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NHS

Warrington and
Halton Hospitals
NHS Foundation Trust

WHH Council of Governors

Thursday 17 May 2018

3:00pm – 5:00pm

Lecture Theatre, Education Centre
HALTON HOSPITAL



We are
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**Warrington and
Halton Hospitals**
NHS Foundation Trust

COUNCIL OF GOVERNORS
THURSDAY 17 MAY 2018, 3.00pm-5.00pm
Lecture Theatre, Education Centre, Halton Hospital

AGENDA ITEM COG/18/05/XX	TIME	AGENDA ITEM	OBJECTIVE/DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/18/05/18	15.00	Welcome and Opening Comments <ul style="list-style-type: none"> • Apologies • Declarations of Interest 			Chairman
COG/18/05/19		Minutes of meeting held 15 February 2018	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/18/05/20		Matters arising/action log	<i>For assurance</i>	<i>Action log</i>	Chairman
COG/18/05/21	15.10	Annual Appraisal of Non-Executive Directors	<i>For info/update</i>	<i>Verbal</i>	Chairman
GOVERNOR BUSINESS					
COG/18/05/22	15.20	Lead Governor Update inc Lead Governors' statement on Quality Account	<i>For info/update</i>	<i>Verbal</i>	Lead Governor
COG/18/05/23	15.30	Items requested by Governors <ul style="list-style-type: none"> • Fire Update • Car Parking Fines • Spinal Services Update • Warrington Urgent Care Update • Halton Healthy New Town • New Hospital? • Impact on the Trust of lack of provision in Social Care Services 	<i>For info/update</i>	<i>Briefing notes +Q&A Presentation</i>	Ian Wright, Associate Director of Estates & Facilities Chris Evans, Chief Operating Officer Lucy Gardner, Director of Transformation
COG/18/05/24	16.00	Reports from GEG and Governor QjC	<i>For info/update</i>	<i>Verbal</i>	Chairs of GEG and QjC
TRUST BUSINESS					
COG/18/05/25	16.10	Chief Executives Report including Integrated Performance Report	<i>For info/update</i>	<i>Verbal</i>	Chief Operating Officer
COG/18/05/26	16.20	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
COG/18/05/27	16.30	Trust Operational Plan	<i>For info/update</i>	<i>Report</i>	Andrea McGee Director of Finance & CD
GOVERNANCE					
COG/18/05/28	16.40	Workforce Race Equality Standard (WRES) UPDATE	<i>For info/update</i>	<i>Presentation</i>	Liz Pritchard Organisational Development Manager
COG/18/05/29	16.50	Governor Training and Development MIAA as available	<i>For discussion</i>	<i>Verbal</i>	Lead Governor
COG/18/05/30	16.55	Council of Governors Terms of Reference & Cycle of Business	<i>For approval</i>	<i>Governance document</i>	Head of Corporate Affairs
CLOSING					
COG/18/05/31		Any Other Business		<i>Verbal</i>	Chair

Schedule of 2018-19 dates attached for information

**Next Meeting Date will be on Thursday 16 August 2018, 4.00pm-6.00pm in
The Trust Conference Room, Warrington Hospital**

COUNCIL OF GOVERNORS

Draft Minutes of the Meeting held on Thursday 15 February 2018
4.00pm to 6.00pm, Trust Conference Room, Warrington Hospital

Present:

Steve McGuirk (SMcG)	Chairman (Chair)
Mark Ashton (MA)	Staff Governor
Paul Bradshaw (PB)	Public Governor
Keith Bland MBE (KB)	Public Governor
Colin Jenkins	Public Governor
Norman Holding	Public Governor
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Alison Kinross (AK)	Public Governor
Colin McKenzie (CMcK)	Public Governor
Ryan Newman	Public Governor
Anne Robinson (AR)	Public Governor
Louise Spence (LS)	Staff Governor
Nick Stafford (NS)	Public Governor
Pat Wright (PW)	Partner Governor, Warrington Council

In Attendance:

Terry Atherton (TA)	Non-Executive Director
John Culshaw (JC)	Head of Corporate Affairs
Simon Constable (SC)	Executive Medical Director, Deputy Chief Executive
Jean Noel Ezingear (JNE)	Non-Executive Director
Ian Jones (IJ)	Non-Executive Director
Julie Burke	Secretary to the Trust Board
Observing	
J Henderson	Member of the Public

Apologies:

Mel Pickup (MP)	Chief Executive
Carole Astley	Public Governor
Margaret Bamforth (MB)	Non-Executive Director
Pat McLaren (PMcL)	Director of Community Engagement
Anita Wainwright (AW)	Non-Executive Director

COG/18/02/01	Welcome, Apologies & Introductions	
	<p>The Chairman welcomed all Governors', Staff, and Non-Executive Directors to the meeting. Apologies - See above.</p> <p>Declarations of Interest – in agenda items</p> <p>There were no other interests declared in relation to the agenda items for the meeting.</p>	
COG/18/02/02	Minutes of Previous Meeting 19 October 2017	
	<p>Keith Dow to read Kenneth Dow.</p> <p>With these amendments, the minutes of the meeting held on 19 October 2017 were approved as a true and accurate record.</p> <p>(a) Matters arising and action log</p> <p><u>Action log</u>. COG 17/07/37 FT Constitution and COG/17/10/44 Change of Constituencies/Tems of Office on today's agenda.</p>	

	COG/17/10/49 Circulation of CoG calendar and COG 17/10/46 Lead Governor discussion items both action closed. Progress on other actions was noted and recorded on the action log.	
COG/18/02/03	Governors Remuneration and Nomination Committee (GNARC) Chairman's 2nd Term	
	<p>The Chairman left the Meeting for this item.</p> <p>TA informed colleagues who had not attended the preceding GNARC that the GNARC had received and discussed the proposal for SMcG to serve a second term of three years of office to commence 1 April 2018 to 31 March 2021. SMcG current term of office comes to an end on 31 March 2018 and he had expressed an interest to serve a second term of office. The GNARC supported this proposal with no recommendation for an uplift in remuneration.</p> <p>TA asked all colleagues if they supported this recommendation. All COG members present supported this recommendation. JC explained the next stage in the governance process would be to convene an Extra-Ordinary GNARC in early March to formally ratify this decision.</p> <ul style="list-style-type: none"> • The COG <u>supported and approved</u> the recommendation from GNARC for SMcG to serve a second term of office from 1 April 2018-31 March 2021 with no objections. • The Extra-Ordinary CoG to take place on Thursday 8 March 3.30pm in the TRC. 	
COG/18/02/04	GNARC Ratification of Non-Executive Director Appointment	
	<p>The Chairman returned to the meeting.</p> <p>The Chairman reported that the Trust Nominations and Remuneration Committee had met in December where it considered the extension of A Wainwright, Non-Executive Director, term of office for a further two years from 1 January 2018 to 31 December 2020.</p> <p>The COG <u>supported and approved</u> the extension of A Wainwright term of office with no objections.</p>	
COG/18/02/05	Lead Governor update	
	<p>The paper was taken as read and the Lead Governor (NH) highlighted key points for the COG to note:</p> <ul style="list-style-type: none"> - All were encouraged to attend the Chairs briefing where possible as this was a useful forum for open discussion. - NH leads on formulating the COG agenda, in conjunction with COG and asked for any items for raising to be forwarded to NH. - The first NED/Governor briefing meeting had taken place in December, a useful forum for open discussion with NED colleagues. - NH continues to be part of the email forum for National Lead Governors, issues discussed nationally reflect the local region, including Duty of Candour, staff shortages, engagement and elections and NH will continue to share any information with colleagues. - Following the last COG a time limited working party was established to (1) explore constituency changes, (2) change of public partners and (3) alignment of elections. The outcome of these discussions were detailed in the paper presented today. - (1) <u>Amendment to constituencies to Merge Area 15 with 'Rest of England and Wales'</u> was supported. This would provide a greater reach for this constituent area during any election. - (2) <u>Amendment to Partnership Governors</u>. The proposal was to include 2 new Partnership Governors, Warrington Collegiate including 1 co-opted Young person rep which would support engagement with the young local population and Widnes Vikings who have undertaken a number of successful health campaigns in conjunction with local commissioners to alleviate pressure on AEDs in both hospitals. This partnership will also help social media reach for the Trust as there will be direct links to the Trust website for facebook and twitter. - (3) <u>Alignment of Elections</u> proposal to extend tenure of 5 Governors to enable Governor Elections to take place on an annual basis (November) which would stabilise the Council 	

