

TRUST BOARD
29 January 2020

ITEMS FOR APPROVAL

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WHH Charity Annual Report - approval

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**Quality Assurance Committee - approval
Terms of Reference and 2020-2021 Cycle of Business**

ITEMS FOR NOTING

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Key Issues Audit Committee (21.11.219)

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One Halton Place Based Plan 2019-2024 - noting

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/01/13			
SUBJECT:	Charitable Fund Annual Report and Accounts for year ending 31 st March 2019			
DATE OF MEETING:	29 th January 2020			
AUTHOR(S):	Katie Armstrong, Financial Accountant			
EXECUTIVE DIRECTOR SPONSOR:	Andrea McGee, Director of Finance + Commercial Development			
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.			x
	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.			x
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus. #145 (a) Failure to deliver our strategic vision.			
EXECUTIVE SUMMARY (KEY ISSUES):	For the year ending 31 st March 2019 the Charity generated income of £193k and incurred expenditure of £306k. This has decreased the balance of funds by £113k. As at 31 st March 2019 the balance of funds held was £495k.			
PURPOSE: (please select as appropriate)	Information	Approval x	To note	Decision
RECOMMENDATION:	The Board of Directors is requested to approve the Charitable Funds Annual Report and Accounts for year ending 31 st March 2019.			
PREVIOUSLY CONSIDERED BY:	Committee	Charitable Funds Committee		
	Agenda Ref.	CFC/19/12/ 42		
	Date of meeting	5 th December 2019		
	Summary of Outcome	Charitable Funds Committee requested that changes to the annual report highlighted by Pat McLaren be actioned and a revised report be circulated electronically. Revised accounts approved by Charitable Funds Committee members by email on 17 th January 2020.		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Charitable Fund Annual Report and Accounts for year ending 31 st March 2019	AGENDA REF:	BM/20/01/13
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1. BACKGROUND/CONTEXT

The purpose of the report is to provide the Board of Directors with the Annual Report and Accounts for the Charitable Fund for the year ending 31st March 2019.

2. KEY ELEMENTS

In accordance with the Charities Commission in England and Wales the Corporate Trustee is required to produce an annual report and accounts for the charity on a yearly basis and file with the Charities Commission within ten months of the financial year end. Therefore the 2018/19 Annual Report and Accounts need to be submitted to the Charities Commission by 31st January 2020.

The 2018/19 Annual Report and Accounts have been reviewed by Voisey & Co, Independent Examiners. All findings have been addressed and the review has now concluded. The Annual Report and Accounts have been prepared in accordance with Part 8 of the Charities Act 2011, the Statement of Recommended Practice for charities and Financial Reporting Standard 102.

For the year ending 31st March 2019 the Charity generated income of £193k and incurred expenditure of £306k. This has decreased the balance of funds by £113k. As at 31st March 2019 the balance of funds held was £495k.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

Voisey & Co will sign the Independent Examiner's Report following approval of the 2018/19 Annual Report and Accounts by the Board of Directors. The 2018/19 Annual Report and Accounts will be submitted to the Charities Commission by the Financial Services Team.

4. IMPACT ON QPS?

None

5. MEASUREMENTS/EVALUATIONS

None

6. TRAJECTORIES/OBJECTIVES AGREED

None

7. MONITORING/REPORTING ROUTES

None

8. TIMELINES

The deadline for filing the 2018/19 Annual Report and Accounts with the Charities Commission is 31st January 2020.

9. ASSURANCE COMMITTEE

N/A

10. RECOMMENDATIONS

The Board of Directors is requested to approve the Charitable Funds Annual Report and Accounts for year ending 31st March 2019.



Warrington and Halton Hospitals NHS Foundation Trust Charitable Fund

Trustee's Annual Report & Independently Examined Financial Statements

For the Year to 31st March 2019

Registered Charity No 1051858



Trustee's Annual Report and Accounts Year Ended 31st March 2019

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**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Reference and administrative details

Address of Charity:

Lovely Lane
Warrington
Cheshire
WA5 1QG
Tel: 01925 662835

Registered Charity no:

1051858

Bankers:

Government Banking Service
7th Floor, Southern House
Wellesley Grove
Croydon
CR9 1TR

Independent examiners:

Voisey & Co
8 Winmarleigh Street
Warrington
Cheshire
WA1 1JW

Report of the Trustee for the year ended 31st March 2019

Foreword

Warrington and Halton Hospitals NHS Foundation Trust (the "Corporate Trustee") presents the Charitable Funds Annual Report together with the independently examined financial statements for the year ended 31st March 2019 of Warrington and Halton Hospitals NHS Foundation Trust Charitable Fund ("the Charity"). Under Part 8 section 145 of the Charities Act 2011, the Corporate Trustee has exercised the Charity's exemption from audit. External scrutiny through *independent examination* is permitted and deemed appropriate for the Charity as its gross income is below a statutory threshold.

The Charity's Annual Report and Accounts for the year ended 31st March 2019 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16th July 2014. The Charity's report and accounts include all of the separately established funds for which the Warrington and Halton Hospitals NHS Foundation Trust is sole beneficiary.



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Structure, governance and management

Corporate Trustee

The sole corporate trustee of the Charity is the Warrington and Halton Hospitals NHS Foundation Trust. The Charity was established in accordance with paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Corporate Trustee is managed by its Board of Directors which consists of executive and non-executive directors. It has responsibility for planning, directing and controlling the activities of the entity, ensuring that the NHS body fulfils its duties in managing the charitable funds.

The members of the Board of Directors of the Corporate Trustee who served during the financial year and up to the date of compilation of this report were as follows.

Name	Title	Notes
Steve McGuirk	Chairman	
Jean-Noel Ezingear	Non-Executive Director	Left 30 April 2019
Ian Jones	Non-Executive Director	
Cliff Richards	Non-Executive Director	Commenced 10 June 2019
Terry Atherton	Non-Executive Director	
Anita Wainwright	Non-Executive Director	
Margaret Bamforth	Non-Executive Director	
Mel Pickup	Chief Executive	Left 31 October 2019
Simon Constable	Chief Executive /Deputy Chief Executive & Executive Medical Director	Chief Executive from 14 November 2019 ⁽²⁾
Alex Crowe	Medical Director ⁽¹⁾	
Andrea McGee	Director of Finance and Commercial Development	
Chris Evans	Chief Operating Officer	
Kimberley Salmon-Jamieson	Chief Nurse	
Pat McLaren	Director of Community Engagement and Fundraising ⁽¹⁾	
Jason DaCosta	Director of Information Technology ⁽¹⁾	Left 30 June 2018
Phillip James	Chief Information Officer ⁽¹⁾	Commenced 8 December 2018
Michelle Cloney	Director of Human Resources and Organisational Development ⁽¹⁾	
Lucy Gardner	Director of Strategy ⁽¹⁾	

(1) Non-voting Executive Directors.

