



WHH Council of Governors

Thursday 18 February 2021

3:00pm – 4.45pm

Via MS Teams

COUNCIL OF GOVERNORS

THURSDAY 18 February 2021 3.00pm-4.45pm, Via MS TEAMS

AGENDA COG/21/02/ ITEM	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/21/02/ 01	3.00pm	Welcome and Opening Comments <ul style="list-style-type: none"> Apologies and Declarations of Interest 			Chairman
COG/21/02/ 02 PAGE 4		Minutes of meeting held 12 November 2020	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/21/02/ 03 PAGE 11		Matters arising/action log: COG/20/08/31 – PJ to provide update further update and clarify access to Warrington results in Whiston Hospital and vice versa. Verbal update PJ	<i>For assurance</i>	<i>Action log</i>	Chairman Chief Information Officer
GOVERNOR BUSINESS					
COG/21/02/ 04 PAGE 16	3.05pm	Lead Governor Update including - Trust Board observation report	<i>For info/update</i>	<i>Verbal + report</i>	Lead Governor
COG/21/02/ 05 PAGE 18	3.15pm	Items requested by Governors including - ICS Update – presentation during meeting - Complaints (Q&A attached) - Discharge Summaries (Q&A attached)	<i>For info/update</i>	<i>Briefing Q&As</i>	Chair Dir Strategy & Partnerships
COG/21/02/ 06 PAGE 20	3.30pm	Board Committee Observations (a) Audit Committee – J Howe (b) Finance & Sustainability Committee – P Bradshaw Quality Assurance Committee – A Robinson. (c) Strategic People Committee – C Jenkins (d) Charitable Funds Committee – N Holding (e) Copies of Chair’s Committee Assurance Reports received in the Public Trust Board included in supplementary pack)			
COG/21/02/ 07	3.35pm	Governors Engagement Group Report	<i>For info/update</i>	<i>Verbal update</i>	Chair of GEG
COG/21/02/ 08 PAGE 26		NHS Providers - Election for the Governor Advisory Committee	<i>To note for assurance</i>	<i>Report</i>	Trust Secretary
COG/21/02/ 09 PAGE 57	3.45pm	Elections Activity Bi-Annual Report: Vacancies & Governors Terms of Office	<i>For info/update</i>	<i>Report</i>	Trust Secretary
TRUST BUSINESS					
COG/21/02/ 10 PAGE 60	3.50pm	Chief Executives Report including: - CEO Report Trust Board 25.11.2020 & 27.01.2021	<i>For info/update</i>	<i>Report</i>	Chief Finance Officer & Deputy CEO
COG/21/02/ 11	4.00pm	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
GOVERNANCE					
COG/21/02/ 12 PAGE 83		Change to Public Constituences	APPROVAL	<i>Report</i>	Trust Secretary
COG/21/02/ 13 PAGE 88		Compliance Trust Provider Licence	<i>To not for assurance</i>	<i>Report</i>	Trust Secretary
COG/21/02/ 14 PAGE 89	4.10pm	Workforce Race Equality Standard (WRES) Bi-annual update	<i>To note for assurance</i>	<i>Report</i>	Deputy Chief People Officer
COG/21/02/ 15 PAGE 100	4.25pm	Chair’s Term of Office Chair to leave the meeting for this item	APPROVAL	<i>Report</i>	Trust Secretary
COG/21/02/ 16	4.35pm	Governor Training & Development MIAA as available	<i>For discussion</i>	<i>Verbal</i>	Trust Secretary
CLOSING					
COG/21/02/17	4.40pm	Any Other Business & Closing		Verbal	Chair

Schedule of 2020-21 dates attached Next Meeting Thursday 13 May 2021 4.00pm-6.00pm

TRUST CONFERENCE ROOM, WARRINGTON HOSPITAL or via MS Teams

GLOSSARY OF TERMS

CEO	Chief Executive	QIPP	Quality, Innovation, Productivity + Prevention
ANP	Advanced Nurse Practitioner	RTT	Referral To Treatment
AQP	Any Qualified Provider		
BAF	Board Assurance Framework		
BCF	Better Care Fund	StH&KHT	St Helens & Knowsley Hospitals Trust
CBU	Clinical Business Unit	SFIs	Standing Financial Instructions
CCG	Clinical Commissioning Group	SLR	Service Line Reporting
CHC	Continuing Health Care	SORD	Scheme of Reservation and Delegation
CIP	Cost Improvement Plan	SIs	Serious Incidences
COO	Chief Operating Officer	SJR	Structured Judgement Reviews
COI	Conflicts of Interest (<i>or Register of Interest</i>)	STF	Sustainability Transformation Fund
CNST	Clinical Negligence Scheme for Trusts		
CNO	Chief Nursing Officer		
CRR	Corporate Risk Register	WDES	Workforce Disability Equality Standard
CQC	Care Quality Commission	WEAR	Workforce Employment Assurance Report
CQUIN	Commissioning for Quality and Innovation	WRES	Workforce Race Quality Standard
DIPC	Director Infection Prevention + Control		
DoH	Department of Health	AC	Audit Committee
DTOC	Delayed Transfers of Care	CFC	Charitable Funds Committee
ED+I	Equality, Diversity + Inclusion	FSC	Finance + Sustainability Committee
EoL	End of Life	SPC	Strategic People Committee
ESD	Early Supported Discharge	QAC	Quality Assurance Committee
EDs	Executive Directors	COG	Council of Governors
FTSU	Freedom To Speak Up		
FT	Foundation Trust		
GoSW	Guarding of Safe Working	SEOG	Strategic Executive Oversight Group
HCAIs	Health Care Acquired Infections	CPG	Capital Planning Group
HEE	Health Education England	FRG	Finance Resources Group
HWBB	Health + WellBeing Board	PSCEC	Patient Safety + Clinical Effectiveness Cttee
IAPT	Integrated Access Point to Treatment	PEC	Patient Experience Committee
JSNA	Joint Strategic Needs Assessment	PPSRG	Premium Pay Spend Review Group
KLOE	Key Line of Enquiry	RRG	Risk Review Group
KPI	Key Performance Indicators	OP	Operational People Committee
MIAA	Mersey Internal Audit Agency	SDDG	Strategic Development + Delivery Group
NCA	Non-Contracted Activity	GEG	Governors Engagement Group
NED	Non Executive Director	QiC	Quality in Care
NEL	Non Elective	CQAG	Complaints Quality Assurance Group
NHSE/I	NHS England/NHS Improvement	H&SSC	Health + Safety Sub Committee
OSC	Overview and Scrutiny Committee	EoLSG	End of Life Steering Group
PbR	Payment by Results	MRG	Mortality Review Group
PHE	Public Health England		
PPA	PPA Prescription Pricing Authority		

D R A F T

COUNCIL OF GOVERNORS
Minutes of the Meeting held on Thursday 12 November 2020
Via MS Teams Video Conference

Present:

Steve McGuirk (SMcG)	Chairman (Chair)
Simon Constable (SC)	Chief Executive
Terry Atherton (TA)	Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Norman Holding (NH)	Public Governor & Lead Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Ian Jones (IJ)	Non-Executive Director
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Colin McKenzie (CMcK)	Public Governor
David Marshall (DM)	Public Governor
Lesley Mills (LeM)	Staff Governor
Linda Mills (LiM)	Public Governor
Nichola Newton (NN)	Partner Governor, Warrington + Vale Royal College
Cliff Richards (CR)	Non-Executive Director
Louise Spence (LS)	Staff Governor
Nick Stafford (NS)	Public Governor
Anita Wainwright (AW)	Non-Executive Director

In Attendance:

John Culshaw	Trust Secretary
Pat McLaren	Director of Communications & Engagement
Phillip James	Chief Information Officer (CIO) & Senior Information Risk Officer (SIRO) <i>(Item COG/20/11/ only)</i>
Julie Burke (JB)	Secretary to Trust Board (Minutes)
Apologies:	A Kinross, A Robinson, E Dawber, Public Governors; M Ashton Staff Governor

COG/20/11 /45	Welcome, Apologies & Introductions	
	Apologies – noted above. There were no declarations of interest in relation to the agenda items. The Chairman explained the process for the meeting and the items that himself and NED colleagues would leave the meeting for.	
COG/20/11 /46	Minutes of meeting held 13 August 2020	
	<u>Page 3 COG/20/08/31</u> 2 nd sentence ‘clarify’ to read clarity. With this amendment, the minutes of the meeting held on 13 August 2020 were agreed as an accurate record.	
COG/20/11 /47	Matters arising/action log	
	Number of actions paused due to COVID-19 pandemic, to be progressed when COVID-19 constraints have been relaxed. COG/20/02/06 (a) a comprehensive update had been circulated with the papers. Hospedia to audit current system, due December 2020. (b) Post COVID-19 Review. Specification drawn up for fully integrated Patient TV services, on track to deliver prior to August 2021. Further update to February CoG for continued monitoring - PJ COG/20/08/31 – PJ to provide update further update and clarify access to Warrington results in Whiston Hospital and vice versa.	

<p>COG/20/11 /48</p>	<p>Lead Governor Update</p>	
	<p><u>Board Observation report</u> – continued attendance at Board meetings, challenge and scrutiny by Non-Executives to Executives continually observed.</p> <p>1:1s continue with Chairman; attended Working Transport Group, focus on Car Park challenges, results of surveys awaited; National Place Inspections cancelled; Internal Place Inspections paused due to second Wave of COVID-19.</p> <p><u>Governors Working Group</u> – had met in September and October, reviewed and discussed proposed changes to the Constitution (Item COG/20/11/61). Governor public constituencies to be reviewed prior to elections in November 2021 to minimise number of Governor constituencies being vacant and maximise public engagement from interested members across current constituencies.</p> <p>National Leadership Governors Association remains active, recent focus of discussions, Diversity of Trust Boards, national variance in number and type of groups Governors are involved in in their own Trusts; recovery plans of Trusts pre-Wave 2; Regional Lead Governor Groups to be established; Governor effectiveness survey audit via NHS Providers.</p> <p>NHS Provider Forum – virtual conference, discussing national policy update, Digital Future in the NHS, ‘Mental Health’ for Everyone.</p> <p>SMcG reassured the Council that alongside Regional Command and Control, the Board continue to support Executives during Wave 2, with robust governance and reporting mechanisms in place in the event of any future audit of Trust processes during Wave 1 and Wave 2.</p>	
<p>COG/20/11 /49</p>	<p>Items requested by Governors</p>	
	<p>SMcG referred to response provided to question raised by PLJ prior to the meeting.</p> <p><i>Q: I should like to ask to what extent, if any, the current extensive list of patients awaiting investigation and/or treatment is aggravated by consultants working less than a full working week, so as to provide time to investigate/ treat patients on a private fee paying basis. This question arises out of a current situation in which a Widnes patient has had hip replacement surgery delayed until next April, but the consultant surgeon concerned has offered to carry out the surgery immediately for payment of £13,000.</i></p> <p>Comprehensive response had been provided by Acting Chief Operating Office and Associate Medical Director for Patient Safety, included in today’s papers. SMcG commented that Consultants and other healthcare professionals retain the right to undertake private work during the Pandemic. No further questions/comments raised.</p>	
<p>COG/20/11 /49</p>	<p>Board Committee Observations</p>	
	<p>SMcG referred to the reports from PB for Finance and Sustainability Committee (FSC) and CJ Strategic People (SPC) and invited comments. PB observed FSC thorough meetings, effectively Chaired, robust challenge and support demonstrated.</p> <p>CJ observed SPC effectively Chaired, excellent support from HR team given current operational challenges and impact on wider HR team, continued Chair challenge on specific areas to ensure action is progressed.</p>	
<p>COG/20/11 /50</p>	<p>Reports from Governor Engagement Group (GEG)</p>	

	<p>KB reported:</p> <ul style="list-style-type: none"> - GEG had met on 4 November, 8 Governors and 4 Officers in attendance, workplan reviewed and discussed Governor promotional material and elections; WHH main entrance completed, challenges to arrange manning of the desk due COVID-19 restrictions; car parking survey. - Presentation received relating to development of health services at Runcorn Shopping City and proposed services including Ophthalmology, Audiology, Dietetics. Progress to date highlighted including £1m funding from Liverpool City Region to regenerate Halton Lea, £350k to develop Health Hub in Runcorn Shopping City, discussions continuing with Halton LA to progress development. - Service User involvement as part of pre-engagement/consultation to commence mid November followed by formal public consultation, led by Halton CCG anticipated January 2021. Governor highlighted free parking at the Shopping City which could positively impact on any feedback from the public. <p><u>Q2 Engagement Dashboard</u> Positive media and patient feedback, Facebook and Website activity increased. Draft Annual Draft Patient Public Participation & Involvement Annual work plan for 2020-21 developed, with community and stakeholder engagement forums in both Warrington and Halton. KB suggested additional informal Governor meetings where Governors can physically meet, in line with current restrictions, for general catch up in an identified base.</p>	
COG/20/11/51	Elections Activity Bi-Annual Report	
	<p>JC provided a verbal update of current Election process which had commenced in September 2020, nominations closed 19 October 2020, notice of polls 3 November 2020, polls to close 26 November 2020 and results declared 27 November 2020. Constituencies for election were 6 Public and 3 Staff. Good response, 7 of the 9 Constituencies received nominations, Broadheath, Ditton, Hale, Kingsway, Riverside and Medical and Dental staff constituencies remain vacant.</p> <p>3 Public Constituencies out to Ballot, Bewsey, 3 nominations, this Constituency had remained vacant for a number of years; Appleton 3 nominations; Penketh 2 nominations. Two remaining Public Constituencies Poplars and Hulme, Orford existing Governor elected unopposed; Rest of England & Wales received 1 nomination.</p> <p>Constituencies currently being reviewed by Governor Working Party and proposal to Council of Governors in February for approval.</p>	
COG/20/11/52	Chief Executives Briefing	
	<p>The CEO referred to his written report from September Board for noting.</p> <p>In addition he provided a current position on Wave 2 of COVID-19 Pandemic and shared comprehensive regional and WHH situation reports which are supporting contemporaneous discussions and decisions. Position on 12 November provided 173 COVID-19 patients (172 non COVID-19 patients) compared to 23 COVID-19 patients on 23 September 2020. The Trust is operating in a different climate in Phase 2, Phase 1 saw less Super Stranded patients, reduction in ED attendances and cessation of urgent and elective care. Challenges in Phase 2 particularly in NW and C&M hospitals, WHH and Liverpool. NHS C&M Dashboard data shared and explained with Governors.</p> <p>Operational plans in place to support 240 bed capacity if required. In response to questions from Governor (1) continuation of treatment of non-COVID patients; (2) are all departments functioning to deal with non-urgent patients and (3) position of Waiting Lists.</p> <p>SC explained (1) non-COVID ED attendance normal for this time of the year, no reduction in Phase 2 reported.</p>	

	<p>(2) non-COVID Elective Planned care – all departments open and functioning using physical and virtual clinics. Some reduction across 3 three sites, Halton Theatres supporting Endoscopy, Captain Sir Tom Moore Building (formerly CMTC) undertaking Elective procedures on reduced footprint, some modifications largely staffing to support Theatres and Recovery.</p> <p>(3) Waiting Lists – judicious approach, preserving Cancer and Urgent Care, only pausing those that will positively impact on staff and Theatre capacity, retaining as much Elective Programme as possible. SC reassured Governors any decisions are made on clinical outcomes and unintended consequences, clinical validation of Waiting Lists undertaken and harm reviews conducted. Reference was made to holistic approach during COVID and hidden impact on Waiting Lists due to national and local reduction in GP referrals.</p> <p><u>Asymptomatic Staff Testing</u> - WHH had participated in Wave 1 of regional Pilot, (11 Trusts), 3,000 staff swabbed in 10 days, 1.9% positive rate compared to regional average of 2.9% which was lower than community prevalence. Staff following isolation guidance. Next wave of Asymptomatic staff testing awaited.</p> <p><u>New Hospitals</u> - proposals shared with Board and both Local Authorities, engagement and approval from all stakeholders including LAs and CCGs.</p> <p>LS and LeM commented on the supportive networks in place for staff and staff going above and beyond to meet the challenges to redeploy staff to areas of need. NN concurred with the last point, managing testing etc outside of a health environment</p>	
COG/20/11 /53	Chairman’s Briefing	
	In addition to areas covered by the CEO, the Chairman reported virtual meetings continue, both internally and externally with a number of Stakeholders and Regulators.	
COG/20/11 /54	Quality Account 2019-20	
	<p>The report had been included for information and comments invited. MB explained the Quality Account had been reviewed at the Quality Assurance Committee, providing a comprehensive account of the work undertaken during the last 12 months, reflecting the Trust’s aspiration to move from ‘Good’ to ‘Outstanding’. The Quality Account would usually form part of the Annual Report submission in June, however this was paused due to the Pandemic. The Quality Account will be submitted to NHSE/I and published in December.</p> <p>The Council of Governors reviewed and noted the report.</p>	
COG/20/11 /55	Q2 Complaints Report + PALS slides	
	The report had been included for information and comments invited. SMCg explained that statutory returns to NHSE/I and CQC had continued during the Pandemic. No questions were raised.	
COG/20/11 /56	Patient Public Participation & Involvement Annual Report	
	<p>PMcL explained the PPP&I Strategy is owned by the Council of Governors with responsibility for overseeing deployment of the Strategy as a ‘critical external eye’.</p> <p>Key headlines to note included: busy 2019 with good Governor and Patient and Public engagement, assurance provided that any service changes had been made in full consultation with appropriate parties and due process followed.</p> <p>WHH Charity had become the centre for the Community and Patient Support Hub and continues to grow in strength for future requirements.</p> <p>Key focus for 2020-21 include Inclusion and focus on reducing health inequalities. Governors had requested focus on Elderly and Minority groups. PPP&I work plan had been reviewed at Governor Engagement Group and progress will continue to be reported through</p>	

	<p>the GEG Chair's report. SMcG asked that previous patient and Governor feedback from observation visits relating to hospital food is also part of the PPP&I work plan.</p> <ul style="list-style-type: none"> • The Council of Governors <u>approved</u> the PPP&I Annual Report. 	
COG/20/11/58	Non-Executive Term of Office – A Wainwright	
	<p>JC explained the context of seeking an extension to the Term of Office of Anita Wainwright whose second term of office (2 x three year terms) ends on 31 December 2020. Anita had expressed an interest and willingness to serve an additional 12 month term, commencing on 1 January 2021. SMcG supported the proposal commenting that Anita is an active contributor at Board and Sub Committees, Chairing the Strategic People Committee, providing strategic oversight on behalf of the Board.</p> <p>The proposal had been reviewed, discussed and supported at the Governors Nomination and Remuneration Committee on 28 October 2020.</p> <p>Comments were invited. CJ observed the strong Chairmanship and support demonstrated by AW at the Strategic People Committee</p> <ul style="list-style-type: none"> • The Council of Governors reviewed and <u>approved</u> the recommendation of an extension of term of office for AW for a period of 12 months and a third term of office for a 12 month period from 1 January 2021 to 31 December 2021. <p>The Chairman left the meeting.</p>	
COG/20/11/59	Chairs Annual Appraisal 2019-20	
	<p>JC introduced the report, providing background to the appraisal process.</p> <p>The Chairman's appraisal had been conducted by Ian Jones, Non-Executive Director & Senior Independent Director, based on the NHS Provider Chairs framework which had been reviewed for the 2019-20 appraisals to align the process across FTs, Acute Trusts and other NHS Organisations.</p> <p>Feedback received from Governors, Non-Executive Directors, Executive Directors, external stakeholders (Appendix to the report). The same questionnaire had been used for Executives, Non-Executives and Governors. IJ had contacted External Stakeholders for views from CEO Warrington Council and the Chair of C&M HealthCare Partnership.</p> <p>Excellent positive feedback had been received about Steve's abilities, style and performance to date. A high response rate, 29 responses received, slight increase on the previous year.</p> <p>The responses were presented to the Senior Independent Director, who then discussed the outcome with the Chair in a formal appraisal meeting on 20th October 2020 (Appendix to the report) which included comments from the Chairman. IJ commented on the significant change in the way Chairman had adapted to the role of a NED, reflected in all responses received. NH concurred with this.</p> <p>The Appraisal will be submitted to NHSE/I following the Council of Governors on 12 November 2020 and results subsequently published.</p> <p>Comments were invited, no questions raised.</p> <ul style="list-style-type: none"> • The Council of Governors reviewed and <u>approved</u> the recommendation from the GNARC approving the outcomes of the 2019-20 Chairman's Appraisal <p>I Jones, M Bamforth, T Atherton and C Richards left the meeting.</p>	
COG/20/11	Proposal to uplift Chair and Non-Executive Directors Remuneration	

/60	<p>JC referred to the report. The Governors Nomination and Remuneration Committee had discussed and debated the proposal at its meeting on 28 October 2020. The differences in process for remuneration for Non-Executive and Chairs for Foundation Trusts (FTs) and other NHS organisations and the disparity between remuneration was highlighted and explained. Non-FTs remuneration is determined by the Secretary of State, approved by the Treasury, FTs remuneration by the Governors Nominations and Remuneration Committee (GNARC)</p> <p>NHSE/I had issued an instruction to align and standardise the approach to remuneration of NEDs whilst recognising the role of the GNARC in determining remuneration of NEDs.</p> <p>Current remuneration of NEDs detailed within the report, £12,240 per annum basic with an additional discretionary payment of £750 as Chair of Sub Committees, total of £12,990.</p> <p>Proposal supported at the GNARC was for a standard rate of £13,000 per annum with discretion to award supplementary payments of up to £2,000 per annum to a maximum of 2 NEDs in recognition of designated extra activities (ie Chair of Sub Committees, Deputy Chair, Senior Independent Director) per NHSE/I guidance and recommendation.</p> <p>Proposal supported at the GNARC was for WHH for standard rate of £13,000 per annum with local discretionary payments of £500 per annum, with no increase in salary, to:</p> <ul style="list-style-type: none"> - Terry Atherton, Deputy Chair - Ian Jones, Senior Independent Director <p>Comments were invited, no questions raised. All Governors present supported the proposals.</p> <p>JC explained proposals for Chairs Remuneration to be applied, according to Trust designation and organisational turnover, has been discussed and debated at the GNARC on 28 October 2020. WHH is in the Median quartile, equating to £47,000, (current salary £43,860). The Median quartile remuneration is below the national and regional average.</p> <p>Timeline for implementation of remuneration for NEDs is April 2021 and Chairs April 2022, expectation that the changes and structure is applied to newly appointed and re-appointed Chairs and NEDs ahead of this date. It was proposed that Chairs remuneration is applied from 1 January 2021. If the proposals are agreed, changes to remuneration would be applied from 1 January 2021 in respect of A Wainwright (COG/20/11/58)</p> <ul style="list-style-type: none"> • The Council of Governors reviewed and <u>approved</u> the recommendations from the GNARC on 28 October 2020 to align NED remuneration and to uplift the Chairs remuneration to £47,000 as above.
COG/20/11/61	<p>Amendment to the Constitution – change to Non-Executive Directors Terms of Office</p>
	<p>JC introduced the item, explaining the background and rationale for the proposed amendment which would allow additional terms of office for NEDs of up to three years, following their initial term. Non-Executive Directors may serve for a maximum of 9 years.</p> <p>The proposal to amend the Trust’s Constitution had been discussed and supported at the Governor Working Party in September and October 2020 and the Governors Remuneration Committee on 28 October 2020 as follows:</p> <p><i>Non-Executives are appointed for an initial period of up to three years. Appointments may be renewed at the end of the period of office, subject to the recommendations of the Council</i></p>

	<p><i>of Governors Nomination and Remuneration Committee and approval of the Council of Governors, for a further period up to three years. Non-Executives may serve up to a maximum of 9 years.</i></p> <p>Comments were invited. In response to question from CJ relating to succession planning for NEDs, JC explained that Associate NED roles are being explored who could also support current NEDs. No questions raised and all present supported the proposal.</p> <p>The Council of Governors:</p> <ul style="list-style-type: none"> • <u>Approved</u> the amendments to the Constitution as outlined above. 	
COG/20/11/62	Governor Training	
	None reported.	
COG/20/11/63	Any Other Business	
	No matters raised. Date and time of next meeting Thursday 18 February 2021, 3.00pm, Halton Education Centre	

Signed Date

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	CoG/21/02/04	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	18 February 2021
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1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02/06 (b)	13.02.2020	Items requested by Governors	TV Services Progress of SLA discussions / host performance and interim solution for TV services to Governors	Chief Information Officer	Phill James Update COG 18.02.2021 Verbal		<p>06.05.2020 Recommended Next Steps</p> <p>(a) Site visit with 3rd party engineers to include review the TV services payment mechanism on cessation of the Trust procured TV services on the 09/07/2020. <u>13.08.2020</u> Visit paused due to Pandemic.</p> <p>(b) Conduct a review post-COVID-19 of patient entertainment services across the Warrington and Halton hospitals to inform the specification for a new solution prior to the contract end date with Hospedia on 20/08/2021. <u>13.08.2020</u> . Solution to ensure patients are not without TV services to be resolved. Contract release clauses and optimal digital solution to be progressed at pace. <u>9.11.2020</u> Recommended next steps: refer to Appendix 1.</p>	

							12.11.2020. (a) Hospedia to audit current system, due December 2020. (b) Post COVID-19 Review. Specification drawn up for fully integrated Patient TV services, on track to deliver prior to August 2021. Refer to minutes COG/20/11/47. Further update to Feb COG	
COG/20/08/30 (a)	13.08.2020	Governor Partner Survey (Lead Governor report)	Trust Secretary to write to Top 3 ranked organisations in the Governor Partner Survey to invite to join the COG	Trust Secretary	Verbal update to COG 18.02.2021		12.11.2020. Letters sent, responses awaited. Further update in February 2021. Warrington Sikh Gurdwara joined CoG January 2021. JC to contact remaining 2 organisations.	
COG/20/08/31	13.08.2020	Items raised by Governors	JC to ask CIO for clarity on answer provided and what results and patient information Consultants/ Doctors have access to in St Helens and Warrington.	Chief Information Officer	Verbal update to COG 18.02.2021		12.11.2020. Refer to Appendix 1 attached and minute COG/20/11/47. PJ to clarify access to Warrington results in Whiston Hospital and vice versa.	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS




Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/19/11/58	14.11.2019	WRAG presentation	Further update in February 2021	WCCG	CoG 13.052021		To CoG 12.11.2020 Deferred to February 2020 due to Pandemic. Deferred to May due to COVID	
COG/20/08/	13.08.2020	Virtual Governor	Proposal to restart	Chair of GEG/	Paused due		Discussed at Governors Working	

30		Observation Visits (Lead Governor Report)	Virtual Governor Observation visits to be explored by GEG	Trust Secretary	to Pandemic		Party, agreed to pause until Q1 2021 due to COVID / operational pressures.	
COG/20/02	13.02.2020	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/20/08/33	13.08.2020	GEG Report	Chairs of GEG and QiC to be elected for next terms of office	Trust Secretary/K Bland/N Holding	Paused due to Pandemic		Update to be provided in Governor verbal reports.	

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/11/50	14.11.2020	Governor Engagement	Identified base for informal Governor meetings to enable Governors to physically JH co-ordinating dates	J Howe/Trust Secretary		November 2020	First meeting taken place, other meetings to be scheduled.	

RAG Key

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete
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APPENDIX 1

COG/20/02/06 (b)	13.02.2020	Items requested by Governors	TV Services Progress of SLA discussions / host performance and interim solution for TV services to Governors	Chief Information Officer	Update provided in Appendix 1		9.11.2020 Recommended next steps: refer to Appendix 1	
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- a) **Audit:** The Trust has engaged Hospedia to undertake a health check of the current system. This was targeted for December 2020 subject to UK Government guidance on lockdown measures and restrictions, and follows an amendment to the payment model for TV services in 2020 wherein the Trust funded all patient entertainment services due to visitor restrictions.
- b) **Service Development:** Conduct a review post-COVID-19 of patient entertainment services prior to the contract end date with Hospedia on 20/08/2021. Provision has been made in the submission for capital funding for FY21/22 for Patient TV Services. The specification is being drawn up in conjunction with Communications, and will extend beyond TV/radio services to cover other media forms and integration with patient menus for meal ordering. The project team has met with suppliers as part of pre-market engagement and remains on-track to deliver prior to Aug 2021.

COG/20/08/31	13.08.2020	Items raised by Governors	JC to ask CIO for clarity on answer provided and what results and patient information Consultants/ Doctors have access to in St Helens and Warrington.	Trust Secretary/ Chief Information Officer	COG 12.11.2020		9.11.2020 Refer to below	
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Interoperability of care records remains a national ambition for the NHS.

Within Locality: Within the Warrington and Halton localities, healthcare professionals have access to an electronic discharge summary and test results via electronic systems that enable information sharing.

Outside Locality: including St Helens, interoperability remains limited. Lab results are routinely available in GP practices, but it would be reliant on the GP practice using the ICE system (in a similar manner to Warrington and Halton GPs). Discharge summaries are similarly limited.

Developments:

Regional Share2Care initiative is enabling the sharing of records across Cheshire and Merseyside, with WHH sending discharge summaries to the platform since October 2020. Further work is required to enable *all* healthcare professionals to see results and patient information. There remains an ambitious plan to realise this in 2021.

All medical imaging across Cheshire and Merseyside is routinely available to healthcare professionals through a regional medical imaging system (known as PACS/RIS).