	<p>of Governors in terms of turnover per year. Regulation does not allow tenures in excess of 3 years. The 2 options within the paper were discussed and Option 2 (a and b) was supported.</p> <ul style="list-style-type: none"> - (a) It was agreed that a statement would accompany any election appointment that the first term tenure would be slightly less with a reduction in tenure from 3 years to 2 years 5 months to align future elections. - (b) reduce existing tenures of 5 Governors whose tenures end in either December 2019 or December 2020 to conclude in November of the same year, aligning future elections. - This would require the temporary extension of the tenure of 5 Governors from June 2018 to November 2018. - This would result in one third of its Council of Governors being due for election each November, stabilising turnover and would also reduce costs associated with the election process which is approximately of £10,000. <ul style="list-style-type: none"> • The COG <u>supported and approved</u> the amendment to the Constituencies to Merge Area 15. • The COG <u>supported and approved</u> the amendment to the Partnership Governors with the addition of Warrington Collegiate and Widnes Vikings. • The COG <u>supported and approved</u> the alignment of elections • There were no objections to these proposals. 	
COG/18/02/06	Items requested by Governors	
	<p>The Executive Medical Director (SC) provided an update on pertinent issues since the last CoG, in particular to questions raised by the Governors:</p> <ul style="list-style-type: none"> - <u>Winter</u>. SC shared with colleagues that demands on capacity were not entirely due to admissions, A&E attendance or patient flow but more due to the complexity of patients who were not able to be discharged in a timely manner to the appropriate community care setting or home. The Trust had 80 escalation beds open and significant work had been undertaken by ED colleagues to meet the demands on capacity. Following IMPACT 5 which was a collaborative initiative working across the local health and social care economy to ensure patients were receiving treatment in the correct care setting, C22 and Daresbury Wards were opened. Due to single rooms on Daresbury Ward, only appropriate selected patients were moved to Daresbury. - <u>Suspension of Spinal Services</u>. Following the decision by WHH to voluntarily suspend Spinal Services on 22 September following 4 SUIs, Warrington CCG issued a formal suspension notice to the Trust which meant a handover of this cohort of patients to the Walton Centre as lead provider and Salford Royal NHS FT. The Trust commissioned its own independent investigation by the Royal College of Surgeons to undertake a review at the beginning of November. The final report is due imminently and will be reported to the Board. The suspension of spinal services will continue. - SC shared with COG that discussions are progressing across Cheshire & Merseyside for a single Spinal Service and will provide a further update at the next COG. - <u>Estates/CMTC</u>. Concerns had been raised and exacerbated in the local media, that there could be major redevelopment / closing down of the hospitals at Halton and Warrington. SMCg and SC reassured COG that any plans are only at proposal and discussion stage and that no decisions had been made. Any proposals / plans would go through full public consultation. <ul style="list-style-type: none"> • The COG noted the report • Spinal Services update to be reported to the next COG. 	
COG/18/02/07	Governor Engagement Group (GEG) Chair Report	
	<p>K Bland, Chair of the GEG provided on update on key themes being discussed by the GEG</p> <ul style="list-style-type: none"> - The GEG met on 1 February hosted by the Trust new partner Governor, Widnes Vikings. They were briefed on the very successful 'Beat the Scrum' initiative between the Vikings 	

	<p>and local commissioners to signpost the public to the most appropriate care setting for treatment, to alleviate the pressure on local AEDs.</p> <ul style="list-style-type: none"> - The Trust has a direct link from the Vikings Website which will help increase the number of social media ‘ hits’ and further raise the profile of the Trust within the local community. - Website redesign is progressing and website administrators are to be identified in departments to ensure departmental information is current and up-to-date. - A number of events are planned as part of the 70th Birthday celebrations and KB encouraged Governors to become involved where possible. - KB encouraged all Governors to be active within their constituencies to raise the profile of the role of a Governor and the work of the Trust and for all to take the Governor Post cards to share within their areas. - The Trust had recently appointed a Community Engagement Officer, Phil Chadwick, who had previously being a Public Governor who will bring enthusiasm and help promote the work of the Trust in local schools to encourage young people to become involved at the Trust. <ul style="list-style-type: none"> ● CoG noted the report. ● The Chairman asked for Governors to ensure that their bibliographies are updated for the website and to send to Julie Burke. 	
COG/18/02/08	QiC Group Report Chair Report	
	<p>N Holding, Chair of the QiC provided an update on key themes being discussed by the QiC</p> <ul style="list-style-type: none"> - The QiC had met twice since the last COG. The QiC continue to interrogate the IPR Dashboard in all areas of quality and safety. - <u>Governor Observation visits</u> – 2 visits had been undertaken since the last COG to A&E and C23. The visit to A&E in November had been undertaken during times of high demand but was extremely positive, particularly in understanding and processes relating to SEPSIS and triage to ensure patients receive the appropriate treatment as soon as possible. - The visit to C23 in January was undertaken following a complaint last year. Positive feedback had been received from patients during the visit from the care received and the excellence of staff. An issue had been raised regarding easily accessible bed alarms. Concern also raised during the visit relating to paediatric and social services discharge of patients. Concerns had been documented and reported to the Chief Nurse. - NH encouraged all Governors to participate in the Ward Observation visits where possible. <ul style="list-style-type: none"> ● CoG noted the report. 	
COG/18/02/09	Chief Executive Report including Integrated Performance Report	
	<p>See COG/18/02/06</p> <ul style="list-style-type: none"> ● The COG noted the report. ● Update at next meeting regarding Spinal Services. 	
COG/18/02/10	Chairman’s Briefing	
	<p>The Chairman provided an update on the Trust financial position and the challenges currently faced. The Trust are in regular discussion with its regulator NHSI (Monitor) who are fully supportive of the measures the Trust have in place to mitigate against further financial difficulties. Despite the financial challenges faced by the Trust, NHS decided in November that it no longer had grounds to suspect the Trust is in breach of its Provider Licence. As a result NHIS had lifted the Trust enforcement which allowed the Trust to move from Segment 3 to Segment 2 of NHSI Single Oversight Framework. The Trust will be reporting a higher deficit at the end of the financial year that last year. The Chairman reassured the COG that the Trust has a number of Cost Improvement Schemes in place. However, the financial position is compounded by a variance in the level of activity and staff pressures to cope with increased demand, especially over winter which on occasion necessities the use of bank and</p>	

	agency staff at a higher cost to the Trust. TA reassured the COG that the financial position and the requirement for any future loan approval is scrutinised in depth at the Finance and Sustainability Committee prior to recommendation to the Board.	
COG/18/02/11	Election Activity Report	
	The report was taken as read and the COG were asked to note the changes to the Election Activity and composition of the Governors following elections in December 2017.	
COG/18/02/12	Compliance with Trust Provider Licence update	
	Refer to COG/18/02/10 above	
COG/18/02/13	Governor Training Programme and Induction including MIAA courses	
	NH encouraged Governors to attend any relevant MIAA courses which are circulated by himself as these are a useful forum for networking and learning.	
	Date and time of next meeting Thursday 17 May 2018, 3pm, Halton Education Centre	

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

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Warrington and
Halton Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE:	CoG/18/05/19	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	17 May 2018
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1. ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/07/38	20 July 2017	Proposal to change the Trust's name	MB to seek advice relating to University status for the Trust.	Director of CE&CA	17.05.2018	Ongoing process	19.10.2017. PMcL to raise awareness through team brief. Proposal for WHH and University Teaching Partnership to be presented to next CoG. Update next CoG. No updated on 15.02.2018	
COG/17/02/09	15 February 2018	CEO Report	Spinal services update to next COG	Executive Medical Director/ Deputy CEO	17.05.2018			

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status

4. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/04	6 April 2017	WRAG presentation	Further session to planned for 3-6 months	HCA	15.02.2018		15.02.2018. Date TBC for further presentation.	

RAG Key

	Action overdue or no update provided
	Update provided but action incomplete
	Update provided and action complete

COUNCIL OF GOVERNORS – Extra-Ordinary Meeting
Draft Minutes of the Meeting held on Thursday 8th March 2018
3.30pm to 4.00pm, Education Centre, Halton Hospital

Present:

Ian Jones (IJ)	Non-Executive Director (Senior Independent Director)
Mark Ashton (MA)	Staff Governor
Keith Bland MBE (KB)	Public Governor
Colin Jenkins (CJ)	Public Governor
Norman Holding (NM)	Public Governor (Lead Governor)
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Alison Kinross (AK)	Public Governor
Colin McKenzie (CMcK)	Public Governor
Anne Robinson (AR)	Public Governor

In Attendance:

John Culshaw (JC)	Head of Corporate Affairs
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Apologies:

Mel Pickup (MP)	Chief Executive
Louise Spence (LS)	Staff Governor
Ryan Newman	Public Governor
Paul Bradshaw	Public Governor
Dr Mike Brownsell	Partner Governor, University of Chester
Peter Beesley	Staff Governor

COG/18/03/15	Welcome, Apologies & Introductions	
	<p>The Chair welcomed all attendees to the meeting. Apologies - See above. Declarations of Interest – in agenda items</p> <p>There were no other interests declared in relation to the agenda items for the meeting.</p>	
COG /18/03/16	Extension of Term of Office Mr Steve McGuirk, Chairman	
	<p>The Chair provided the group with a precis of the Governors’ Nominations and Remuneration Committee (GNARC) convened on 15th February 2018 where the extension of the Chairman’s terms of office for a second term, at the existing remuneration, to 31 March 2021 was supported. The Chair further reiterated the process for the re-appointment of the Chairman</p> <p>The Council of Governors discussed the recommendation from the GNARC to extend the Chairman’s term of office and unanimously approved the extension of the Chairman’s tenure.</p> <p>The Council of Governors unanimously supported and approved the recommendation from GNARC for SMcG to serve a second term of office from 1 April 2018-31 March 2021 with no objections.</p>	
COG/18/03/17	Any Other Business	
	There were no additional items raised	
	Date and time of next meeting Thursday 17 May 2018, 3pm, Halton Education Centre	

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust’s compliance with the Freedom of Information Act 2000.