(2) Acting Chief Executive from 1 to 13 November 2019.

The Charity is established as an umbrella charity, registered with the Charity Commission (no. 1051858). The umbrella charity covers the existence of a single unrestricted general fund containing 7 (2017/18 5) designated funds as at 31st March 2019, and, currently, 10 restricted funds (2017/18 12). The Charity was first registered as both Halton General Hospital NHS Trust Charity and Warrington Hospital NHS Trust Charity in April 1996 under the Charities Act 1993, which is now been incorporated into the Charities Act 2011.



Trustee's Annual Report and Accounts Year Ended 31st March 2019

In April 2001, supplemental deeds were executed to amalgamate the administration, trustees, objects and powers of the two charities following merger of the two organisations, creating the single body known as North Cheshire Hospitals NHS Trust Charitable Fund. On 1st December 2008, the Trust changed its name to Warrington and Halton Hospitals NHS Foundation Trust, following its transition to Foundation Trust status. The name of the Charity was changed accordingly by way of a supplemental deed and registered with the Charity Commission on 16th March 2010.

Charitable Funds Committee

The Board of Directors (the Board) established a committee on 5th April 2001, known as the Charitable Funds Committee, (the Committee) reporting to the Board, in accordance with standing order 6 for the practice and procedure of the Board of Directors (annex 7 of the Trust's Constitution). The role of the Committee is to oversee the management of the affairs of the Charitable Fund. This is a delegated duty carried out on behalf of the Corporate Trustee. The role is to ensure that the Charity acts within the terms of its declaration of trust and appropriate legislation, and to provide information to the Audit Committee to enable it to provide assurance to the Board that the Charity is properly governed and well managed across its full range of activities.

Aside from any restricted funds held, the Charity holds a single general fund, within which designated funds have been created to acknowledge expressions of wish from donors about the particular department or ward which should ideally benefit from their generosity. The Trustee has an intention to use the income of designated funds in the areas indicated by donors. However the Committee may choose to apply the funds to general purpose in any area of the Trust's hospitals in accordance with the Health Service Act 1977.

Membership of the Committee

The Committee shall be composed of all independent Non-Executive Directors (excluding the Chairman), one of whom will be appointed as Chair of the Committee.

Attendance

The following individuals, or their nominated Deputy, shall normally be in attendance at the meetings:

- Director of Finance & Commercial Development or nominated deputy
- Chief Nurse or nominated deputy
- Director of Community Engagement and Fundraising
- Fundraising Manager
- Head of Financial Services
- Publicly Elected Governor



Trustee's Annual Report and Accounts Year Ended 31st March 2019

During the year under review and up to the date of compilation of this Report, the members of the Charitable Funds Committee were as follows.

Name	Position held	Notes
Jean-Noel Ezingear	Non-Executive Director (Chair of Charitable Funds Committee)	Left 30 April 2019
Cliff Richards	Non-Executive Director (Chair of Charitable Funds Committee)	Commenced 10 June 2019
Ian Jones	Non-Executive Director (Interim Chair of Charitable Funds Committee)	From 1 May to 9 June 2019 ⁽¹⁾
Terry Atherton	Non-Executive Director	
Anita Wainwright	Non-Executive Director	
Margaret Bamforth	Non-Executive Director	

(1) Relates to time as Interim Chair, permanent member of Charitable Funds Committee.

All expenditure is referred for approval to the Charitable Funds Committee on a quarterly basis.

Members of the Trust Board and the Charitable Funds Committee are not individual Trustees under Charity Law, but act as agents on behalf of the Corporate Trustee.

Corporate Trustee's appointments

The methods of appointment to the key governance roles within the Board of Directors and Council of Governors of the Corporate Trustee are reported in the Corporate Trustee's Annual Report and Accounts 2018/19 and contained within the Corporate Trustee's Constitution. Copies of these documents can be obtained from the Corporate Trustee's website or from its Communications office, located at Warrington Hospital, Lovely Lane, Warrington, Cheshire WA5 1QG.

All appointments to the Charitable Funds Committee are made in accordance with the Charitable Funds Committee's approved Terms of Reference.

Trust staff including executive and non-executive directors, are required to complete the Trust's corporate induction programme, and are encouraged towards continuous professional development through the Trust's on-going performance management arrangements. Directors are able to seek individual professional advice or training at the Trust's expense in the furtherance of their duties.

Governors' knowledge is refreshed through a range of briefing sessions and workshops. The Board of Directors, Charitable Funds Committee and governors all have direct access to advice from the Board Secretary who is responsible for ensuring that the Corporate Trustee's procedures are followed and that applicable regulations are complied with.



Trustee's Annual Report and Accounts Year Ended 31st March 2019

Administration

The accounting records and day to day financial administration of the funds are dealt with by the Finance Department. Fund raising and promotion of the charity is administered by the Trust's Fundraising team located at the Main Entrance, Warrington Hospital, both are located at Warrington Hospital, Lovely Lane, Warrington, Cheshire WA5 1QG.

Risk management

The major risks to which the Charity is exposed have been identified and considered. A risk register has been compiled which is reviewed by the Charitable Funds Committee on a twice-yearly basis. Income and expenditure is monitored as part of the risk management process, to avoid unforeseen calls on reserves.

The Charities Commission Checklist for Trustees is reviewed twice yearly by the Committee and submitted by the Chair to the Trust Board thereafter.

Objectives and strategy

The objective of the Charity is to provide for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by Warrington and Halton Hospitals NHS Foundation Trust.

The Charity raises funds to provide the additional comforts, care or experiences for the direct benefit of patients and their families beyond that which the NHS provides. This is achieved by:

- Providing state-of-the-art equipment, technology or training
- Funding WHH-related research
- Improving the hospital environment
- Providing enhancements to support the care and comfort of our patients

The Corporate Trustee attempts to balance the purchasing of essential equipment for essential services against expenditure which improves the general environment and facilities of the hospitals for its patients. In achieving this balance, the Corporate Trustee always has in mind the wishes of the donors to the Charity.