Warrington and Halton GPs will routinely have access to ICE and an electronic discharge summary; St Helens GPs won't unless they also use it as a locality and access is enabled via the MIG.

Your comment still stands Phill if this is desirable – i.e. we would need to engage St Helens CCG to discuss ICE use for results and the mechanisms for doing so (in conjunction with STHK as their HIS provider).

Council of Governors

AGENDA REFERENCE:	COG/20/02/04
COMMITTEE ATTENDED	Trust Board Part 1 & 2
DATE OF MEETING:	25 th November 2020, 16 th December 2020, 27 th January 2021
AUTHOR(S):	Norman Holding
GOVERNOR COMMENTS	<p>25th November 2020 (Bi-Monthly Board)</p> <p>Part 1 – Public Board</p> <p>All Governors were circulated the papers for the Public Board in advance. All Ned’s were in attendance. The meeting had a full agenda and started with a patient story. The CEO and Chairman gave full and comprehensive reports, the NED chairs gave reports that showed they had been provided with sufficient evidence and assurance to support the actions being taken executive and their teams. The main items of discussion were: Covid-19, Trust Performance, WHH new Mission and Values, Moving to Outstanding, Digital assurance, Finance. All NED’s participated in the meeting challenging and questioning in depth. There were several governors observing this virtual meeting.</p> <p>25th November 2020 (Bi-Monthly Board)</p> <p>Part 2 – Private Board</p> <p>Following Part 1 in the afternoon I observed the Private Board. The meeting had a full agenda were again the NED’s all participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance before decisions were made.</p> <p>16th December 2020 (Extraordinary Meeting)</p> <p>All NEDs were in attendance, the main topics discussed were: EPR, COVID-19, Lateral Flow Testing, Finance and the Cheshire and Merseyside Health Care Partnership. There were</p>

in depth presentations and all NEDs participated in the questioning.

25th January 2021 (Bi-Monthly Board)

Part 1 (Public Board)

I observed the virtual Board meeting that had a full agenda, all NED's in attendance. In depth discussions took place the main topics debated were: Finance, Covid-19, Performance Report, Infection Prevention and Control, Maternity Services. NED Chairs of the Trust Committees provided assurance reports. All NED's were involved with in-depth questioning and challenging of the Executive before any actions were approved. The chair managed the meeting well allowing time for all agenda items and ensured all voices were heard. There were a larger than usual number of Governors and members of the public observing this virtual meeting.

COUNCIL OF GOVERNORS

Date of Meeting: Thursday 18 February 2021

Agenda Ref: COG/21/02/05	Q1: Brief explanations of the 2 x ICS consultations that are ongoing now? Both will have a future impact on our Hospitals, would like an update as soon as possible.	Proposer: Anne Robinson, Public Governor
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Agenda Ref: COG/21/02/05	<p>Q2: I think there is a lot of confusion around the term ICS. It seems that Warrington CCG are using the term ICS for the local integrated care packages and then there is the NHS ICS consultation document about fundamental / legislative changes to NHS / Care across the UK. Therefore, I think the Governors need more explanation around both the local care system and the two options outlined in the NHS consultation document</p> <p>Option 1: a statutory committee model with an Accountable Officer that binds together current statutory organisations.</p> <p>Option 2: a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS.</p> <p>The NHS are pushing for option 2 which is stated in the document. I also think the term Place needs more explanation in context of the above.</p>	Proposer: Norman Holding, Lead Governor
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L Gardner, Director of Strategy and Partnerships to provide presentation update at the meeting relating to ICS.

Agenda Ref: COG/21/02/05	Q3: Are there any trends in the significant increase in complaints from November to December (increase of 43.7%) as recorded in the December Dashboard?	Proposer: Norman Holding, Lead Governor
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Answer Provided by: Layla Alani, Deputy Director of Governance

On reviewing the dashboard content for December, I think there has been a misinterpretation in our reported information. The dashboard report shows a 43.7% increase in the volume of complaints closed. New complaints into the trust reduced by 46.8% dashboard in December.

The dashboard states:

'During December, 55 complaints were closed (43.7% increase from November).

'In December there was a 46.8% reduction of new complaints into the trust.'

Agenda Ref: COG/21/02/05	Q4: Discharge of patients home without their GP have any communication from the hospital, are there any difficulties / issues around discharges?	Proposer: Norman Holding, Lead Governor
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Answer Provided by: Daniel Moore, Chief Operating Officer

Firstly, I would like to offer my apologies to those patients where we have not provided their admission and discharge information to their GP, or in a timely manner.

We continue to monitor performance in relation to discharge summaries being sent out to GP's following a patient's admission. Whilst there were a number of initiatives pre-pandemic to sustain an improvement in performance, regrettably this has been difficult to continue given the pressures over the last 10 months. As a Trust we do continue to track performance through various forums, including the Clinical Quality Focus Group with Primary Care colleagues and the wider system. We do remain committed to improving our performance against this important standard and recognise its impact in terms of safety, quality and patient experience.

I would be happy to investigate further any individual experiences if that would be helpful?

Council of Governors

AGENDA REFERENCE:	COG/21/02/06/d
COMMITTEE ATTENDED	Audit Committee
DATE OF MEETING:	19.11.2020
AUTHOR:	Jan Howe
GOVERNOR COMMENTS	<p>This was the first time I have represented the Governors as an observer since becoming a Public Governor and I was warmly welcomed by the Chair at the start of the meeting.</p> <p>Papers were circulated in advance along with the pre-meeting questions and full responses to allow for further questions to be raised at the meeting.</p> <p>Concise verbal reports were given from the NED Chair of each Board and a suggestion made for improving a new report for clarity of the report was welcomed.</p> <p>Both internal and external auditors assured the committee that audits continued to be effective despite the challenges of COVID-19.</p> <p>A number of detailed questions and requests for clarification from the Chair and NEDs were responded to, with the meeting expertly chaired by Ian, as confirmed in the outcome of the committee effectiveness survey.</p>

Council of Governors

AGENDA REFERENCE:	COG/21/02/06 b
COMMITTEE ATTENDED	Finance & Sustainability
DATE OF MEETING(s):	18/11/20, 23/12/20, 20/01/21
AUTHOR(S):	Paul Bradshaw
GOVERNOR COMMENTS	<p>I appreciate the tireless efforts of all members of this committee to keep everyone abreast of a range of operational, human resources and financial issues.</p> <p>All paperwork is sent in a timely fashion.</p> <p>The Chair, Terry, allows time for discussion as well as asking and inviting probing questions from the Committee (me included!)</p> <p>The concern I had at the last meeting (20/01/21) with regard to an overspend of £430 K, in respect to a VAT error by the Quantity Surveyor on the MLU Capital Scheme has been addressed.</p>

Council of Governors

AGENDA REFERENCE:	COG/21/02/06 c
COMMITTEE ATTENDED	Quality Assurance Committee (QAC)
DATE OF MEETING(s):	1/9/20, 6/10/20, 3/11/20, 1/12/20, 12/1/21, 2/2/21
AUTHOR(S):	Anne M Robinson (Public Governor)
GOVERNOR COMMENTS	<p>Meetings are now held monthly.</p> <p>The 6 dates listed above have been extremely well supported with both virtual attendance and written papers.</p> <p>Ongoing operational pressures (COVID) have, in some ways, assisted with the targeted approach now achieved.</p> <p>Pre-meeting Q + A's, usually from the Chair to ensure full + proper visibility for all subjects of note, have been responded to in a full and frank manner. No matters/topics are allowed to escape full + proper scrutiny, leading to continued attention or acceptable settlement.</p> <p>Cliff Richards, as the attending NED, is questioning in his approach and his queries expertly align with the firm approach of the Chair, Margaret Bamforth, NED.</p> <p>This Committee provides assurance to both the Trust Board + the COG that business is conducted in a true and proper manner.</p>

Council of Governors

AGENDA REFERENCE:	COG/21/02/06 d
COMMITTEE ATTENDED	STRATEGIC PEOPLE COMMITTEE
DATE OF MEETING(S):	Wednesday 20 January 2021
AUTHOR(S):	Colin Jenkins
GOVERNOR COMMENTS	<p>I think it only fair to preface this report by stating the obvious; COVID is having a massive effect on our workforce. For all those in work who are dealing with the pandemic in all its guises to those who are off sick with the disease.</p> <p>I was fortunate to have my injection in the hospital and even more fortunate to be seen by the Sister in the Occupational Health Dept who made it clear that each and every member of staff has been left untouched by the remorselessness of the disease and its ability to lull you into a feeling that we are just about to turn a corner, only for it to mutate into something a little more virulent than previously. It appears to me to be a case of “We are able to keep fighting because we don’t have the time to think about it.”</p> <p>It is eminently clear that the Trust and its officers are doing all they can to minimise the effects on people and have a range of things in place to help anybody suffering as a result of their efforts. Sick absence continues to have an effect, redeployment of staff in other departments has helped, although there are limited external options available (due to recruitment difficulties) to the Board and Officers to assist those in work. A deep dive into staff absence is currently underway while an international recruitment partnership has been formed to attempt to bring in nursing staff from abroad.</p> <p>In other areas, our HR Dept have been working to encourage and assist our BAME Assembly to produce their vision, mission and priority areas to move their work forward and integrate it into all work areas in line with regional and national policies. To quote:</p>

“We must unapologetically and purposefully identify, discuss and challenge issues of race and colour and the impact they have on our organisations, our systems, and our people and communities.

We must actively seek racism out and remove it from our great NHS. Our ambition is equality for all.”

It’s somewhat ironic that the NHS provides the service for all, regardless of their background but there are still areas where some of our staff feel we don’t treat them on the same basis. Sadly, it appears that there is still some way to go although a great deal of work has been done and is ongoing.

Council of Governors

AGENDA REFERENCE:	COG/20/02/06 e
COMMITTEE ATTENDED	Charitable Funds
DATE OF MEETING:	10 th December 2021
AUTHOR(S):	Norman Holding
GOVERNOR COMMENTS	<p>There were 5no NED’s in attendance on the TEAMS meeting.</p> <p>There was an in-depth discussion around the finances (including funds received) of the Charity in which all NEDs took part and raised questions and queries.</p> <p>There were 10 No bids for funds and each one was discussed, 7 were approved. One was deferred and two were debated in depth and the committee request further planning, all NEDs took part in the discussion.</p> <p>NEDs requested that better documentation be presented to the committee.</p> <p>The meeting was chaired well, and all points of view were heard.</p>

Council of Governors

AGENDA REFERENCE:	COG/21/02/08			
SUBJECT:	Election for the NHS Providers Governor Advisory Committee			
DATE OF MEETING:	18 th February 2021			
ACTION REQUIRED	For Information			
AUTHOR(S):	John Culshaw, Trust Secretary			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
	Choose an item.			
	Choose an item.			
EXECUTIVE SUMMARY	<p>Governors are represented at NHS Providers through an elected Governor Advisory Committee (GAC) consisting of eight governors and two Foundation Trust Chairs. The committee meets quarterly and meetings are overseen by a Chair that has been voted in by the Committee. Terms of office are three years.</p> <p>As a Foundation Trust that is a member of NHS Providers, the Warrington & Halton Teaching Hospitals NHS FT Council of Governors is entitled to vote in the forthcoming election of eight governors to the Governor Advisory Committee.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information ✓	Approval	To note	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the process for the election of Governors for the Governor Advisory Committee and review the candidate profiles.			
PREVIOUSLY CONSIDERED BY	None			
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Election for the NHS Providers Governor Advisory Committee	AGENDA REF	COG/21/02/08
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1. BACKGROUND/CONTEXT

Governors are represented at NHS Providers through an elected Governor Advisory Committee (GAC) consisting of eight governors and two Foundation Trust Chairs. The committee meets quarterly and meetings are overseen by a Chair that has been voted in by the Committee. Terms of office are three years.

GAC members provide oversight and feedback on the work of NHS Providers and areas that require debate and action. They will have the opportunity to help shape the governor services provided to members of NHS Providers such as the GovernWell training programme, Annual Governor Focus conference, bespoke training and guidance resources.

As a Foundation Trust that is a member of NHS Providers, the Warrington & Halton Teaching Hospitals NHS FT Council of Governors is entitled to vote in the forthcoming election of eight governors to the Governor Advisory Committee.

In accordance with the Election Rules, the electorate is *"the Council of Governors of each Foundation Trust that is an NHS Providers member"*. It is suggested that once the Council of Governors has had the opportunity to consider the nominated candidates, the Trust Secretary casts the vote on the Council's behalf.

Voting will be conducted by single transferable vote. You will be asked to rank the candidates in order of preference.

2. KEY ELEMENTS

In order to inform the Council's decision, candidate's statements are included as Appendix 1

A Survey Monkey will be circulated to all members of the Council of Governors in which you will be able to rank your preferred candidates in order of preference by Monday 22nd March 2021.

3. ACTIONS AND RECOMMENDATIONS

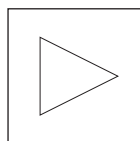
The Council of Governors is asked to note the process for the election of Governors for the Governor Advisory Committee and review the candidate profiles.

CANDIDATES' ELECTION STATEMENTS

NHS Providers

Election for the Governor Advisory Committee

Please read carefully before casting your vote.



INFORMATION

Neither CES nor NHS Providers has corrected or edited the candidates' statements in any way. The views expressed on the following pages are those of the candidates only, and similarly the statements of fact and assertions expressed are made solely by the candidates and have not been validated by the Trust.

If you require these election statements in large print or in other languages, please contact Ciara Hutchinson at CES on 020 8365 8909, or via email at ciara.hutchinson@cesvotes.com

Foundation Trust Name: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Statement from Peter Abell Public Governor, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

I wish to serve for a second term on GAC because as the current Chair of that Committee I would help ensure that the new committee was building on what has been an effective past three years. The committee has the job of giving NHS Providers the Governor's view across a range of issues and is serviced effectively by officers who ensure that we are well briefed and our deliberations have impact. Alongside reviewing the "Governwell" work of NHS Providers (training role); running briefings, the Annual Governor Focus Conference the committee has explored how it can ensure Governing Bodies are fully representative of the community they serve, what the impact is on the growth of system working and governance. Participating in a series of workshops with CQC helped develop new guidance for Governors around the inspection process.

If elected I want to help develop a more effective dialogue between Trust Governors and the Committee - my experience of chairing discussion groups of Governors at the 2020 conference was that any chance at dialogue with other Governors is seized upon. The "Governwell" website gives us an opportunity to give Governors a place where their role is discussed and where they can build up their confidence and effectiveness.

As a Governor I have happily given my time and energy to that role and have done so as a member of GAC, I would welcome an opportunity to continue doing so.

Remaining Governor Term: re-elected in Sept 2020 for another 3 years as Public Governor DBTH

Oboh Achioyamen

Foundation Trust Name: Bolton NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Thank you for the opportunity to be considered for election to the governor advisory committee.

I was born in Africa and like most migrants, moved over to the UK in order to have a better opportunity to achieve my dreams and in turn benefit my host country. When I arrived, I was faced with a lot of barriers and challenges, from culture shock to feeling inadequate to succeed. The worse part of it was when I discovered that there was a very deep-seated perception from the migrant community who hold the view that there is little chance to aspire to good jobs, leadership opportunities and entrepreneurship, because of their race. This inspired me to make a difference

I have just started my second term of office as a public Governor at Bolton NHS Foundation Trust and am proud to be playing my part in working with Governors to support the work of the Trust. I make sure that the interests of members of our hard to reach communities are represented through my advocacy on their behalf.

I am also currently a steering committee member of the European Public Health Association Urban health section covering 31 member countries across Europe.

If given the opportunity and privilege to serve as a member of the governor's advisory committee, I will bring my experience and passion to work with the team

Remaining Governor Term: 2 years and nine months (till October 2023)

Foundation Trust Name: Sheffield Children's NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am a Public Governor for Sheffield Children's NHS FT, a major integrated provider of specialist and general acute, mental health and community services. Prior to being a Governor, I was a NHS Chief Executive for 22 years. During this time, I was CEO of Sheffield Children's, Sandwell and West Birmingham (an integrated acute and community trust) and finally the £1bn turnover University Hospitals of Leicester, from which I recently retired.

Governors play a very important role in the FT model, ensuring that there is a strong connection with the population served by the Trust and with the staff who work for it. Both are essential if the Trust is to be responsive to the needs and aspirations of both constituencies. It is vital that Governors are well prepared for our role and have the right skills to work effectively. The Governor development programme from NHS Providers is a central element of this and its high quality has been greatly assisted by the contribution of the GAC.

I believe that my career background makes me well suited to be able to contribute fully to the GAC and in particular to ensure that the needs of children and young people are represented around the table. The development programme will need to adapt to the changing architecture of the NHS and I would be well placed to help with that work, as well as wider thinking about the role of Governors and the FT model more broadly in the coming years.

Remaining Governor Term: Two years and 10 months

Stephen Baines

Foundation Trust Name: Calderdale and Huddersfield NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Now in my fifth year as a Publicly Elected Governor, and recently Lead Governor I believe I have sufficient experience and knowledge to be of benefit to the Governor Advisory Committee.

I have always been committed to the values and behaviours of the NHS and support its goals and objectives. I have a thorough understanding of the FT constitution, importance of transparency and accountability to local communities, and welcome the anticipated governor duty to the public to support system working.

I represent the Governors at Board Meetings, Finance and Performance Committee, Clinical Ethics Panel, Mortality Surveillance Group, Nominations and Remunerations Committee, the Medical Division and Community Healthcare Divisional Reference Groups and the Transformation Programme Board which is leading on the Government investment of £196.5 million in the 2 Hospitals of the Trust.

As an elected Councillor (first elected in 1990 and awarded MBE) my roles have included Leader of the Council, currently Chair of the Audit Committee and a member of the Health and Wellbeing Board. In undertaking these roles I have gained excellent communication skills and have represented the views of constituents at various meetings. I have acted as Chair of many meetings, both Public and Private (I am now retired) and have learned to deal with many difficult situations and conflicts.

I have always considered the best attribute is to listen to all points of view before making a final decision and feel I could contribute to guiding the support programme for the benefit of all governors.

Remaining Governor Term: Until Summer 2022

Richard Ballerand

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Foundation Trust Name: Chelsea and Westminster Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Richard Ballerand, recently re-elected, has been a public governor at Chelsea and Westminster Hospital NHS Foundation Trust since November, 2017.

He currently serves on the Nominations and Remuneration committee and previously served on the Membership and Engagement committee.

He is very involved with our local communities, eg. offering monthly Meet a Governor sessions.

Passionate about patient, carer, and public involvement, he chairs the Patient and Public Voice Group of the London Clinical Senate NHSEI, also serving on its Council.

During the Pandemic, Richard has been very busy providing lay input into national programmes at Health Data Research UK and the Beneficial Changes Network. He is keen to ensure that advancing digital transformation leaves none behind.

Experienced at effectively representing the public at both board and community level, nationally, he served as lay member, NICE Technology Appraisal Committee, and NICE Public Information Programme Expert Panel.

With a dual background in the defence and finance sectors, he travelled widely as a military liaison officer and advisor. He gained family experience of the French and American healthcare systems, including elder advocacy, and care coordination.

A 2017 NIHR Improvement Leader Fellow, he will complete a EUPATI (European Patients' Academy for Therapeutic Innovation) Training Fellowship in April 2021.

Given his own lived experience Richard has special interests in the challenges facing people with "invisible" disabilities, our diverse communities, and the ex-military.

Richard would bring his experience and aptitudes to the vital challenges facing the Governors Advisory Committee over the critical years ahead.

Remaining Governor Term: 3 years

Eric Bennett

Foundation Trust Name: Humber Teaching NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I have been a public governor for over 4 years & proud to be involved in diverse & numerous areas of our leading NHS trust. In relation to NHS Providers I have attended a number of out of town meetings & found that all these meetings are excellent in meeting with governors from other trusts & how governors are working collaboratively within the health & care systems. It highlights the skills needed to improve services & gain knowledge from governors from other trusts. Governors have an important role to be involved in NHS Providers as they work closely with government, parliamentarians & regulators. Also it's an organisation that's help trusts to deliver high quality patient-focused care in an everchanging & demanding environments. 123

Working with NHS Providers as a representative of our trust it ensures that governors are kept up to date & NHS Providers have key speakers in meetings I have attended, one of the main subjects was appointment & retaining governors. It was interesting to have taken part in discussions from other governors in breakout groups with their ideas, retention & effectiveness. As governors we should consider the opinions in how we ensure that we retain governors as we all make a valuable contribution

Remaining Governor Term: 25 months

Joanna (Jo) Boait

Foundation Trust Name: Homerton University Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Joanna (Jo) Boait FCIS, MBA

I am Lead Governor of the Homerton University Hospital NHS Foundation Trust (the "Homerton"). The Homerton incorporates hospital and community health services, teaching and research and is rated "Outstanding" by the CQC. The Homerton created the first Post COVID 19 Patient Information Pack and is recognised as being innovative in embracing methods and systems that promise better and safer patient care.

The Homerton serves the London Borough of Hackney and the City of London, together with surrounding areas. Hackney is one of the most diverse and deprived local authority districts in England.

I am a Public Governor, representing my fellow residents in the City of London. I work at board level as a Corporate Governance professional in the financial services industry. I am currently using my experience to facilitate the development of a structured framework that should ensure that it is clear how the Homerton Governors fulfil their statutory duties and comply with good governance practices.

I would welcome the opportunity to join the Governor Advisory Committee and use my skills at a national level to provide oversight on the work undertaken by NHS Providers, particularly their provision of advice and support to Governors.

Remaining Governor Term: 2 years

Maureen Burke

Foundation Trust Name: Greater Manchester Mental Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I am delighted to have the opportunity to seek nomination to the GAC.

I have a long history with the NHS, having occupied a variety of roles over a career spanning 40 years. My NHS career culminated in being appointed in the first wave as a forensic mental health nurse consultants.

In the last 4 years of my career worked with the CQC as a specialist adviser nationally. In addition to my professional career.

I have been a carer for a family member with dementia for 12 years which meant I had to dig deep emotionally and the experience brought an indelible appreciation of what being a carer means.

My decision to stand as a governor at GMMH was driven by a desire to continue to influence and improve the care and treatment of mental health service users at a strategic level, representing my constituents of Salford.

I was delighted to be appointed as Lead Governor at GMMH, galvanising the Governor group in undertaking a needs analysis, identifying a training and development programme, and making important links with other lead governors nationally.

My personal style is one of working collaboratively and respectfully, recognising we all have something to contribute. I have been described by colleagues and managers as bringing support and challenge in equal measure. Being an enthusiastic self starter, I am keen to build on my skills and expertise around organisational functioning, both clinical and managerial to enhance the contribution of governors to Foundation Trusts both nationally and locally.

Remaining Governor Term: Expires March 2022

James Canning

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Foundation Trust Name: South London and Maudsley NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Having just started my second term as a public governor, I would love the opportunity to contribute to the national agenda through sitting on the GAC. I work as a board level headhunter for the NHS, giving me an excellent understanding of what good leadership looks like for both executive and non-executive directors, as well as a deep strategic knowledge the NHS nationwide. Deeply passionate about mental health, I have also brought a fresh perspective to the Council at SLaM as a member of the LGBT community, a former service user, and as a younger governor in full time employment.

I would bring all of this to the GAC, as well as the experience I have gained over the last three years. I am the Deputy Chair of our Planning and Strategy Working Group, was involved in local governor lobbying of CCGs and MPs around CAMHS funding, visited staff in nearby A&E's to better understand the challenges they face, as well as actively contributing to the council more generally. I have a particular interest in increasing diversity at board level through lived experience, and would like to help drive a change in the experience of NEDs. Not every member of a board needs to be able to chair an audit committee, and having fresh voices from the diverse communities our Trusts serve, can only help us. I would be honoured to represent mental health on the GAC, and hope that you will vote for me.

Remaining Governor Term: 3 years

Barry Canterford

Foundation Trust Name: Hertfordshire Partnership University NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

As a member of the Governance Advisory Committee, I will strive to support Governors and ensure NHS Providers provide a comprehensive and relevant governor support programme.

As a serving public Governor, Chair of Governors Sub-Group and Engagement Champion I have a unique understanding of how Foundation Trusts work and what the expectation is of Governors.

I am in the excellent position to undertake this role as I am an experienced Governor and I successfully chair our Membership & Engagement Governor Sub-group. I do this by ensuring all members are able to participate, prepare and research the areas discussed and contribute fully to the discussion. I am also a member of our Appointments & Remuneration Committee which requires me to work as part of the team of Governors who ensure the Trust recruits and supports the Chair and NEDs of the Trust.

As Engagement Champion, I have fought against the stigma faced by service users by giving presentations about the Trust's services and the vital role members, Governors and the public can have. This demonstrates my exceptional communication skills, as I am able to encourage people to think differently about our services.

I am committed to regular communication and information for Governors, so they can undertake their role successfully. I regularly participate in virtual briefing events for Governors which are a great way to engage & keep in touch.

My passion for advocating mental health and learning disability services has led to the successful recruitment of members & Governors.

Remaining Governor Term: Term of office end 31 July 2022

Foundation Trust Name: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service User

#hellomynameis Anne Carlile, a serving Governor of CNTW NHS FT, a Mental Health and Disabilities organisation, rated outstanding by the CQC 2016/18.

As a team of Governors, we have been instrumental in enabling Governors and staff working together to develop processes for the benefit of improving effective and efficient services, for the whole spectrum of individuals with mental health and disability issues.

I retired from full-time work 8 years ago and I am a carer who has worked with other carers & carer organisations for the last 20 years. Previously, I developed and managed a successful city wide nationally recognised charity which supports carers of drug and alcohol users. The Charity received the prestigious Queens Jubilee award in 2002. I worked for a Northumberland Charity and was seconded to HMPS Durham and Northumberland as a Family Intervention Officer. I am a member of Priory Medical Group, North Tyneside Patient forum and represent patients on North Tyneside Clinical Commissioning Group patient forum. We have sub-group membership and I sit on mental health, self-care communications group, shared decision making group (MAGIC Programme, Newcastle University). I am also a member of the Crown Prosecution Service (community and involvement panel). I have spoken at National conferences and chaired numerous working groups in all my roles. As a qualified trainer I have produced and delivered many training programmes. I've been an elected member of the GAC since April 2016 and I believe my experience and enthusiasm may further benefit NHS Providers GAC.

Remaining Governor Term: 12 months

Stephen Churchill

Foundation Trust Name: Dorset HealthCare University NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Staff

NHS foundation trust governors have a vital role to play in providing oversight and feedback to the board and holding non-executive directors to account. Governors help make trusts publicly accountable for the services they provide by providing a link between the members, the wider community and the board, and they provide valuable insights to the strategic direction of trusts by representing the views and needs of members and the local communities we serve.

NHS Providers plays an important role in representing NHS foundation trusts, supporting governors to be able to carry out their statutory duties and shaping governor services through a number of key initiatives and the governor training and development programme.

NHS Providers is recognised for its voice and effective influence, and as a promoter of shared learning across member trusts. Its vision and mission to support members to deliver high quality, sustainable NHS care for patients and service users is closely aligned to Dorset HealthCare's to be 'better every day'. Both organisations are member and patient led, with a relentless focus on delivering high quality, safe and patient focused care through learning from our members, acting as their voice and helping shape the health and social care system in which we operate to address health inequalities and improve health outcomes.

I am standing for the GAC because I passionately believe that the governor's role matters and I would like to represent Dorset HealthCare on this national platform and support governors of all member trusts.

Remaining Governor Term: Three Years

Carol Coleman

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Foundation Trust Name: Kent Community Health NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

Having retired in 2015 from a forty year career in the Civil Service, I had the privilege of being elected for my first term in February 2016.

My roles have included strategic and tactical analysis, which has equipped me with a comprehensive knowledge of best practice in research and evaluation of complex reports and minutes. Extraction of the salient points provides me with the widest possible knowledge base when representing groups and individuals at meetings, so that I feel well equipped to participate in all aspects of a governor's role.

For new Governors from a non-NHS background, the first year or so in post can be a very steep learning curve and I feel that being part of the GAC may give me the opportunity to assist making those early days easier.

I feel that transparent communication between the Trust, NHS management and the public is of the utmost importance at all times. In order to be able to reflect the Trust services as comprehensively as possible, I have taken on roles as chair of the Communication and Engagement Committee and participate on the Patient Council and SE Network, Safemeds, Charities and the R&D Committees.

As a Trust, we work closely with Primary, Acute and other stakeholders and have held joint governors meetings to identify best practice across the governor roles. Holding NEDs to account is always a question raised and the pandemic has only exacerbated this with few opportunities to see NEDs at work and their contributions.

Remaining Governor Term: 13 months

Eileen Cox

Foundation Trust Name: West Midlands Ambulance Service University NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I have been a Publicly Elected Governor of West Midlands Ambulance Service for Staffordshire since 2013. I was elected to the role of Lead Governor in 2015 and have continued within the role to date, having been re-elected by my fellow governors. In that role, I played an instrumental part in the interview process and appointment of our Trust's current Chair. I have also been part of the selection process for several Non-Executive Directors. One of the highlights for me personally, was this year receiving the retiring Chair's award!

My background is in the business sector, but I have always been a staunch supporter of our N.H.S. I firmly believe it is essential that this "Institution", which is apparently what makes people proudest to be British, continues into the future for the benefit of all. I voluntarily serve as a patient representative, on N.H.S. Committees, including the North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Patient Congress.

I have for the past eight years, served as a Governor of one of my town's Middle Schools, now a "stand alone" Academy, where I chair the Finance Committee.