Halton Hospital and Wellbeing Campus

Before we start... this is only the beginning!

MPs blast government's failure to fund £40m plans for new Halton Hospital

Barbara Jordan  WorldBarbara
Chief Reporter



Health chiefs hoped to build a new £40m Halton Hospital and wellbeing campus as part of an integrated community model

AMBITIOUS plans to build a new £40 million Halton Hospital and wellbeing campus with a leisure centre and community facilities have today failed to secure funding

The government has announced a £760 million package of improvements to modernise and transform wards and services but not one penny is coming to Runcorn and Widnes.

Halton's two MPs have blasted the government for letting down the community.

In a joint statement, Halton MP Derek Twigg and Weaver Vale MP Mike Amesbury said: "The news that the government has failed to allocate funding for the new Halton Hospital and associated projects is a massive blow to health provision in our area and yet another indication that this government are failing to properly and fairly resource NHS services and buildings in Halton and Cheshire.

"A huge amount of time, resources and effort was put into preparing the bid, and as local MPs we would like to thank all those involved for their work. Whilst we had some questions relating to detail and delivery, the bid as a whole offered an excellent chance to for a brand new Hospital serving the people of Halton and the surrounding area. As such this news will be a bitter disappointment to residents, patients and staff.

The Healthy New Town



Halton
Healthy
New Town

A community in harmony

- ❑ Halton Lea chosen as one of ten NHS England Healthy New Towns
- ❑ Halton Lea is Unique among the demonstrator sites because of our hospital in the centre
- ❑ Healthy New Towns aim to improve health and wellbeing of community by building better places
- ❑ Through engagement with local community we produced a 'Community Insights' report to inform all designs

Halton Hospital and Wellbeing Campus



NHS

Halton Hospital and
Wellbeing Campus



At the heart of Halton Healthy New Town is the development of the Hospital and Wellbeing Campus

- A complete redevelopment of the Halton Hospitals site
- Current bid submitted for £40m capital STP funding
- Redevelopment would release unused NHS land on site for construction of a range of health and wellbeing facilities

What you told us

- ❑ Five Community Insights sessions were run with our local community (three with adults and two with children)
- ❑ The following themes were drawn out of these sessions, and each contributes to the Masterplan for Halton Lea



Our community said

“We want build a stronger community”

“We want places that we can share”

“We want Halton Lea to be a thriving town of jobs and opportunity”

“We want to make sure we have access to our Hospital and more support to look after our health outside of hospital”

Our community said

“We want to feel safe”

“We want to live in a place where everybody cares about their environment”

“We want to access affordable and local healthy food”

“We want to use our town for healthy leisure activities”

“We want to be able to get around our town more easily”

What's Next?

The Halton Healthy New Town Master Plan will look to further address the Community Feedback

It will be on display in Shopping City for comment from mid-April 2018



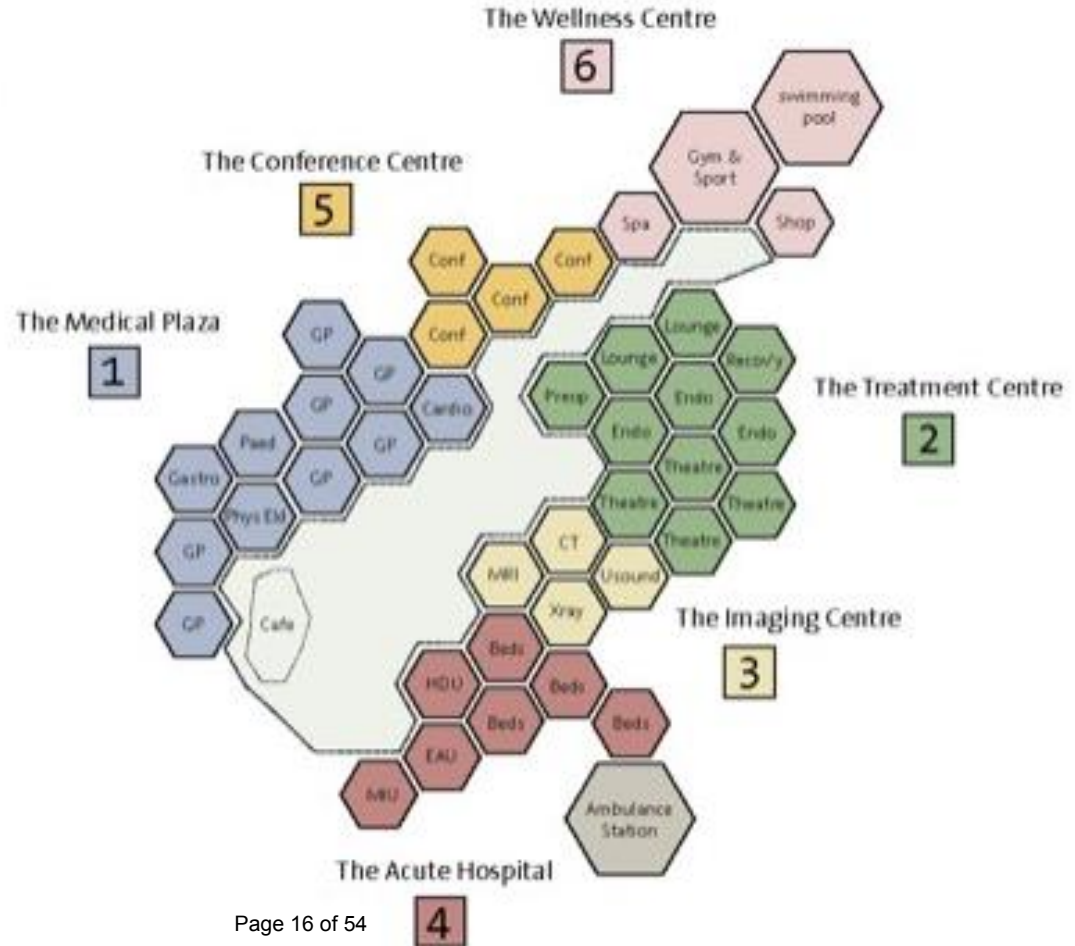
What about our Hospitals?



Halton General Hospital opened Sept 1976 Planned care for medical and surgical conditions), Runcorn Urgent Care Centre, Chemotherapy Centre and Delamere Macmillan Centre.
Cheshire & Merseyside Treatment Centre – Trust owned since July 2012 Orthopaedic surgery and treatment services - surgeries, sports medicine, other bone and joint care services.

Brooker Centre Adult mental health inpatient and community services, later life and memory services, Admiral Nursing.

Our vision for our Hospitals





NHS

Halton Hospital and
Wellbeing Campus



Welcome To the
Halton Hospital and Wellbeing Campus



Community Centre & Arts and Crafts

New Nature Buffer Green Space

New Woodland Walk

New 585 space Multi-Storey Car Park (4-Storey)

Multi-generational Housing Residential

Feature clock tower

Residential

Growing Spaces Community managed

Multi-generational Housing Residential

Water Feature (including rainwater collection)

Nursing home and Nursery

Residential

Existing Treatment Centre

Pet Gardens

Mental Health Reflection Gardens

Hospital & Wellbeing Building (including mental health)

Intermediate Care & Rehabilitation Healthcare Building

Leisure Centre Community



Community Feedback:

- “We don’t want to lose our valuable hospital services”

Our Response:

- **We intend to deliver the *same* great services from a modern, efficient building**
- The Campus design allows us to deliver extra services from other buildings on site (for example step-down care)



Current Services Delivered on site



Northwest Boroughs Healthcare	
Adult and LLAMS Social Services	Care Home Liaison Team
Mental Health Outpatient Clinics	Later life and memory services
Adult Inpatient Mental Health Beds	Adult Mental Health Assessment, Recovery and Home Treatment
Admiral Nurses	IAPT Services
NWBH Leadership Team	NWBH Medical Records

Halton and CMTC Hospitals	
Short stay and day case surgeries	Urgent Care Centre
Endoscopy	Respiratory Care
Physiotherapy	Diabetes Care
Therapies	Outpatient clinics
Chemotherapy	Macmillan Cancer Care
Genitourinary Medicine	Cardiac Rehabilitation
Fertility Services	Planned Investigations
Clinical Support Services	Dietetics
Learning & Education	Orthodontics
Intermediate Care	Dialysis

In addition to our current services We would like to deliver...

Current Hospitals Floor Space: **25,500sqm**

Future Hospitals Floor Space: **27,100sqm**

a 7% increase!



