Local authorities	The Guardian of Safe Working Reports were presented, and the following key points were noted: The Guardian of Safe Working Annual Reports for Lead Employer were presented covering the period April 2023 to March 2024. Assurance provided to the Strategic People Committee that the Lead Employer is complying with its contractual obligations under the 2016 terms and conditions (T&Cs) and the doctors and dentists in training are not working excessive hours and are in receipt of appropriate access to educational opportunities. Any fines levied will be used to support trainee education. It was noted that there had been an improvement in exception	Assurance

	reporting returns since increased performance management.	
SPC 0624/10 Guardian of Safe Working-Trust	The Strategic People Committee received a presentation, and the following key points were noted: The Guardian of Safe Working Annual Report for Trust was presented covering the period April 2023 to March 2024. The team has been working on closing the loop on some exceptions and are currently providing a guide for trainees and educational supervisors. Concerns in regards engagement in exception reports were discussed and it was assured that there are plans to resolve the issue from August 2024 onwards. The Medical HR team are involved in collating reports, looking for trends, and helping the Guardian and trainees. Progress is expected during the next reporting period with more exceptions being closed in a timely manner. It was noted that no fines were issued. The Guardian is assured with the overall safety of working hours in the Trust for trainees under the 2016 T&Cs based on evidence from the exception reports thus far.	Assurance
SPC 0624/11 - Assurance Reports from Subgroup(s)	The Strategic People Committee noted the Assurance Reports from the People Performance Council and the Valuing our People Council.	Assurance
SPC 0624/12 - Items for Escalation to Trust Board	Feedback from the committee indicated, this meeting has been effectively chaired.	Assurance
SPC 0624/13 Any Other Business	Not applicable	Assurance
Alerts:		
None		
Decisions and Recommendation(s):		
None		

Mersey and West Lancashire Teaching Hospitals NHS Trust

Committee Assurance Report			
Title of Meeting	**Trust Board**	**Date**	26 June 2024
Agenda Item	**TB24/047 (7.6)**		
Committee being reported	Finance and Performance Committee		
Date of Meeting	20 June 2024		
Committee Chair	Steve Connor, Non-Executive Director		
Was the meeting quorate?	Yes		

Agenda items

Title	Description	Purpose
MWL FC24/104 – Director of Finance (DoF) Update	• Feedback from first 2024/25 performance meeting with ICS leads. • Items escalated to NHSE region include £12m transaction business case income included within plan and cash requirement.	Assurance
MWL FC24/105 – Integrated Performance Report Month 2 2024/25	• 4-Hour performance decreased in May achieving 68.2% (all types), national performance 74% and providers across Cheshire & Merseyside averaging 71.1%. • Bed occupancy across MWL averaged 106% in May equating to 99 patients – the same as April. • Average length of stay for emergency admissions is 9.1 days at Southport and 7.8 at Whiston with an overall average of 8.2 days, the impact of non-CTR patients has increased by 0.5% in May, being 22% at Organisation level (25% STHK and 18% S&O). • Cheshire and Merseyside (C&M) leading an Urgent and Emergency Care improvement programme. • 18 Week performance in May for MWL was 61.4%, S&O 67.9% and STHK 59%. National Performance (latest month April) was 58.3% and C&M regional performance was 57%. • The Trust had 2,629 52-week waiters at the end of May (198 S&O and 2,431 STHK) and three 78-week waiters. • Diagnostic performance in May for MWL was 93.5%, S&O 89.2% and STHK 96.1%. • Cancer performance for MWL in April decreased to 70.3% for the 28-day standard.	Assurance