Having read the description of the NHS Providers Governor Advisory Committee, I feel that I could bring some value to GAC, and I am well used to working as a team member. Should I be fortunate enough to be elected, I would certainly be prepared to make the commitment required to do justice to my role.

Remaining Governor Term: Two years

Janet Crampton

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Foundation Trust Name: South Tees Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Appointed/Stakeholder

As a Governor at STH Foundation NHS Trust for 9 years, taking on additional roles relating to patient experience, complaints review and membership, I have the experience and the time to commit to a broader role with the Governor Advisory Committee. Driven by my interest and concern that the governor role adds value to the Trusts and other health bodies it serves, I am keen to see a clearer connection between policy developed centrally and practice on the ground. For 11 years I worked centrally for the Department of Health Older People's Directorate (I was part of the team that developed the 2009 National Dementia Strategy), and learnt that policy design must correlate with the ability of operational organisations to implement and deliver those policies effectively. I feel strongly that in developing policy, 'rules' and general guidance that bind people and organisations to certain actions and specific targets, must involve in their design those most closely affected - so that it works for the benefit of patients, staff, the NHS generally, the wider community, and also the regulators. The most important role of a governor is to listen to and represent the views of other members and the public on matters of concern; and I'd draw on several local and national major-change consultation processes where this was a key focus of governors. On a personal note, I am retired, widowed, living on my own and now have the time to make a meaningful contribution to the GAC and its programme.

Remaining Governor Term: 2 years

Clare Cressey

Foundation Trust Name: Harrogate and District NHS Foundation Trust

Type of Trust: Acute

Governor Type: Appointed/Stakeholder

I have been a Governor at Harrogate and District NHS Foundation Trust (HDFT) for 4 years. I became a Governor as I wanted to help raise awareness of the role and how it benefits its members, the staff and the organisation. In January 2020 I was nominated as Lead Governor and have been totally committed to the development of the Council and its Membership. I decided that I would like to further my knowledge and involvement in the Governor Advisory Committee following the last Governor focus conference where I was inspired by other Governors in attendance and the work of the committee. I have attended many NHS Providers workshops and taken those skills back for the benefit of my role and for the Council. I am particularly interested in the role to expand my learning and to further develop and strengthen the GAC, as I feel I could bring my knowledge, experience and share intelligence from HDFT to help influence the work of NHS Providers. HDFT covers an extensive footprint offering acute services from Harrogate and Ripon hospitals and the local community, it also provides high quality healthcare across Leeds, Middlesbrough, County Durham and Darlington. Choose me if you want someone with energy, enthusiasm, passion and lots of ideas, who is dedicated and committed to the role of Governor.

Remaining Governor Term: June 2021

Eric Crossfield

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Foundation Trust Name: Camden and Islington NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Carer/Patient/Service User

Eric served his commission in the Royal Navy in the time of the Cold War and the Falklands Conflict. He served in ships and submarines in home waters and abroad, including a period in the Hong Kong Patrol Squadron during the Vietnamese refugee crisis and on the longest unsupported submarine patrol securing the safety of waters around the Falklands. His expertise developed as a navigation specialist and included commanding a training ship.

Three months into initial training, unfortunately he closely witnessed and was involved in a helicopter accident sadly losing some friends and colleagues.

With such lived experience manifesting in different ways, years later Eric was diagnosed with complex PTSD for which he received excellent treatment through Camden and Islington NHS Foundation Trust's (C&I) TILS and CTS. He was elected to C&I's Council of Governors in 2019 as a Service User Governor which he saw as an opportunity to represent the voice of mental health service users. Eric has also been a panel member involved in evaluating regional NHS Trust bids for the Veterans High Intensity Service.

Outside of C&I, Eric is a senior insight analyst with John Lewis Partnership and subject matter expert in the field of Social Listening. Additionally, he has spent many years as an elected Councillor representing interests of fellow Partners and holding management to account in the co-owned business.

Eric's involvement is inspired by his personal values, driven by understanding and supporting others both to find and recognise the value of their voice.

Remaining Governor Term: Until October 2022

Sean Driscoll

Foundation Trust Name: Bedfordshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am an active Public Governor of the Bedfordshire Hospitals NHS trust, currently serving my second term after being successfully re-elected. I believe that I can bring my knowledge and skills to the Governor Advisory Committee.

I serve on the Car Parks committee, and up until now have been careful not to take on any more responsibilities as I am still working full time. When I saw the post of a position on the Governor Advisory Committee, I was immediately interested in it for two reasons. The first is that I feel it would be both interesting and also a very important role in connecting us as a group of governors to a National body and secondly it has a manageable time commitment that I am confident in being able to deliver.

My business background has given me the confidence to both absorb new information and report it back to a group and also to be clear and confident in presenting views to a gathering of people that I may not know particularly well.

If elected I hope that I can support both NHS Providers, and my Trust in representing our views to the Committee and also being clear in my reporting back to the body of governors.

Remaining Governor Term: 2 years

Foundation Trust Name: Sheffield Health and Social Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Have been a service user in the last five years and as a relative of a current service user, I am passionate about supporting NHS services in my role as a governor. I enjoy helping develop stronger links with the communities we serve, and being the bridge between the public, service users, providers and staff.

My skills and experience include voluntary work for Age UK Sheffield, where I assist in activities and events for members to enable them to maintain their cognitive function and mobility, and Sheffield MENCAP, where I support teaching adults with learning difficulties and provide one-to-one teaching for a member with cerebral palsy.

I also volunteer for CLIC Sargent – a national charity for children with cancer. My wide-ranging role includes fundraising, reviewing policy documents and handling telephone or in-store enquiries.

In addition to these roles, I have a long history of volunteering in our local community, including work for Sheffield Royal Society for the Blind, Sheffield Churches Council for Community Care and a local library.

I am keen to bring my energy and passion to the Governor Advisory Committee, to support its important role, contribute ideas for areas of focus and debate and represent the mental health, learning disability, autism and social care services delivered by the Trust for which I am a governor. My term of office runs until July 2023, providing me the time to contribute to the GAC and make a difference.

Remaining Governor Term: 2 years and 8 months

Pauline Garnett

Foundation Trust Name: Bradford Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Background

- Registered nurse with a wealth of diverse experience.
- Worked in NHS for over 25 years in various roles and settings: ICU, Cardiovascular, Team leader, Service Development Manager, End of Life Care Facilitator and currently as a Genetic Counsellor.
- Recently redeployed and enjoying supporting Covid-19 relatives.

Rationale

- It would be an honour and a privilege to continue to represent you as a GAC member and build on the work that has taken place. This experience has facilitated me to have meaningful discussions on a range of topical and governor-related issues to influence NHS Provider Governors work programme and ensure that the right issues are being addressed.
- I have participated in a range of governor events, networking opportunities, liaised directly with Governors, shared insights of learning and best practice and provided feedback on events, key issues and important considerations.
- I have played an active role, produced blogs and provided comments on a revised CQC inspection guide for governors to strengthen the engagement process.
- I am committed, proactive and have a genuine interest in making a positive contribution.
- I am passionate that members are engaged and empowered; their views are respected in order to influence the delivery of NHS Providers initiatives.
- The NHS is going through clinical and economic challenges, it is important that member's views are taken into consideration as their insightful knowledge can provide solutions to some challenges encountered.

If elected I will do my utmost to represent your full range of viewpoints and make a positive impact.

Remaining Governor Term: 16 Months (up to end March 2022)

Foundation Trust Name: Bradford District Care NHS Foundation Trust**Type of Trust:** Mental Health/Learning Disability**Governor Type:** Public

I am a vet who has spent over 30 years working in first opinion practice as both an employee and latterly an owner. I believe in high quality, cost effective healthcare for both animals and people. I have an MA in Healthcare Ethics and an ongoing interest in ethical medical challenges and volunteer for Vetlife, a phone and email group providing mental health support for vets and their teams.

I have been a Governor for 4 years and Lead Governor for over a year. My passions include treating the patient as a whole person not a series of dissociated medical issues; improving communication between primary and secondary healthcare; and early intervention and education to help prevent escalation of mental health problems.

My previous NHS experience includes being a lay member on the Bradford Individual Funding Request panel for 3 years, where GPs request payment for non NHS funded care for patients, chairman of my local GP practice PPG and a member of the Airedale, Wharfedale and Craven Executive PPG.

I have a keen interest in the NHS and supporting it to provide the best care possible, in extremely challenging circumstances, to all members of society equally. I am also passionate about the wellbeing of all staff working in the NHS, as without them the system cannot operate effectively. I feel I have a lot to offer the Committee and would also use the role to feedback best practice into my own Trust.

Remaining Governor Term: 1 year, 5 months remaining

Josh Hardy

Foundation Trust Name: Great Ormond Street Hospital for Children NHS Foundation Trust**Type of Trust:** Acute**Governor Type:** Appointed/Stakeholder

It would be an honour to represent Governors nationally, actively working with committee members to provide oversight and feedback on the Governor Support Programme, maintaining and improving the resources available to us. I believe that Governors are critical to the NHS and from my experience at Great Ormond Street Hospital, the development opportunities furthered my ability to make an active contribution to the Council, maintaining and improving services for patients and their families.

I believe that now is a more exciting time than ever to equip Governors with the right knowledge and development opportunities so we can continue to make active and innovative contributions to the NHS. Through my experience with the JP Morgan project 'Building and presenting a bank for 25 years' time' I've furthered my communication, debate and strategy skills. My team and I spoke to major departments, researched society in 2044 and presented our solutions to a panel of industry experts. I'd look forward to bringing the skills I developed at JP Morgan as well as those I use at Great Ormond Street to represent Governors on a national scale.

I want to ensure that every one of us has the appropriate support to go above and beyond in our roles. Whether this involves discussing the NED appraisal training, making an active contribution to the support programme or working with NHS Providers, I'd look forward to bringing a forward looking, innovative and active voice to the GAC!

Remaining Governor Term: 32 Months

Foundation Trust Name: Oxford Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Mike Hobbs is a Public Governor and Deputy Lead Governor with Oxford Health NHS Foundation Trust (OHFT), the provider of community health and learning disability services in Oxfordshire and mental health services across a wide area from Bath to Milton Keynes.

Mike was employed by OHFT and its predecessor organisations for nearly 30 years as a Consultant Psychiatrist and Psychotherapist. He served latterly for 8 years as the Trust's Medical Director and has extensive clinical and Board level management experience. As Medical Director, he was actively involved in a Trust merger, the achievement of Foundation Trust status, and the integration of Oxfordshire's Community Health services.

Since retiring, Mike has worked on a voluntary basis (1) as Chair of an Oxfordshire Clinical Commissioning Group Patient & Public Involvement Forum; (2) with Oxfordshire Youth Justice Service's Restorative Justice Team; (3) as a primary school road safety cycling trainer, and a qualified cycling coach with both able-bodied young people and those with disabilities; and (4) leading a community engagement programme of socially inclusive activities through a community pub!, to promote mental, physical and social wellbeing.

A governor since 2019, Mike chairs the Council of Governors' Patient & Carer Experience sub-group. He sees joined-up mental, physical and social care as essential for people with complex ill-health and those with learning disabilities; and believes governors are well placed to promote public, community and inter-organisational collaboration to bring about stronger, safer, more compassionate health and care services. Community engagement is key.

Remaining Governor Term: 18 months

Sally Holland

Foundation Trust Name: Mid and South Essex NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have recently been elected to the Lead Governor role at Mid & South East Essex Hospitals. This is a newly merged Trust formed earlier this year combining Southend, Basildon and Broomfield Hospitals, serving a population of 1.3m. The merger brings with it its own challenges not least 3 different cultures. Whilst Governors will naturally have affinity with their local hospital it is essential that we also ensure we act strategically across the newly merged Trust. I am excited to see how we move through the transition to the new ways of working and ensure our local communities have a voice in the Services and direction being delivered.

I believe that being part of the National Governor advisory Committee will be invaluable as I will be able to share with colleagues the journey and lessons learned, as Governors, from the merger and more importantly learn from others as we transition into this new Trust. I would like to ensure Governors access the development opportunities available to help us in carrying out our role to the best of our abilities.

As Lead Governor I think it is vital to ensure good, regular communication both with the Board and NEDs, and more importantly between Governors. Many Governors work tirelessly listening to their communities and feeding back to the Board, however, we have not been so good at sharing this information amongst ourselves in the past and this is something I hope we can improve upon.

Remaining Governor Term: 2 years

Tony Horrocks

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Foundation Trust Name: North Tees and Hartlepool NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Tony Horrocks enjoyed 47 years in the Hotel and Catering industry of which 22 years were spent on hospitality ships as a Merchant Navy Officer, in that time Tony was a member of the Hotel and Catering institute and the British Institute of Innkeepers, before retiring in October 2014. After retirement Tony wanted to give something back to the NHS who had helped his family on many occasions and immediately applied to become a Governor of North Tees & Hartlepool Foundation Trust.

As a public governor and lead governor, Tony has supported fellow governors and as part of the Strategy & Service Development Committee, the Membership Committee, the Nominations Committee and the External Audit Committee has gained a wealth of experience and satisfaction in holding the board of Directors to account. During Tony's three years as a Lead Governor and working with the Governors, he has helped shape a more organised focus to the responsibilities of Governors ensuring the best interests of the Trust are met and promoting the health & wellbeing of the local population. He undertakes his role with passion and determination.

In the past Tony has attended NHS Providers Governor Development sessions which he found valuable and gained knowledge to aid with his role as Governor.

I strongly feel as a team member to the Governor's Advisory Committee, Tony could provide guidance and advice to oversee the work of the NHS Providers in support of Councils of Governors.

Remaining Governor Term: Three years

John Jones

Foundation Trust Name: Essex Partnership University NHS Foundation Trust (EPUT)

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

I have been pleased to have been on the GAC for the past 5 years, with a one year gap, attend all meetings, including many regional conferences and make regular contributions.

Why do I do it? As a Lead Governor for a major mental and community health Foundation Trust I think it is important that the voice of mental and community health is not drowned out by the well-publicised problems in the acute sector. In particular, that governance in a MH trust is different to that in an acute trust, with its wide geographic spread (we have around 200 sites across 100 miles), with the potential for staff to feel isolated from the centre, and patients rarely seeing senior management. It needs someone with experience to make that voice heard.

I get most satisfaction from making suggestions for improvement and these being accepted and implemented. That makes a real difference to the experiences of the patient, and it is satisfying to look back at that and say to yourself, "I did that".

In February 2016 I established (encouraged by the GAC) a Regional Network of Lead Governors and this allows me to report back the views of a wider group of FTs than would otherwise be the case.

I have established a good working rapport with the senior staff at NHS Providers, who respect my views, dedication, commitment and expertise. I am asking for your support so that I can continue to provide this for all our benefit.

Remaining Governor Term: 2 Years (June 2022)

Mustapha Koriba

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Foundation Trust Name: Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I grew up in a family of healthcare professionals and as such, I have developed a strong passion for the NHS. My daughter works in the NHS and my wife is a retired nurse /midwife)

After 24 years in senior leadership roles in various international roles (Vice-President and Director Roles across Europe, Americas, Asia and Africa), I set up my own consulting and training business. Initially, 25% of my time is dedicated to charitable causes, and now it is more than 75%

For the past four years I have been an active Public Governor of the Rest of England and Wales. As such, I have attended many events concerning the NHS: MIAA, AQA and NHS Leadership Academy events. I have also attended the last two Governors conference. This has allowed me to build a good knowledge of the NHS and the issues it faces.

In our Trust, I carry out the following:

1. I do monthly Real Time Patient Surveys. I talk to patients about the quality of care they receive. This allows me to get close to patient care.
2. I do Patient Safety walks. This allows me to keep close to patient safety and staff engagement
3. Member of the Workforce/People Committee. This allows me to keep close to staff engagement
4. Until a month ago, I was member of the Nomination Committee. This allowed me to contribute to the appointment of the CEO, Chairman and Non-Executive Directors
5. Member the External Audit committee

Remaining Governor Term: 1 year 10 months

Sarah Lennard

Foundation Trust Name: South Western Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Staff

I began my career with South Western Ambulance Service as an area administrator, progressing to emergency care assistant and then taking the Open University route to become a Paramedic, I am now a lead Paramedic at Redruth and Hayle stations.

I became the Staff Governor for Devon and Cornwall in March 2017 and have developed within the role, attending the meetings regularly, contributing when necessary to give an operations perspective to the Council of Governors and the Non-Executive Directors, asking questions and looking for assurance from the Non-Executive Directors about their involvement and influence within the Trust.

Most recently becoming a member of the remuneration and recommendation group, interviewing for new Non-Executive Directors; this process involved being part of the shortlisting process as well as representing operational staff on the interview panel.

I am committed to represent the people of the South Western Ambulance Service as a staff Governor for Devon and Cornwall, as I feel I have the knowledge and experience gained from the past 3 years, to best represent operational staff for the next 3 years.

I am currently within my first year of my second three year term as Staff Governor; I am very interested and committed to be considered of servicing on the Governor Advisory Committee to gain further experience to be able to improve my skills within my Governor role and most importantly to provide a voice to Governors nationally.

Remaining Governor Term: Current term 01 March 2020 - 28 February 2023, eligible to stand for another three year term after 28 February 2023

Foundation Trust Name: South Central Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I have recently been re-elected as a Public Governor for Oxfordshire and feel I have the relevant skills and experience to undertake this role.

As regards experience, I feel fully confident in asking constructive questions at Board and Council of Governors {CoG} meetings to hold our NEDs to account as well as contributing to strategy and development meetings. I understand how the various elements of the Trust function and the current state of play including our national COVID Response Service. I am familiar with the buddying role of NEDs to Governors and able to discuss its diverse benefits.

I am deeply committed to represent the interests of Trust members and the general public and am currently the deputy chair of our Membership and Engagement Committee. Although COVID-19 has prevented our public engagement in person, we have developed some exciting new initiatives to engage with our constituency using social media and other technologies. I am the Governor lead on the development of short films on topics such as dementia and flu vaccinations for the public.

I have good communication skills and have many years of experience chairing NHS committees and working as part of multi-disciplinary teams.

I am enthusiastic and would welcome the opportunity to share SCAS Governors' experience with a wider group of fellow Governors and in turn learn new ideas that would benefit our Trust

In summary I feel well placed to bring an open but informed view to this Committee.

Remaining Governor Term: Three years (until 29 February 2024)

Gill Little

Foundation Trust Name: Royal United Hospitals Bath NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I am a Public Governor at the RUH Bath, commencing in September 2019.

My background is clinical, and my last position was Company Director for a private healthcare provider and manufacturer of medical devices. My focus was to grow the business via mutually beneficial contracting with the NHS and to provide a quality specialist nursing service.

I have been deeply involved with provision of care, managing the employ and deployment of staff, and was the Registered Manager regarding our CQC registration.

In putting forward my application to serve on the Governor Advisory Committee, I would seek to help Governors to benefit from the Governwell training programme which I have found invaluable personally. By raising awareness of the support available to Governors and sharing dialogue on what training can do for the individual Governor, we can achieve parity of knowledge and expand joint interest and recognition in our achievements as Governors.

If elected, I would like to work to encourage the networking between Governors from differing NHS Trust within the South West area and potentially nationwide, which is such an important facet of our roles. If we are to work to benchmark our function and effectiveness for our hospitals then this is one area where I feel there is scope for much improvement.

As Public Governor, I am very keen to reach out to our constituents, with helpful and positive information regarding their hospital and services, and to encourage a larger membership which is motivated to support their local hospital.

Remaining Governor Term: Until 31st October 2022

Dr. Sunila Lobo

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Foundation Trust Name: Royal Berkshire NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I believe I have valuable experience to offer through the various roles and responsibilities I have taken on, as Governor at the RBH NHS Foundation Trust. I have been Chair of the Governor Strategy Committee during the Trust's strategy renewal, resulting in its transformative Vision 2025.

I have also been on the Trust's Charity Committee providing scrutiny on utilisation of donor funds for the best possible impact.

I have benefited from the training and resources provided like the Governwell training programme on Effective Questioning, which was especially beneficial due to the Trust Chair and another senior executive's attendance. Buyin from the top is needed to appreciate and even welcome challenge from governors. However, holding non-executives to account has been impacted by the pandemic. It is imperative this area is addressed in training and resources, as the situation will not get back to 'normal' for some time.

There should also be more opportunities for governors to meet (even if online) and share thoughts, outside formal agenda-driven meetings. I also believe that resources like the reference guide on Foundation Trusts constitution could do with further scrutiny especially around terms of office and 'significant transactions'. Having attended Governor Focus conferences, I have benefited from the Best Practice showcases and am eager to ensure more dissemination across Trusts. Finally, I would be keen to further improve 'inducting' governors to carry out their roles effectively, especially with the growing public health challenges we face.

Remaining Governor Term: Until Mid 2023

Michael Loome

Foundation Trust Name: Gateshead Health NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I am a retired Civil Servant and currently a Staff Governor. I am a volunteer staff member having been a volunteer since 2011, working primarily in the Out Patients Dept. and occasionally on certain wards. Prior to becoming a Staff Governor I was a Public Governor for three years one of which was as Lead Governor.

As a governor, I have been a member of the Remuneration Committee, the Digital Patient Project and Out Patient Project Boards, the Patient Environment Action Group and the Membership Strategy Group. I have also taken the NHS Governors Finance Course which gave me a better understanding of NHS budgeting and finance and has been of great help at Board meetings which I attend regularly.

Since becoming a Governor I have acquired a greater understanding of how we manage and deliver services as a result of interaction with Board members, Non- Executive Directors and staff together with visits to various departments and wards.

I have also talked to staff and patients listening to their views on the NHS and the way services are delivered and feel that this is an opportunity to further represent their viewpoint and discuss and exchange opinions with Governors from other Trusts.

After having previously attended the National Governors Focus conferences

I now relish the opportunity to sit on the Governor's Advisory Council and ensure that member's views are taken into consideration in providing solutions to some of the clinical and economic challenges faced the NHS.

Remaining Governor Term: 2 years

Samantha Mills

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Foundation Trust Name: University Hospitals of Derby and Burton NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

I am Dr Samantha Mills, a staff governor and A&E junior doctor working at the University Hospitals of Derby and Burton Foundation Trust. The decade prior to retraining as a doctor, I worked in the Home Office and at one of the world's largest manufacturing companies. Therefore, I bring a diverse background of knowledge and experiences to my role as governor. I have proficiencies chairing and sitting on subgroups; to review work, identify areas of concern, facilitate debate, and lead with delivery on improvement projects.

I have operated locally and nationally; presenting, writing court and press statements, ensuring clear, effective communication is key in all my work. Guaranteeing all viewpoints are heard and feedback loops closed, to ensure progress and solutions are known to all involved. Recently merging as a Trust, the need for understanding and to communicate well, ensuring people are supported and understand what is happening in practice has really been a passion of mine.

Continuous improvement, along with equity and diversity advances, are in everything I do. I have a hidden learning disability, which I openly discuss to highlight what can be. Through my role as staff governor I have become aware of the unique vantagepoint a A&E junior doctor can bring of day to day hospital working and how this benefits my input as a staff governor. If elected I very much hope this will be to the advantage of all and plan to actively input into the improvements and support the GAC has to offer.

Remaining Governor Term: 7 months

William Miskelly

Foundation Trust Name: North Cumbria Integrated Care NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Although I have only been active as a local public governor for a short period of time, I regard myself to be competent at fulfilling the required role if elected to the NHS Providers Governors Advisory Committee.

I am a member of the Trust Governors Advisory Committee and a member of the Learning Disability and Autism special interest group; and the External Audit special interest group.

I believe I have the skills and desire to succeed and the ability to adapt to new ways of working when required in an ever changing environment.

I enjoy representing my community whether by asking questions on their behalf or holding people to account when needed.

Problem solving is a particular enjoyment and I like to take a measured and considered approach to matters before formulating an opinion, whether on behalf of myself or a member of my community.

I am very good at gathering and interpreting information in a variety of formats.

I always have one eye on how what we do now will affect the NHS in the future, as I feel that we are very lucky to have a national health service. I would like to expand my current role to help keep our NHS here for future generations.

Remaining Governor Term: 9 months

Caroline Ogunṣola

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Foundation Trust Name: East London NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Staff

As a registered nurse and a Queen's Nurse with wealth of experience in community nursing I practice with great pride, passion and positive energy.

In my current role I am responsible for nurse workforce development which would stand me in good stead in supporting NHS Providers Governor training and development.

I am very passionate about the NHS and my Trust's work. Influencing local services to deliver what matters to patients is very close to my heart. I have held various roles in NHS organisations, gaining valuable experiences and building excellent network that can support and shape my thinking with great resilience as a member of the Governors Advisory Board.

I have just started my second three-year term as Governor, having been re-elected in November 2020. My fellow Governors recently expressed their confidence in me by electing me as their Lead Governor.

My key achievements during my first term as a Governor include:

- I worked with another colleague to initiate the proposal to the Council to change staff pay day to a fixed date to alleviate poverty among staff
- I contributed to the development of the ELFT Promise and worked towards actively embedding it in our practice.
- I represented the staff's views during COVID-19 pandemic to the Board, especially on PPE provision.

My particular focus is contributing positively to the growth and development of the Council of Governors in order to have a strong impact and to work constructively with the Board.

Remaining Governor Term: 3 years

Bhavna Pandya

Foundation Trust Name: Liverpool University Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

Bhavna has worked in the NHS since 1995. She joined Aintree Hospital (now Liverpool University Hospital NHS FT) in 2005 as a Consultant Nephrologist and Physician, managing kidney patients, helping with acute takes and post-take ward rounds.

From 2006, as the Trust lead and regional co-lead Bhavna was involved in successfully implementing the Department of Health Chronic Kidney Disease initiative in the North West.

Bhavna is an equality and diversity representative for the Medical Womens Federation UK. Her work as Chair for Opportunities in Nephrology committee (Renal Association) has resulted in diversity strategy changes, which were implemented at trustee, council and community level.

Bhavna's work was commended at the British Medical Association conference in Belfast and in the British Medical Journal as significant contribution amongst the medical doctors in the UK.

During the Covid-19 pandemic Bhavna set up a process to communicate with patients and carers. She also successfully highlighted staff and patients' Covid-19 concerns to the Trust Board, Public Health England and the Renal Association.

Patient safety and quality at every level is her passion along with supporting her colleagues through mentoring. As a Staff Governor at one of the largest FTs in the country, Bhavna plays a significant role in bridging communication between her constituents and the Board.

Bhavna believes that if elected as a member of Governors Advisory Committee she can share her experiences and ideas to help improve and reinforce the role of Governors in the NHS.

Remaining Governor Term: 2 Dec 2022

Linda Pepper

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Foundation Trust Name: Northumbria Healthcare NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been an active public governor with Northumbria Healthcare Trust for the past 8 years, and as well as participating in all council of governor meeting, I have been involved in various committees: e.g. patient information, patient experience, Nomination/remuneration/development, assurance, audit. I have mentored new governors when they have been appointed. I held the role of Lead Governor for a while.

I am also a member of several other NHS Trusts, in Manchester and in Oxford (where my daughters live) and find it informative to see how other Trusts work, and to pick up ideas and examples from them.

I am familiar with the work of NHS Providers. I have attended, and appreciated, several GovernWell trainings, not just for the learning but also the opportunity to share experiences with governors from other Trusts.

I am an active member of local Healthwatch (and all its previous iterations since Community Health Councils were abolished in 2003).

In addition to working locally, I have a long history of bringing the interests of patients and the public to several national health organisations, e.g. Medicines and Healthcare Products Regulatory Agency (MHRA); Royal Colleges of Obstetricians + Gynaecologists (RCOG); National Institute for Health and Care Excellence (NICE); National Cancer Advisory Group (NCAG); Independent Reconfiguration Panel (IRP).

I would very much appreciate the opportunity to work with others on the Governor Advisory Committee and to be involved in the governor support programme at NHS Providers.

Remaining Governor Term: 2.5 years

Carl Plummer

Foundation Trust Name: East Kent Hospitals University NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a Public Governor for Folkestone & Hythe with the East Kent Hospitals University NHS Foundation Trust for just over a year now. I am seeking re election in February 2021.

I believe the Governor's role, although not operational, is fundamentally vital for the governance of a Trust. I am passionate about the NHS and its Staff and Patients. I believe a Governor to be a "Critical Friend" of the NHS.

To join the Governor Advisory Committee on behalf of my Trust would be an honour and a privilege. I hope I can bring forthright and critical discussion to the table, not just to benefit my individual Trust, but to assist other Governors to understand and shape the role of the Trust Governor for the future.

I am always willing to learn from others and I believe membership of the committee would help me influence the future shaping of the role and how we, as Governors, can assist and shape our Trusts for the future. I am only a beginner, I have lots to learn and to contribute to the Committee. I hope you will allow me to join you in shaping the Governor role for the future.

Thank you for taking the time to read my statement, and I hope on the basis of this you would allow me to stand for election to the National Governors Advisory Committee.

Remaining Governor Term: Ends 28 February 2021, Carl is re-standing, elections in January

Foundation Trust Name: Gloucestershire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Staff

My career began as a Radiographer before training as a nurse and then a midwife. I stayed in midwifery in Gloucestershire for twenty years predominantly as Clinical Lead with secondments to Risk manager and Matron. Although hospital based I am interested in early intervention and service integration. I undertook a BSc in Community Health and PGD in Public Health. In 2016 I relocated to Guernsey in the role of Governance and Quality Assurance manager. Missing the frontline I returned to Gloucester where I run a small business and work part time as a Staff nurse in Acute Medical admissions.