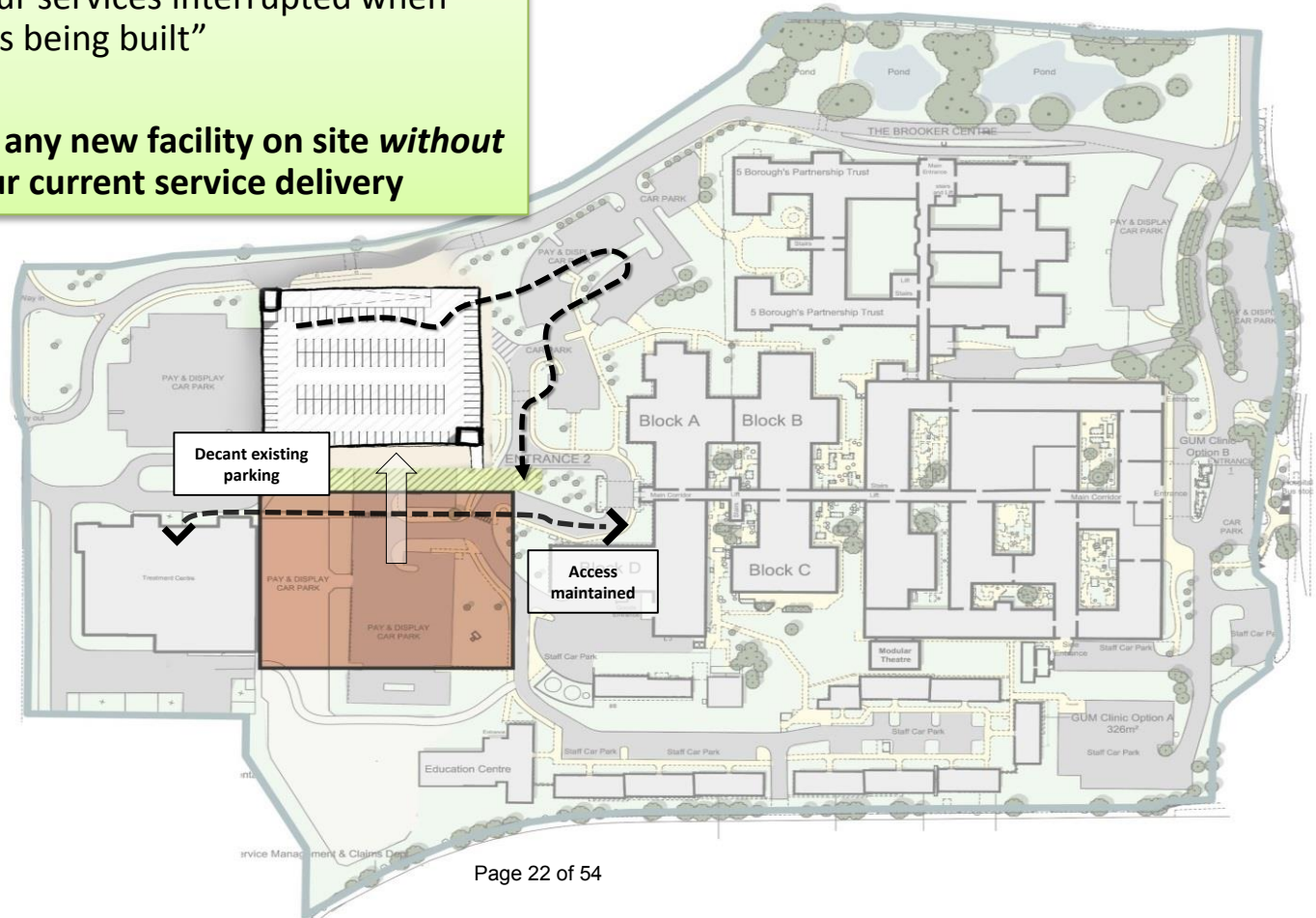
Primary Care Services	Community Services
Reflection Spaces & Pet Gardens	Community Hub
Nursery	Step Down Care
Community Gardens	Community Leisure Facilities
Care Navigators	Nursing Home
Extended Rehabilitation Services	Voluntary and 3 rd Sector Support Partners
Social Prescribing Opportunities	Freestanding Midwifery Unit

You told us:

- “We don’t want our services interrupted when our new hospital is being built”

Our Response:

- **We will construct any new facility on site *without* interruption to our current service delivery**





Proposed Timeline:

2019-21: Design and Construction of Car Park

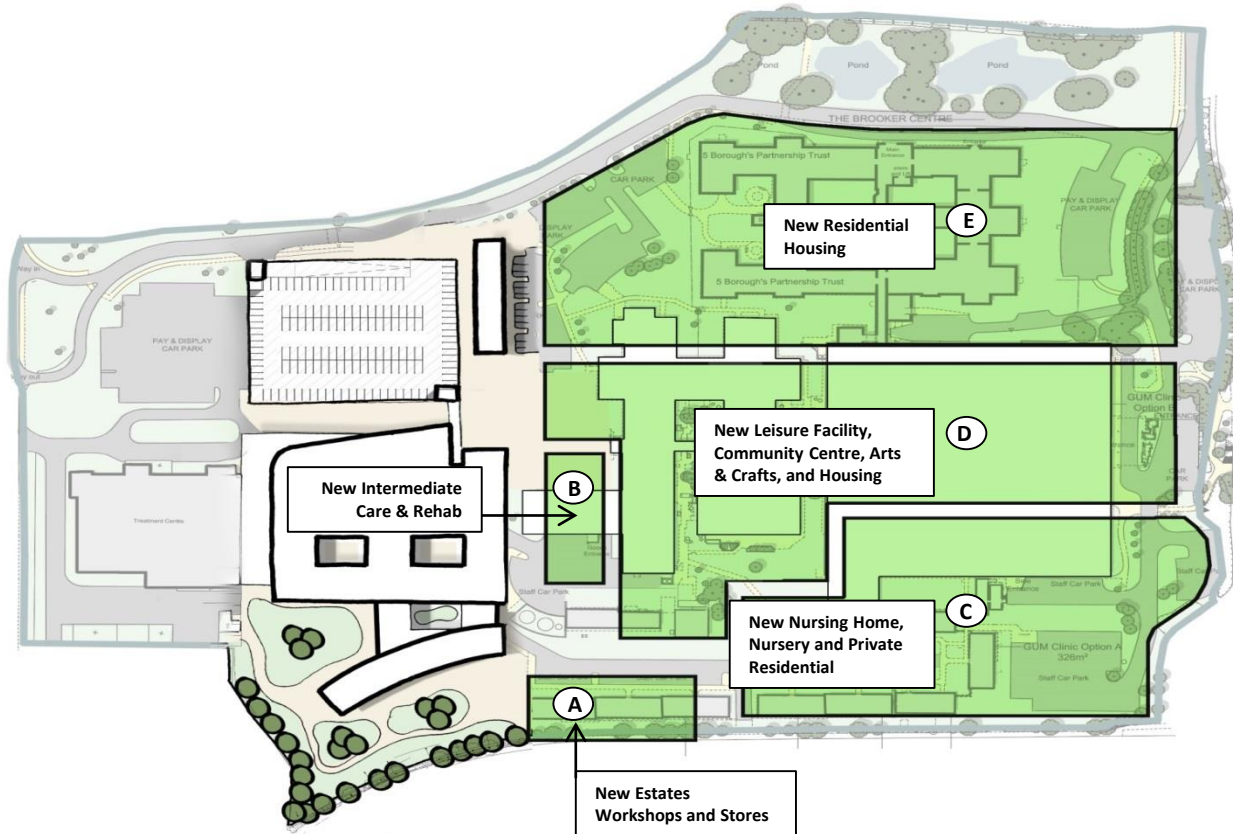
2021-23: Construction of Hospital and Wellbeing Facility

2023-24: Demolition of current Acute Hospital

2023-24: Demolition of Brooker Centre

2024+: Construction of remaining Campus

Remaining Campus Construction



A: Construction of new Estates
Workshops and Delivery Stores

B: Construct Intermediate Care &
Rehabilitation centre

C: Construct Nursing Home,
Nursery and Private Residential
Housing

D: Construct Leisure Facility and
Community Centre, Arts & Crafts,
and Housing

E: Construct Residential Housing
and complete the development

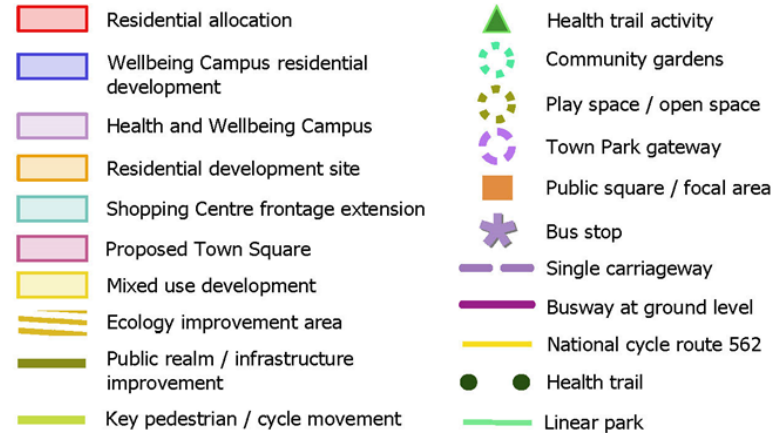
An Integrated Community Resource



An Integrated Community Resource



Halton Lea Masterplan



- Allocated sites (+extension areas) and vacant sites,
- Additional residential sites in green space,
- Delivery of Health and Wellbeing Campus
- Additional retail/leisure space centred around a new town centre gateway,
- Reduced carriageway - Hallwood Link Rd
- Linear Parkways - East Lane and West Lane
- Removal of elevated busways and remodelling of Shopping City entrances to north and south

Opportunities for Further Involvement

- Public Meetings 22nd March, 3rd April, 22nd May 6pm (Halton People's Health Forum), plus additional weekend and further 7:30pm evening meeting
- Halton Lea Masterplan – an engagement day is scheduled for 16th April 2018 at Shopping City
- Further community engagement through a continuation of our Community Insights programme to commence May 2018
- Design Workshops throughout 2018, beginning with local clinicians and partners in May 2018

Thank You Any Questions?