Public interest benefit

The Corporate Trustee ensures that the *public interest benefit* criteria, as detailed in the Charities Act 2011, are met by critically assessing each funding application from sub-fund holders. Applications for funding can be made by any department within the hospitals, and applications are only restricted by the availability of funds and the quality of the application.

Where possible, funds are used to provide benefit to a wide range of patients, and funds used for staff enablement are allocated to projects that will directly benefit patients. A summary of major purchases made by the Charity during the year under review is contained in the Annual Review of Income and Expenditure Activities (page 8).

Reserve policy

Requirement

In accordance with Charity Commission guidance, the Corporate Trustee acknowledges that there is a requirement to hold reserves. The reserves policy should take into account future commitments from the general unrestricted funds held by the Charity. Assuming that funds have been designated appropriately and will be spent within a reasonable timescale the charity should not rely on the unrestricted designated funds for the absorption of overheads on a continuing basis. Therefore the level of reserves held in the general unrestricted funds of the charity should be sufficient to cover the annual support costs and overheads of the charity.

The charity approves expenditure on a case by case basis taking into account the level of funds available and the Corporate Trustee reserves the right to cancel any past delegation and transfer monies to the general unrestricted funds of the Charity. This may be considered where designated funds have not been spent within a reasonable timescale or where the original purpose of the designation no longer exists. Likewise the Corporate Trustee may choose to designate funds for a particular purpose.

Level of reserves

As at 31st March 2019 the Corporate Trustee considers that a minimum reserve of £90,000 (£90,000 as at 31st March 2018) in the unrestricted general purpose fund should be permanently maintained.

Monitoring

The Director of Finance and Commercial Development will report on the progress of the reserves and make recommendations to the Charitable Funds Committee in order to comply with the policy. The Charitable Funds Committee has authority to vary the minimum level of reserves.

At 31st March 2019 the unrestricted general purpose fund held reserves of £92,375 (£102,717 as at 31st March 2018).

Investment policy

Introduction

Where NHS charitable funds have surplus monies in excess of the minimum reserves plus those required to fund commitments that have not yet been realised, Trustees may elect to invest some or this entire surplus in order to generate additional income to fund future charitable activities.



Trustee's Annual Report and Accounts Year Ended 31st March 2019

Investment criteria

The investment policy of the Corporate Trustee is to deposit the entire value of the fund with the Government Banking Service in an interest-bearing account. This decision is based upon the intention in the short term to spend the funds, such that long-term investment would not be appropriate.

Interest receivable, interest payable and bank charges

It is the policy of the Corporate Trustee to apportion interest payable and bank charges across all funds, and to credit all funds with the proceeds of the Charity's investments based on the average balance of the funds held.

Annual review of income and expenditure

Income

During 2018/19, the Charity continued to support a wide range of charitable and health-related activities, by purchasing supplementary and complementary equipment or services which may not ordinarily have been provided from NHS sources.

Total income in 2018/19 was £193,364 (£279,783 in 2017/18) per the table below:

	2018/19	2017/18
Legacies	£28,966	£157,115
Donations and fundraising activities	£161,667	£121,476
Income from investments	£2,731	£1,192
Total Income	£193,364	£279,783

Analysis of income from donations and fundraising activities in 2018/19

• Corporate donations	£52,699
• Donations In Memory	£38,620
• Community donations	£36,157
• Donations, unsolicited	£19,480
• WHH Events	£9,730
• Grant makers	£4,000
• Gaming and trading	£981

Total income from fundraising activities **£161,667**



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Expenditure

The Charity's unrestricted general fund contains a number of designated funds in order to assist the donors in matching their donation with a particular department. All donations are accepted taking into account the donors' intentions and are held in the general fund unless a restriction has been applied; in this case, a separate restricted fund may be created. Legacy income where subject to a legal trust is held as restricted funds.

The Corporate Trustee is committed to ensuring that all funds are directed to patient benefit as soon as possible. Total expenditure in 2018/19 was £305,977 (£169,430 in 2017/18) per the table below:

	2018/19	2017/18
Expenditure on patient welfare and medical equipment (see following table)	£181,809	£54,287
Support costs and overheads	£30,202	£28,695
Staff costs	£60,125	£48,804
Governance costs	£18,998	£24,669
Expenditure on charitable activities	£291,134	£156,455
Costs incurred in fundraising	£14,843	£12,975
Total expenditure	£305,977	£169,430

Expenditure in 2018/19 (items costing more than £1,000) *

• Phase 2 Forget me not garden for patients with dementia.	£50,000
• Children's outdoor play area	£46,667
• Equipment for endoscopy unit	£16,755
• Thermal blankets for neonatal unit	£15,780
• Improvements to enhance patient experience in maternity unit	£14,450
• Breast pumps for neonatal unit	£5,781
• Enhancements to parents' facilities in neonatal unit	£5,211
• Gift in kind of trees and soil for Halton Hospital	£4,150
• React 2 Communication therapy software	£3,840
• Mural for children's theatre	£3,380
• Music licences for all sites.	£3,117
• Mobile observation units	£2,760
• Equipment for the diabetes department.	£2,600
• Gift in kind of Tesla toy car for Children's Ward	£2,000
• Improvements to patient areas in breast screening unit.	£2,044
• Memory books and bereavement facilities in neonatal unit	£1,903
Total expenditure on individual items costing more than £1,000	£180,438
Other Charitable purchases (under £1,000 per item)	£1,371
Total Charitable expenditure	£181,809

*Items listed relate to expenditure on patient welfare, medical equipment and staff welfare with direct benefit to patients contained within note 6 on page 18.



Trustee's Annual Report and Accounts Year Ended 31st March 2019

Future plans

The Corporate Trustee does not expect significant changes in the objectives of the Charity in the forthcoming year and is committed to utilising funds to ensure that funds expended are directed to patient benefit as soon as is practicable. During the period under review the Charitable Funds Committee sought spending plans from holders of both restricted and designated income funds with the intention of significantly reducing reserves where suitable projects or programmes can be identified.

Funds committed but not deployed as at 31st March 2019 are summarised below:

• Funding to enhance external environments	£25,000
• Funding to support the care and environment of children and young people and their parents/guardians	£34,645
• Funding for equipment and patient facilities	£36,011

Acknowledgement

The Corporate Trustee would like to extend its sincere thanks on behalf of the patients and staff who have felt the impact of this year's donations and legacies.