I became a governor because I believe the scrutiny they provide is essential to quality assurance. They also provide a route for the board to gain insight into view and opinions. I felt I had the networks and contacts that would facilitate getting feedback and allow me to both promote and explain the role.

My initial term as Staff Governor was in 2003 before the formation of NHS Providers. The role was poorly understood and unsupported. Now Governors are fully aware of their statutory duties and are comfortable to participate and appropriately question NEDs. The training provided and the NHS providers website is invaluable. However engagement with a full cross section of members remains problematic. We are currently working on an engagement strategy and being a GAC member would allow me to both share our ideas and learn from others to identify best practice.

Remaining Governor Term: 2 years

Sue Prior

Foundation Trust Name: North West Anglia NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Having been a public governor in our trust for almost 4 years and observed most of the committees I believe I now understand the role of a Governor and the importance of the role, we provide, within a foundation trust. The experience from my legal and commercial finance background as well as managerial experience in a Local Authority adult and children social services has assisted in developing awareness of our regulatory role.

I have sat on a regional group of Governors and therefore cognisant of the varying degrees of effectiveness of COGs 'in our region'. I am a regular attendee of STPs and CCG meetings in both counties which creates awareness of cross border issues and the differing priorities. This allows me to be an active participant in the Governor's Council in the everchanging development of the NHS. Participating in NHS England forums and hearing and identifying common positive innovative developments, together with themes and issues across all our hospitals and trust provides information to support our governor role

Being closely involved in regional and local patient participation leadership and being a voice for patients and members keeps me closely in touch in support of our representative role.

I would very much welcome the opportunity to shape the Governor services provided by NHS Providers, broadcast the support available and develop networks to help support Trusts by being nominated to represent governors and trust onto the Governor Advisory Council

Remaining Governor Term: 2 years

Douglas Ralph

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Foundation Trust Name: Hampshire Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Since retiring from the service, I have been a governor for Hampshire Hospitals for which I am in my second term and a Community Ambassador for the North Hampshire CCG. During my tenure I have undertaken many interesting areas of the role, from interviewing for executive staff and NEDs to being interviewed by the CQC. I sit on various sub-committees, such as Membership Communication and Engagement and Nomination, Remuneration and Evaluation. I have also been honoured to sit on the multi-agency committee of the Hampshire Together programme: modernising our Hospitals and Health Services. I feel I have a good breadth of experience in the role of a Public Governor, enhanced by being elected as their Lead Governor earlier this year. I would consider it an honour to be able to assist others in their journey and help other governors to enjoy their time in the role.

I have worked in healthcare throughout my thirty-eight year military career, providing everything from direct support to troops on the ground, to strategic overview and policy creation at MoD board level. I was honoured to serve as Commander Medical London, where I oversaw the planning and execution of healthcare for military personnel during landmark events including the Royal Wedding, Diamond Jubilee and the 2012 Olympic Games. My last role was the executive editor for the Defence Recovery Capability, the government policy dealing with the return of wounded, injured or sick service personnel to duty, or a useful civilian life.

Remaining Governor Term: 2 years

Mohammed Ramzan

Foundation Trust Name: Rotherham Doncaster and South Humber NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Hi Everyone. I'm Mohammed and I'm a Public Governor in Rotherham, South Yorkshire.

I would really like to join the GAC so that I can contribute my voice, influence peoples thinking with my views and to help continue to improve the service I and all my fellow Governors benefit from. It's so important we learn from each other and share what works and what doesn't – I believe as an established Governor I will be able to make a valuable contribution and use my experience to benefit everyone. I'm involved in a number of different roles including being a Governor and think this will help me too. I am an active Public Governor although I draw on my personal experiences (I'm also a Carer) and those of my family and community (I also have other voluntary roles) to make my contribution at RDaSH. Whilst I will reflect on my experience in South Yorkshire I'm also very keen on broader, national issues too. I would really like to push for there to be more Governors from a BAME background as well as younger people too so that as a collective our FT Governor body is truly representative of the communities our Trusts serve. I have attended NHS Providers events before and its great to listen to and talk to other Governors and this role would help me do this even more. Thank you for taking the time to consider me.

Remaining Governor Term: 10 months

Frieda Rimmer

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Foundation Trust Name: Wirral University Teaching Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

With regard to my nomination to the National Governor Advisory Committee (GAC) I believe that I have both the necessary experience and interest to be of benefit as a member of the GAC. Having been a Public Governor for my local Trust, Wirral University Hospital Teaching Trust, for four years, I was previously employed within the NHS in both a clinical and senior management position. The last 10 years of my employment entailed liaising and developing services across community and acute care whilst also reporting to and working with local CCGs. My role in service development ensuring high quality, patient centred affordable care ensures that I have an embedded understanding of the lexicon of healthcare. I possess excellent communication and listening skills and have presented both nationally and internationally. I am enthusiastic, committed and I look forward to contributing to the development of the role of Trust Governor further enabling full use of this important and largely underutilised resource.

Remaining Governor Term: 2 years

Lesley Roberts

Foundation Trust Name: Midlands Partnership NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

As a Member Governor of the Midlands Partnership NHS Foundation Trust, I am currently the Chair of the Strategic Direction Engagement Group, involved with the development of Integrated Care Planning, which will lead to smooth and united care across health and social care.

I enjoy my role with the Trust and am keen to be involved in as many activities as I can. I recently attended the Providers conference, and found it inspiring, so when this opportunity arose, I asked if I could be nominated. I feel I could be a useful member of the committee, and think that a member from MPFT would be a positive contribution.

I am involved with both the MPFT and Keele University as a research champion, engaged in various research and patient centred projects; and I have recently been appointed to the Partnership Group of the West Midlands Clinical Research Network as a research champion, ensuring that research is robust and relevant to the changing landscape of patient requirements.

Thank you for this opportunity and for considering me for the role

Remaining Governor Term: 9 months and 14 days

Foundation Trust Name: North East Ambulance Service NHS Foundation Trust

Type of Trust: Ambulance

Governor Type: Public

I was a nurse and midwife for more than 20 years, working in Northumberland, Durham, North and South Tyneside. I have also taught healthcare in Community Colleges, after gaining an Open University degree and a PG. Cert in Education and Development (Masters Level) and I am a Fellow of the Royal Society of Public Health.

My husband and I live in Newcastle and are very involved in community work. I am a Parish Councillor and a School and College Governor. I am a member of Newcastle Healthwatch and was Vice Chair of Newcastle Links, and a Community Voice, helping to promote public participation and provide information on health to all the diverse communities of Newcastle. I am also the representative for the northern region of the Association of Open University Graduates, a national organisation based in Milton Keynes.

The work of the ambulance service helps to unite services regarding a holistic view of healthcare and is an important link for communities, promoting public health and cohesion in NHS services, the pandemic illustrates this.

Attending Teams, Zoom and Google Meet events online are proving positive methods of servicing the public. I was involved with Imperial College and their testing of the Antibody Home testing kit in April.

I think my knowledge and experience of both healthcare and education and strategic teamwork would be valuable to NHS Providers.

Remaining Governor Term: 31 October 2022

Susan Ryan

Foundation Trust Name: Derbyshire Healthcare NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

A retired NHS Manager, I became an Amber Valley Public Governor of Derbyshire Healthcare NHS Trust at the beginning of 2020. During a 36 year NHS career, I have worked in senior roles across commissioning and provider organisations and have developed a broad skill set that has helped establish improved outcomes and health experience for our communities.

Supporting governors to be effective in their roles is critical. In early 2020 I experienced first hand, during the emergence of the Covid-19 pandemic, how my NHS Foundation Trust managed to maintain critical service continuity and public confidence during this unprecedented challenge. During this time as a public governor I have worked with colleagues to ensure the interests of patients, staff, communities and wider stakeholders have continued to be represented at the highest level of the organisation. Listening to the community has alerted me to issues, which I have been able to feed back and discuss effectively with the Trust and through new and innovative ways of digital and virtual communication, I have learnt that the spirit of the NHS in Derbyshire is alive and strong.

The skills and knowledge I will bring to the committee will be someone who will listen and learn, read reports, analyse issues and communicate effectively. Through the use of feedback from governors and innovative links to education I will support access, diversity and governor development, which will continue to increase the value that can be added through our activities in this vital role.

Remaining Governor Term: 31.03.2023

Foundation Trust Name: Royal Devon and Exeter NHS Foundation Trust**Type of Trust:** Acute**Governor Type:** Staff

Anum was elected as a staff governor in September 2019. She has over a decade of experience in client services and relationship management. She has worked for both, the private and not for profit sector including Canada's Revenue Agency, post-immigration support agency, a leading commercial bank and now the NHS. Anum joined the Royal Devon and Exeter NHS Foundation Trust in 2018, as a Patient Experience Lead for the Community Services Division. Anum is passionate about the NHS as a service user and an employee. She believes that the organization should continue to strive for the highest level of care, by ensuring the staff, patients and carers are at the centre of every decision made.

Over the last year, Anum has thoroughly enjoyed being part of the Governor's committee. As a vocal and valuable member of the team, Anum has sought assurances from the Trust regarding quality of care by reading and interpreting their periodic reports. Anum is particularly interested in improving communications between the Trust and its stakeholders, and therefore has become an active member of the Public and Members Engagement Group.

Anum understands governors play an essential role in the accountability of the Foundation Trust, therefore support for the governors is key to their development and success. Anum wants to support this agenda at a national level through GAC and is confident that she will be able to bring a fresh perspective and add value to the committee due to her unique and diverse experiences.

Remaining Governor Term: 10 months

Paul Smith

Foundation Trust Name: Mersey Care NHS Foundation Trust**Type of Trust:** Mental Health/Learning Disability**Governor Type:** Public

Paul Smith: Elected Public Governor

I graduated in 1998 with a BSc in Maritime Business and Management, I was forty years old so not the average 'student'. Following my degree, I switched my career path from the maritime industry to the NHS.

Joining a GP practice in Liverpool I began to understand the links between physical and mental health. I eventually moved to a larger practice in Cheshire becoming a partner and began to work more collaboratively with the NHS Primary Care Trust (PCT) and the mental health and community service provider.

In a time of change in the NHS organisational landscape I established a GP co-operative engaging and working closely with PCT and Hospital leadership. I was approached to serve as a trustee for a charity providing counselling services; I was elected chairman and served for over two years.

During my time in the NHS I gained a wide insight into its inner workings and the increasing challenge of mental health. On my retirement I was fortunate to be elected a public governor for Mersey Care.

During my time as governor, I have attended all of the NHS Providers Govern Well suite of training and more importantly developed links with governors around the country from different types of trusts gaining a deep respect for the role and the volunteers who serve.

It would be an honour to join the Governor Advisory Committee and continue the development of training in this important aspect of the governor role.

Remaining Governor Term: 10 months

Foundation Trust Name: Great Western Hospitals NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have been a trust governor for 4 years, fully participating, in council of governors, work groups, committees, ward visits, observing board meetings, governor training and attending NHS Providers governors focus conferences.

For the last three years I have been lead governor and was recently elected deputy lead to support and mentor the new lead. I still have two years to serve as governor and intend to stand for a final term. In the last three years the governors have become more effective, establishing a better understanding and rapport with the non-executive directors and as lead governor instigated a BSW STP governors initiative between the three acute hospitals.

I spent my working life developing new pharmaceutical products for global markets and was heavily involved in reading, assimilating, and participating in UK pharmaceutical industry workgroups reviewing proposed new global registration and approval of pharmaceuticals legislation and successfully made representations to the regulators to make sound, scientifically changes to their proposals. In addition, I had a key product safety role, undertaking numerous inspections of pharmaceutical facilities globally to ensure compliance with international regulatory requirements. I have significant experience on committees in the workplace, as a charity trustee, school governor and NHS FT governor. I find it easy to work with all levels within organisations and have excellent communication skills.

If elected, as a highly motivated person who thrives on new challenges, I would welcome the opportunity to use my expertise, enthusiasm, passion, energy and time to make a meaningful contribution.

Remaining Governor Term: 2 years

Lesley Surman

Foundation Trust Name: Tameside and Glossop Integrated Care NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

I have worked as a nurse and a nurse educationalist all my working life; in practice I specialised in Care of the Elderly and in education Health Care Law and Ethics and Professional Issues.

I am a ardent advocate of the value of public voice and the contribution peoples experiences can make to influencing changes and future planning. I am a member of my PPG, Chair of my Neighbourhood Patient Group and of the Tameside and Glossop Patient Network. I am committed to the worth of continuous improvement to better the health and welfare of patients/people and communities. Trying to 'get it right' is not easy and relies heavily on good, open, honest and constructive relationships. Within any area under consideration there are many perspectives to consider and aspects to be debated. These conversations need be thoughtful and challenging whilst also respectful of the passion(s) that often exists within these talks.

I have been a governor for 4 years and lead governor of Tameside and Glossop Integrated Care Foundation Trust since June 2020. The role of a Trust Governor, although not easy to define or articulate is most definitely valuable and the more we can do to increase understanding and awareness of the value added by Governor involvement the better the rewards will be for all.

I believe I have good experience(s) and understandings to bring to this role and would welcome the opportunity to contribute to the GAC.

Dr Lesley Surman

EdD. MA. BA. RN. RCNT. RNT. OND.

Remaining Governor Term: 2 years

Adrian Thorne

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Foundation Trust Name: Southern Health NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Appointed/Stakeholder

I am a Lead Governor, currently serving my second term as an Appointed Governor for Southern Health NHS Foundation Trust, where I have actively supported, and where appropriate, challenged the Trust to better meet the needs of carers as well as the outcomes and experiences of service users, patients and staff.

I am an active governor, working closely with stakeholders (including members, service users and carers), Governors, the Board, Staff, Divisions, Governance and Transformation Teams to support those striving for service transformation and excellence.

In addition to participating in all Governor meetings, I regularly attend both public and confidential Board meetings, including Board committees and been an active participant and champion for Quality Improvement. I am also a Mental Health Act Review Manager which brings me the additional rich insight into services our patients receive.

My ethos as Lead Governor is to focus, with Governors, to unite our passions and ambitions to work together in partnership, whilst respecting each other. This approach ensures Governors can better represent our members, enabling the best outcomes for all service users and carers. I believe that Governors collectively and individually can support and drive Trusts to become outstanding by ensuring that our own valid views are heard, understood and considered.

Remaining Governor Term: February 2022

Howard Tidman

Foundation Trust Name: Norfolk and Suffolk NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Staff

I would like to stand on NHS providers Governor Advisory Committee as I believe I have transferable skills. I would like to feed in and support and help shape the work that NHS Providers does to, to help and provide guidance and advice to support council of governors.

As a Psychiatric nurse I have excellent communication skills and am very experienced at using these skills to untangle difficult issues to their component parts and help provide clear information, I often use these skills to ensure that projects run smoothly.

I have been a Governor at Norfolk and Suffolk Foundation Trust for 6 years and Lead Governor for the past two years. I sincerely believe that the public voice and the voice of those who use our services needs to help coproduce decisions going forward. I believe that identifying areas of positive working or concerns is a priority to enable Council of Governors to work effectively.

I am currently working with NHS Providers to deliver a presentation to Lead Governors through the National Lead Governors Association on the proposed changes to the ICS and use this to feed into the governments consultation process hopefully to ensure that our members and service users voice is heard in the planning of future care delivery.

Remaining Governor Term: 3 years

Sheila Try MBE

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Foundation Trust Name: Birmingham Community Healthcare NHS Foundation Trust

Type of Trust: Community Services

Governor Type: Public

I am passionate and enthusiastic about the NHS as a user, carer and as a nurse with my NHS career being in a variety of roles in the community.

It was my interest in ensuring residents get the best service that I stood for Governor of Birmingham Community Health Care Foundation Trust (BCHC) and I was first elected as a Shadow Public Governor in 2014, and have been successfully re-elected.

Now I am retired I have the time and energy for this role and I would relish the opportunity to serve on this committee as a representative for my fellow governors and bringing all our views forward.

This year I was awarded an MBE for my 50+ years' service to the community and I would like to continue developing through the Governor Advisory Committee and bringing my knowledge and expertise to assist in the development of the Governor Role and their training.

BCHC is a large Trust and includes a dental hospital, regional rehabilitation services and intermediate care and in-patient wards as well as core and specialist community services.

I am Vice Chair of BCHC Patient Experience Group, I observe many of the Trust committees and participate in the BCHC appraisals system for Non-Executive Directors as well as the selection process for Executive and Non-Executive posts.

I enjoy committee work, have good communication skills and conversely I am a good listener and will bring my excellent analytical skills to the committee.

Remaining Governor Term: Term of Office until 31st March 2022

Karen Williams

Foundation Trust Name: Pennine Care NHS Foundation Trust

Type of Trust: Mental Health/Learning Disability

Governor Type: Public

Background

My professional career is in addressing domestic violence, substance misuse and as a national expert advisor on tackling serious youth violence. All of which has given me an understanding of how mental health is core to the work I have undertaken in behaviour change. My work was initially locally, regionally and then for over 20 years nationally with Whitehall working to assist local areas plan and deliver appropriate services to address these complex issues. I hold a BSc (Hons) Degree in Behavioural Sciences, a MSc in Methods of Research and Evaluation. I am a Chartered Psychologist.

Skills

I have extensive experience of partnership working with central government departments, leading multi-agency teams across England on the above issues. I write clear, concise reports along with recommendations working with partnerships to implement the recommendations. I am a good communicator including listening, contributing to meetings and presentation skills which was a core part of my work nationally.

Experience and suitability

I am a Governor for a Mental Health Foundation Trust. I recently attended the 3-day NHS Providers Virtual Conference and have had training from the local Trust on Equality, Diversity and Inclusion, BAME Patient and Carers Race Equality Framework (PCREF) and on Positive Ability. I am a member of the North West Ambulance Service Patient and Public Panel, a Director for an Academy Trust. I am a Reviewer for the National Institute for Health Research reviewing research papers. I was a carer for my husband when he developed Dementia.

Remaining Governor Term: Term of Office ends on 30 June 2023

Trevor Wooding

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Foundation Trust Name: Liverpool Heart and Chest Hospital NHS Foundation Trust

Type of Trust: Acute

Governor Type: Public

Trevor Wooding is the Senior Governor and a Public Governor for the Merseyside constituency at Liverpool Heart and Chest Hospital NHS Foundation Trust. Having just commenced his third term of office, Trevor holds a wealth of experience in the governor role and is a well-respected peer within the Trust's Council of Governors. Prior to undertaking the role Trevor was a heart patient at LHCH. He is hugely dedicated to ensuring that all patients receive the outstanding care that they deserve – just like he did.

Trevor played an instrumental role in the NHS Providers Governor Showcase Exhibition in 2019, when the Trust shared best practice for governors holding Non Executive Directors to account for the performance of the board. Trevor regularly attends national and regional Governor Conferences and Forums in order to develop his knowledge and understanding of the role. He is also keen to learn from other foundation trust governors, share experiences and readily offers support to others who are newer in the role. Trevor is enthusiastic in membership communications, recruitment and engagement. In particular, Trevor has been pivotal in the organisation of a range of health events in the community of which he has regularly hosted and confidently addressed the audience. He has also been part of a proactive team of governors that have attended community venues to attract and recruit new members for the hospital.

We believe Trevor would be an excellent addition to the Governor Advisory Committee if elected.

Remaining Governor Term: Ends September 2023

Council of Governors

AGENDA REFERENCE:	COG/21/02/09			
SUBJECT:	Elections Activity Bi-Annual Report			
DATE OF MEETING:	18 th February 2021			
ACTION REQUIRED	To note for assurance			
AUTHOR(S):	John Culshaw, Trust Secretary			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:				
	All			
	Choose an item.			
	Choose an item.			
EXECUTIVE SUMMARY	<p>The report provides an update on the Governor elections that took concluded in November 2020.</p> <ul style="list-style-type: none"> • Three constituencies were elected unopposed; • Four constituencies were contest; • Three constituencies remain vacant. 			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the activity report and the outcome of the 2020 Governor elections.			
PREVIOUSLY CONSIDERED BY	None			
PREVIOUSLY CONSIDERED BY	Committee Choose an item.			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Elections Activity Bi-Annual Report
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1. BACKGROUND/CONTEXT

The Foundation Trust held a Public and Staff Governor elections between 1st October 2020 - 27th November 2020, due to a number of terms of office concluding. Election support was procured through competitive process and the successful Returning Officer was *UK Engage*, the incumbent. Elections were held according to this timetable:

2. KEY ELEMENTS

Timetable for 2020 Elections

Event	Date
Publication of Notice of Election	Thursday, 01 October 2020
Deadline for Receipt of Nominations	Monday, 19 October 2020
Publication of Statement of Nominations	Tuesday, 20 October 2020
Deadline for Candidate Withdrawals	Thursday, 22 October 2020
Notice of Poll / Issue of Ballot Packs	Tuesday, 03 November 2020
Close of Poll – 5pm	Thursday, 26 November 2020
Declaration of Result	Friday, 27 November 2020

Constituencies eligible for election were:

Constituency and Class	Number of Seats
Public - Appleton, Stockton Heath, Hatton, Stretton and Walton	1
Public - Bewsey and Whitecross, Fairfield and Howley	1
Public - Broadheath, Ditton, Hale, Kingsway, Riverside	1
Public – Penketh and Cuerdley, Great Sankey North, Great Sankey South	1
Public - Poplars and Hulme, Orford	1
Public - Rest of England and Wales	2

Staff - Support	1
Staff - Estates, admin and Managerial	1
Staff - Medical and Dental	1

Promotion of Election

The promotion of the election was supported by the sending of voting papers (both electronically and postal depending on preference) to all the members of the relevant constituencies.

Election Outcomes

Three constituencies were elected to with unopposed candidates:

- Public - Poplars and Hulme, Orford – Colin Jenkins (re-elected)
- Public - Rest of England and Wales – Kevin Keith
- Staff - Administrative and Clerical – Julie Astbury

Four constituencies were contested:

- Public - Appleton, Stockton Heath, Hatton, Stretton and Walton – Sue Fitzpatrick
- Public - Bewsey and Whitecross, Fairfield and Howley – Susan Hoolachan
- Public - Penketh and Cuerdley, Great Sankey North, Great Sankey South – Paul Bradshaw (re-elected)
- Staff - Estates, Admin and Managerial – Dan Birtwistle

No candidates were nominated for three Constituencies and remain vacant:

- Public - Broadheath, Ditton, Hale, Kingsway, Riverside
- Public - Rest of England and Wales
- Staff - Medical & Dental

Conclusion

The election was conducted according to the terms set out in the Foundation Trust's Constitution working with Returning Officer *UK Engage*.

3. RECOMMENDATIONS

The Governors are asked to note the activity report and the outcomes of the 2020 elections.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/11/114			
SUBJECT:	Chief Executive's Briefing			
DATE OF MEETING:	25 th November 2020			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/20/11/114
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 30th September 2020, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

- Letter from Bill McCarthy, Regional Director in relation to the impact of COVID-19 in the North West;
- North West Boroughs Healthcare NHS Foundation Trust Stakeholder brief;
- The Clatterbridge Cancer Centre NHS Foundation Trust Stakeholder Brief.

2.2 Key issues

2.2.1 Current COVID-19 Situation Report

WHH has been severely impacted by the second wave of COVID-19 over the last two months, being one of the most affected trusts in Cheshire and Merseyside, the North West and England as a whole. The peak of wave 2 (179 inpatients with COVID-19 on 9th November 2020) thus far has significantly exceeded that of wave 1 (124 inpatients with COVID-19 on 13th April 2020).

In all of this, as a Trust we have tried to carry on 'as normal' and have done so admirably, working within our well-thought out escalation plans. However, during the last half of October we reached a tipping point, especially from a ward staffing point of view which meant that, regrettably but with a clear mission in mind, we had to 'pause' certain non-urgent services to support staffing in critical services, especially those that are ward based. Critical care capacity was a particular area for focus and concern. In turn, this had a proportionate impact upon theatres and recovery capacity and, consequently our elective programme.

Our 'mission' was clearly specified to include the preservation of urgent or otherwise time-critical activity (including, but not limited to, cancer and diagnostic services such as endoscopy and radiology). This was a temporary 'pause' and is not a blanket one, carefully designed to impact the fewest number of patients – quite simply a pause to support either bed capacity or ward staffing. Although bed occupancy was, and still is high (and work is going to address that urgently), the main constraint was staffing for the non-elective pathways.

Services most affected were some non-urgent elective (planned) activity. This was constantly being reviewed, and subject to our established COVID-19 service change process,

tried and tested through wave 1. Decisions were clinically overseen and made as close to the patient as possible.

We have been working constantly with local partner organisations on patient flow through our hospitals and we are in constant discussion with our regional team and other local NHS trusts on mutual aid (including use of the independent sector). We participate fully in the local Cheshire and Merseyside cell structure, including a daily Gold Command call.

I am pleased to say, albeit tentatively, that the impact of the public health measures regionally and nationally has now started to have a positive effect upon hospital admissions to WHH with a slow decline/plateau over the last two weeks.

As at the time of writing, 23rd November 2020, we have a total of 153 inpatients with COVID-19. That number was 179 on 9th November 2020. The number of inpatients with negative tests is currently 242, with 17 patients currently awaiting test results.

Since March, we have performed over 38507 COVID-19 tests and 2705 have been positive in total. We have discharged a total of 805 patients with COVID-19 to continue their recovery at home. Sadly, a total of 242 patients have died in our care.

The latest R number for the North West, updated on Friday 20th November, is once again down slightly at 0.8-1.0; the UK as a whole remains at 1.0-1.1.

In the latest 7 days fully reported (10th November – 16th November) in Warrington there were 248 cases per 100,000 people (the average area in England had 210); 520 new cases were reported in that week, down 273 compared with the previous week. In Halton, there were 235 cases per 100,000 people; 304 new cases in that week, down 26 compared with the previous week.

We are still using approximately 900 litres of oxygen per minute (approximately 31% of capacity). In terms of PPE stock, based on estimated current usage, we have plenty of PPE, as well as good testing capacity for both staff and patients. Total staff absence remains at 10.7%, still double what we would normally experience at this time of year.

Things appear to be going in the right direction both inside and outside our hospitals. However, the overall burden of COVID-19 remains high given that emergency attendances and admissions approximate normal for this time of year and that we endeavour to complete as much of our elective programme as possible. This is over and above wave 1 when the peak then was 124 inpatients with COVID-19 at any one time.

2.2.2 Asymptomatic NHS Staff COVID-19 Testing

We have been part of a pilot group of 11 Trusts in the North West who have participated in this programme. We tested over 3000 members of staff, with approximately 1.9% being COVID-19 positive without having symptoms. This would have been below the community prevalence at the time and was below the regional average of 2.9%. As an appendix to my report this month I have included a summary and 'lessons-learned' document about this

important project that was deployed very successfully at short notice. This was done at a time of significant operational pressure with the burden of COVID-19 disease in our Trust.

I am very grateful to the entire team who have made this possible, under the leadership of Andrea McGee, Chief Finance Officer and Deputy Chief Executive. I am also extremely appreciative of the receptiveness of our staff to come forward and get tested without hesitation.

Asymptomatic NHS Staff COVID-19 testing is a key strategy for minimising nosocomial (healthcare associated) COVID-19 and the next phase of testing for our staff has already commenced. We are now one of three trusts in the North West to trial a 'home/self-test' kit (lateral flow test) that does not require a laboratory (so doesn't interfere with other testing) and gives quick results. Testing kits (enough for a 12 week period) have already been distributed to over 1500 members of staff and testing is now underway. Positive tests need confirmation by the laboratory in the usual way.

2.2.3 The Thank You Awards 2020

After much debate within the Executive Team about the timing, we have concluded it is entirely appropriate, and indeed important, that we take a little time out to pause and recognise what we, as an organisation have done this year, and before the end of 2020.

Despite the ongoing challenges, we believe that 4,500 members of our WHH Family have made an outstanding contribution to the care of our patients, their loved ones and each other in 2020. We therefore want to take the opportunity to say the biggest of 'Thank You's' through our annual WHH Thank You Awards, although clearly the big gatherings of previous years are out of the question.

This does however represent an opportunity to be even more inclusive this year.

The 2020 WHH THANK YOU AWARDS gives us the opportunity to have everyone at the 'party' this year. Thanks to the power of technology (MS Teams Live or similar) all staff are invited and all staff can follow along on with their wards or department in front of the computer screen. The much-simplified nomination process has already commenced, the deadline being midnight Wednesday 25th November 2020.

Finalists and winners will then be decided by our expert panel of judges, comprising the chairpersons of the LGBTQA+, BAME and Disability Staff Networks, Staff Side and the Executive Team. There are seven specific categories but I have no doubt there will be a number of special awards this year as well.

There are so many individuals and teams so very worthy of recognition, from right across the whole organisation.

The THANK YOU AWARDS 2020 live event will take place virtually on Friday 18th December 2020 at 7pm.

2.2.4 In support of our armed forces and veterans

November is obviously a significant month for our armed forces and our veterans. Remembrance Sunday this year was so very different from usual because of the pandemic. However its importance in the nation's calendar was reinforced by its continued presence, albeit in a limited form in a closed ceremony. Recognising and remembering the sacrifices of those in the armed forces (and their families) in the two World Wars and subsequent conflicts, seemed especially poignant and dignified this year.

There have been several conflicts in recent memory touching the lives of many in our communities.