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**Warrington and
Halton Hospitals**
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/18/05/27
SUBJECT:	Operational Plan
DATE OF MEETING:	17 May 2018
ACTION REQUIRED	Paper for noting
AUTHOR(S):	Jane Hurst, Deputy Director of Finance (Strategy)
EXECUTIVE DIRECTOR	Andrea McGee, Director of Finance and Commercial Development
EXECUTIVE SUMMARY	
	As per the NHS Improvement reporting timetable the Trust was required to submit an operational plan on the 30 April 2018. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on 18 April 2018 and the Trust Board on 25 April 2018. The set has a deficit plan of £24.6m which means the Trust has not accepted the control total set by NHSI of £3.3m surplus.
RECOMMENDATIONS	The Council of Governors is asked to note the paper.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	None



SUBJECT Trust Operational Plan 2018/19

1. BACKGROUND/CONTEXT

As per the NHS Improvement reporting timetable the Trust was required to submit an operational plan on 30 April 2018. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on 18 April 2018 and the Trust Board on 25 April 2018. The plan was limited to a refresh of the two year plan submitted in December 2016 which had to include specific sections. The sections to be updated included activity, quality, workforce and finance.

2. KEY ELEMENTS

The 2018/19 operational plan is attached in Appendix 1. The key features of the plan are:-

- **Activity** this section highlights the A&E trajectory for 2018/19 and outlines the changes to the main contracts.
- **Quality** this section outlines the approach to quality governance, the quality improvement plan, the quality impact assessment process and the triangulation of quality, workforce and finance.
- **Workforce** this section highlights the adoption of a Population Centric Workforce Planning Model and outlines the approach to workforce attraction and retention.
- **Finance** this section sets out the control total of £3.3m surplus and states that the Trust is unable to achieve this due to the need to balance financial performance with quality and safety and operational performance delivery. The plan for 2018/19 is a deficit of £24.6m this means the Trust is not able to access the Provider Sustainability Fund of £9.9m. To support transformation of services for our patients and to improve financial sustainability the Trust has entered into a sustainability contract (based on a block contract approach) with main commissioners for 2018/19.

3. RECOMMENDATIONS



We are
WHH



**Warrington and
Halton Hospitals**
NHS Foundation Trust

The Council of Governors is asked to note the 2018/19 Operational Plan as submitted to NHS Improvement.

Warrington & Halton Hospitals NHS Foundation Trust
Narrative to update 2018/19 Plan

Status: Draft

Version: 2

Date of Submission – 30 April 2018

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Activity Planning

The Trust's activity and income assumptions underpinning the 2018/19 revised plan are based on the 2017/18 forecast outturn, adjusted for tariff deflation, demand changes, and service changes. The demand and capacity modelling is being undertaken and the plans have been shared to make sure that they are aligned with the Commissioners planning assumptions. This will ensure the activity plans are sufficient to deliver key operational standards, in particular accident and emergency (A&E), referral to treatment (RTT), incomplete, cancer, and diagnostics.

The plan includes growth assumptions in line with the national assumptions with exception of outpatients as highlighted in the following table.

POD	Activity				£				National %
	17/18	18/19 Plan	Variance	Variance %	17/18	18/19 Plan	Variance	Variance £	
A & E	112,929	114,866	1,937	1.72%	13,370,518	13,450,720	80,202	0.60%	1.10%
Elective	35,747	36,135	388	1.09%	33,476,563	33,994,456	517,893	1.55%	3.60%
Non Elective	35,393	37,091	1,698	4.80%	62,154,357	61,042,980	-1,111,377	-1.79%	2.30%
OP	315,985	312,490	-3,495	-1.11%	33,082,229	33,522,239	440,010	1.33%	4.90%

2017/18 A&E trajectory was as follows:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	91%	92%	92%	92%	92%	92%	91%	91%	91%	91%	91%	91%
Actual	91.4%	92.8%	90.4%	92.8%	94.4%	90.9%	89.5%	87.8%	83.8%	85.6%	83.8%	82.0%

Current plans set a proposed A&E trajectory for 2018/19 as follows:

Performance	Y1 M01	Y1 M02	Y1 M03	Y1 M04	Y1 M05	Y1 M06	Y1 M07	Y1 M08	Y1 M09	Y1 M10	Y1 M11	Y1 M12
	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan
A&E %	85.0%	85.9%	86.9%	87.8%	88.8%	89.7%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%

The contract discussions with the Lead Commissioners have led to agreeing a block contract for 2018/19. Due to several pressures outlined in the finance section the Trust is currently unable to sign up to the control total. The Trust is working with local Commissioners to produce a three year plan to improve the financial position of the local health economy. Discussions will take place with NHSI and NHSE to support this plan and the opportunity to revise the control total to support this.

In the spirit of working together the Lead Commissioners have not included QIPP and the Trust has not included any income CIP in the 2018/19 plan. The Trust and Commissioners have agreed to progress working within the Capped Expenditure Process (CEP) and are investigating how a block contract might work for the health economy.

The Trusts CIP will continue to focus on productivity in theatres and outpatient clinics; this will be linked to demand and capacity modelling and shared with the Commissioners. The Trust and CCG's continue to work together along with other partners across the Accountable Care Partnership (ACP) to provide quality sustainable care.

Quality Planning

Section 1: Approach to Quality Governance

Kimberley Salmon-Jamieson (Chief Nurse) -named executive lead for quality improvement

The Trust reviewed its Quality Strategy in 17/18, focusing on key improvements against Lord Darzi's domains of quality; patient safety, clinical effectiveness and patient experience. The strategy was developed in partnership with staff, and partner organisations, and takes into account feedback from the Trust's regulators. The quality priorities defined for the Trust include reduction in avoidable harm, commitment to learning, commitment to ensuring positive outcomes for patients by delivering evidence based practice and ensuring that the patient's voice is heard in everything we do. The Quality Account describes the programme of quality and safety improvement for 2017/2018 and sets out the quality indicators and priorities for 2018/19.

The Trust has reviewed and strengthened its quality governance structure and reporting lines. Each speciality has a clinical governance and quality assurance meeting, reporting through to the Clinical Business Unit (CBU) Clinical Governance Quality Assurance meeting. Each CBU reports its governance updates to the Trust Quality Assurance Committee. The Trust Quality Assurance Committee reports to the Board of Directors and is responsible for overseeing quality governance processes in the Trust, and is also the designated Committee responsible for risk. The reporting Sub Committee of the Trust Quality Assurance Committee are outlined below.



The Trust's processes relating to Quality Governance is aligned to the CQC Fundamental Standards, which is integral to the development of a Quality Performance Assessment Framework. The revised governance arrangements described above have further strengthened ward to Board reporting. In order to discharge its responsibilities, the Quality Assurance Committee has the following Sub Committees reporting to it

- Patient Safety & Clinical Effectiveness Sub Committee
- Patient Experience Sub Committee
- Health & safety Sub Committee
- Safeguarding Sub Committee
- Risk Review Sub Committee
- Complaints Quality Assurance Group
- Information Governance Sub Committee
- CBU Governance & Assurance meetings

The Trust appointed a Director of Governance and Quality, reporting to the Chief Nurse and matrix working across the Medical Director/Deputy Chief Executive to drive strategic quality governance issues and lead the development of a new Quality Academy to align quality with organisational development and transformation.

Below is the model which is being adopted to promote continuous improvement within the Trust.



This model is one which there is more effective use of shared resources, matrix working across portfolios, to ensure continuous improvement this needed to be articulated, in order to move forward.

The Quality Academy has been approved and will launch in April 2018, the priorities being:

- Key enabling arm to deliver support the delivery of the Trust Clinical and Quality Strategies.
- Training people in QI methodology to give staff the empowerment, tools and training to improve the care they give to patients.
- Encouraging innovation and increasing R&D profile within and outside the Trust.
- Supporting WHH to move toward best practice- benchmarking ourselves against best in class – therefore using effective knowledge management.



The Trust continues to be involved in a collaborative patient safety project with Stanford University (US). This is using design theory as a vehicle for quality improvement in medicines management. The Trust continues to work to ensure evidence based practice and benchmarking itself against best practice. A learning framework was developed in 2017/28 and this has been implemented throughout the year and will be further developed in 2018/19. This has involved delivery of training, development of lessons learned forums, learning debriefs and conducting learning audits.

The current 'Ward to Board' quality reporting occurs via the Quality Dashboard, Divisional Dashboard (COB) and the Trust Board Integrated Dashboard. Further work is being progressed on ward based quality metrics, ward accreditation and rolling out revised risk management processes.