The Corporate Trustee would also like to acknowledge the fundraising activities of our donors and our staff, who have been holding events and undertaking a variety of sponsored events to generate awareness and funds for the Charity. Their contributions, imagination and enthusiasm are greatly appreciated.

Information regarding the independently examined accounts can be obtained from the Finance Department on 01925 662835.

Approved on behalf of the Corporate Trustee.

PAT MCLAREN

Date: 29th January 2020

Director of Community Engagement and Fundraising



**Warrington & Halton
Hospitals' Charity**
**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Statement of Trustee's responsibilities

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year, and of its financial position at the end of the year. In preparing financial statements that give a true and fair view, the Trustee should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation;
- keep proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Charity, and which enables the Trustee to ensure that the financial statements comply with the requirements in the Charities Act 2011, the Charity (Accounts and Reports) Regulations and the provisions of the trust deed; and
- Safeguard the assets of the Charity, therefore taking reasonable steps in the prevention and detection of fraud and other irregularities.

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 13 to 23 attached have been compiled from, and are in accordance with, the financial records maintained by the Corporate Trustee.

Approved by the Corporate Trustee on 29th January 2020 and signed on its behalf by:

STEVE MCGUIRKChairman

ANDREA MCGEE.....Director of Finance and Commercial Development

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST CHARITABLE FUND

I report on the accounts for the year ended 31st March 2019 set out on pages 13 to 23

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 ("the Charities Act") and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in, any material respect, the requirements:
 - to keep accounting records in accordance with section 130 of the Charities Act; and
 - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act have not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Philip Urmston BSc FCA
Voisey & Co, Chartered Accountants
8 Winmarleigh Street
Warrington, Cheshire WA1 1JW

.....2020

Statement of Financial Activities

	Note	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Endowment Funds 2018/19 £000	Total Funds 2018/19 £000	Prior Year Total Funds 2017/18 £000
Incoming and endowments from:						
Incoming resources from generated funds	2	101	2	-	103	95
Donations and legacies	3	97	(10)	-	87	183
Other trading activities		-	-	-	-	-
Income from Investments	4	1	2	-	3	1
Total income and endowments		199	(6)	-	193	279
Expenditure on:						
Raising funds	5	(14)	-	-	(14)	(13)
Charitable activities	6	(192)	(100)	-	(292)	(155)
Total expenditure		(206)	(100)	-	(306)	(168)
Net income/(expenditure)		(7)	(106)	-	(113)	111
Transfers between funds	16	-	-	-	-	-
Net movement in funds		(7)	(106)	-	(113)	111
Reconciliation of funds						
Total funds brought forward		157	451	-	608	497
Total funds carried forward		150	345	-	495	608



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Balance Sheet as at 31st March 2019

	Note	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Endowment Funds 2018/19 £000	Total Funds 2018/19 £000	Prior Year Total Funds 2017/18 £000
Fixed Assets						
Intangible assets	9	7	-	-	7	11
Total fixed assets		7	-	-	7	11
Current assets						
Cash at Bank and in hand	10	144	363	-	507	491
Debtors	11	32	5	-	37	138
Total current assets		176	368	-	544	629
Current liabilities						
Creditors: amounts falling due within one year	12	(33)	(23)	-	(56)	(32)
Net current assets		143	345	-	488	597
Total assets less current liabilities		150	345	-	495	608
Non current liabilities						
Net assets		150	345	-	495	608
The funds of the Charity						
Total Charity funds	16	150	345	-	495	608
Total funds carried forward		150	345	-	495	608

The funds of the Charity:

The notes on pages 15 to 23 form part of these accounts.

Signed:

Chairman.....Date 29th January 2020

Director of Finance
and Commercial Development.....Date 29th January 2020

Notes to the accounts

Note 1 Accounting policies

The financial statements have been prepared under the historical cost convention and in accordance with Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16th July 2014 and the Charities Act 2011.

The financial statements are presented in Pounds Sterling, rounded to the nearest thousand.

There is no requirement for the Charity to prepare a cash flow statement since it is exempt due to being a 'smaller' charity (i.e. income less than £500,000).

1.1 Accounting judgements and key sources of estimation uncertainty

In the application of the Charity's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors considered of relevance. Actual results may differ from those estimates, and underlying assumptions are continually reviewed. Revisions to estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

The following are the areas of critical judgements that management have made in the process of applying the entity's accounting policies.

Going concern

After making enquiries, the Corporate Trustee has a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. For this reason, it continues to adopt the going concern basis in preparing these financial statements.

There are currently no sources of estimation or uncertainty that are judged to cause a significant risk of material adjustment to the financial statements.

1.2 Funds structure

Restricted funds are to be used in accordance with the specific restrictions imposed by the donor. The Charity held 9 restricted funds at the end of the year under review.

The Charity did not hold any endowments, expendable or otherwise, during the year under review.

Unrestricted funds comprise those funds which the Corporate Trustee is free to use for any purpose in furtherance of the Charity's charitable objects. The Charity has a single unrestricted general fund containing 7 designated funds. These unrestricted designated funds are created to honour donors' expressions, or are created by the Trustee, at its discretion, to designate monies for specific future purposes. Any funds held within a designated fund can be merged or transferred within the general fund at any time, at the discretion of the Trustee, in accordance with the Health Service Act 1977.

1.3 Incoming resources

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable that the resources will be received, and the monetary value of incoming resources can be measured with sufficient reliability.

The cost of donations in kind (Gifts in Kind) for charitable activities is deemed to be the fair value of those gifts at the time of their receipt. They are recognised on receipt as income from fundraising activities in the reporting period in which the goods are received.

Donations in kind are recognised as an expense at the carrying amount of the goods upon application to charitable activities.

1.4 Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt, or where the receipt of the legacy is probable. This would require that confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred, and that all of the conditions attached to the legacy have been fulfilled.

1.5 Resources expended

All expenditure is accounted for on an accruals basis, and has been classified under the headings that aggregate all costs related to that category. All expenditure is recognised once there is a legal or constructive obligation committing the Charity to the expenditure.

The Charity does not make grants to third parties.

Contractual arrangements are recognised as goods or services are supplied.

1.6 Costs of raising funds

These are costs associated with generating incoming resources, and are recognised as per the Charity's other expenditure.