As an NHS provider, WHH is committed to doing our very best in supporting our armed forces and our veterans. We can always do better and do more. In February we signed the Armed Forces Covenant and we are delighted that WHH has gone on to receive the Bronze award in the Ministry of Defence Employer Recognition Scheme. This is in addition to Veteran Aware Accreditation from the Getting it Right First Time Veterans Covenant Health Care Alliance.

A common ambition of these schemes and accreditations is to ensure that members of the armed forces community are not disadvantaged when accessing health care. They also encourage us to acknowledge the specific circumstances faced by serving armed forces personnel, veterans and their families.

However, achieving accreditation is only the start of what we want to achieve and, whilst managing our COVID-19 response has taken precedence in recent months, we are now at the point where we are progressing some important activity to support serving and former armed forces personnel.

We have a small but dedicated working group which has set out a number of pledges which we are working on. These aim to support and recognise the contribution and circumstances of current and former Armed Forces personnel as well as WHH staff who are reservists and members of armed forces families. They include:

- promoting WHH as an armed forces-friendly organisation; through recruitment advertising and development of our staff networks;
- supporting the employment of veterans, young and old, through a tailored employment pathway for service leavers;
- supporting the employment of armed forces service spouses and partners;
- offering a degree of flexibility in granting leave for service spouses and partners before, during and after a partner's deployment;
- supporting our employees who choose to be members of the Reserve forces, including accommodating their training and deployment, where possible;
- supporting our local cadet units and supporting and participating in Armed Forces Day;
- creating pathways for priority service, in line with current policy and procedure, and supporting the needs of veterans and armed forces personnel with a dedicated passport.

We will be sharing updates on aspects of the work programme being led by our WHH Armed Forces and Military Veterans Steering Group, along with opportunities for colleagues to get involved. Whilst there is still much to do, we can celebrate the significant steps we have already taken.

2.2.5 Special Days/Weeks for professional groups

Since our last Board meeting in September, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised, embraced and celebrated all of these in equal measure.

It has been a busy couple of months, I think reflecting the depth, breadth and diversity of WHH in terms of healthcare delivery in our communities. These include:

Black History Month – whole month of October 2020
Physician Associate's Day – 6th October 2020
World Mental Health Day – 10th October 2020
Allied Health Professions Day – 14th October 2020
International Clinical Engineering Day – 21st October 2020
'Movember' (men's health awareness) – whole month of November 2020
Occupational Therapy Week: 2nd – 8th November 2020
Medication Safety Week: 2nd – 8th November 2020
Advanced Clinical Practice Week: 8th - 14th November 2020

2.2.6 Local political leadership communication

Over the last two months both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. This is extremely important and helpful in the whole system response to the pandemic. I have also continued to be in regular dialogue with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked me questions on behalf of their constituents, and asked if they could do anything to assist us.

They have all, unanimously passed on their sincere thanks and good wishes to WHH staff for all that we have been doing through the pandemic thus far.

I was also delighted to be invited to contribute to one of Warrington Borough Council's Leadership Live broadcast events, on 14th October 2020.

2.2.7 Partnership with Cheshire Fire and Rescue Service

There is no doubt that during the COVID-19 pandemic we have faced many and varied challenges as health professionals and the impact has been felt across all sectors of the health and care system. However, during these most difficult of times and thanks to COVID-19 we have seen numerous examples of collaboration and innovation at a remarkable scale and pace and which have delivered positive outcomes for patients.

Not only have our partners in our local health and care systems come together to develop a co-ordinated response to the pandemic, our wider public sector and community partners have made significant resources available to support us in our efforts.

Recently we launched a self-swab at home service for elective patients, made possible through the offer of resources and personnel from Cheshire Fire and Rescue Service (CFRS). The launch of this service in late August has been vital in the re-start and recovery of elective surgery through our COVID-secure 'Green Pathway' on our Halton site.

This partnership is the first of its kind in the country. We are really proud to see how WHH is leading the way in exploring creative partnerships, not only to maximise the use of all available resources but to bring our community together.

Since the start of this partnership project patients, who are self-isolating ahead of planned surgery, have been able to self-swab without leaving their home, through a process in which CFRS staff deliver the swab kit to the patient's home, post it through the letterbox and wait whilst the swab is taken and safely re-packaged. This is then handed back to the CFRS staff through the letterbox and returned to our lab at Warrington Hospital. Once the result is confirmed, patients are contacted to discuss next steps on their planned surgery journey.

2.2.8 Employee Recognition

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month*) has been temporarily suspended.

Chief Executive Award (November 2020): Dan Birtwistle

Dan is Deputy Head of Contracts & Performance, sitting within the corporate Finance Team. Dan volunteered to be the operational lead and deliver the first phase of asymptomatic staff COVID-19 testing at exceptionally short notice, and delivered a successful programme without it adversely affecting the operational capacity of the clinical and operational teams.

A feature of the whole WHH response to the pandemic has been that so many individual members of staff and teams have positively embraced new roles, new tasks and new ways of working. There are so many examples of this, the most frontline of which is the way our anaesthetists, theatres and recovery staff have moved into a critical care role so competently. Dan's contribution here, from a corporate team and working above and beyond his job description, typifies the approach of so many.

Appreciation of WHH staff from patients, family, visitors and colleagues

The following members of staff have also been recognised:

- Katie Daly, ED Porter, Urgent & Emergency Care
- Kate Brizell, CBU Manager, Integrated Medicine & Community
- Alison Williams and Team, Ward Manager, Ward A3 ACCU
- Holly Pleavin and Team, Ward Manager, Ward A4
- Sue Lewis and Team, Ward Manager, Ward A6
- Hannah Birtles, Midwife, Women's & Children's Health

- Sarah McFarlane, Student Midwife, Women's & Children's Health
- Stephanie Tutty, Midwife, Women's & Children's Health
- Leona Lally, Midwife, Women's & Children's Health
- Jonathan Cliffe, Midwife, Women's & Children's Health
- Sarah Spencer, Midwife, Women's & Children's Health
- Jonathan Cliffe, Midwife, Women's & Children's Health
- Gail Millward-Jackson Midwife, Women's & Children's Health
- Angela Parfitt, Associate Director of Governance, Corporate Nursing
- Ellen Quinn and Team, Ward Manager, Ward B19
- Sarah Brennan and Team, Ward Manager, ITU
- Dr Zaman Qazzafi, Consultant Microbiologist & Deputy DIPC, Microbiology
- Katherine Summers, Infection Control Nurse, Corporate Nursing
- Charlene Liptrot, Infection Control Nurse, Corporate Nursing
- Paula Atherton and Team, Audiology Manager, Surgical Specialities
- Trevor Wain, Radiology Clerical Worker, Radiology
- Stuart Easton, Radiographer, Radiology
- Jerry Nykiel, Medical Records Clerk

3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in October and November 2020 since the last Trust Board Meeting (meetings generally taking place via conference call or MS Teams). It is not intended to be an exhaustive list.

- North West Coast Vaccine Alliance Steering Group (Biweekly)
- NHSE/I COVID-19 System Leadership (Weekly)
- Warrington & Halton COVID-19 Health Protection Board (Weekly/Biweekly)
- C&M CEO Provider Group Calls (Biweekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- NHS 111 Oversight Group (Biweekly)
- Update calls with our local MPs: Andy Carter MP, Charlotte Nichols MP, Derek Twigg MP, Mike Amesbury MP
- Steve Broomhead, Chief Executive, Warrington Borough Council
- David Parr, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- C&M Hospital Cell (Weekly)
- C&M Gold Command (Daily)
- NW Hospital Cell Gold Command (Weekly)

4) RECOMMENDATIONS

The Board is asked to note the content of this report.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/21/01/04			
SUBJECT:	Chief Executive's Briefing			
DATE OF MEETING:	27 th January 2021			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/21/01/04
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 25th November 2020, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

- Letter from Amanda Pritchard, Chief Executive, NHS Improvement and NHS England Chief Operating Officer & Julian Kelly, NHS Chief Financial Officer in respect of operational priorities for winter.

2.2 Key issues

2.2.1 Current COVID-19 Situation Report

WHH continue to be severely impacted by the third wave of COVID-19 over the last two months, being one of the most affected trusts in Cheshire and Merseyside, the North West and England as a whole. The peak of wave 3 so far (243 inpatients with COVID-19 on 19th January 2021) has significantly exceeded that of wave 1 (124 inpatients with COVID-19 on 13th April 2020) and wave 2 (179 inpatients on 9th November 2020).

We had not fully recovered from wave 2 either, because unlike the nadir of single figures we had over the summer with wave 1, the lowest COVID-19 inpatient burden we have had in wave 2 was 93 patients on Christmas Day.

Once again we have had to 'pause' certain non-urgent services to support staffing in critical services, especially those that are ward based. Critical care capacity has been a particular area for focus and concern, given the fact that our critical care unit has been stretched to accommodate as many as 30 patients by escalating into theatre and recovery areas. That is also without taking into consideration an additional 14 patients receiving CPAP (non-invasive ventilation) on our respiratory ward A7.

We have been working constantly with local partner organisations on patient flow through our hospitals and we are in constant discussion with our regional team and other local NHS trusts on mutual aid (including use of the independent sector). We participate fully in the local Cheshire and Merseyside cell structure, including a daily Gold Command call, which I have been jointly chairing with James Sumner, Chief Executive at Mid-Cheshire Hospitals NHS Foundation Trust.

As at the time of writing, 25th January 2021, we have a total of 227 inpatients with COVID-19. That number was 243 on 19th January 2021. The number of inpatients with negative tests is currently 213, with 42 patients currently awaiting test results.

Since March, we have performed over 55312 COVID-19 tests and 4348 have been positive in total. We have discharged a total of 1358 patients with COVID-19 to continue their recovery at home. Sadly, a total of 383 patients have died in our care.

The latest R number for the North West, updated on Friday 22nd January, is at 0.9 – 1.2; the UK as a whole is at 0.8-1.0.

We are currently using approximately 1500 litres of oxygen per minute (approximately 50% of capacity). In terms of PPE stock, based on estimated current usage, we have plenty of PPE, as well as good testing capacity for both staff and patients. Total staff absence remains at just over 9%.

The overall burden of COVID-19 remains high.

2.2.2 Executive Team Appointment

This month I was delighted to announce that after a competitive selection process that started in December, on 20th January 2021 our Nominations and Remuneration Committee confirmed Dan Moore, as our ‘new’ Chief Operating Officer with immediate effect. He has obviously been doing the job ever since Chris Evans left the Trust to go to Portsmouth in September, on top of him being our Director of Operations and Performance (Deputy COO) since June 2018.

Dan fulfils a key role as our Accountable Emergency Officer (AEO) in this level 4 national major incident.

2.2.3 WHH COVID-19 Vaccination Programme

We received an initial delivery of the Pfizer-Biontech Covid-19 mRNA vaccine on Tuesday 22nd December 2020. We therefore began administering the initial allocation of vaccines over a three day period until Christmas Eve inclusive, with a plan to vaccinate 1000 people before Christmas. We did this successfully.

We commenced our vaccination hub programme targeting JCVI priority groups 1 and 2 which included inviting patients aged 80 and over who were due to attend outpatient appointments, care home staff from Halton and Warrington local authority areas, then extending to cover all WHH frontline staff at Warrington and Halton hospitals and at our NHS partners.

There has been some concern and frustration that has emerged from the updated national guidance around the timing of the second dose of the COVID-19 vaccination. This was not a unilateral Trust decision. We are part of a national vaccination programme during a national major incident and thus must follow the national protocols. All other vaccination hubs are expected to do the same.

The rationale has been widely publicised, and it remains the subject of much national debate and challenge.

All individuals who have had a first appointment have a second appointment booked in within 12 weeks. To comply with the national directive of 30th December 2020 we had to move approximately 1700 second appointments; this is complete and emails have been sent to all individuals regarding the new appointment dates on the email address supplied by the individual at the time of their initial booking.

Since our initial supply of the Pfizer vaccine we have had no issues with supply and we have been informed that we are able to continue to order supply in line with demand. The supply chain is contingent on the recording of this first dose. It is also clear if any second doses are administered and this is externally monitored.

The vaccination team works incredibly hard to avoid wastage. Not a single dose has been wasted due to scheduling or unutilised capacity. As of the time of writing in total we have had 28 unused doses, the reasons for these are summarised thus: 15 doses due to dropped vials, 8 doses due to contaminated vials, and 5 doses due to the syringe detaching from the needle – a reconstitution issue. This equates to total wastage of 0.4%. When we commenced the programme, published experience from previous vaccination programmes indicated to plan on the basis of 15% wastage; our performance therefore far exceeds national expectations.

We have steadily increased capacity and are now vaccinating 425 people per day, 6 days per week. All slots are filled prior to the start of each day and additional staff are called daily to account for the small number of DNAs. Our capacity and vaccine delivery equates to 2550 vaccines per week. Based on the latest figures received from the regional team this places WHH as administering the highest number of vaccines per week of all the hospital hubs in Cheshire and Merseyside. I anticipate this will increase further in the coming weeks,

On the 4th January the Prime Minister announced that everyone in JCVI priority groups 1-4 should be vaccinated by 15th February 2021. WHH was one of the first cohort of hospital hubs established in North West to administer the Pfizer-BioNtech vaccine to the first four priority groups established by the Joint Committee on Vaccines and Immunisation (JCVI) – that is: those over 70 years old, front line health and social care staff, and the clinically extremely vulnerable (the latter - aside from staff - being the most common group to find themselves in our hospital without being acutely unwell).

We are pleased to have played a significant role in supporting these priority individuals to access the vaccine across the boroughs we serve. As vaccine doses are precious, WHH staff have been invited to nominate a small number of family members/friends that are on this JCVI priority list (1 to 4) to register for appointments to take up any vacant slots ensuring no vaccines were wasted, especially since we had to alter many appointments (1700) with the second dose change. WHH staff saved at least 750 hours of administration time by directly booking appointments on the system for elderly and vulnerable individuals.

This has enabled us to widen access for those in our patient population waiting to be called and support primary care colleagues by administering vaccine to many of their patients - freeing up their precious resources to vaccinate more in the community. This approach to

support our local population has been endorsed by the local Director of Public Health for Warrington, Thara Raj.

To ensure JCVI compliance, all individuals presenting for vaccination are asked for proof of age/photo ID and letter of proof of extreme clinical vulnerability provided by their GP/Consultant. To date, no one has been vaccinated outside of the JCVI priority groups 1 to 4.

We have also started vaccinating with the Oxford/Astra Zeneca vaccine, including vaccinating appropriate inpatients with a 'roving' vaccination team.

Up until 23rd January 2021, 8554 individuals have been vaccinated through the WHH COVID-19 Vaccination Programme. The Programme Priority Group report is attached to this report as Appendix 1.

2.2.4 The Thank You Awards 2020

On 18th December 2020 we held an extra special Thank You Awards.

Following one of the most unusual and difficult years in our history, we made our annual Thank You Awards bigger and more inclusive than ever – despite the fact that it was virtual for the first time.

On Friday 18th December at 7pm, colleagues from across the Trust met via Microsoft Teams for an evening of fun and celebration. As well as videos of all shortlisted nominees showcasing their range of achievements, there was a warm welcome from the Chairman, bingo, and a charity raffle.

Whilst some enjoyed the evening from the comfort of their own home, many teams were still hard at work within the hospitals, tuning in where possible. One thing that brought everyone together, wherever they were, was the 'Proud to be part of Team WHH during COVID-19' badges and cupcakes that were distributed ahead of the event.

We considered it was never more important to celebrate the work of colleagues in all roles within the NHS, and this was reflected in the 207 nominations received for the awards – making it a near impossible task for the judging panel. The 10 categories included Excellence in Patient Care, Star of the Future, and Team of the Year.

The awards were made possible via the WHH Charity and our Charitable Funds Committee, and a grant from NHS Charities Together – a one-off sponsorship to thank each and every one of #TeamWHH for all they have done in this remarkable year.

The full list of winners is:

- Star of the Future – Adam Harrison
- Team Care & Support - Occupational Health & Wellbeing Team
- Inclusion Ally - Suresh Arni Sukumaran
- Innovation & Quality Improvement - The 'Black Box' Team (Dr Mithun Murphy, Dr Mark Forrest, Dr Sagaar Patel and Jo Thomas)

- Leadership Award – Dr Zaman Qazzafi
- Supporting Excellence Award - Clinical Education Team
- Excellence in Patient Care Award - Microbiology & Infection Control Team
- Employee of the Year - Alison Parker
- Team of the Year - Critical Care, Anesthetics & Theatre Team
- Outstanding Contribution of 2020 – Lesley McKay

2.2.5 National Awards and Recognition

In December we also had national recognition for no fewer than three of our teams.

Our team that transformed a simple medical device to help some of the most seriously ill COVID-19 patients won the prestigious national innovation award in the annual London Business School (LBS) Innovation Awards when WHH was named as the inaugural winners of a new 'Innovating in Adversity' category at the LBS Awards ceremony which was held virtually yesterday afternoon.

The mixed team of our doctors, nurses and allied health professionals working across Intensive Care, A7 and our cardiorespiratory team were recognised for the remarkable impact of their innovation. The simple modified CPAP (continuous positive airway pressure) device brought almost instant relief to patients with extreme breathing difficulties admitted with the debilitating effects of COVID-19.

They decided to try to modify the community CPAP devices for high-flow oxygen use. They made a simple change to the mask and added a filter which also allowed oxygen to be supplied via the mask and then tested the devices on themselves, using anaesthetic gas analysis to confirm the levels of oxygen being delivered. Testing on patients in a controlled environment followed and the team were delighted when most patients found their breathing easing and oxygen levels rising. Patients that did not adequately oxygenate after a few hours on the CPAP 'Black Box' were escalated to intensive care for ventilation.

Particular mention should go to Dr Mithun Murthy, respiratory consultant, Dr Saagar Patel, acute medicine and respiratory consultant, Dr Mark Forrest, Clinical Director and critical care consultant, and Jo Thomas, lead physiotherapist who were key in completing this work stream within supportive multidisciplinary respiratory, cardiorespiratory and critical care teams.

This significant development was the focus of a Sky News documentary during the first wave of the pandemic and was also named winner of a London Business School People's Choice Award, following a public vote earlier this year.

London Business School Innovation Award Judge, Charlie Dawson added: "The teeth of the COVID-19 crisis in a regional hospital on its way to being overwhelmed... definitely adversity. The response was practical, smart, fast and described modestly as 'just doing our job'. The results were way beyond such understatement."

Only a couple of hours later our Finance Department (which covers a whole host of services including procurement, clinical coding, contracts, commercial development) was named the

very prestigious HFMA (Healthcare Financial Management Association) Finance Team of the Year because of the work done during 2020 in support of patients and staff.

I know the team were so happy to be shortlisted for the award, and were informed by the panel that we were very fortunate because there were some excellent entries this year.

The award recognises the contribution the finance team has made in the last 12 months for promoting and improving team work, innovation, collaboration, transformation and governance. The judges were impressed with the team work of the finance function and its contribution to the overall goals and objectives of our Trust. There was commendation for support to the provision of PPE, strong governance culture including the 'right way to yes', top shared services metrics, and for our 'be inspired, be inspiring' approach.

Finally, WHH and NHS Professionals (NHSP) won the Best Recruitment Experience Award in the prestigious Nursing Times Workforce Summit Awards for its rapid response COVID-19 recruitment campaign. Mirroring the national picture, we were experiencing significant vacancy rates for nursing roles and healthcare assistants. Recognising the need for support to manage workforce challenges during the COVID pandemic, we set up a responsive staffing recruitment process, enabling staff to be ready for deployment to the clinical frontline within 48 hours.

The initiative was developed in collaboration with NHSP and within ten days a brand-new solution was mobilised, accompanied by a multi-channel marketing campaign and a local call to arms asking student nurses or returners to support the hospitals. The campaign attracted 98 new qualified nurses, 38 new HCAs, 133 student nurses resulting in over 4,000 hours worked by rapid response applicants within general, emergency department, and theatre settings.

We are obviously thrilled and so very proud to have been recognised for the services we provide, which for me perfectly describes the whole-trust approach to how we do things as well as the utter inter-connectedness of all services, clinical and non-clinical.

2.2.6 Opening of The Nest (Midwifery-Led Unit)

On 1st December our Chairman Steve McGuirk and I had the privilege of cutting the ribbon on our new Midwifery-Led Unit, The Nest, on the ground floor of Croft Wing. This has been several years in the thinking, talking and planning and after a £1.5m investment it was scheduled to be open in the spring of 2020.

Less than four hours after the ribbon was cut, the first baby, a boy, was born gently and calmly into the birthing pool to proud new parents.

The Nest is our Midwifery-Led Unit (MLU) and the latest addition to the birth options available to the local women of the Warrington and Halton area, as well as across the northwest. The Nest offers four ensuite birth rooms, each with its own birthing pool and two having outside access to the garden area (which is still under development). The state-of-the-art rooms have been designed to promote active, upright labours in a calm and relaxed environment.

The equipment available reflects the ethos of promoting a normal physiological labour, utilising birthing couches, birthing stools, mats and positioning pillows. Specialist lighting, Bluetooth speakers and projectors allow personalisation of the space to help create a home-from-home feel.

If bright lights, hard surfaces, additional help or equipment is required, then these can all be provided at the flick of a switch.

There is a strong clinical rationale behind creating a calming subdued environment. The key hormone in labour, oxytocin, is a 'feel good' hormone that is released at times of happiness and when lighting is dim. In labour, rising levels of oxytocin cause the uterus to contract. Endorphins are also released during labour; these are the body's natural pain killers. Oxytocin powers the contractions and makes labour more efficient, whilst endorphins can help make labour more 'comfortable'.

We know that the transition into hospital during labour can be stressful and trigger the release of adrenaline. As adrenaline levels rise, these 'good' labour hormones can decrease, causing contractions to slow, or even disappear, disrupting the progress of labour.

A home-like birth unit alongside a traditional 'labour ward' is part of offering women choice.

To date, 42 babies have been born into the world in The Nest since it opened last month.

2.2.7 Opening of PACU at Halton Hospital's Captain Sir Tom Moore Building

On 13th January 2021 we opened our Post Anaesthetic Care Unit (PACU) at the Captain Sir Tom Moore (CSTM) Building on our Halton site. Taking just a few months from concept to completion this new four bed facility will allow us to improve the care for patients who are undergoing major surgery and support our strategy to transfer more elective surgery to CSTM and our 'green pathways' by providing the facilities needed to accommodate surgery for higher risk patients.

The PACU is equipped to provide enhanced Level 1.5 care including ECG, pulse oximetry, non-invasive and invasive blood pressure monitoring. There is an arterial blood gas machine, point of care blood glucose and haemoglobin monitoring. There is also access to emergency blood (O negative) and emergency intubation kit and drugs. Each bed has a vital signs monitor linked to a central monitor, volumetric pumps, syringe drivers and the oxygen capacity to support High Flow Nasal Oxygen therapy if required.

This was a 'pop-up' unit on its first opening, brought about the need to keep urgent and cancer surgery going despite the enormous pressures on critical care and Warrington Theatres that built further through January. As such, in just two days of its first opening it enabled four cancer patients (3 colorectal and 1 breast cancer) to go ahead with their surgery that almost certainly we would have struggled to do without further delay.

Potentially we could also share this facility within the CSTM Building with other trusts during the pandemic to support their urgent and cancer work in the spirit of mutual aid across Cheshire and Merseyside.

2.2.8 Home for Christmas Campaign

On Monday 7th December 2020, we launched our Home for Christmas campaign to tackle some of the significant patient flow issues we have experienced over the last few months. This initiative, supported by partner organisations, was to ensure more patients return home or on to their next care setting in time for Christmas. This was even more important this year with the additional the impact of the COVID-19 pandemic and the need to treat patients requiring inpatient care. This means that people who no longer require the care of an acute hospital should be supported to return home or step down into alternative provision in the community.

We know that the longer patients remain in hospital the worse their experience: 35% of 70-year-old patients experience functional decline during hospital admission in comparison with their pre-illness baseline; for people over 90 this increases to 65%; exposure to the risk of healthcare associated infections, now including COVID-19, as well as the emotional strain of a long hospital stay increases with time on both patients and their families.

Our challenge during Home for Christmas was to break the cycle and reset the system so we were in the best shape possible for Christmas and New Year.

Overall an additional 89 patients were able to be 'home for Christmas' because of this campaign.

2.2.9 Special Days/Weeks for professional groups

Since our last Board meeting in November, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised, embraced and celebrated all of these in equal measure.

It has once again been a busy couple of months, reflecting the depth, breadth and diversity of WHH in terms of healthcare delivery in our communities. These include:

- Nursing Support Workers Day – 23rd November 2020
- Clinical Audit Awareness Week – 23rd to 27th November 2020
- World AIDS Day – 1st December 2020
- International Day of Persons with Disabilities – 3rd December 2020

2.2.10 Local political leadership communication

Over the last two months both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. This is extremely important and helpful in the whole system response to the pandemic. I have also continued to be in regular dialogue with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP

(Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked questions on behalf of their constituents.

2.2.11 Employee Recognition

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month*) has been temporarily suspended.

Chief Executive Award (December 2020): Patient Flow Team

The Patient Flow Team have been operating in an extremely challenging patient flow environment throughout the pandemic, but especially through waves 2 and 3 when bed constraints, segregation and infection control issues are very difficult. This has required absolute diligence and an attention to detail like never before.

Chief Executive Award (December 2020): Complaints Team

This award was made for the extra hard work and success in complaints resolution during the COVID-19 pandemic. Our Complaints Team have worked tirelessly in the background throughout the pandemic to reduce the backlog of open complaints to 60, working around the clinical teams to ensure they are not needlessly diverted away from front-line care, whilst at the same time as not delaying responses to complainants.

Chief Executive Award (December 2020): Linda Henshall and Gemma York

Linda and Gemma have been recognised for all their hard work on the medical rotas which have taken on new layers of complexity during the pandemic as well as short notice changes to increase our capacity for medical cover, especially out-of-hours.

Appreciation of WHH staff from patients, family, visitors and colleagues

The following members of staff have also been recognised:

- Alex Leather, Porter Halton CSTM Theatres
- Vicky Neville, Sister ITU
- Tom Coalbran, RRT Business Manager
- Dr Rita Arya, Associate Clinical Director, Women's & Children's Health
- Graham Marshall, Manager - Microbiology
- Rachel Clint, EPRR Manager
- John Boileau, Head of Strategy & Partnerships
- David Merriman, Ward Manager - Combined Assessment Unit
- Sue Lewis, Ward Manager - Ward A6
- Lesley O'Hara & Team, Nurse Manager -Ophthalmology
- Gail Wilson, Housekeeper - Finance & Procurement
- Paul Coates, Security Officer
- Jan Adamson, Cancer Nurse Specialist - Breast Team
- Rachel Lamb & Team, Matron, Urgent & Emergency Care
- Anais Mason & Team, Ward Manager - Ward A8
- Nemonie Marriott & Team, R&D Manager
- Caroline Martin, Midwife
- Dr Clara Carpenter, ST7 O&G

- Grace Fellows, Student Midwife
- Danielle Hogg, Advanced Radiographer
- Naomi O'Prey, Advanced Radiographer
- Ellie Kerr, Sister B12

3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in December 2020 and January 2021 since the last Trust Board Meeting (meetings generally taking place via conference call or MS Teams). It is not intended to be an exhaustive list.

- North West Coast Vaccine Alliance Steering Group (Biweekly, now monthly)
- NHSE/I COVID-19 System Leadership (Weekly)
- Warrington & Halton COVID-19 Health Protection Board (Biweekly)
- C&M CEO Provider Group Calls (Biweekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- NHS 111 Oversight Group (Monthly)
- Update calls with our local MPs: Andy Carter MP, Charlotte Nichols MP, Derek Twigg MP, Mike Amesbury MP
- Steve Broomhead, Chief Executive, Warrington Borough Council
- David Parr, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- Colin Scales, Chief Executive, Bridgewater Community Health NHSFT
- C&M Hospital Cell (Weekly)
- C&M Gold Command (Daily)
- NW Hospital Cell Gold Command (Twice weekly)

4) RECOMMENDATIONS

The Board is asked to note the content of this report.

WHH COVID-19 Vaccination Programme Priority Group Report 25th January 2021

1 Scope

This report covers all 8554 vaccinations confirmed in the National Immunisation Management System (NIMS) carried out at Warrington between 22nd December 2021 and 23rd January 2021. In sections 3 and 4 it includes 113 vaccinations carried out on the morning of 25th January 2021 when the report was run.