Section 2: Summary of the quality improvement plan

Over the next two years the Trust will further strengthen quality improvement in line with the Trust's Quality Strategy, supporting an effective sustainable transformation plan.

National clinical audits - The Trust has robust processes in place for managing National Audits and Confidential Enquiries, which are included in the work plan for the Patient Safety and Clinical Effectiveness Sub Committees. A monthly update on clinical audit is given to Patient Safety & Effectiveness Sub Committee, reporting performance against national audits, tracking progress with internal clinical audit plans and monitoring improvements required. The Trust also complies with the mandatory reporting of this within the Quality Account.

The four priority standards for seven-day services - The Trust actively participate in the national audit of 7 day services and compliance with the standards. The Medical Director is the executive lead. The Trust takes a continuous improvement approach to the four main priorities identified as having the most impact on reducing weekend mortality – time to consultant review, on-going review, access to diagnostics and access to consultant-delivered interventions. All WHH clinical teams are asked to define their internal professional standards with reference to these priorities. It is recognised there is a need to consolidate existing improvements in provision through projects including rota redesign, the expansion of consultant shift working and the appointment of more substantive consultant physicians.

Working within the Cheshire and Merseyside STP, the three acute providers within the Alliance LDS are developing the vehicle for further improvements in quality and reducing variation through service redesign which includes further increase to the provision of seven day acute services. This is being led by the three Medical Directors.

Safe staffing - The Trust has developed a Recruitment and Retention Strategy. Patient safety is maintained at all times by senior nursing teams monitoring staffing levels daily. The staffing reports are shared with NHS Improvement (NHSI) and published online. There is an active "Freedom to Speak Up" Campaign within the Trust which offers further reassurance around staffing. Following a recent ward establishment review, the Board of Directors have recently approved a substantial business case to improve staffing on a cohort of wards.

Care hours per patient day - In line with Lord Carter's recommendations the Trust has, since April 2016, collected Care Hours per Patient Day (CHPPD). The Trust uses an electronic rostering system for effective staff utilisation, which includes a systematic evidence based acuity tool, Safe Care, to determine the number and skill mix of staff required. A 6 monthly strategic staffing review is undertaken by the Chief Nurse to monitor staffing levels in the Trust.

Better Births Review - The Trust has reviewed the report and undertaken a gap analysis to identify priorities and benchmark current performance against the recommendations. This response which identified continuity of care in the community as a key action was submitted to the Clinical Commissioning Group (CCG) in June 2016.

Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action - The Trust has appointed a lead consultant with PA allocation for mortality review. The Mortality Review Group (MRG) which includes multidisciplinary representation from across the Trust and the CCG, ensure all deaths are reviewed as per the Trust's new Learning from Deaths Policy, and lessons learned are disseminated and lead to change/quality improvement in patient care. Appropriate action plans are developed identifying areas for improvement which are reviewed by the MRG and reported to the Patient Safety and Clinical Effectiveness Sub-Committee. This learning is communicated to pertinent staff to ensure the appropriate level of care is provided in the future. Consultants involved in the peer-review process will provide feedback to the quality of their reviews ensuring the learning loop is closed.

The Trust uses the Healthcare Evaluation Data (HED) System to assess mortality data. We then compare our position nationally with regards to SHMI (Summary Hospital Mortality Indicator) and HMSR (Hospital Standardised Mortality Ratio). We evaluate areas for concern or trends which point us towards focused reviews in these particular areas.

Antimicrobial resistance - The Trust is committed to supporting this programme of work by increasing funding to provide additional hours to the role of Antibiotics Pharmacist. Work is progressing to meet the national CQUIN in terms of timely empirical treatment reviews and overall consumption reduction. The Trust has a proactive Antimicrobial Stewardship Group, undertakes quarterly point prevalence audits and conducts eight Antimicrobial Ward Rounds each week. The Trust participates in national awareness raising events e.g. Antibiotic Awareness Week. Changes to the Antibiotic Formulary will be made according to local microorganism resistance patterns.

Infection prevention and control - An overarching strategy has been developed which brings together assessment of compliance with the Code of Practice on prevention of HCAs and more recently antimicrobial resistance. The strategy includes driving further quality improvements by implementing surgical site infection surveillance and compliance with NICE quality standards. Our robust system ensures compliance with mandatory surveillance. Infection Control is embedded across the organisation and the Trust participates in national/global awareness raising events to keep this on the agenda.

Falls- The prevention of inpatient falls is a quality improvement priority for the Trust. A trajectory of a 10% reduction is in place for 17/18 using 16/17 data as a baseline. A Trust wide falls action plan has been developed with progress monitored through the Patient Safety and Clinical Effectiveness sub-committee. A number of initiatives have commenced including weekly Harm Free Care meetings to review low and no harm falls and falls walks within clinical areas. To support the educational needs of the clinical staff, Trust wide training is available and when required focussed local training is also delivered. Any falls resulting in moderate harm or above are investigated through the Trust wide RCA process with actions plans for improvement developed.

Pressure Ulcers- The Trust is represented on the Pressure Ulcer Steering Group which assist the Cheshire and Merseyside Quality and Safety Forum in developing a consistent approach to pressure ulcer reduction across the region. The aim is to align practice across Cheshire and Merseyside, share best practice and reduce the number of grade 3 and 4 pressure ulcers by 2017. A reduction in incidence of grade 3 and 4 pressure ulcers was achieved across the region and mirrored within the Trust. Other aims of the group are to standardise practice and treatment of suspected Deep Tissue injuries (DTI). The Trust continues to be part of the regional pilot for standardised RCA documentation and collaborates actively with Edge Hill University and other Trusts in relation to this. Local initiatives for the Trust include trialling new pressure relieving mattresses, reviewing and updating documentation and improving access to pressure relieving equipment for ward and departmental staff. To support the educational needs of the staff an e-learning package for the prevention of pressure ulcers is now in place.

End of life care - The Palliative Care Team participates in national audits e.g. The Royal College of Physicians End of Life Care Audit – Dying in Hospital and will be participating in the 2017 audit. National Audit results evidenced WHH are not an outlier within our region and that we performed within the expected range.

The team is involved in regional audits within the Cheshire and Mersey Strategic Clinical Network which are presented to audit meetings and Grand Rounds. The Trust participates in a Warrington-wide Integrated Multidisciplinary Team Meeting where patients with complex palliative care needs across the hospital, hospice and community are discussed. A local Advance Care Planning Document is in development to further support patient care in their location of choice. The use of the Individual Plan of Care continues and the Trust provides training including an Intermediate Skills Course for staff to support the needs of individuals and those close to them who are dying within the hospital. Palliative Care now features on induction training for new nursing staff and it is likely that the mandatory annual updates for senior medical personnel will reflect this. The End of Life Steering Group continues to meet bimonthly and the team continues to provide a 7 day face to face service.

Patient Experience - Patient experience is an improvement priority for the Trust. An Experience of Care Strategy has been developed through involvement with patients, relatives, carers and the public to ensure high quality

services are delivered to our patients. This Strategy is structured into work streams with the Patient Experience Sub Committee monitoring progress. Identified work streams include effective management of high risk complaints by introducing 72 hour review and production of a Friends and Family scorecard which indicates a positive performance by the Trust against the national average.

National CQUINs - The Trust is required to respond to a range of national and local CQUINs. For 2017/18, the CQUINs are all nationally agreed, and are two year programmes working in partnership across systems. The Trust is committed to ensuring delivery of these CQUINs to improve care across systems for patients.

Section 3: Summary of quality impact assessment (QIA) process

The Trust has an effective QIA process for service developments and efficiency plans and the governance structure surrounding scheme creation, acceptance and monitoring of implementation. The Transformation team works with staff to support the generation of new savings and improvement.

Risks are captured via the Project Initiation Document process, and sign off is required by 2 of the 3 Clinical Business Unit Triumvirate (CBU manager, Clinical Director and Lead Nurse) or the Corporate Lead for the corporate directorates. Any schemes over £100k in financial value or which have any potential impact on patients or nurse staffing are also reviewed and signed off by the Chief Nurse and the Medical Director. Schemes are assessed against their qualitative impact on patients and staff and the impact on local and national targets.

All Senior Responsible Officers (SRO) are required to identify measurable key performance indicators (KPIs) to ensure delivery of the scheme without a detrimental impact on safety or quality. Performance against KPIs is managed through a fortnightly Grip and Control meeting. Risks are identified and high risk schemes are reported to the Quality Committee. A monthly overview of all schemes is provided to the Finance and Sustainability Committee (F&SC). Schemes that impact outside of CBUs or corporate areas are reviewed at Innovation and Cost Improvement Committee (ICIC), which reports to the F&SC.

Section 4: Summary of triangulation of quality with workforce and finance

Three dashboards relating to quality, finance and workforce have been integrated into a key metrics high level Integrated Dashboard. This dashboard includes metrics for quality, access and performance, workforce and finance and is reviewed by the Trust Board. The quality metrics focus on high risk issues including HCAI; fall and pressure ulcers; CQUINs including SEPSIS and Antimicrobial Resistance in addition to key patient experience metrics namely complaints and friends and family.

Integrated monitoring of performance is undertaken at CBU and divisional level via monthly review meetings, and with the Executive Team and Division at a monthly Clinical Operational Board. The performance dashboards in the Trust have been reviewed to ensure compliance and alignment with the standards expected within the Single Oversight Framework which went live in October 2016.