1.7 Charitable activities

The costs of charitable activities include all costs incurred in the pursuit of the charitable objects of the Charity. These costs comprise the direct costs of charitable purchases, support costs, overheads and governance costs as shown in Note 6.

Governance costs comprise all costs incurred in the governance of the Charity. These costs include fees pertaining to the provision of governance and financial reports to the Charitable Funds Committee, the creation of this Annual Report and Accounts, the audit or independent examination of the accounts, and any associated support costs.

1.8 Intangible fixed asset investments

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Charity's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to or service potential be provided to, the Charity and where the cost of the asset can be measured reliably.

Intangible assets are initially recognised at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

Intangible assets are amortised over a useful economic life of 5 years using a straight line on cost method.

1.9 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise.

2. Analysis of income from generated funds (Fundraising activities)

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Corporate donations	51	1	52	-
Community donations	35	1	36	54
WHH Events	10	0	10	25
Grant makers	4	0	4	16
Gaming and trading	1	0	1	0
Total	101	2	103	95



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

3. Analysis of voluntary income

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Donations	32	26	58	26
Legacies	65	(36)	29	157
Total	97	(10)	87	183

4. Analysis of investment income

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Bank interest	1	2	3	1
Total	1	2	3	1

5. Analysis of expenditure on raising funds (Fundraising activities)

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Expenditure on fundraising events	7	-	7	8
Promotional items and branding	7	-	7	5
Consultancy fees	-	-	-	-
Total	14	-	14	13

6. Analysis of charitable activities

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Patient welfare	126	12	138	27
Staff enablement	-	-	-	(2)
Medical equipment	3	41	44	29
Sub Total	129	53	182	54
Support costs and overheads*	26	5	31	28
Staff costs	29	31	60	49
Governance costs	8	11	19	24
Total	192	100	292	155



Trustee's Annual Report and Accounts Year Ended 31st March 2019

*Support costs and overheads comprise of an apportionment from the Trust's administration charge (Note 6) of £16,000 (£16,000 in 2017/18) plus other sundry items not categorised elsewhere.

6.1 Governance costs

	Unrestricted Funds 2018/19 £000	Restricted Funds 2018/19 £000	Total Funds 2018/19 £000	Total Funds 2017/18 £000
Independent examination/audit fees	0.4	1.1	1.5	1.5
Administration Charge	7.3	8.7	16.0	16.0
Fees and subscriptions	0.8	0.7	1.5	6.9
Total	8.5	10.5	19.0	24.4

Independent examination/ audit fees consist of an accrual for the independent examination fee of £1,560 (£1,560 in 2017/18) for the period of this review.

7. Staff Costs

	2018/19 £000	2017/18 £000
Salaries and wages	49	39
Social Security costs	4	4
Pension Costs	7	6
Total	60	49

During the period under review no employees received employee benefits (excluding employee pension costs) of more than £60,000.

The Trustee is defined as the Corporate Trustee that does not constitute employment with the charity. Accordingly no Trustees are paid any remuneration nor receive any other benefits and expenses from employment with the charity.

7.1. Average number of employees in the year (Whole time equivalent)

	2018/19	2017/18
Fundraising	1.0	1.0
Administration	0.5	0.4
Total	1.5	1.4

7.2. Pension Costs

Employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded defined benefit scheme that covers NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. It is not possible for the Corporate Trustee to identify its share of the underlying scheme liabilities. Therefore the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to the Statement of Financial Activities as and when they become due.

8. Allocation of administration charge

The costs of administering the Charity have been split between support costs and overheads (Note 6) governance costs (Note 6.1) and staff costs (Note 7).

During the year under review an administration charge was raised to cover the governance, financial and procurement resources of Warrington and Halton Hospitals NHS Foundation Trust. The charge for 2018/19 was £32,000 (£32,000 in 2017/18) the charge is apportioned equally between support costs and overheads and governance costs. The element of the administration charge that is attributed to governance costs pertains to the costs associated with the preparation of Committee papers and the Annual Report and Accounts.

During the year under review the Corporate Trustee considered the charity's policy on the allocation of overheads in conjunction with guidance as issued by the Charities Commission.

As at 31st March 2019 all shared costs for administration and governance costs have been apportioned across all funds using a combination of transactional and average balance techniques.

Overheads will continue to be apportioned on an annual basis. In the event that a restriction does not permit the allocation of overheads the costs will be met by way of a transfer from the unrestricted funds held by the charity.

9. Analysis of Intangible Fixed Assets

	2018/19
	£000
	Software
Cost	
Balance brought forward at 1 st April 2018	17.0
Additions in year	0
Disposals in year	0
Balance carried forward at 31 st March 2019	<u>17.0</u>
Amortisation*	
Balance brought forward at 1 st April 2018	6.5
Charge in year	3.5
Balance carried forward at 31 st March 2019	<u>10.0</u>
Net Book Value at 31st March 2019	<u>7.0</u>
Net Book Value at 31st March 2018	<u>10.5</u>

*The cost of intangible fixed assets relates to the purchase of the Harlequin fund raising database and associated finance package. The asset was purchased in 2015/16 and came into use from 1st April 2016.



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

10. Analysis of cash at bank and in hand

	2018/19 £000	2017/18 £000
Bank current account	507	491
Total	507	491

11. Analysis of debtors

	2018/19 £000	2017/18 £000
Prepayments and accrued income	35	138
Other debtors	2	0
Total	37	138

During the year under review, and the prior year, other debtors represent amounts to be reclaimed by the Charity in respect of Gift Aid.

12. Analysis of current liabilities and long term creditors

	2018/19 £000	2017/18 £000
Accruals and purchases made on behalf of the Charity	56	32
Total	56	32

13. Related party transactions

The Charity is a subsidiary of the Trust and is therefore a related party. Warrington and Halton Hospitals NHS Foundation Trust is the sole beneficiary of the Charity. The Charity provides funding to the Trust for approved expenditure made on behalf of the Charity. During 2018/19 the Charity made payments to Warrington and Halton Hospitals NHS Foundation Trust totalling £234,643 (£171,327 in 2017/18).

At 31st March 2019 the Charity owed Warrington and Halton Hospitals NHS Foundation Trust £52,982 for purchases made by the Trust on behalf of the Charity. At 31st March 2018 Warrington and Halton Hospitals NHS Foundation Trust owed the Charity £38,199 for refunds relating to purchases made on behalf of the Charity which had been received into the Trust at 31st March 2018.