	Tumour site specific improvement plans are in place.	
MWL FC24/106 – Finance Report Month 2 2024/25	• The final approved MWL financial plan for 2024/25 is a deficit of £26.7m. • The Trust is reporting an adjusted deficit of £8.6m in line with plan. • The Trust's combined 2024/24 Cost Improvement Programme (CIP) target is £48m of which £11.8m is non-recurrent. As at Month 2, the Trust has transacted CIP of £12.6m in year and £11.2m recurrently. • At Month 2, agency spend is £3.8m to date, 3.8% of total pay costs. Premium Payment Scrutiny Council review and address the drivers of agency costs where possible. • The Trust has a closing cash balance of £3.1m at Month 2 with a planned requirement of £26.7m revenue support for 2024/25 which is yet to be agreed. • Better Payment Practice Code (BPPC) has not been achieved and has been impacted by a large volume of small value agency invoices where the Trust has outstanding queries. A task and finish group has been convened to resolve. • The capital plan for the year is £48.4m (including Public Finance Initiative (PFI) Lifecycle). Spend to date is £1.7m and the remainder is fully allocated. The plan requires external Public Dividend Capital (PDC) support (£17m) which has not yet been drawn down.	Assurance
MWL FC24/107 – 2024/25 Benefits realisation reports	• Update received on benefits realisation programme including incorporation of Frontline Digitisation benefits. • Benefits realisation strategy approved by Committee.	Assurance/ Approval
MWL FC24/108 – Month 2 2024/25 CIP Programme Update Alongside: MWL FC24/112 – Corporate CIP	• Total targets for 2024/25 is £48m in year and £36.2m recurrently. • There is currently a delivered/low risk value of £19.6m in year (41% of the £48m target) and £17.9m recurrently (50% of the £36.2m target). • Presentation included update to the committee on progress for 2024/25 along with examples	Assurance

Presentation (HR)	of CIPs identified and cost controls in place to ensure effective use of existing resources. • Committee noted the update and was assured by the report and presentations.	
MWL FC24/109 – Diagnostic Targets Review	• Overview of trajectories presented and reviewed. • Significant improvement in performance noted by Committee. • Plans outlined to sustain improved performance. • Discussion around learning across all sites to improve performance across the Trust.	Assurance
MWL FC24/111 – WTE changes/plan	• Report received detailing the workforce plan and monitoring in place for the workforce submissions. • Current workforce position discussed and triangulation to information in other Committees.	Assurance
Assurance Reports from Subgroups:	• 13.1 MWL FC24/113 – Procurement Council • 13.2 MWL FC24/114 - CIP Council • 13.3 MWL FC24/115 - Capital Planning Council • 13.4 MWL FC24/116 –Estates & Facilities Management Council • 13.5 MWL FC24/117 – IM&T Council Update	Assurance
Alerts		
None		
Decisions and Recommendation(s):		
• MWL FC24/107 – 24/25 Benefits realisation strategy approved. • MWL FC24/113 – Procurement strategy approved.		

Mersey and West Lancashire Teaching Hospitals NHS Trust

Title of Meeting	**Trust Board**		**Date**	26 June 2024
Agenda Item	**TB24/048**			
Report Title	Fit and Proper Person Chair's Annual Declaration			
Executive Lead	Richard Fraser, Chair			
Presenting Officer	Richard Fraser, Chair			
Action Required		**To Approve**	X	**To Note**

Purpose

To provide assurance to the Board that the Trust has met the requirements of the NHS England Fit and Proper Person Test Framework for board members and is compliant with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Executive Summary

As a health service provider, all Trust Board members must meet the requirement of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations) as a 'fit and proper person'. This has been the case since the introduction of the regulations in 2014 but the regime was strengthened by NHS England in 2023 through the introduction of the Fit and Proper Person Test Framework (the Framework) in response to the Kark Review (2019).

The Framework requires NHS organisations to demonstrate on an annual basis that a formal assessment of fitness and properness for each Director has been undertaken. Evidence should also be provided that appropriate systems and processes are in place to ensure that all new and existing Directors are, and continue to be, fit and proper (that is, the Directors meet the requirement of Regulation 5), and that no appointments breach any of the criteria set out in Schedule 4 of the regulations.

This declaration certifies that the appropriate checks are carried out on all new Directors as part of the recruitment process and a process is in place to complete the annual FPPT. This includes carrying out the following checks:

- Training and development
- Last appraisal and date
- Disciplinary findings
- Grievances against the board member
- Whistleblowing claims against the board member
- Behaviour not in accordance with organisational values
- DBS check
- Professional register check
- Settlement agreements
- Insolvency check
- Disqualified Directors Register check
- Disqualification from being a Charity Trustee check
- Employment Tribunal Judgement check
- Social Media check
- Self-attestation form signed
- Reviewed and signed-off by the Chair (or Deputy Chair, in the case of the Chair)

The Chair reviews the declarations and results of the annual FPPT and provides assurance to the Board that the organisation continues to meet the requirements. The Chair also signs an Annual Declaration which is submitted to the NHS England Regional Director.
Financial Implications
No financial implications.
Quality and/or Equality Impact
Not applicable
Recommendations
The Board is asked to note the Fit and Proper Person Chair's Annual Declaration.