Workforce Planning

The Trust continues to work towards all elements of the Workforce Plan included in the Operational Plan. With regards to the People Strategy, the key elements have been updated to include attraction, retention, engagement, development and performance. The People Strategy will be refreshed in 2018/2019 in line with the internal and external context, and in consultation with the organisation. Performance against the Strategy will continue to be monitored at the Trust Workforce Committee.

The Trust remains committed to Workforce Transformation and has adopted a Population Centric Workforce Planning Model, as opposed to utilising the Calderdale Framework. Exciting and innovative work is on-going through the vanguard approach.

In relation to Safer Staffing, the Trust has adopted the approach taken with Nursing Staff for both Medical and Therapies staff and is now working to share that learning across the workforce and produce a Trust wide approach to attraction and retention.

Financial Planning

Section 1: Financial Forecasts and Modelling

The Trust has had a challenging financial year in 2017/18 which has led to significant changes in year 2 of the two year plan. The original plan signed up to the control total for 2017/18 (£3.7m deficit) and 2018/19 (£3.6m deficit). The Trust has not been able to achieve this target in 2017/18 and this will impact on the 2018/19 plan. The main reasons have been loss of spinal work, loss of Provider Sustainability Fund (PSF) and shortfall in achieving recurrent CIP. The continued need for premium rate staff, the number of escalation beds, increased non elective activity and elective reduction for winter have also impacted on the financial performance.

The revised financial forecast for 2018/19 has been developed across the organisation with input from Executive Directors, CBU Managers, the Contract and Commissioning Team and Commissioners. The budget setting process has identified anticipated cost pressures and the Trust has been working with the Commissioners to finalise contract income. The draft financial plan reflects changes in national pay and non-pay inflationary pressures, operational pressures and investments necessary to ensure compliance with quality standards and performance targets.

Given the significant financial pressure, and in setting a stretching CIP the ability to deliver the control total set (£3.345m surplus) is severely compromised. Under current contracting arrangements with pressures funded the deficit including PSF is £14.6m and without is £24.6m, which moves the organisation into further debt.

This draft plan represents a realistic assessment of anticipated performance whilst accepting the need to meet patient demand and expectation, commissioner changes, efficiency requirements and maintain and enhance patient quality and safety.

The 2018/19 control total was revised from an initial deficit of £3.553m. The revised target of £3.345m surplus reflects PSF increase from £7m to £10m, CNST reduction and tariff inflation. This sets a significant financial challenge for the Trust and local health economy. The Trust's main commissioners, Warrington CCG and Halton CCG along with the Trust have formally committed to the CEP lite process, with papers setting out the commitment agreed at the respective finance committees. The process has included a review of the current contracting methodology and block contract have been agreed. A three year plan is being developed to improve the overall financial performance of the local health economy. Plans will be shared with NHSI and NHSE and will include a request for a review of the control total to support access to £10m PSF.

This is the final plan and includes cost pressures of £21.9m which have been reviewed and reduced since first draft.

The plan does not budget for fines and penalties under the block contract with Lead commissioners which agrees reinvestment of any financial penalties levied. Based on 2017/18 without sign up to the control total national penalties would have been c £3m. The Trust is working with Commissioners under the CEP lite framework working together to achieve a sustainable health economy.

The original forecast position included the following key assumptions which did not materialise in 2017/18:-

- The Trust delivers the control total in 2017/18
- The Trust receives all income relating to activity forecast in 2017/18
- The 2017/18 unfunded cost pressures are managed
- The Trust can deliver £10.5m CIP schemes
- The Trust receives all PSF in 2017/18

Liquidity

In 2017/18 the Trust has an unaudited year end position of £16.8m deficit with a closing cash balance of £1.2m. On this basis the Trust will owe £41.2m in revenue loans at the end of 2017/18 (£14.2m borrowed 2015/16 and £7.9m borrowed 2016/17, £19.1m borrowed 2017/18). Current Better Payment Practice Code performance based on volume is 19% for the month and 31% for the year. Debtors are £4.4m and creditors £12.7m which are similar to previous years. The Trust has therefore very restricted flexibility for the management of cash or for making any improvement to the cash position.

Based on the assumptions being delivered, the Trust will require an additional working capital loan equal to the forecast deficit in 2018/19 (£24.6m). The Trust is due to pay back the 2015/16 loan of £14.2m in 2018/19 and will need to borrow to repay this loan; this has been discussed with NHSI. The total value of loans by 31 March 2019 based on existing and forecast borrowing is £65.8m. A system solution will be required to address this level of borrowing, which places an absolute requirement to work with the local health economy as per the CEP process.

Section 2: Efficiency Savings for 2017/18 – 2018/19

Productivity and Efficiency Programme

The Trust has a reference cost of 98. The Trust has incorporated £2m income into baseline plans and the block contract which will be delivered through the financial improvement and efficiency programme, predominantly through improved utilisation of theatre and outpatient services, enabling the Trust to meet RTT targets. In addition to this the Trust has a £7m CIP target and as such is targeting delivery of a total of £9m financial improvement. The £7m CIP target for 2018/19 will be stretching and require the beginnings of true system change as part of a collaborative 3 year programme. The CIP themes are structured around tactical and transformational schemes and have been allocated across categories as follows:

Scheme	Target 2017/18	Original Target 2018/19	Revised Target 2018/19
Clinical Income	£0.5m	£0.5m	£1.4m*
Non clinical Income	£0.5m	£0.5m	£0 m
Pay	£6.5m	£6.0m	£4.6m
Non Pay	£3.0m	£2.5m	£1.0m
Total	£10.5m	£9.5m	£7.0m

*Note – per CEP lite the Trust and Commissioners are working as agreement that QIPP / CIP schemes that will only be pursued if they improve the performance of the Local Health Economy. The clinical income we are looking to generate will not be from Warrington CCG and Halton CCG unless it is linked to repatriation of local patients.

Tactical

The Trust is planning to continue to deliver an element of savings this financial year through tighter cost control and cost reduction measures by focusing on procurement (reduced prices, product rationalisation and standardisation, collaboration and partnership working), drugs (reduced usage and prices, increased use of bio-similars), reduction in premium rates for additional clinical sessions, reduction in agency usage (to contain the spending within the ceiling and ultimately reduce it further) and income generation opportunities. 247 schemes for 2018/19 have been identified to date and progress in validating, costing and delivery planning for these schemes is being tracked on our CIP tracker.

Transformational

The Trust has committed to putting more emphasis and resource into the delivery of larger, transformational programmes of work to deliver the majority of its financial sustainability challenge for 2018/19 and beyond. These programmes are aligned to the Sustainability and Transformation Plan (STP), to our Healthy New Town programme (supported by NHSE) and to Lord Carter's priorities. All schemes will be reviewed and prioritised jointly with Commissioners as part of the CEP lite process.

Section 3: Capital Planning

The capital programme comprises site maintenance, facilities improvement, new medical equipment and technology development. Together these enable and support the delivery of the operational services. Capital resources are constrained and require prioritisation, so schemes that are essential to the provision of safe, sustainable services that offer value for money are prioritised. The process to prioritise the schemes is led initially by the Clinical Business Units informed by assessment of risk. The case for funds is then assessed and prioritised using a framework by a multi-professional team before consideration at the Finance and Sustainability Committee and approval at the Trust Board. The capital programme is funded by internally generated depreciation (£5.5m) and an element of carry forward (£1.6m) from the 2017/18 programme. The capital programme is £7.1m for 2018/19.

Summary

Given the significant financial pressure, and in setting a stretching CIP the ability to deliver the control total set is severely compromised. The Trust endeavours to balance investment in quality and in delivery of performance while at the same time supporting financial sustainability. Under current contracting arrangements with pressures funded the deficit including PSF is £14.6m and without is £24.6m, which moves the organisation into further debt.

The Trust will continue to work with the local commissioners on a three year plan and to move to a stronger more viable position locally.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/18/05/31
SUBJECT:	CoG Annual Cycle of Business 2018-19 and Terms of Reference
DATE OF MEETING:	17 th May 2018
ACTION REQUIRED	Approval
AUTHOR(S):	John Culshaw, Head of Corporate Affairs
EXECUTIVE DIRECTOR	Simon Constable, Deputy Chief Executive & Executive Medical Director
EXECUTIVE SUMMARY	
	<p>The Council of Governors is asked to review:</p> <ul style="list-style-type: none"> • the Terms of Reference and note the proposed slight amendments to reflect changes to sections 9 and 10; • the Cycle of Business 2018-19
RECOMMENDATIONS	That the Council of Governors approves the Terms of Reference and the 2018-19 Cycle of Business as attached.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	

TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on (XXX)

DRAFT

Council of Governors - Terms of Reference

1. PURPOSE

The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health & Social Care Act 2012. This document should be read in conjunction with the act.

2. GENERAL DUTIES

The general duties of the Council of Governors are:

- To hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the members of the Trust as a whole and the interests of the public

3. STANDING

The full meeting of the Council of Governors and its Nomination & Remuneration Committee are the bodies in which Governors have official standing. All other forums are advisory.