All transactions entered into during the year were conducted on an arm's length basis.

During the year, none of the members of the Trust Board or senior Trust staff, or parties related to them, were beneficiaries of the Charity. Neither the Corporate Trustee nor any member of the



Trustee's Annual Report and Accounts Year Ended 31st March 2019

Trust Board has received honoraria, emoluments or expenses in the year. The Corporate Trustee has not used the funds of the Charity to purchase trustee indemnity insurance.

Board members, and other senior staff, take decisions on both Charity and exchequer matters, but endeavour to keep the interests of each discrete, and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public in the Corporate Information section of the Trust's website.

From 1st April 2013 NHS charitable funds considered to be subsidiaries are to be consolidated within the Trust accounts in accordance with an accounting direction issued by NHS England and NHS Improvement. For 2018/19 the Trust has opted not to consolidate charitable funds with the main Trust Accounts because they are immaterial. This will continue to be reviewed each year for appropriateness.

14. Events after the reporting period

There have been no events since the Balance Sheet date that would indicate that any revision to the accounts is necessary.

15. Legacies

Legacy income received between 31st March 2019 and the date of compilation of this Annual Report and Accounts has been recognised within the legacy income figure for 2018/19 on the basis that the income was probable as at 31st March 2019. Such income is included within note 3 on page 18 and is included within accrued income in note 11 on page 21.

16. Fund structure and summary of movements

Charitable funds

The Charity has 11 funds. These are the (unrestricted) General Fund, and 10 Restricted Funds. The restriction has arisen due to the legacy donor's stipulation that the monies be spent within a particular department.

During the year under review the income into the Diabetes fund was adjusted to reflect the transfer of a legacy to the Children's Unit Appeal. The legacy had been recognised as accrued income in the previous financial year, wholly for the benefit of the Diabetes fund due to the information held at the time. Subsequently the Children's Unit Appeal was selected as the beneficiary of 50% of the legacy by the executor acting on behalf of the legator.

Overheads allocated to the garden enhancement fund were met in part by way of a transfer from the general unrestricted funds held by the Charity. The transfer represented the residual balance of the fund once all committed expenditure had been applied to charitable objectives.

A summary of fund movements is given in the following table:



**Trustee's Annual Report and Accounts
Year Ended 31st March 2019**

Fund	Balance as at 1st April 2018	Incoming resources	Outgoing resources	Transfers	Balance as at 31st March 2019
	£	£	£	£	£
Unrestricted Funds	157,881	198,969	(206,336)	(135)	150,379
Breast Screening	33,428	927	(5,352)	-	29,003
Cancer Patient Support	13,481	6,405	(2,004)	-	17,882
Diabetes	85,000	(41,863)	(5,340)	-	37,797
Garden Enhancement	1,446	4	(1,585)	135	-
Heart Unit	18,773	310	(2,221)	-	16,862
Intensive Care	173,745	22,376	(39,073)	-	157,048
Neonatal	77,500	5,418	(39,767)	-	43,151
Ophthalmology	2,212	50	(206)	-	2,056
Radiology	34,263	599	(3,164)	-	31,698
Stroke Unit	10,065	171	(929)	-	9,307
Total Funds	607,794	193,366	(305,977)	-	495,183

Unrestricted general fund: sub-fund balances

Fund	Balance as at 1st April 2018	Incoming resources	Outgoing resources	Transfers	Balance as at 31st March 2019
	£	£	£	£	£
General Unrestricted	102,717	48,381	(57,901)	(822)	92,375
Children's Unit Appeal	19,025	75,917	(66,298)	-	28,644
Maternity	18,255	16,968	(19,740)	-	15,483
Children's Respiratory Fund	1,697	446	(208)	-	1,935
Forget Me Not Appeal	6,719	52,586	(59,992)	687	-
Heartbeat Halton Appeal	2,814	410	(304)	-	2,920
Ophthalmology Appeal	6,654	30	(604)	-	6,080
SIC Programme	-	4,231	(1,289)	-	2,942
Unrestricted Fund Total	157,881	198,969	(206,336)	(135)	150,379

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/01/14			
SUBJECT:	Quality Assurance Committee Terms of Reference and 2020-2021 Cycle of Business			
DATE OF MEETING:	29 January 2020			
AUTHOR(S):	John Culshaw, Trust Secretary			
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 RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards. #134 (a) Failure to sustain financial viability. #134 (b) Failure to deliver the financial position and a surplus #135 Failure to provide adequate and timely IMT system. #224 Failure to meet the emergency access standard. #125 Failure to maintain an old estate. #701 Failure to provide continuity of services caused by the planned EU Exit. #145 (a) Failure to deliver our strategic vision. #145 (b) Failure to fund two new hospitals. #143 Failure to deliver essential services, caused by Cyber Attack. #414 Failure to implement best practice information governance and information security. #241 Failure to retain medical trainee doctors.			
EXECUTIVE SUMMARY (KEY ISSUES):	In accordance with the Foundation Trust's Constitution 'Board of Directors – Standing Orders' Committees of the Board are required to review their Terms of Reference and Cycles of Business on an annual basis. The ToR and CoB has been reviewed and approved by the Quality Assurance Committee			
PURPOSE: (please select as appropriate)	Information	Approval X	To note	Decision
RECOMMENDATION:	The Trust Board is required to ratify the Terms of Reference and 2020-2021 Cycles of Business of the Quality Assurance Committee.			
PREVIOUSLY CONSIDERED BY:	Committee	Quality Assurance Committee		
	Agenda Ref.	QAC/20/01/16		
	Date of meeting	7 January 2020		
	Summary of Outcome	Approved		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.			

TERMS OF REFERENCE

QUALITY ASSURANCE COMMITTEE

1. PURPOSE

The purpose of the Quality Assurance Committee (the Committee) is to be accountable to the Board of Directors (the Board) for providing oversight and assurance on all aspects of quality, including strategy, improvement, delivery, clinical risk management and governance, clinical audit and the regulatory standards relevant to quality and safety.

The Quality Assurance Committee is accountable to the Board for ensuring that the integrated quality governance framework is implemented throughout the organisation and that organisational risks are managed appropriately in line with professional and regulatory standards.

2. FREQUENCY OF MEETINGS

Meetings shall be held bi-monthly

3. QUORUM

Quorum shall be seven members, of which at least two should be Non-Executive Directors.