Strategic Objectives	
	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care – Pathways`
	SO4 5 Star Patient Care – Communication
X	**SO5** 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Annual NHS FPPT submission reporting template

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:
Mersey & West Lancashire Teaching Hospital NHS Trust	Richard Fraser	April-June 2024

Part 1: FPPT outcome for board members including starters and leavers in period

Name	Date of appointment (Start Date)	Position	Confirmed as fit and proper?		Leavers only	
			Yes/No	Add 'Yes' only if issues have been identified and an action plan and timescale to complete it has been agreed	Date of leaving and reason	Board member reference completed and retained? Yes/No
Geoffrey Appleton	01/07/2022	Non-Executive Director	Yes	Confirmed Fit & Proper	30/06/2024 Resignation	Yes
Lynne Barnes	11/04/2024	Acting Director of Nursing, Midwifery & Governance	Yes	Confirmed Fit & Proper		
Gillian Brown	01/09/2019	Non-Executive Director	Yes	Confirmed Fit & Proper		

Nicola Bunce	10/07/2017	Director of Corporate Services	Yes	Confirmed Fit & Proper		
Dr Kate Clark	01/07/2023	Director of Strategy	Yes	Confirmed Fit & Proper		
Ian Clayton	26/09/2019	Non-Executive Director	Yes	Confirmed Fit & Proper		
Steve Connor	01/02/2024	Non-Executive Director	Yes	Confirmed Fit & Proper		
Robert Cooper	06/06/2016	Director of Operations & Performance	Yes	Confirmed Fit & Proper		
Richard Fraser	01/05/2014	Chairman	Yes	Confirmed Fit & Proper		
Malcolm Gandy	01/04/2024	Director of Informatics	Yes	Confirmed Fit & Proper		
Paul Growney	01/09/2018	Associate Non-Executive Director	Yes	Confirmed Fit & Proper		
Lisa Knight	01/07/2019	Non-Executive Director	Yes	Confirmed Fit & Proper		

Gareth Lawrence	01/04/2022	Director of Finance	Yes	Confirmed Fit & Proper		
Wayne Longshaw	18/07/2016	Director of Integration	Yes	Confirmed Fit & Proper		
Ann Marr	January 2003	Chief Executive	Yes	Confirmed Fit & Proper		
Lesley Neary	01/07/2023	Chief Operating Officer	Yes	Confirmed Fit & Proper		
Susan Redfern	May 2013	Director of Nursing & Midwifery	Yes	Confirmed Fit & Proper		
Professor Hazel Scott	01/11/2023	Non-Executive Director	Yes	Confirmed Fit & Proper		
Carole Spencer	01/05/2024	Associate Non-Executive Director	Yes	Confirmed Fit & Proper		
Anne-Marie Stretch	07/07/2003	Deputy Chief Executive / Director of HR (Now, retired)	Yes	Confirmed Fit & Proper		
Malise Szpakowska	01/06/2024	Acting Director of HR	Yes	Confirmed Fit & Proper		

Charanjiv Rani Thind	28/09/2021	Associate Non-Executive Director	Yes	Confirmed Fit & Proper		
Dr Peter Williams	01/07/2022	Medical Director	Yes	Confirmed Fit & Proper		
Linda Buckley	01/10/2021	Managing Director of CMAST	Yes	Confirmed Fit & Proper		
Leavers						
Jeff Kozer	17/11/2017	Non-Executive Director	Yes	Confirmed Fit & Proper	End of Fixed Term Contract, 31/12/2023	No Employment – Not retained
Christine Walters	28/09/2015	Director of Informatics	Yes	Confirmed Fit & Proper	Retired 31/03/24	Yes

Part 2: FPPT reviews / inspections

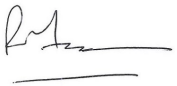
Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	Date actions completed
No inspections in 2023/24				

Part 3: Declarations

DECLARATION FOR MERSEY & WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST 2024/2025				
For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by (role)	Name	Date	Fit and proper? Yes/No
	Deputy Chair / Non-Executive Director	Geoffrey Appleton	16/05/2024	Yes

For the chair to complete:		
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:
	Yes	
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:
	No	

As Chair of Mersey and West Lancashire Teaching Hospitals NHS Trust, I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.	
Chair signature:	
Date signed:	21 June 2024
For the regional director to complete:	
Name:	
Signature:	
Date:	