4. MEMBERSHIP

The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over meetings of the Council of Governors. In the absence of the Chair, the Senior Independent Director will take the Chair.

5. QUORUM

The quorum for the Council of Governors is set out in the Constitution and states that 'No business shall be transacted at a meeting of the Council of Governors unless at least one third of all the members are present, at least five of which are elected Governors, are present.

If a Governor has been disqualified from participating in the discussion on any matter and from voting on any resolution by reason of a declaration of a conflict of interest she/he will no longer count towards quorum.

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

- Nomination & Remuneration Committee
- Quality in Care and Governors' Engagement Group
- Such other committees as may be required from time to time
- Task & Finish Working Groups as necessary

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

- Approve the policies and procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and non-executive directors of the Trust Board on the recommendation of the Council of Governor's Nomination & Remuneration Committee.
- Approve the appointment or removal of a Chair of the Board on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve the appointment or removal of a non-executive director on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve the policies and procedures for the annual appraisal of the Chair of the Board of Directors and non-executive directors of the Trust Board on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve changes to the remuneration, allowances and other terms of office for the Chair of the Board and other non-executive directors on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve or where appropriate, decline to approve the appointment of a proposed candidate as Chief Executive recommended by the non-executive directors
- Approve the criteria for appointing, re-appointing or removing the Auditor
- Approve the appointment or re-appointment and the terms of engagement of the Auditor on the recommendation of the Audit Committee

Constitution and Compliance

- Jointly approve with the Board of Directors amendments to the Constitution, subject to any changes in respect of the powers, duties or role of the Council of Governors being ratified at the next general meeting of members (at which a member of the Council of Governors needs to present the change.)
- Notify Monitor, via the Lead Governor, if the Council of Governors is concerned that the Trust is breaching its Licence if these concerns cannot be resolved at the local level.

Governors

- Approve the allocation of Governors to sub-groups of the Council of Governors, working groups and any joint working groups set up by the Board of Directors.
- Approve the appointment and the role of the Lead Governor.
- Receive quarterly reports from the Chairs of the Council of Governors sub-groups in the discharge of the sub-groups' duties
- Approve the removal from office of a Governor in accordance with procedure set out in the Constitution.
- Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.

Strategy, Planning, Reorganisations

- Provide feedback on the development of the strategic direction of the Trust to the Board of Directors as appropriate.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Act as a critical partner to the Board of Directors in the development of the forward plan.

- Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the board of its determination.
Approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the trust.
- Approve or not approve proposals from the Board of Directors for mergers, acquisitions, separations and dissolutions. More than half of the total number of Governors needs to approve such a proposal.
- Approve or not approve proposals for significant transactions where defined in the Constitution or such other transactions as the Board may submit for the approval of Governors from time to time. Such transactions require the approval of more than half of Governors voting at a quorate meeting of the Council of Governors.

Representing Members and the Public

- Approve the membership engagement strategy.
- Contribute to members' and other stakeholders' understanding of the work of the trust in line with engagement and communication strategies.
- Seek the views of stakeholders, including members and the public and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate.
- Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders.
- Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the membership strategy.
- Attend events during the year that facilitate contact between members, the public and Governors to promote Governor accountability
- Report to members each year on the performance of the Council of Governors.

Holding the Non-Executive Directors to Account

- The Council of Governors must hold the non-executive directors individually and collectively to account for the performance of the board. It must agree a process and dialogue with the board that will enable them to fulfil this duty.
- As part of this a good working relationship between the Board of Directors and Council of Governors is critical; it can be fostered by meeting regularly and with sufficient frequency to establish appropriate channels of communication and constructive challenge.

Some of the following may support this process and dialogue:

- Receive the agenda of the meetings of the Board of Directors before the meeting takes place.

- Be equipped by the trust with the skills and knowledge they require in their capacity as governors.
- Receive the annual report of the audit committee on the work, fees and performance of the auditor.
- Receive the annual report and accounts (including quality accounts).
- Receive the quarterly report of the board of directors on the performance of the foundation trust against agreed key financial, operational, quality and regulatory compliance indicators and stated objectives.
- Participate in opportunities to review services and environments such as PLACE inspections/quality reviews/ local activities and evaluation of user/carer experience.
- Receive and review quarterly assurance reports.
- Receive reports from the board on important sectoral or strategic issues.
- Use information obtained through the above sources to monitor performance and progress against the key milestones in the strategic and annual plans and to hold the non-executive directors to account for the performance of the board of directors.
- If considered necessary (as a last resort), in the fulfilment of this duty, obtain information about the Trust's performance or the directors' performance by requiring one or more directors to attend a Council of Governor meeting

8. COLLECTIVE EVALUATION OF PERFORMANCE

The Council of Governors will carry out an annual review of its effectiveness and efficiency in the discharge of its responsibilities and achievement of its objectives.

9. FREQUENCY OF MEETINGS

The Council of Governors will meet 4 times per year. **Members are expected to attend all meetings of the Council and of committees of which they are a member, or give timely apologies if absence is unavoidable.**

10. MINUTES

The Council of Governors will be supported by the **Head of Corporate Affairs and** the Secretary to the Trust Board who will agree the agenda with the Chair and produce all necessary papers. Minutes will be circulated promptly to all members as soon as reasonably practical.

11. REVIEW

The Council of Governors will review these Terms of Reference annually.

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	V3
Implementation Date	
Review Date	17 May 2018
Approved By	Council Of Governors

REVISION			
Date	Section	Reason for Change	Approved By
19.1.17	5	Changes to section 5 for clarity on quorum – item as described in the Trust’s Constitution	CoG 19.1.17
19.1.17	6	To include the named Committees established as Quality in Care and Governors Engagement Group	CoG 19.1.17
19.1.17	10	The Council of Governors will be supported by the Secretary to the Trust Board.	CoG 19.1.17
17.05.18	9	Changes to section 9 to provide clarity on the expectations relating to attendance.	
17.05.18	10	The Council of Governors will also be supported by the Head of Corporate Affairs.	

TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved By

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	Lead	17.5.2018	16.8.2018	15.11.2018	2019	14.2.2019
Formal Business						
Chairman's Opening Remarks & Welcome	Chairman	X	X	X		X
Apologies & Declarations of Interest	Chairman	X	X	X		X
Minutes of Previous Meeting	Chairman	X	X	X		X
Action Log	Chairman	X	X	X		X
GOVERNOR BUSINESS						
Lead Governor Update	Lead Governor	X	X	X		X
Items Requested by Governors	Lead Governor	X	X	X		X
Annual Appraisal of Non-Executive Directors	Lead Governor	X				
Annual Appraisal of Trust Chairman	Lead Governor		X			
GNARC Ratification of NED Appointment (as required)	Lead Governor					
Chairs Report - Quality in Care Group	Chair QiC	X		X		X
Chairs Report - Governor Engagement Group	Chair GEG	X	X	X		
Governor Engagement Group Terms of Reference & Cycle of Business	Chair GEG	X				
Governor Quality in Care Group Terms of Reference & Cycle of Business	Chair QiC		X			
TRUST BUSINESS						
Chief Executives Report including Integrated Performance Report	CEO	X	X	X		X
Chairman's Briefing (report from work of NEDS)	Chairman	X	X	X		X
Trust Operational Plan	DoF	X				
Annual Reports + Accounts including Auditors Letter and Report on Quality Account	Auditors		X			
Quality Strategy	Dir Int Gov+Quality		X			
GOVERNANCE						
Council of Governors Cycle of Business + ToR	HCA	X				
Appointment of External Auditors (every three years next due October 2019)	HCA					
Compliance Trust Provider Licence (bi-annually)	HCA		X			
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office (as required) June 2018	HCA		X			
Changes to the Constitution(as required)	HCA					
Governor Training & Development Programme (1) New Governor Induction Verbal report	HCA		X			
Governor Training & Development Programme (2) MIAA courses – as available	HCA					
Audit Committee Chairs Annual Report	Chair Audit Cte		X			
Workforce Race Equality Standard (WRES) Update (legislative requirement) bi-annual	WRES Lead	X		X		
Lead Governor role (every two years – next due January 2019)	HCA			X		
OTHER BUSINESS / CLOSING						
Annual Members Day + Annual Members Meeting: 13 September 2018 (must be before December each year)	HCA					



We are
WHH



Warrington and
Halton Hospitals
NHS Foundation Trust

Council of Governors

DATES 2018-2019

Meetings in the TCR, Warrington to be held 4.00pm-6.00pm

Meetings at Halton Hospital to be held 3.00pm-5.00pm

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2018			
Thursday 15 th February (TCR Warrington)	Tuesday 23 rd January	Tuesday 6 th February	Thursday 8 th February
Thursday 17 th May (Lecture Theatre, Halton Hospital)	Tuesday 24 th April	Tuesday 8 th May	Thursday 10 th May
Thursday 16 th August (TCR Warrington)	Tuesday 24 th July	Tuesday 7 th August	Thursday 9 th August
Thursday 15 th November (Lecture Theatre, Halton Hospital)	Tuesday 23 rd October	Tuesday 6 th November	Thursday 8 th November
2019			
Thursday 14 th February (TCR Warrington)	Tuesday 22 nd January	Tuesday 5 th February	Thursday 7 th February