4. MEMBERSHIP

The Committee shall be composed of two Non-Executive Directors, one of whom shall be appointed by the Board to be Chair of the Committee

Core Members

- Chief Nurse
- Acting Executive Medical Director
- Chief Operating Officer
- Deputy Director Governance
- Director of Finance + Commercial Development
- Deputy Chief Nurse
- Director of Strategy
- Director of HR and Organisational Development
- Chief Information Officer
- Trust Secretary
- Chief Pharmacist
- Director Medical Education
- Associate Medical Director – Patient Safety
- Associate Medical Director – Clinical Effectiveness
- Interim Associate Medical Director – Innovation and Improvement
- Assistant Chief Nurse – Patient Safety & Clinical Education
- Assistant Chief Nurse – Clinical Effectiveness
- Associate Chief Nurse/Associate DIPC
- Head of Midwifery/Midwifery Safety Champion Lead + Governance Lead
- AHP Lead

Attendees

- Obstetrics/Obstetrics Safety Champion Lead + Governance Lead

Observers

- **Public Governor**

Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum. Should the need arise, the Committee may approve a matter in writing by receiving written approval.

5. AUTHORITY

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of people external to the Trust, with relevant experience and expertise if it considers this necessary, subject always to compliance with Trust delegated authorities.

6. REPORTING

The Committee will have the following reporting responsibilities:

- The minutes of the Committee meetings will be formally recorded. The Chair of the Committee shall draw to the attention of the Board and Audit Committee any issues that require disclosure to it, or require executive action.
- The Chair of the Committee will provide a written key issues report to the Board bi-monthly following each meeting providing assurance of the quality governance arrangements in place within the Trust and provide an annual report to be presented to the Board meeting on its work and performance in the preceding year.

The sub committees listed below are required to submit high level briefing papers to the Committee:

- Patient Safety & Clinical Effectiveness Sub-Committee
- Patient Experience Sub-Committee
- Health, Safety & Risk Sub-Committee
- Information Governance and Corporate Records Sub Committee
- Safeguarding Sub Committee
- Risk Review Group
- Complaints Quality Assurance Group
- Research and Development Sub Committee
- Infection Prevention and Control Sub Committee
- End of Life Steering Group

7. DUTIES & RESPONSIBILITIES

The Committee will undertake the following duties:

- Oversee the development and implementation of the Trust's strategies aligned to integrated governance and quality, including the overarching Quality Strategy, Risk Management Strategy, Clinical Effectiveness Strategy, Patient Experience Strategy, Quality Improvement Strategy, with a clear focus on upholding the tenants of quality and integrated governance and avoiding harm, ensuring that all strategies and performance indicators are consistent with the Trust's Mission, Vision and strategic objectives;
- Be the Trust Board of Directors delegated Committee responsible for risk management, ensuring that there is scrutiny and oversight of the strategic risk register and Board Assurance Framework, prior to approval at the Board of Directors and that there is appropriate liaison with the Audit Committee, to ensure internal audit resources within the Trust are aligned appropriately to risk;
- Overseeing 'Deep Dive Reviews' of risks to quality identified by the Board or the Committee, particularly "Serious Incidents Requiring Investigation" and how well any recommended actions have been implemented;
- The Committee may also initiate such reviews based on its own tracking and analysis of quality trends flagged up through the regular performance reporting to the Board;
- Review the quality dashboard and information presented to the Committee, with regard to ensuring assurance is received on all quality and safety of patient care matters, which fulfils the Trust's strategic goals regarding quality and assurance, as well as statutory, regulatory and contractual requirements;
- Ensure there is a process in place regarding assessing and monitoring the impact on quality from Trust transformation and efficiency plans;
- To consider all appropriate matters of clinical and non-clinical, quality governance including patient care, patient experience and patient and staff safety, via a planned integrated quality governance assurance system, giving assurance either directly to the Committee or indirectly via its reporting Sub Committees, and all risks are appropriately escalated;
- Ensure there is an appropriate investigations framework within the Trust i.e. ensure all incidents and complaints are appropriately investigated, ensure that the Trust's Mortality Review process aligns to the Royal College of Physicians Standard Judgment Review process, and that people have the skills and expertise to undertake these investigations;
- Ensure there is an appropriate policy development and review framework within the Trust, and that staff education strategy and organisational development is aligned to policy development within the Trust;
- Ensure there is an action planning framework in place within the Trust, so that actions from investigations, risk assessments and internal and external reviews are implemented, monitored appropriately and escalated when off track;
- Ensure that there is a learning framework in place within the Trust, so that aggregate learning from incidents, Serious Incidents, complaints, claims, audit and assessments are communicated appropriately and changes in practice are facilitated;
- Oversee the implementation of key national reports and inquiries recommendations and provide assurance to the Board on its delivery;
- Ensure all external accreditations are monitored within the Trust, so that the Board of Directors has assurance that the Trust is meeting external quality requirements, and where there is variance or risk, actions are put in place appropriately;
- Obtain assurance of the Trust's on-going compliance with the Care Quality Commission registration through appropriate systems of control.

- Ensure that the Trust has effective communication channels in place for ward to Board monitoring and that the Clinical Business Unit, directorate, speciality, ward and department governance and quality assurance structures are robust;
- Monitor the process for the production of the Trust's year end quality (Quality Accounts) and risk management (Annual Governance Statement) reports before they are presented to the Trust Audit Committee and Board for formal approval;
- Ensure all reporting Sub Committees have effective reporting structures in place and that planned assurance reports are scrutinised through a business and assurance cycle;
- To inform the Board where it has significant concerns about:
 - Standards of care in the Trust
 - Or where it considers any service (or part of) to be unsafe

8. ATTENDANCE

A record of attendance will be kept; attendance of 75% per year is expected

Members unable to attend must send a deputy who is able to make decisions on their behalf.

Other Executive Directors and officers of the Trust will be invited to attend the meeting as appropriate when an issue relating to their area of operation or responsibility is being discussed. Officers who are unable to attend a meeting of the Committee may appoint a deputy who will attend. It is the responsibility of the core member to inform the Chair of the Committee if they are unable to attend and who will attend as their deputy.

9. ADMINISTRATIVE ARRANGEMENTS

Unless prior agreement is reached with the Chair of the Committee the Agenda and Papers will be sent out 5 working days before the date of the meeting. No Papers will be tabled at the meeting without prior approval of the Chair. The Committee will be supported by the Secretary to the Trust Board.