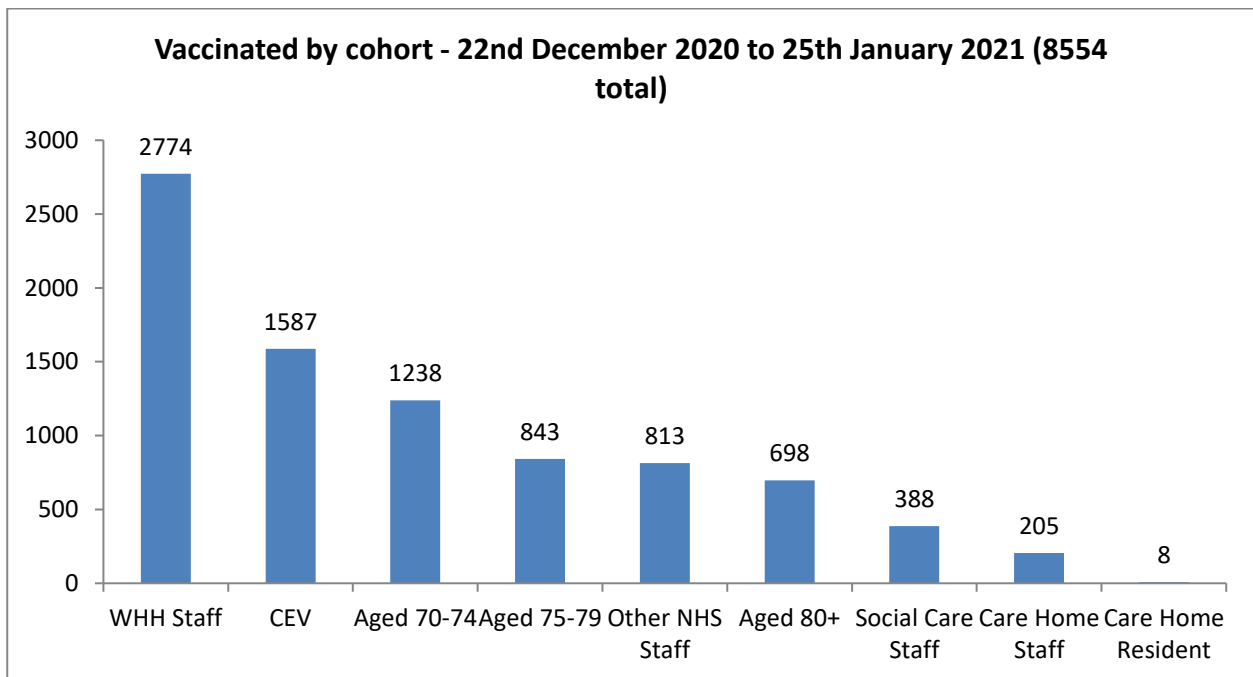
2 Priority Groups

Priority Risk group

1	Residents in a care home for older adults and staff working in care homes for older adults
2	All those 80 years of age and over and frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group (see below)
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over
10	Rest of the population (to be determined)

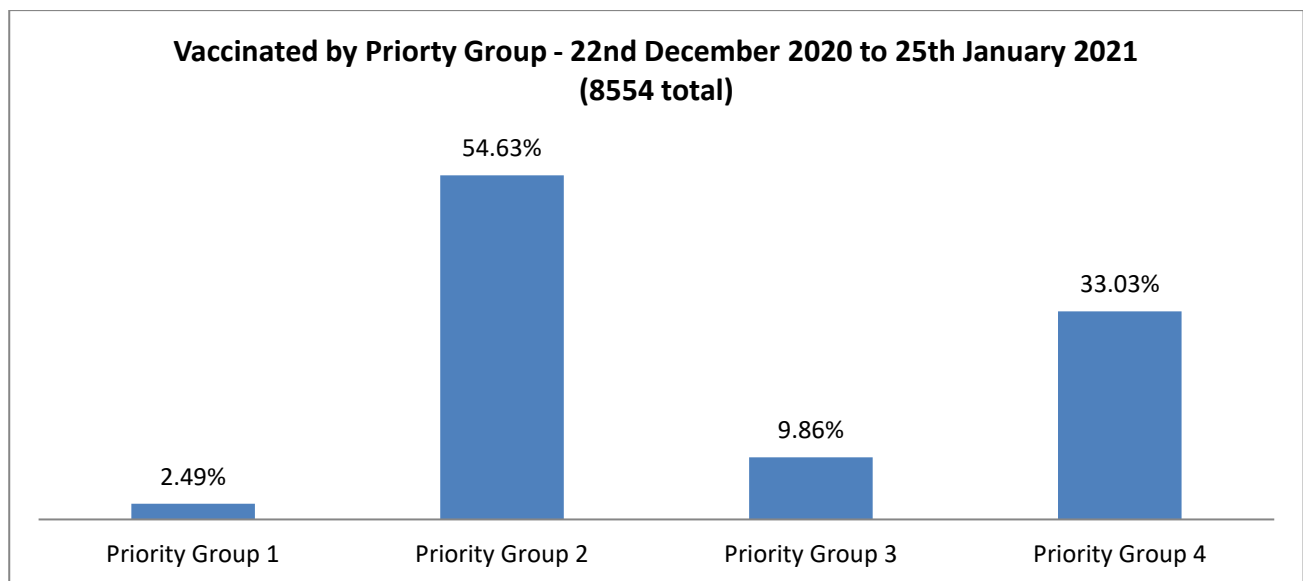
3 Summary of those vaccinated – Cohorts

Group	Priority Group	Number Vaccinated	Number Vaccinated (%)
WHH Staff	2	2774	32.4%
CEV	4	1587	18.6%
Aged 70-74	4	1238	14.5%
Aged 75-79	3	843	9.9%
Other NHS Staff	2	813	9.5%
Aged 80+	2	698	8.2%
Social Care Staff	2	388	4.5%
Care Home Staff	1	205	2.4%
Care Home Resident	1	8	0.1%
Grand Total		8554	100.0%



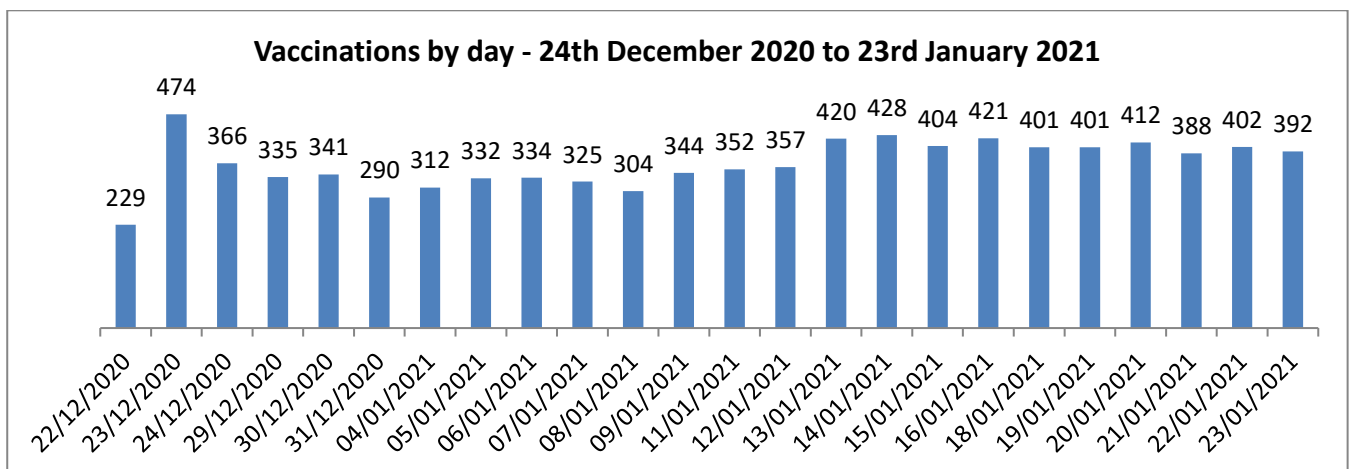
4 Summary of those vaccinated – Priority Groups

Priority Group	Number	Percentage
Priority 1	213	2.49%
Priority 2	4673	54.63%
Priority 3	843	9.86%
Priority 4	2825	33.03%
	8554	100.00%



5 Vaccinations by Date

Date	Daily Vaccinations	Cumulative Vaccinations
22/12/2020	229	229
23/12/2020	474	703
24/12/2020	366	1069
29/12/2020	335	1404
30/12/2020	341	1745
31/12/2020	290	2035
04/01/2021	312	2347
05/01/2021	332	2679
06/01/2021	334	3013
07/01/2021	325	3338
08/01/2021	304	3642
09/01/2021	344	3986
11/01/2021	352	4338
12/01/2021	357	4695
13/01/2021	420	5115
14/01/2021	428	5543
15/01/2021	404	5947
16/01/2021	421	6368
18/01/2021	401	6769
19/01/2021	401	7170
20/01/2021	412	7582
21/01/2021	388	7970
22/01/2021	402	8372
23/01/2021	392	8764



Council of Governors

AGENDA REFERENCE:	COG/21/02/12		
SUBJECT:	Amendment to the Constitution – Governor Public Constituencies		
DATE OF MEETING:	18 th February 2021		
ACTION REQUIRED	Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SUMMARY	<p>In order to minimise the number of vacant Public Governor constituencies, encourage a greater number of nominations from Foundation Trust members and to support more cohesive working amongst the sitting Governors, the paper sets out a proposal to allow, by the way of amendment to the Trust’s Constitution, amendments to the Public Governor Constituencies.</p> <p>The Trust’s Constitution states:</p> <p><i>45. Amendment of the constitution</i></p> <p><i>45.1. The Trust may make amendments to its constitution if:</i></p> <p><i>45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments; and</i></p> <p><i>45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.</i></p> <p>The current Public Governor electoral wards are grouped in to 15 areas with a single Governor elected to represent each ward with the exception of the Rest of England, which has two representatives. With no vacancies, the total number of Public Governors would be 16. The proposed amendment would reduce the number of wards to 5 areas and increase the total number of Public Governors to 19.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Support amendments to the Constitution as outlined above. 		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None		

SUBJECT	Amendment to the Constitution – Governor Public Constituencies	AGENDA REF	COG/21/02/12
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1. BACKGROUND/CONTEXT

The Governor working party regularly reviews the Trust’s Constitution and over a number of recent meetings have specifically focussed on the composition of the Trust’s Public Governors. In order to minimise the number of vacant Public Governor constituencies, encourage a greater number of nominations from Foundation Trust members and to support more cohesive working amongst the sitting Governors, the paper sets out a proposal to allow, by the way of amendment to the Trust’s Constitution, amendments to the Public Governor Constituencies.

The Trust’s Constitution states:

45. *Amendment of the constitution*

45.1. *The Trust may make amendments to its constitution if:*

45.1.1 *more than half of the members of the Board of Directors of the Trust voting approve the amendments; and*

45.1.2 *more than half of the members of the Council of Governors of the Trust voting approve the amendments.*

The current Public Governor electoral wards are grouped in to 15 areas with a single Governor elected to represent each ward with the exception of the Rest of England, which has two representatives. With no vacancies, the total number of Public Governors would be 16. The proposed amendment would reduce the number of wards to 5 areas and increase the total number of Public Governors to 19.

2. CURRENT POSITION

The current Public Governor electoral wards are grouped in to 15 areas as shown below in Table 1:

Table 1

Area	Constituency (16 public)	Number of Governors to be elected
1	Daresbury, Windmill Hill, Norton North, Halton Castle	1
2	Beechwood, Mersey, Heath, Grange	1
3	Norton South, Halton Brook, Halton Lea	1
4	Appleton, Farnworth, Hough Green, Halton View, Birchfield	1
5*	Broadheath, Ditton, Hale, Kingsway, Riverside	1
6	Lymm, Grappenhall, Thelwall	1
7	Appleton, Stockton Heath, Hatton, Stretton and Walton	1
8	Penketh and Cuedley, Great Sankey North, Great Sankey South	1
9	Culcheth, Glazebury and Croft, Poulton North	1
10	Latchford East, Latchford West, Poulton South	1
11	Bewsey and Whitecross, Fairfield and Howley	1
12	Poplars and Hulme, Orford	1
13	Birchwood, Rixton and Woolston	1
14	Burtonwood and Winwick, Whittle Hall, Westbrook	1
15**	Rest of England and Wales	2
*constituency currently vacant; **currently one vacancy		Total
		16

As part of the Governor Working Party, a benchmarking exercise was undertaken to compare the composition of the Council's Public Governors with other local Foundation Trusts, details of which are described in Table 2 below:

Table 2 -

Trust	No of Constituencies	No of Public Governors	No of Public Governors per Constituencies
Bridgewater Community Healthcare NHS FT	3	14	Warrington 4 – Halton 4 – Rest of England - 6
Wrightington, Wigan & Leigh NHS FT	4	14	Wigan 4 – Leigh 4 – Ashton – in – Makerfield 2 – Rest of England 4
Royal Bolton NHS FT	4	20	Bolton North East 6 – Bolton South East 6 – Bolton West 6 – Rest of England 2
Royal Liverpool & Broadgreen University Hospitals	3	16	City North 7 – City South 7 – North West & Wales 2
North West Boroughs Healthcare NHS FT	6	9	Warrington 1 – Halton 1 – Knowsley 2 – Sefton 2 – St Helens 2 – Wigan 1
Lancashire Teaching Hospitals NHS FT	1	18	Whole of Trust Area

Compared to other Trusts in the region it is clear that Warrington & Halton Teaching Hospitals NHS FT is an outlier in respect of the number of Public Governor Wards.

As part of its review, the Governor working party considered the populations of both Warrington and Halton Parliamentary constituencies and the associated Trust membership in these areas:

Warrington North Population - circa 110,000
Warrington North Members - 2424

Warrington South Population - circa 98,000
Warrington South Members - 3287

Halton Population - circa 127,000
Halton Members - 3442

*Please note that there are an additional 2062 members classed as Rest of England

The population and membership of the Halton Parliamentary constituency was broken down further as detailed below:

Runcorn Population - 63,457
Runcorn Members - 2443

Widnes Population - 63,446
Widnes Members - 999

3. PROPOSAL

Following the review of the current Public Governor constituencies, and for the reasons described in Section 1, it is proposed to reduce the number of Public constituencies to 5 and increase the number of Public Governors to 19 as detailed below in Table 3:

Table 3 – Proposed Public Constituencies (with effect 1st April 2021)

Area	Constituency	Proposed number of elected Governors
1	Warrington North	5
2	Warrington South	5
3	Runcorn	4
4	Widnes	4
5	Rest of England	1
Total		19

The amendments would be effective from 1st April 2021 in preparation for the next Governor Elections scheduled to take place in November 2021.

If approved and implemented from 1st April 2021, existing Governors would be re-categorised into the new Constituencies.

Current constituencies and their Governors are detailed below in Table 4

Table 4 – Current Public Governor Constituencies

Area	Constituency (16 public)	Governor
1	Daresbury, Windmill Hill, Norton North, Halton Castle	Alison Kinross
2	Beechwood, Mersey, Heath, Grange	Linda Mills
3	Norton South, Halton Brook, Halton Lea	Dave Marshall
4	Appleton, Farnworth, Hough Green, Halton View, Birchfield	Colin McKenzie
5	Broadheath, Ditton, Hale, Kingsway, Riverside	VACANT SINCE June 2018
6	Lymm, Grappenhall, Thelwall	Janice Howe
7	Appleton, Stockton Heath, Hatton, Stretton and Walton	Sue Fitzpatrick
8	Penketh and Cuerdley, Great Sankey North, Great Sankey South	Paul Bradshaw
9	Culcheth, Glazebury and Croft, Poulton North	Keith Bland MBE
10	Latchford East, Latchford West, Poulton South	Erin Dawber
11	Bewsey and Whitecross, Fairfield and Howley	Susan Hoolachan
12	Poplars and Hulme, Orford	Colin Jenkins
13	Birchwood, Rixton and Woolston	Anne M Robinson
14	Burtonwood and Winwick, Whittle Hall, Westbrook	Norman Holding (Lead Governor)
15	Rest of England and Wales	Kevin Keith
15	Rest of England and Wales	VACANT SINCE 18.03.2019

Based on the current model, three of the existing Constituencies contain areas that fall into both Warrington North and Warrington South. These areas are:

10	Latchford East, Latchford West, Poulton South	Erin Dawber
11	Bewsey and Whitecross, Fairfield and Howley	Susan Hoolachan

14	Burtonwood and Winwick, Whittle Hall, Westbrook	Norman Holding (Lead Governor)
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It is suggested that the Governors who currently represent areas 10,11 and 14 as detailed above, represent the constituencies in which they live under the proposed future model.

If the amendments to the Constitution are approved, the composition of the Public Council of Governors at 1st April 2021, would be as detailed below in Table 5

Table 5 – Proposed composition of the Public Constituencies and associated Governors

Area	Constituency	Proposed number of elected Governors	Governor Representatives	Vacancies
1	Warrington North	5	Norman Holding (Lead Governor), Keith Bland MBE; Colin Jenkins, Anne M Robinson	1
2	Warrington South	5	Janice Howe, Sue Fitzpatrick, Paul Bradshaw, Erin Dawber, Susan Hoolachan	0
3	Runcorn	4	Alison Kinross, Linda Mills, Dave Marshall	1
4	Widnes	4	Colin McKenzie	3
5	Rest of England	1	Kevin Keith	0
Total		19		5

4. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to:

- Support amendments to the Constitution as outlined above for submission to the Trust Board.

Council of Governors

AGENDA REFERENCE:	COG/21/02/13			
SUBJECT:	Review the Trust's Compliance with Provider Licence 2020-21 Bi-Annual report			
DATE OF MEETING:	18 February 2021			
ACTION REQUIRED	For assurance			
AUTHOR(S):	John Culshaw, Trust Secretary			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
	Choose an item.			
	Choose an item.			
EXECUTIVE SUMMARY	<p>This update details any changes to the various declarations of compliance with the Trust's Provider License.</p> <p>Following review of the Trust's compliance with its License, the Trust continues to declare full compliance with all conditions.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note full compliance with all license conditions.			
PREVIOUSLY CONSIDERED BY	Committee	Choose an item.		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

Council of Governors

AGENDA REFERENCE:	COG/20/02/14
SUBJECT:	Workforce Race Equality Standard (WRES) Update
DATE OF MEETING:	18 th February 2021
ACTION REQUIRED	For Information
AUTHOR(S):	Deborah Smith, Deputy Chief People Officer
EXECUTIVE SPONSOR	Michelle Cloney, Chief People Officer
LINK TO STRATEGIC OBJECTIVES:	SO2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future
	Choose an item.
	Choose an item.
EXECUTIVE SUMMARY	<p>The Trust WRES data measures the organisation against national indicators exploring the experiences of our Black, Asian and Minority Ethnic workforce. The Strategic People Committee have approved the results of the 2020 WRES data for publication and noted particular areas of concern relating to formal disciplinary processes, bullying and discrimination. The Strategic People Committee requested that a more detailed review was undertaken to understand the issues. This paper provides an overview of indicators where the organisation has made improvement and sets out the findings of that review requested by the Strategic People Committee for information:</p> <ul style="list-style-type: none"> • There are no concerns regarding the 9 specific employee relations cases relating to BAME staff, which form part of the 2020 WRES data submission. • The review of employee relations cases involving BAME staff will be repeated in Q4 2020. • Of the 3 indicators relating to staff survey results, 2 have improved since 2019 and 1 has declined (staff experiencing harassment, bullying or abuse from staff). All 3 indicators suggest that BAME staff experience more harassment, bullying, abuse or discrimination than white staff. • A high percentage of staff within Digestive Diseases CBU reported experiencing harassment, bullying or abuse from both patients and staff in the 2019 staff survey. It is not possible to understand whether this related to ethnicity. • Freedom to Speak Up data collection does not currently include equality monitoring information relating to the staff member making a disclosure. This should be explored as soon as possible, with support from the Head of Employee Engagement

	<p>and Wellbeing. It is acknowledged that this may be challenging due to the method of some disclosures.</p> <ul style="list-style-type: none"> • The information received relating to Freedom to Speak Up disclosures and incidents reported via Datix do not indicate any trends, although this should be reviewed again when the work around Civility and Respect is commenced. • The low number of cases relating to ethnicity reported via Freedom to Speak Up, Datix and HR indicate that there may be more work to do in relation to support staff disclosures. <p>The paper also includes the WRES action plan. The action plan was approved for publication by the Chair of Strategic People Committee in October 2020 and has since been updated on the basis of the review set out in this paper. It is available on the organisation's external website pages.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information		
RECOMMENDATIONS	To note the contents of this report.		
PREVIOUSLY CONSIDERED BY	None		
PREVIOUSLY CONSIDERED BY	Committee Strategic People Committee		
	Agenda Ref.	SPC/20/11/90	
	Date of meeting	18 th November 2020	
	Summary of Outcome	Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Partial FOIA Exempt		
FOIA EXEMPTIONS APPLIED: (if relevant)	Section 41 – confidentiality		

1. BACKGROUND/CONTEXT

The Workforce Race Equality Standard (WRES) is an important requirement for the Trust. The purpose of the standard is to ensure that members of the workforce who are from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It is mandated through the NHS Standard Contract with annual reporting required.

The Trust is expected to show progress against a nine indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels. The WRES report and action plan was produced for 2020 (1st April 2019 – 31st March 2020 data set) and is published on the organisation's website. The report is a retrospective look at the previous year's data and is approved by the Strategic People Committee and monitored by the organisation's Equality, Diversity and Inclusion (EDI) Sub-Committee.

As a result of the 2020 report (which reflects on the previous year), the Strategic People Committee noted particular areas of concern relating to the data regarding formal disciplinary processes, bullying and discrimination experienced by our workforce. This paper provides an overview of some of the indicators which require improvement and also the findings of the review into disciplinary processes, bullying and discrimination.

2. WRES DATA SUBMISSION AND ACTION PLAN

The WRES action plan was approved for publication by the Chair of Strategic People Committee in October 2020 and has since been updated on the basis of the review. The plan is included at appendix 1.

3. AREAS FOR FURTHER REVIEW AND ACTION

a. WRES Indicators and Comparisons

The table below sets out the four indicators from the 2020 WRES data which were highlighted as particular areas of concern and areas for improvement.

	Indicator	2019*	2020*	BAME Staff Experience 2019 vs 2020	BAME Compared to White Staff Experience
3	Relative Likelihood of BAME staff entering the formal disciplinary process, compared to white staff	1.05	3.84	Declined	Negative
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White Staff: 21.2% BAME Staff: 29.9%	White Staff: 21.6% BAME Staff: 25%	Improved	Negative
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White Staff: 18.3% BAME Staff: 22.4%	White Staff: 19% BAME Staff: 26%	Declined	Negative
8	In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues?	White Staff: 4.5% BAME Staff: 12.3%	White Staff: 4.5% BAME Staff: 10.7%	Improved	Negative

The table shows that whilst there have been improvements in the experience of BAME staff from 2019 to 2020 in relation to indicators 5 and 8, there has been a decline in relation to indicators 3 and 6. In addition, all four indicators suggest a more negative experience for BAME staff compared to white staff.

** For indicators 5, 6 and 8, the 2019 data is taken from the 2018 staff survey and the 2020 data is taken from the 2019 staff survey.*

b. Methodology

The Deputy Director of HR and OD has undertaken a review of the employee relations cases relating to indicator 3 and has specifically reviewed the allegations which prompted a formal process, the outcome of the formal process and the approach taken.

In order to further explore the underlying issues relating to indicators 5, 6 and 8, information on Freedom to Speak Up disclosures, Datix incidents, HR processes and related staff survey results were reviewed.

c. Indicator 3: Relative Likelihood of BAME staff entering the formal disciplinary process, compared to white staff

There were 31 cases which fell within the reporting criteria for WRES data submission; 29 related to white staff, 9 related to BAME staff and 1 related to a member of staff who had not declared their ethnicity.

The table below sets out the allegations, outcome and additional relevant details of the 9 cases relating to BAME staff.

	Allegation	Outcome	Additional Information
1	Inappropriate amendment of patient notes.	Verbal	Outcome letter demonstrates that mitigation was explored and taken into consideration when sanctions were considered
2	Inappropriate behaviour towards patient.	First and Final	Outcome letter demonstrates that mitigation was explored and taken into consideration when sanctions were considered
3	Breach of the Trust IT policy.	No case	There was potential fraud in this case. MIAA reviewed - no formal action. A more senior member of staff was also involved and received a verbal warning. This employee received no formal outcome but informal action e.g. IG training.
4	Inappropriate use of social media during work.	Written warning	This case was referred to the fast track process
5	Various fraud-related allegations.	Written warning	Outcome letter demonstrates that mitigation was explored and taken into consideration when sanctions were considered
6	Falsified statement within official Trust documentation (i.e. patient record).	Action Plan	Clear explanation in outcome letter - could this not have been arrived at

			without investigation?
7	Employee was issued with a police caution.	Written warning	Outcome letter demonstrates that mitigation was explored and taken into consideration when sanctions were considered
8	Allegations relating to violent behaviour.	First and Final	Outcome letter demonstrates that mitigation was explored and taken into consideration when sanctions were considered. This case was referred to the fast track process.
9	Safeguarding-related allegations.	Dismissal	Outcome letter confirms that no mitigation was presented by the employee.

The Deputy Director of HR and OD has reviewed the case documentation for all 9 cases and has assessed that in all cases, the formal process was instigated appropriately, there was a fair and proportionate outcome and that the approaches taken demonstrate that the process was executed fairly.

d. Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2019 results show that the areas with the highest negative result relating to harassment, bullying or abuse from patients, relatives or the public for all staff (of all ethnicities) were:

- Integrated Medicine 8%
- Medical Care 6%
- Digestive diseases 6%

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures.

Information received from the Governance Department shows that there have been 2 reported incidents in the last 12 months of staff experiencing racially motivated harassment, bullying or abuse from patients; one within the Security Team and one within Maternity Services.

e. Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

The staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2019 results show that the areas with the highest negative results relating to harassment, bullying or abuse from staff for all staff (of all ethnicities) were:

- Women and Children's Health 23%
- Theatres 21%
- Digestive Diseases 19%

HR records show that there has been 1 case relating to harassment, bullying or abuse from staff which specifically referenced race and this was within the Medical Care CBU.

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures. There have been 19 disclosures since 1 April 2020 and 16 of these relate to bullying and harassment, although it is not clear from the data whether any of these are in relation to ethnicity.

f. Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues?

The staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2019 results show that the areas with the highest negative result relating to discrimination at work for all staff (of all ethnicities) were:

- Estates 14%
- Nursing and Quality 9%
- Urgent and Emergency 9%

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures however the guardian has reviewed the disclosure information available and has confirmed that there have been no disclosures relating to discrimination at work due to ethnicity in the last 12 months.

4. CONCLUSIONS

- There are no concerns regarding the 9 specific employee relations cases relating to BAME staff, which form part of the 2020 WRES data submission.
- The review of cases relating to BAME staff undertaken by the Deputy Director of HR and OD will be repeated in Q4 2020.
- Of the 3 indicators relating to staff survey results, 2 have improved since 2019 and 1 has declined (staff experiencing harassment, bullying or abuse from staff). All 3 indicators suggest that BAME staff experience more harassment, bullying, abuse or discrimination than white staff.
- A high percentage of staff within Digestive Diseases CBU reported experiencing harassment, bullying or abuse from both patients and staff in the 2019 staff survey. It is not possible to understand whether this related to ethnicity.
- Freedom to Speak Up data collection does not include equality monitoring information relating to the staff member making a disclosure. This should be explored as soon as possible, with support from the Head of Employee Engagement and Wellbeing. It is acknowledged that this may be challenging due to the method of some disclosures.
- The information received relating to Freedom to Speak Up disclosures and incidents reported via Datix do not indicate any trends, although this should be reviewed again when the work around Civility and Respect is commenced.
- The low number of cases relating to ethnicity reported via Freedom to Speak Up, Datix and HR indicate that there may be more work to do in relation to support staff disclosures.

5. RECOMMENDATIONS

The Council of Governors are asked to note the information contained in this report and the steps that the organisation have taken in order to address the WRES results which will continue into 2021/22.

APPENDIX ONE – WRES Action Plan

Workforce Race Equality Standard Action Plan

Metric Number	Standard	2019 Data	2020 Data	Narrative	2020/21 Actions	Timescales
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2019			The 2020 data, drawn from the organisation's Electronic Staff Record illustrates that in comparison with 2019, there are slight improvements for non-clinical BAME staff above B6 and clinical staff in Bands 6-8a, however BAME members of staff are still under-represented at senior levels.	Introduce targeted marketing of employment opportunities to increase diversity.	Q4 2020/21
					Scope options relating to positive action and present to Strategic People Committee to approve for implementation.	Q4 2020/21
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	1.48	0.83	The data demonstrates that white staff are still more likely than BAME to be appointed from shortlisting, although this likelihood has decreased in comparison with the 2019 data which illustrates a slight improvement.	Develop and launch Equality in Employment policy to cover practical guidance in relation to employing individuals with a range of protected characteristics.	Q4 2020/21
					Continue development and delivery of EDI managers training to include case studies from own workforce.	Ongoing
					Include equality, diversity and inclusion responsibilities in all line manager Job Description templates.	Q4 2020/21
					Include equality, diversity and inclusion objective in all staff PDRs	Q4 2020/21

					Refresh recruiting managers training to increase inclusivity of selection processes and increase diversity	Q1 2021/22
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.05	3.84	The 2020 data highlights that there has been an increase in the relative likelihood of BAME staff entering the formal disciplinary process in comparison with 2019, which equates to an increase of 5 individuals from 2019. It is important to note that the numbers overall have decreased from 40 in 2019 to 31 in 2020.	Development and launch of Civility, Kindness and Respect campaign across organisation.	Q4 2020/21
					Review of Improving People Practices and Fair Processes for all report to inform operational actions	Complete
					Senior HR review of cases in the data set. Outcomes and actions to be reported to SPC	Complete
					Senior HR review of cases relating to BAME staff	Q4 2020/21
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.99	0.80	The data illustrates that there has been a slight improvement in comparison with 2019 for staff accessing non-mandatory training and CPD.	Develop inclusive talent management programme / framework.	Q4 2020/21
					Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 21.2% BAME: 29.9%	White: 21.6% BAME: 25%	The data demonstrates that there has been an improvement in comparison with 2019. However, it is recognised that there is still a higher percentage of BAME staff experiencing harassment, bullying or abuse from the public in the last 12 months compared with white staff.	Work with the BAME Staff Network, Freedom to Speak Up Team and HR Team to enhance reporting of incidents	In place and ongoing
					Deep dive of existing data from staff survey, incidents, Freedom To Speak Up and grievances to understand patterns	Complete

					Targeted work via HR Team and OD Team in specific areas highlighted via the analysis	Q4 2020/21
					Analysis of Staff Survey results from 2020 (available in January 2021) to ascertain any hotspot areas or staff groups.	Q4 2020/21
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 18.3% BAME: 22.4%	White: 19% BAME: 26%	The data demonstrates that there has been deterioration in comparison with 2019 in that more BAME staff are reporting experiencing harassment, bullying or abuse from staff in the last 12 months.	Development of EDI calendar to encourage a culture of inclusion.	Complete
					Organisational participation in local community culture events such as Warrington Mela (dependent upon COVID-19 restrictions).	Q2 2021/22
					Investigate, and implement membership of Race Charter at Work.	Q1 2021/22
					Organisational sign-up to Social Partnership Forum's "Call to Action" in relation to bullying and harassment and embed into trust-wide civility, kindness and respect campaign.	Q1 2021/22
					Review the opportunities to collect equality monitoring data as part of Freedom to Speak up	Q3 2020/21
					Undertake further review of Freedom to Speak up, incidents and HR cases	Q4 2020/21
					Discuss equality, diversity and inclusion as part of the regular health and wellbeing	Q3 2020/21

					conversations.	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	White: 90.7% BAME: 76.1%	White: 91.4% BAME: 82.3%	The data shows that there has been a marked improvement in the percentage of BAME members of staff believing that the trust provides equal opportunities for career progression or promotion.	Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going
					Development and implementation of reverse mentoring programme.	Q1 2021/22
					Introduce targeted marketing of employment opportunities to increase diversity.	Q4 2020/21
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White: 4.5% BAME: 12.3%	White: 4.50% BAME: 10.70%	The data demonstrates that there has been an improvement compared with the previous year however it is recognised that significantly more BAME members of staff report personally experiencing discrimination at work from a manager, team leader or other colleagues.	Increase BAME representation as Freedom To Speak Up Champions.	Q4 2020/21
					Development of EDI Champion role.	Q1 2021/22
					Development, in partnership with the BAME Staff Network of line manager guidance for dealing with specific concerns from BAME members of staff.	Q4 2020/21
9	Percentage difference between the organisation's Board voting membership and its overall workforce. Note: Only voting members of the Board should be included	White: +3.7% BAME: -9.70%	White: +11.0% BAME: -9.9%	The data demonstrates that in comparison with 2019 there has been a slight deterioration in relation to BAME voting membership and the overall workforce. This is due to a change in the overall workforce, rather than any changes to Board composition.	Participation in the NHS Leadership Academy Shadow Board leadership programme.	Q4 2020/21
					Participation in bespoke EDI training for board members.	Ongoing

Council of Governors

AGENDA REFERENCE:	COG/20/02/15		
SUBJECT:	Extension of Term of the Chair of the Trust		
DATE OF MEETING:	18 th February 2021		
ACTION REQUIRED	Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
LINK TO STRATEGIC OBJECTIVES:	All		
	Choose an item.		
	Choose an item.		
EXECUTIVE SUMMARY	<p>Under the Terms of Reference, the Governors' Nominations and Remuneration Committee is responsible</p> <p><i>"...for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors."</i></p> <p><i>On expiry of the initial Non-Executive Directors' current terms of appointment (or the period of 12 months, whichever is the greater) and on any subsequent vacancy, to consider whether to recommend to the Council of Governors the reappointment of the retiring Non-Executive Director.</i></p> <p>The Chair will come to the end of his second term of office on 31st March 2021. Mr Steve McGuirk has expressed his interest in serving a third term of three years to commence on 1st April 2021</p> <p>The Governors' Nominations and Remuneration Committee (GNARC) convened on 4th February 2021 where the extension of the Chairman's terms of office for a third term, at the existing remuneration, to 31 March 2024 was supported.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Note the process that has been followed so far; Review and approve the recommendation from the GNARC to extend the Chairman's term of office. 		

PREVIOUSLY CONSIDERED BY	Governor Nomination & Remuneration Committee	
	Agenda Ref.	GNARC 21/02/03
	Date of meeting	4 th February 2021
	Summary of Outcome	Approved
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (if relevant)	None	

SUBJECT	Extension of Term of the Chair of the Trust	AGENDA REF	COG/20/02/15
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1. BACKGROUND/CONTEXT

Under the Terms of Reference, the Governors’ Nominations and Remuneration Committee is responsible

“...for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors.”

On expiry of the initial Non-Executive Directors' current terms of appointment (or the period of 12 months, whichever is the greater) and on any subsequent vacancy, to consider whether to recommend to the Council of Governors the reappointment of the retiring Non-Executive Director.

The Chair will come to the end of his second term of office on 31st March 2021. Mr Steve McGuirk has expressed his interest in serving a third term of three years to commence on 1st April 2021

Following approval by the Council of Governors and the Trust Board in November 2021, the Trust’s Constitution was amended to state:

Non-Executives are appointed for an initial period of up to three years. Appointments may be renewed at the end of the period of office, subject to the recommendations of the Council of Governors Nomination and Remuneration Committee and approval of the Council of Governors, for a further period up to three years. Non-Executives may serve up to a maximum of 9 years

The Governors’ Nominations and Remuneration Committee (GNARC) convened on 4th February 2021 where the extension of the Chairman’s terms of office for a third term, at the existing remuneration, to 31 March 2024 was supported.

Mr Steve McGuirk joined the Trust as Chairman in April 2015. Steve, who lives in Warrington, is was a County Fire Officer and Chief Executive of Greater Manchester Fire and Rescue Service and joined the Trust upon his retirement from that role. Steve joined the fire service in 1976. He was previously County Fire Officer and Chief Executive for Cheshire Fire and Rescue Service before taking on the post in Greater Manchester in 2009. He has also been a Board member and President of the Chief Fire Officers Association and has been the principal adviser on fire and rescue matters to the Local Government Association. He was awarded the long service and good conduct medal in 1996, the Queen’s Fire Service Medal in 2002, and the CBE in 2005. He has also gained extensive experience in governance of public authorities. Steve was also appointed as an expert witness to the Grenfell Tower Enquiry.

Mr McGuirk was appointed as Chairman following an extensive external recruitment process that involved the Trust's elected public and staff governors on the selection panel.

Steve's role includes:

- Chair of the Board of Directors
- Chair of the Council of Governors
- Chair of the Board Nominations and Remuneration Committee
- Chair of the Governor Nominations and Remuneration Committee

The annual appraisal of Steve McGuirk, Chairman was conducted by Ian Jones, Non-Executive Director & Senior Independent Director (SID) in October 2020; based on the framework for conducting annual appraisals of NHS Provider Chairs developed by NHS Improvement. The process for conducting the appraisal and its outcome is detailed in section 2 below.

2. KEY ELEMENTS

WARRINGTON & HALTON NHS TEACHING HOSPITALS FOUNDATION TRUST

CHAIR'S PERFORMANCE APPRAISAL 2019-2020

The PROCESS:

Each Governor and Director was asked to complete an anonymous questionnaire to give their views of the Chair's performance. The same questionnaire was used for Governors and Directors.

In addition, some key individuals from External Stakeholder organisations were asked to give feedback.

The questionnaire addressed the key areas of the Chair's role, including leadership on strategic direction, organisational resilience, partnership working, service improvement, workforce relations and governance.

The respondents were asked to state whether the Chair had achieved an acceptable standard or not, with a response range of 4 possibilities, ranging from "strongly agree" to "strongly disagree". Respondents were also given the opportunity to make specific, qualitative comments.

The responses were presented to the Senior Independent Director, who then discussed the outcome with the Chair in a formal appraisal meeting on 20th October.

The FEEDBACK:

29 responses were received, slightly up on the previous year.

RESPONSES

A "positive" response was given in all areas, with the majority being "strongly positive". The specific responses are presented in the slide presentation which accompanies this paper.

Q24-26 are of particular note as these give the opportunity for specific comments.

Q24 asks for views on his strengths and received numerous very complimentary comments. He is clearly held in high regard.

Q25 focuses on ways in which he might increase impact and effectiveness. A view voiced by some was that he might be “a little less directive initially” when chairing a discussion.

Q26 is aimed at garnering general views on his chairmanship and it is clear from the responses that he is held in high regard by most, possibly all, of the Governors and Directors.

EXTERNAL STAKEHOLDERS’ VIEWS

The response level was low, but the Senior Independent Director was able to speak at length with the Chief Executive of Warrington Borough Council and he also received a detailed response from the Chair of Cheshire & Merseyside Health and Care Partnership. Both individuals were highly complimentary about the manner in which Steve represents WHH. They valued his collaborative approach, his constructive challenges and his strong commitment to the community.

In summary, all respondents expressed strongly positive views about Steve’s abilities, style and performance to date.

FORMAL APPRAISAL INTERVIEW WITH SENIOR INDEPENDENT DIRECTOR (20th October).

As Senior Independent Director, I am tasked with bringing together all of the opinions, putting them into context and focusing on the key points arising. My main aim, apart from giving general feedback, is to ensure that any learning points are taken on board and action is taken where necessary.

The results of the questionnaire speak for themselves, giving Steve a glowing report, with praise from every direction.

In this unusual year, it is worth placing on record the enormity of the task facing the Hospitals and the highly professional manner in which the COVID19 crisis has been handled by the entire workforce. The leadership at Board level has been first class and Steve has played a vital role in ensuring that the Executive Directors have received the utmost support in performing their duties. He has always been alert to the unusual risks and vulnerabilities which the pandemic has created and, from the earliest stage, has ensured that governance matched up to the challenges. He has been energetic throughout, engaging with all stakeholders and ensuring that the important external relationships are maintained and built upon. He has spent a great deal of time attending the various regional boards and committees created to steer system changes and pandemic issues.

As just one example of many initiatives, Steve has ensured that the Non-Executive Directors have remained at the forefront of the governance process, with COVID19 videoconferencing meetings with the Chief Executive being held weekly, or more frequently, supplementing the usual committee work.

He has always been keen to ensure strong relationships exist with the Council of Governors and has worked hard to keep Governors fully informed and involved, where appropriate. The role of Lead Governor has continued to strengthen the bond between Board and Governors, as has the development of Governor observers at all Board Committees.

Alongside the management of day to day business and the pandemic response, Steve has ensured that the Board has continued to have a clear sight on strategic issues, such as system wide restructuring, local alliances and a potential new hospital.

He has also focused on the 'business as usual' challenges, seeking to ensure that, post-pandemic, the Hospitals are well-placed to get back to normal patient flows as quickly as possible.

It should also be borne in mind that 2019/20 saw a change of two of the Hospitals' senior directors, with the Chief Executive and the Medical Director both taking up their roles. Steve was instrumental in the appointment process and has subsequently been highly supportive to both, particularly Simon Constable as Chief Executive.

It has been a very full year and Steve has risen to all challenges. The Trust has good reason to be confident in his leadership in the year ahead.

Ian Jones

Senior Independent Director

21st October 2020

**Results of the survey are included as appendix 1*

CHAIRMAN'S COMMENTS

2020 APPRAISAL RESPONSE

As with previous years I felt it important to respond to my annual appraisal/PDR.

We have always deployed an extensive and transparent approach at Warrington – every appraisal has gone before a full COG for their sign off and agreement – but this year's modifications that we have been 'encouraged' to adopt have taken the comprehensiveness of the process to a new level. This will be observable from the slide deck produced by the SID, as well as his extensive overview paper.

Could I therefore express genuine thanks and appreciation to my Board and COG colleagues for their diligence in responding to the extensive survey, and could I equally thank the external contributors for their time.

But, crucially, could I thank the Board Secretary for the management of the process and the SID for assembling and analysing the outcomes, and for the approach that he has again taken to providing honest feedback to me.

Overall, I am delighted at the response and it would be churlish to pretend otherwise. We have had a truly unprecedented year (indeed that continues) and, together, we have had to overcome complex and difficult challenges. I have always been committed to the communities of Warrington and Halton – as a resident – but the impact of Coronavirus has put that commitment in to even sharper focus. I have been especially pleased, therefore, at some of the feedback related to the way we have navigated the crisis. Little did I think, when moving across from my previous life into the NHS, that some of my crisis management experience would helpfully play a part here – but there have been occasions over the last few months when it has felt like we have needed to be good firefighters.

Nevertheless, I have been stretched to have to think about how we maintain important governance but, at the same time, how we liberate and empower Executive colleagues to deliver fast changing operational needs. In this respect, being good followers is just as important as being good leaders and I truly believe that in our current Board members we have the best of both words; first class leaders when required and first-class followers when required. We also have a great blend of varied and extensive experience across our NEDs, and the value of this diversity has shone through the crisis. In

many respects, this combination of talents makes my role more one of trying to orchestrate a team of highly capable people, rather than 'telling' or directing too much. Although, as some of the feedback identifies, on occasions the temptation to come up with an answer or a bit of direction has 'sometimes' been difficult to resist. (Old habits die hard).

Could I then express an enormous sense of gratitude for the support, counsel, effort, and endeavour of my Board colleagues, as well as, of course, members of COG. Despite everything, all of us remain totally committed to being able to demonstrate that we are the outstanding organisation we 'know' we have become – certainly, I feel blessed to work with a very large number of outstanding people.

3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to:

- Note the process that has been followed so far;
- Review and approve the recommendation from the GNARC to extend the Chairman's term of office from 1st April 2021 to 31st March 2024.



Appendix 1

WHH Chair Appraisal September 2020

We are WHH & We are
PROUD
to make a difference

WHH Chair Appraisal October 2020

Total Responses: 30

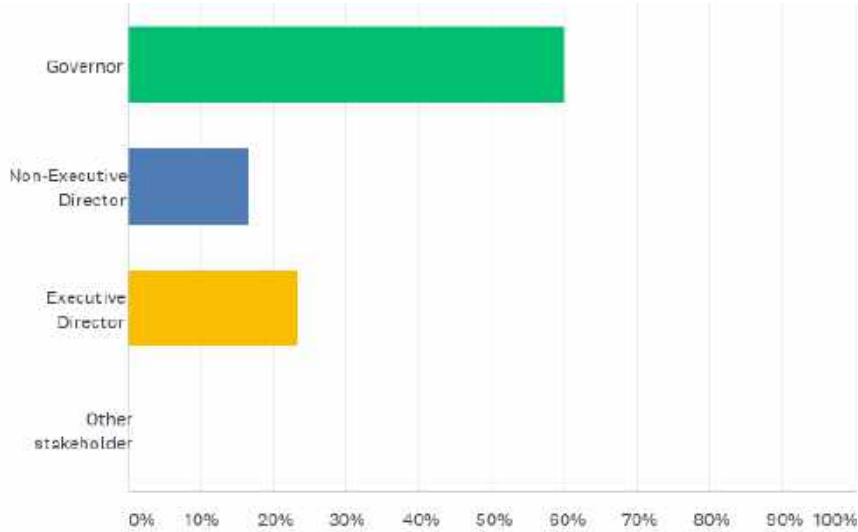
Complete Responses: 29

We are WHH & We are
PROUD
to make a difference
to make a difference



Q1: Your Role

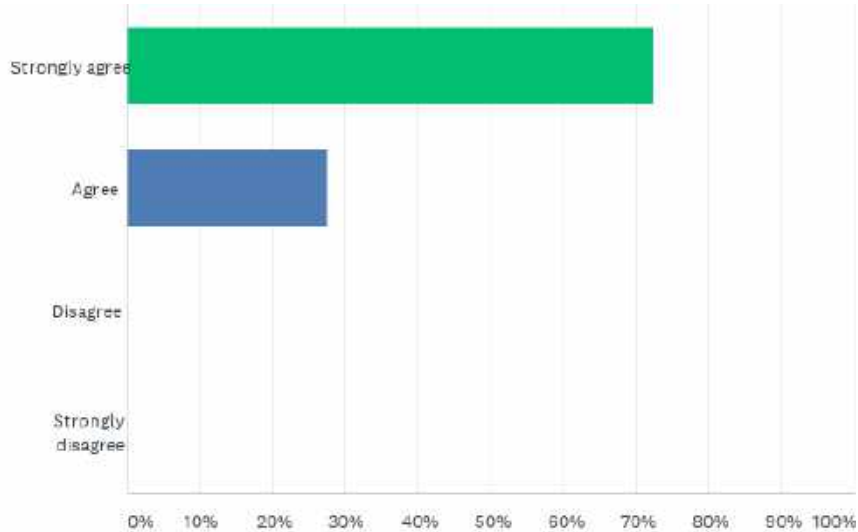
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Q2: Leads the board in setting an achievable strategy

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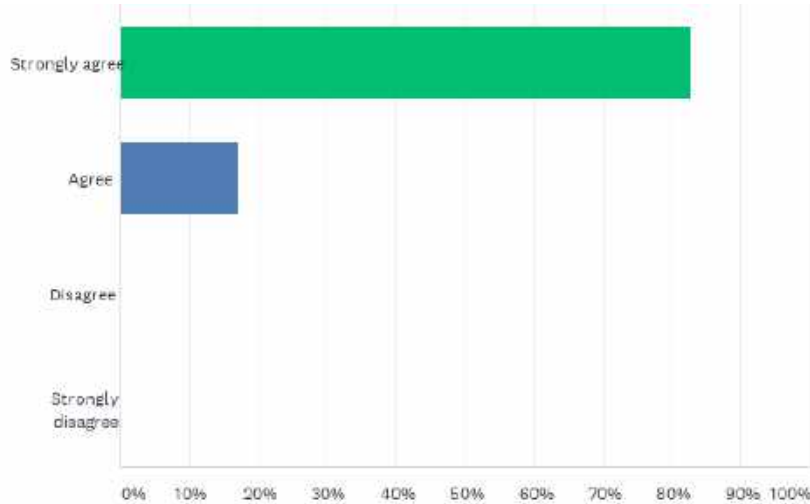
- Answered: 29 Skipped: 1



Q3: Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users

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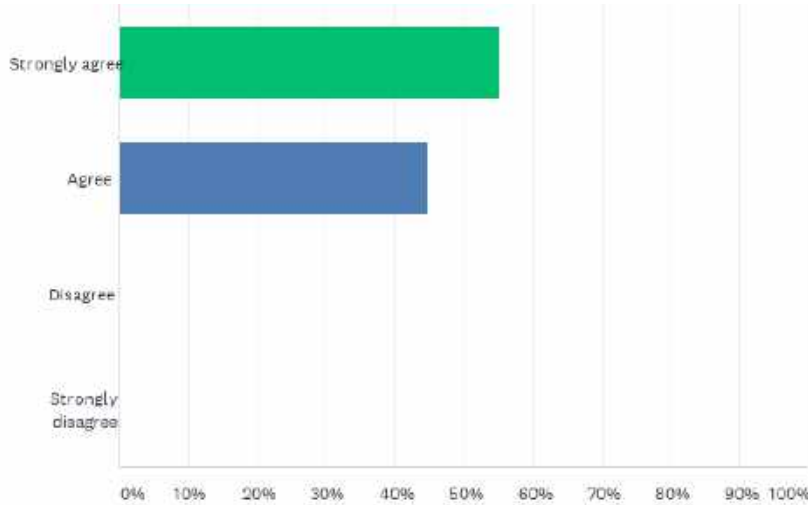
- Answered: 29 Skipped: 1



Q4: Provokes and acquires new insights and encourages innovation

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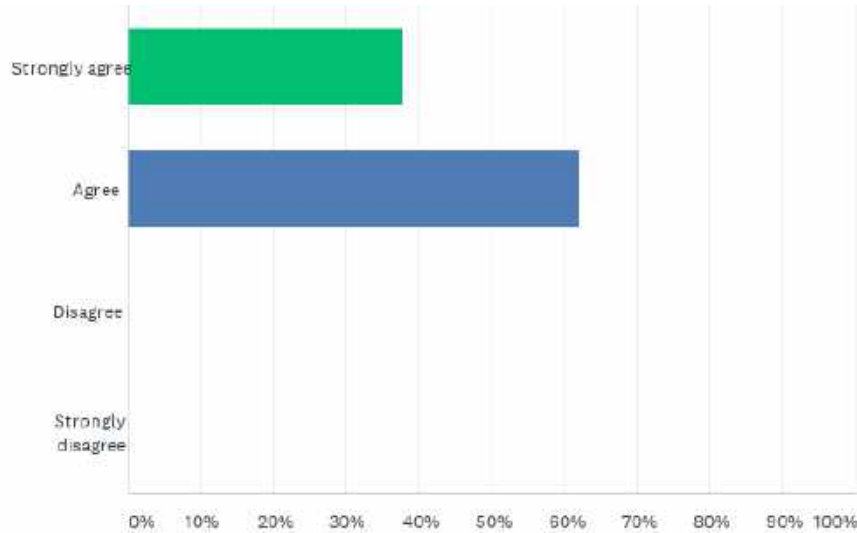
- Answered: 29 Skipped: 1



Q5: Evaluates evidence, risks and options for improvement objectively

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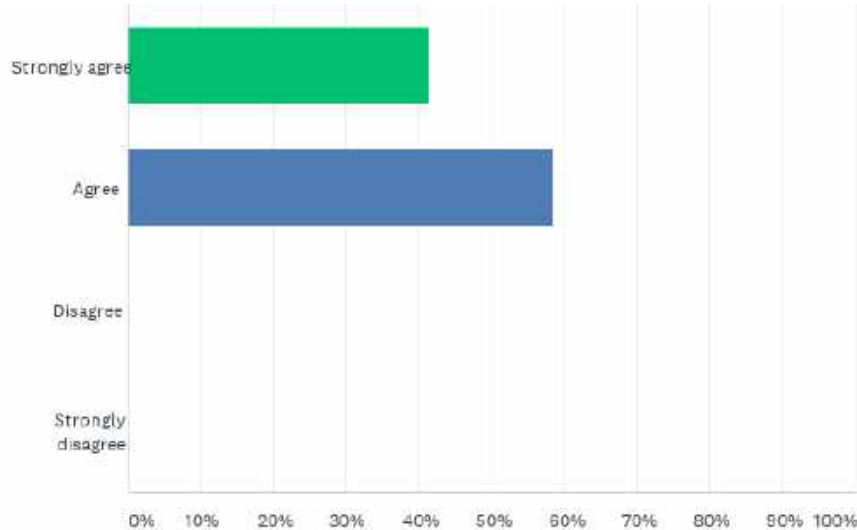
- Answered: 29 Skipped: 1



Q6: Builds organisational and system resilience, for the benefit of the population of the system as a whole

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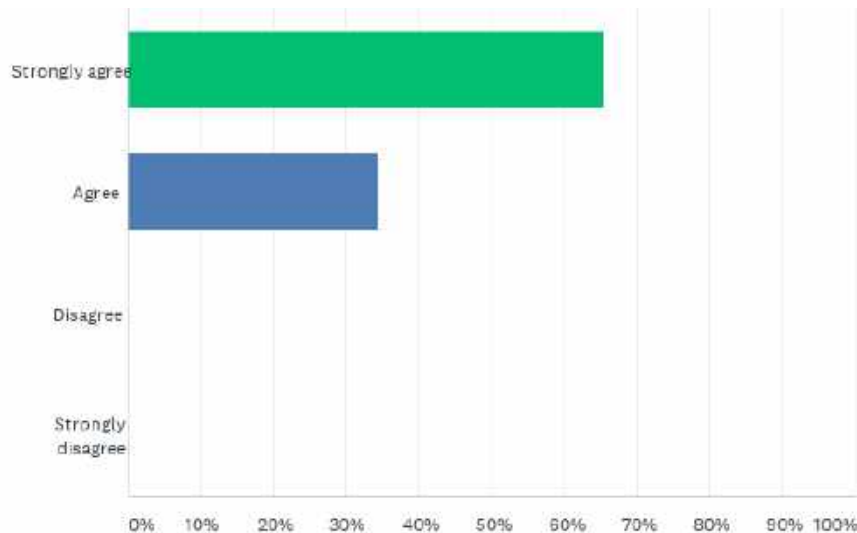
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Q7: Leads the board in setting an achievable strategy

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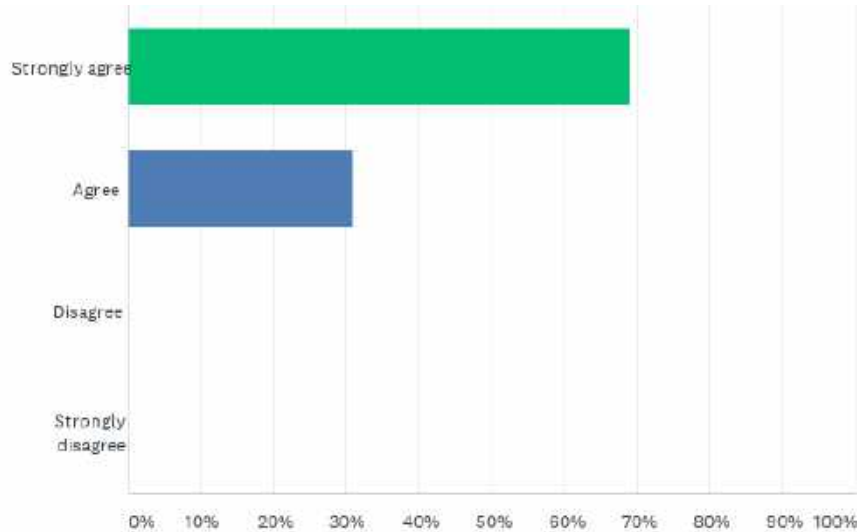
- Answered: 29 Skipped: 1



Q8: Develops external partnerships with health and social care system stakeholders

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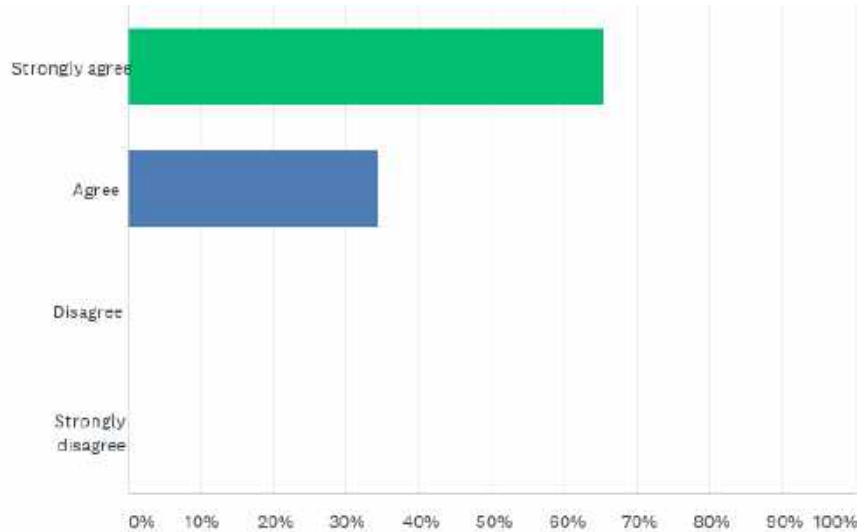
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Q9: Demonstrates deep personal commitment to partnership working and integration

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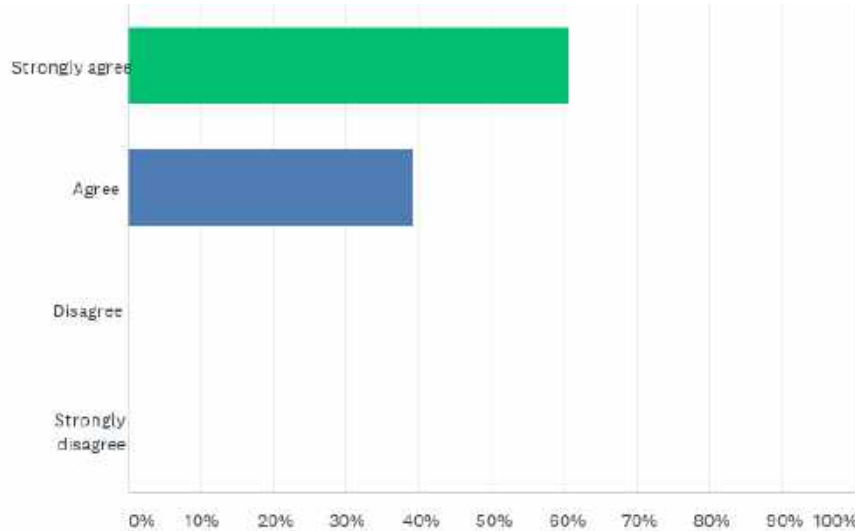
- Answered: 29 Skipped: 1



Q10: Promotes collaborative, whole-system working for the benefit of all patients and service users

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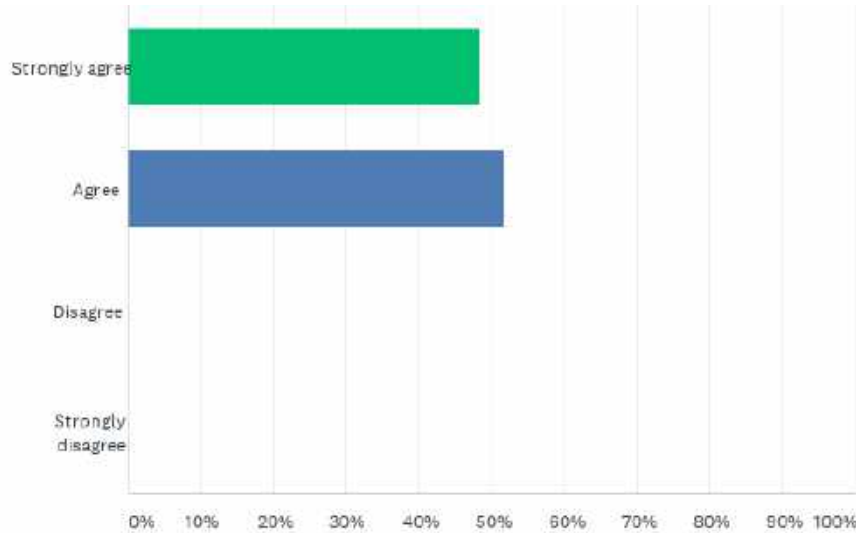
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Q11: Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole

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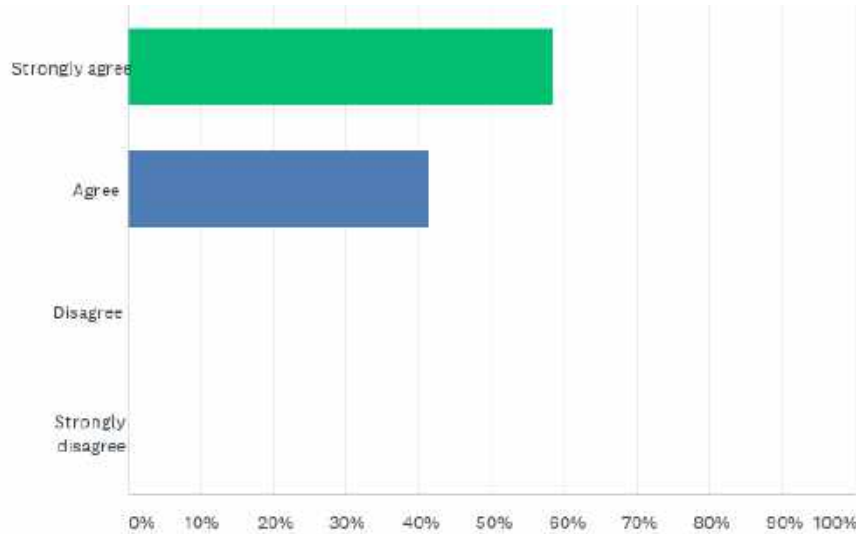
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Q12: Creates a compassionate, caring and inclusive environment, welcoming change and challenge

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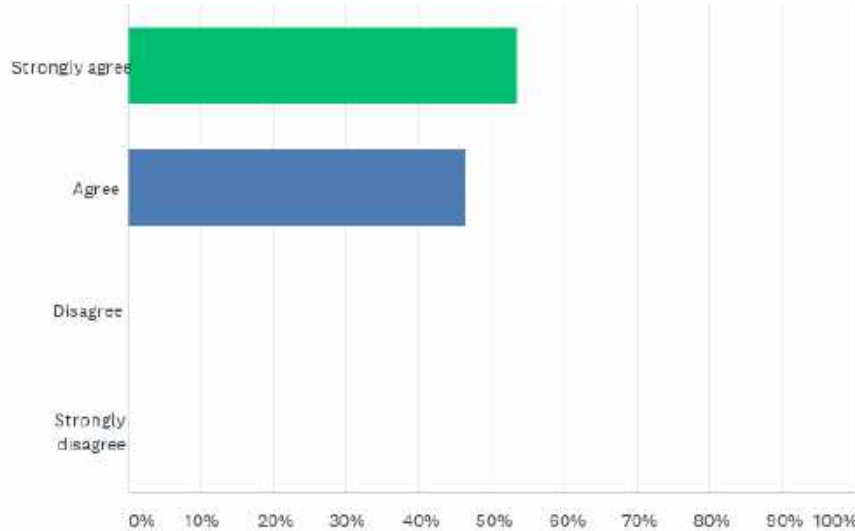
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Q13: Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users

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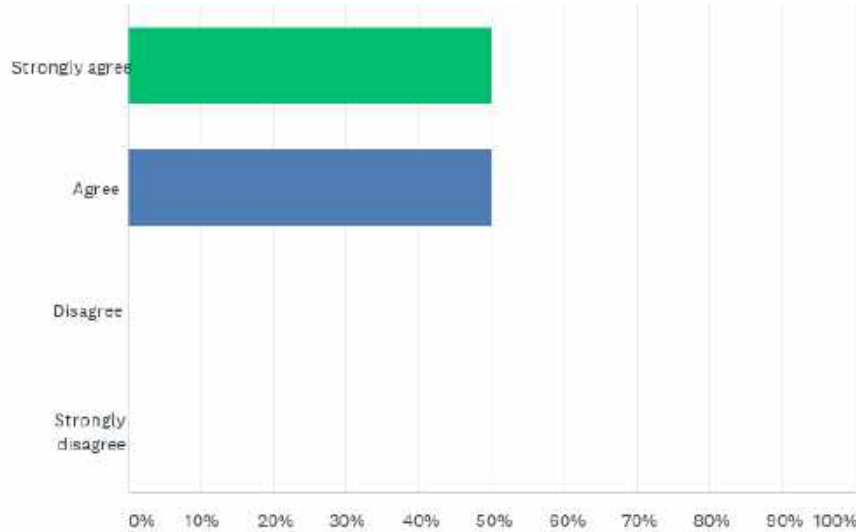
- Answered: 28 Skipped: 2



Q14: Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively

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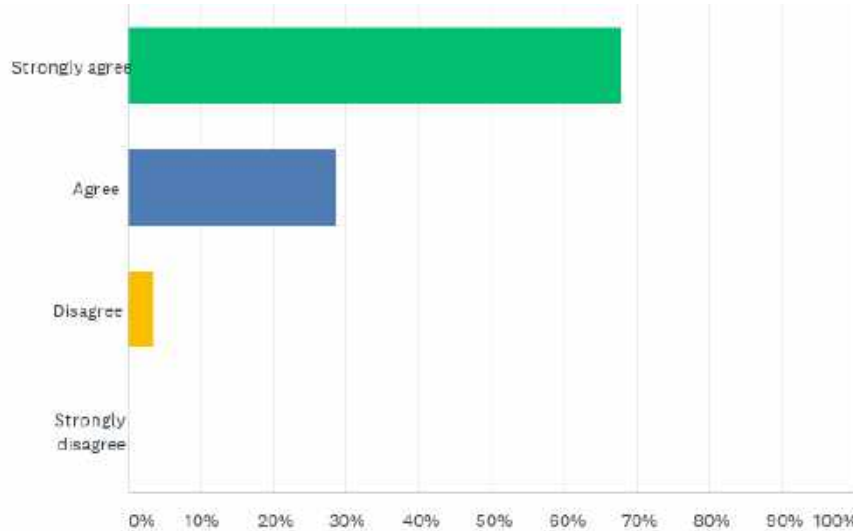
- Answered: 28 Skipped: 2



Q15: Supports, counsels and acts as a critical friend to Directors, including the Chief Executive

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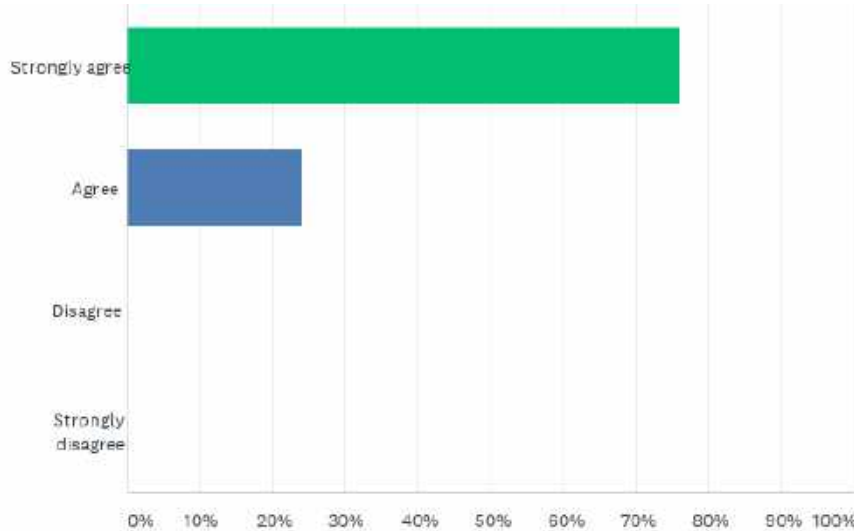
- Answered: 28 Skipped: 2



Q16: Owns governance, including openness, transparency, probity and accountability

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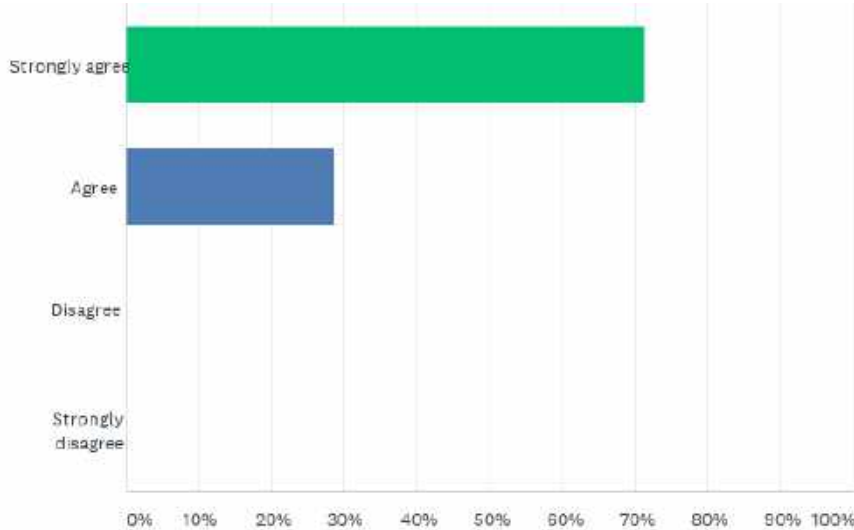
- Answered: 29 Skipped: 1



Q17: Understands and communicates the trust's regulatory and compliance context

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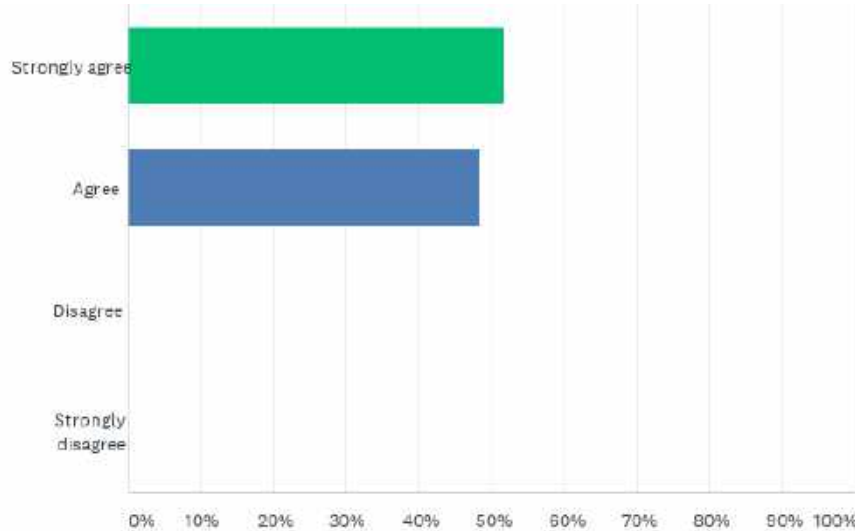
- Answered: 28 Skipped: 2



Q18: Leverages knowledge and experience to build a modem, sustainable board for the benefit of patients and service users

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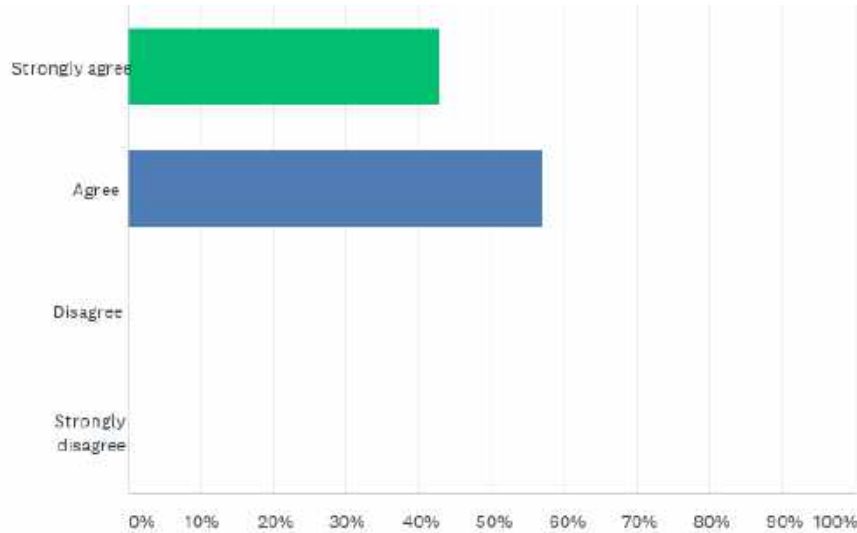
- Answered: 29 Skipped: 1



Q19: Applies financial, commercial and technological understanding effectively

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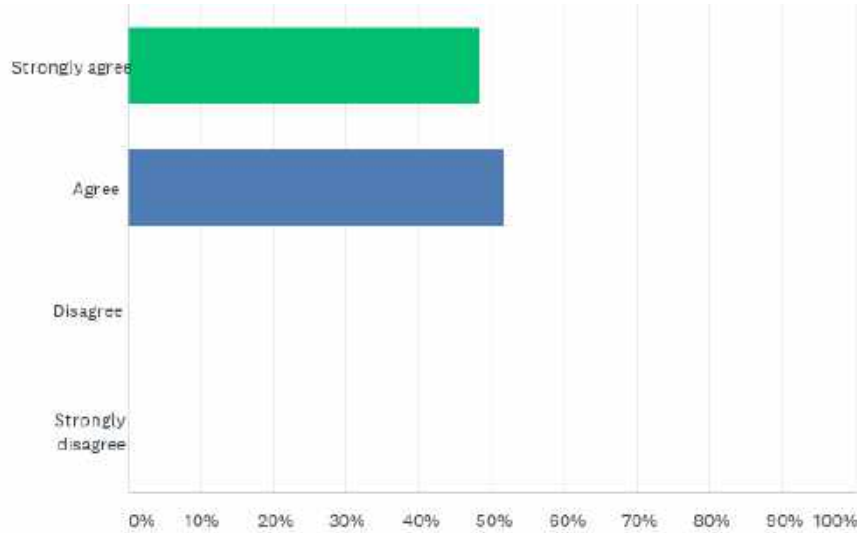
- Answered: 28 Skipped: 2



Q20: Creates an environment in which clinical and operational excellence is sustained

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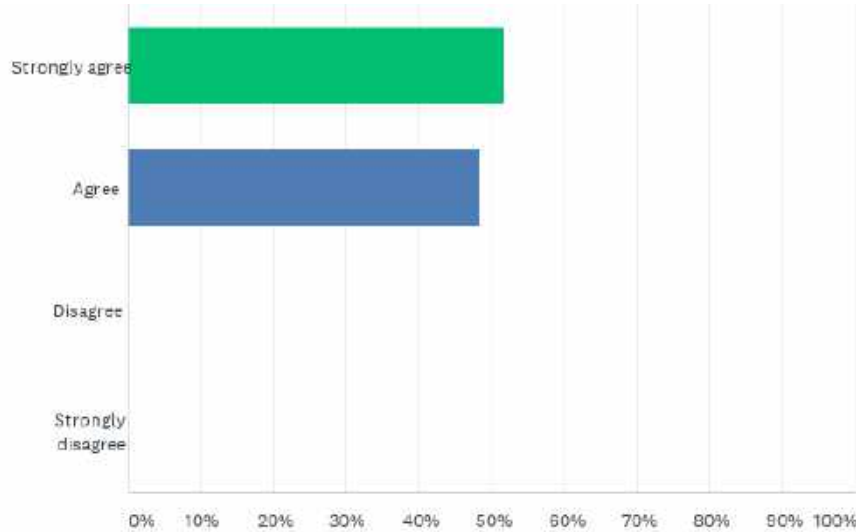
- Answered: 29 Skipped: 1



Q21: Embeds a culture of continuous improvement and value for money

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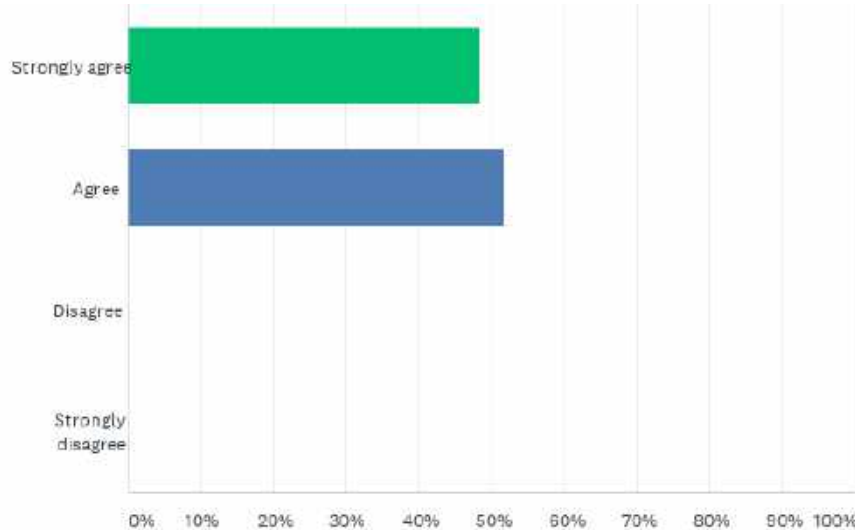
- Answered: 29 Skipped: 1



Q22: Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus

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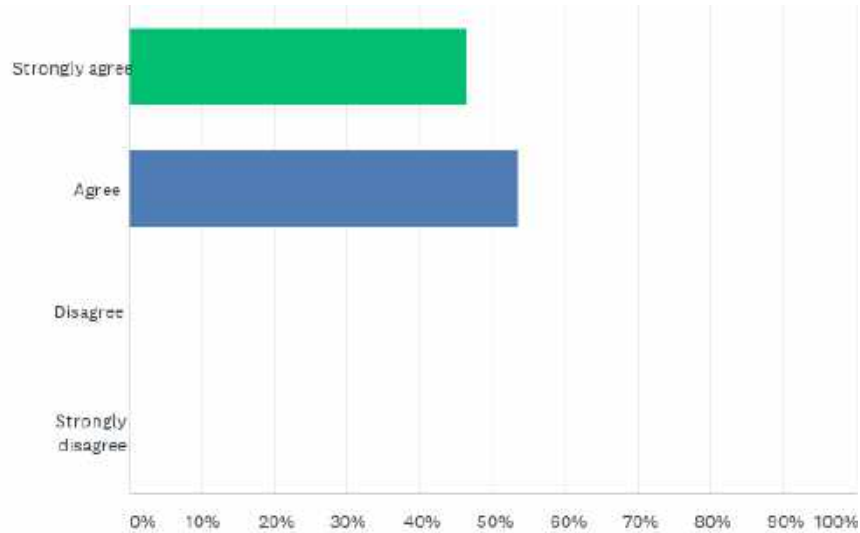
- Answered: 29 Skipped: 1



Q23: Measures performance against constitutional standards, including those relating to equality, diversity and inclusion

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- Answered: 28 Skipped: 2



Q24: What does the Chair do particularly well? (1)

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- Answered: 29 Skipped: 1
- Listens and pays heed to comments.
- Clear, open, approachable.
- Visibility. Effective Meeting Chair. Challenges the wider system working. Definitely not a wall flower. Good communication with NEDS and especially Governors.
- Leadership and ensuring participation by all at the meetings. Provides confidence.
- Clarity on decision making. Being available
- Highly knowledgeable, personable and inclusive. Keeps meetings relevant and focused on the most important aspects. Inclusive and well organised as chair.
- Is approachable and down to earth and communicates complex issues in a simple way. welcomes suggestions and challenges. Readily available and responds promptly when required. Makes individuals feel valued for their contribution and able to speak up.
- Strategic approach and a deep understanding of the context in which we operate. Builds strong relationships with partners and the full Board.
- Engagement, networking, political awareness.
- Uses the reference point of legislation and legal frameworks. Wider public sector understanding applied to the NHS.
- Steve is very knowledgeable, a good listener and gets specialist people in where necessary.
- Good at managing meetings and finishes on time.
- Listens to Governor feedback and always responds



Q24: What does the Chair do particularly well? (2)

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- Answered: 29 Skipped: 1
- He's very resilient, approachable and good at communicating.
- Listens to all, allows time for everybody to have their say. Controls meeting effectively. Is always available. Brings experience to the Trust of heading up complex public bodies.
- Very charismatic and engaging; **Cuts through the BS**; champions patients and service users.
- Drives meetings well, has ability to crystallise sometimes complex issues. Is able to summarise the contributions of others and explain the relevance of these contributions to the wider healthcare system.
- Knows the system and strives for improvement. Compassionate.
- Chairing meeting time and focus; Understands public sector culture; Shares details of system meetings and expresses own take on matters.
- Understands the wider health/community/LA agenda; Treats all fairly; Can see the issues in the Trust clearly.
- Steve is a natural leader and has the persona to inspire confidence and encouragement.
- Leads from the front.
- Communicates in a non patronising manner, ensuring nobody is left behind; Ensures that the hospital executive functions as a unit to meet the legal and regulatory requirements; Makes himself available to the Executive and Council of Governors whenever there is a need, without any animosity.
- Strategic thinking is a key strength and the Chair recognises the need for the organisation to adapt to the changing environment, particularly system integration and collaboration. During his period of office, he has been instrumental in improving many aspects of internal governance, but has always kept a strong focus on patient care.



Q24: What does the Chair do particularly well? (3)

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- Answered: 29 Skipped: 1
- Helps the Governors in their duties and kept them up to date.
- Provides all with the opportunity to contribute and accepts challenge well, actively supports the Executive Team and provides regular feedback.
- reparation for each assurance meeting - clear about the areas he will seeks further information / assurance on; connected externally; brings other views to inform decision making and discussion – politically astute, influencer.
- Inclusive, makes himself available. A sense that no questions are off the table. Welcoming of new colleagues. Able at setting ‘tone’ and modelling beneficial behaviours.
- He is particularly good at engaging with the system and building external relationships. He is an excellent critical friend to the Chief Executive and has very good relationships across the whole Board. In normal times he is a very visible Chair across the whole organisation.



Q25: Opportunities: How might the Chair increase their impact and effectiveness? (1)

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- Answered: 22 Skipped: 8
- Within the limits of the system, and in particular COVID, I do not consider he could do more.
- Encourage CoG to be more of a critical friend rather than an extension of the board/organisation.
- Perhaps more visible about the hospital sites . Many general staff on the wards, do not know what he looks like.
- From time to time he needs to remind himself that to listen & hold back on expressing his own position can be a powerful tool.
- The chair is excellent therefore it is difficult to add to it. Possibly time permitting more communication with individual governors.
- Ensure Board keep to strategic challenge and discussion.
- Continue to build relationships with the Board members and gain further understanding of individuals strengths and development needs. Continue to offer coaching and support as Board members develop, sharing experience and knowledge.
- Be a little less directive initially, open discussion first then use the opportunity to recap the discussion to add direction.



Q25: Opportunities: How might the Chair increase their impact and effectiveness? (2)

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- Answered: 22 Skipped: 8
 - Include Lead Governor in majority of the strategy and comms.
 - I think continue doing what you're already doing. It's such a difficult time right now, we need a strong leader.
 - Difficult to advise at the moment given restrictions on being in the Trust but would like to see him walk the wards and meet patients more, get more involved in being a champion for WHH Charity, be an ambassador for volunteering.
 - Possibly be more succinct at times.
 - Nothing.
 - Allow decision making at BoD without advising of opinion and personal decision.
 - I think Steve should slow down a little at times so we can all keep up. Don't lose the enthusiasm though.
 - Without a magic wand there's not much else one human being can do. Things are pretty much as good as they could be and the CQC report tends to support this.
 - The move towards an integrated care system is at a relatively early stage and the Chair will need to continue his work in building strong relationships with external stakeholders.



Q25: Opportunities: How might the Chair increase their impact and effectiveness? (3)

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- Answered: 22 Skipped: 8
- Listen to board members first before contributing own ideas, thoughts and view.
- This won't be a surprise - but at times he gives his view as the Chair of the meeting before listening to others views, generating discussion and then pulling this together to agree a way forward or reach a conclusion. I think this at times can stifle discussion even at 'development' sessions. Its not that the view expressed is necessarily going to be the natural conclusion but its delivered too early.
- It feels as though Steve is very present but not hogging the limelight. In future, a detailed understanding of the evolving picture at regional level will help to navigate change for the best interests of Warrington and Halton's residents.



Q26: Additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role. (1)

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- Answered: 17 Skipped: 13
 - On occasions can speak too much! I may have the same failing!
 - All 3 are strengths - good role model.
 - Excellent conduct, high impact and very effective.
 - I have enjoyed working with chair and chair and NEDs provide wise challenge and counsel.
 - Supports the CoG fully and meets and updates Governors regularly. Is always available to answer questions from Governors.
 - An impactful, engaging chair - unafraid to tackle big issues, speak his mind and cut through red tape to focus on patients. Challenging when required, a good mentor to execs. Hugely experienced, brings much to the role from external and previous experiences. Great sense of humour - engages well with Governors.
 - Good chair, provides appropriate level of challenge at meetings I have attended. Appears to have a good grasp of challenges facing the Trust and the Trust's position in the wider healthcare economy.
 - I think Steve is a leader from the front and brings the troops on nicely. I feel he has common sense and an ability to inspire confidence in the future.



Q26: Additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role. (2)

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- Answered: 17 Skipped: 13
- I have been a governor for nearly three years and from the moment I was welcomed on to the Council of Governors, I have been highly impressed by Steve's knowledge of both hospitals, his work ethic, his role as a critical friend, and his compassion for patients and staff - and his desire to ensure that the population of Warrington and Halton have the best possible hospital experience, should they need to make use of the services. Steve was the best Chairperson we could have asked for during the continuing CV19 pandemic.
- Steve understands the NHS and pressures and can clearly see the effectiveness of ex directors and impact of roles. Always acts on issues, does not ignore how ever difficult .
- Exemplary.
- In the five years he has been in post, the organisation has moved significantly in the right direction on many levels, and he deserves much credit for the role he has played in the process. He has always demonstrated good tactical and political awareness, and has led the organisation on a continuous improvement journey. He has honed his chairmanship skills to ensure that all Board members and Governors voices are heard and their opinions respected.
- Always available to talk to governors and staff.



Q26: Additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role. (3)

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- Answered: 17 Skipped: 13
- I think the Chair has been extremely thoughtful, and insightful during this pandemic - reading the situation really well and modifying his approach to the circumstances. His leadership has been evident, and he has positioned the NED / Chair role during these unprecedented times really well, such as setting up additional meetings to seek information from the CEO for the NEDs was highly appropriate and enabled everyone to get the information, updates and influence decision making appropriately. His relationship with the CEO has been very effective - given the CEO took up post late 2019 and then quickly moved into a national pandemic - having a strong partnership at the top, yet one where it is clear that they can speak their minds; disagree; resolve issues in a very professional manner and influence each other to get the best results and outcomes for the Trust.
- The Chair is visible, supportive and challenging in a positive way
- I have been made very welcome as a new governor and can compare this experience very favourable with another similar organisation that I have found much more 'impenetrable'!



External stakeholders opinions obtained: (1)

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Chief Executive, Warrington Borough Council.

Chair, Cheshire & Merseyside Health and Care Partnership.

- Both shared the view that Steve is an excellent Chair.

Comments included:

- Steve is a valuable contributor to both partnership thought and partnership practice
- He keeps himself very well informed about the current issues and settings and that enables him to be a leading contributor to discussions and actions across stakeholder boundaries.
- He is generous in his contribution and I have never seen him behaving passively.
- I know of his wider contribution in Warrington and him even contributing articles to the local paper which shows a leadership mentality which the whole area benefits from.
- He clearly sees his Trust in the context of the wider system and bases his view on public benefit rather than parochial interest.



External stakeholders opinions obtained: (2)

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Chief Executive, Warrington Borough Council.

Chair, Cheshire & Merseyside Health and Care Partnership

- An excellent Chair
- Well read and informed
- A constructive challenger
- An effective communicator
- Highly committed, with the big advantage of living in the Town



Council of Governors

DATES 2021-2022

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

Meetings at Halton Hospital, Lecture Theatre to be held
 3.00pm-5.00pm

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2021			
Thursday 18 February 2021 3.00pm-5.00pm Being Held via MS Teams	w/c 25 January	Tuesday 9 February	Thursday 11 February
Thursday 13 May 2021 4.00pm-6.00pm Trust Conference Room, Warrington	w/c 19 April	Tuesday 4 May	Thursday 6 May
Thursday 12 August 2021 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	w/c 19 July	Tuesday 3 August	Thursday 5 August
Thursday 11 November 2021 4.00pm-6.00pm Trust Conference Room, Warrington	w/c 18 October	Tuesday 2 November	Thursday 4 November
2022			
Thursday 10 February 2022 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	w/c 17 January	Tuesday 1 February	Thursday 3 February