- The ToR will be reviewed annually by Trust Board
- A Cycle of Business will be established

Papers to this Committee must be submitted for inclusion one week in advance of the meeting. Papers will be distributed by 5pm on the Tuesday preceding the Quality and Assurance Committee.

Papers are to be submitted in the following format:

1. Front sheet – with FOI exemptions duly applied if appropriate
2. Sub-Committees – Chairs key issues reports using the prescribed template
3. Divisional leads/service leads – reporting via the prescribed template
4. An Action Log will be maintained and distributed
5. Presentations must be sent to the Administrator ahead of the meeting
6. No tabled papers will be accepted unless in an emergency and with permission of the Committee Chair.

10. REVIEW / EFFECTIVENESS

The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements. These terms of reference will be reviewed every 12 months by the Committee.

The Cycle of Business will be reviewed by the Committee every 12 months.

TERMS OF REFERENCE REVISION TRACKER

Name of Committee:	Quality Assurance Committee
Version:	V4
Implementation Date:	January 2020
Review Date:	January 2021
Approved by:	Quality Assurance Committee
Approval Date:	XXX

REVISIONS			
Date	Section	Reason on Change	Approved
V3 6 December 2016	5 - Membership	Revised to include Non-Executive Directors to be amended to read two Core Attendees – to read Core Members Delete Divisional Operational Directors from the Core Membership ADD Transformation Director ADD - Co-Opted Members from the Workforce Sub Group. The Quality Committee to receive minutes from the WSG and appropriate colleagues to be invited to the Quality Committee where assurance is required for specific matters in relation to staffing, quality and safety. Quorum – change from 10 to maximum of 7, to include 1 Executive Director, 1 Non-Executive Director and 1 representative from each Division.	QAC 6.12.2016
	10 – Administrative Arrangements	The Committee will be supported by the Secretary to the Trust Board.	QAC 7.2.17
V3 10 January 2017	5 - Membership	Membership further reviewed to include Head of Midwifery and Associate Director Infection Control + Prevention.	QAC 7.2.17
V3 7 February 2017	5 – Membership	Delete Director of IM&T	QAC 7.2.17
V3 02 January 2018	4 – Membership	Delete Chief Pharmacist, Chiefs of Service, Surgery, Women’s & Children and Acute Care Services, Associate	QAC 09.01.2018

5

Date: 7 January 2020 QAC

Approved: V4 QAC 7 January 2020

Review date 12 months from approval

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		Directors of Nursing, Associate Director of Infection Control.	
V3 02 January 2018	2 – Frequency of Meetings	Meetings to move from monthly to bi-monthly	QAC 09.01.2018
V3 02 January 2018	6 – Reporting	Removal of Infection Control Committee, medicines management, Inclusion of Risk Review Group, Complaints Quality Assurance Group, Research and Development Sub Committee and Safeguarding Committee,	QAC 09.01.2018
V3 04 May 2018	4 – Membership	Add Audit and Governance Lead for Women's Health	QAC 03.08.2018
V3 08.01.2019	4 – Membership	Add CEO DoF + Commercial Development Chief Pharmacist AHP Lead Replace Deputy HRD with Director of HR + OD Replace Deputy DoIM&T with Chief Information Officer Change in titles of Director of Strategy, Associate Medical Directors and Associate Chief Nurses Move Audit and Governance Lead for Women's Health to attendee section	QAC 08.01.2019 + Trust Board 29.05.2019
V3 08.01.2019	6 – Reporting	Add Infection Prevention + Control SC End of Life Steering Group Divisional Governance Medicines Governance	QAC 08.01.2019 Trust Board 29.05.2019
V3 08.01.2019	10– Review/Effectiveness	Add Cycle of business reviewed annually	QAC 08.01.2019 Trust Board 29.05.2019
V4 07.01.2020	4 – Membership	Add Director of Medical Education Observer section – Public Governor Remove CEO Amend Assistant Chief Nurses to Associate Chief Nurses Medical Director Strategy to Interim Associate Medical Director Innovation and Improvement Obstetrics/ Obstetrics Safety Champion Lead <u>add</u> + Governance Lead	QAC 07.01.2020
V4 07.01.2020	6 – Reporting	Remove Divisional Governance Medicines Governance	QAC 07.01.2020

TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved by:
07.01.2020	V3 – replaced with Version 4	QAC 07.01.2020

Quality Assurance Committee Cycle of Business 2020-21

Item	Lead	7.01.2020	3.03.2020	5.05.2020	7.07.2020	1.09.2020	3.11.2020	5.01.2021	2.03.2021	
OPENING BUSINESS										
Welcome, apologies, declarations of interest, cycle of business	Chair	✓	✓	✓	✓	✓	✓	✓	✓	
Review Minutes and Action Log	Chair	✓	✓	✓	✓	✓	✓	✓	✓	
Review rolling attendance log	Chair	✓	✓	✓	✓	✓	✓	✓	✓	
Patient Story	Deputy Chief Nurse	Clin SSvcs	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
Deep Dive Reviews AS RQD	Chief Nurse/ Deputy Director Governance	Urology	DNACPR	InfControl	Dementia	Consent	MH	IG/Cyber	TBC	
Moving to Outstanding Action Plan Update	Chief Nurse/ Deputy Director Governance	✓	✓	✓	✓	✓	✓	✓	✓	
COMPLIANCE & OVERSIGHT										
Quality Dashboard	Chief Nurse/Exec Medical Director	✓	✓	✓	✓	✓	✓	✓	✓	
Review and Refresh of Trust KPIs	Dir Finance + Comm Development		✓						✓	
SAFETY										
Bi-monthly Maternity Update + Maternity Safety Champion report	Head of Midwifery + Safety Champion Lead; Governance Lead Obstetrics/ Obstetrics Safety Champion Lead	✓	✓	✓	✓	✓	✓	✓	✓	
SI Lessons Learning Audit quarterly report	Deputy Director Governance		✓Q3	✓Q4		✓Q1	✓Q2			
Safeguarding (Bi-Annual Report)	Deputy Chief Nurse		✓				✓			
Safeguarding Committee (Annual Report)	Deputy Chief Nurse				✓					
Medicines Management/Controlled Drugs Annual Report	Executive Medical Director			✓						
Learning from Experience Report	Deputy Director Governance		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
6 monthly staffing report	Chief Nurse	✓				✓				
DIPC Infection Control (1/4 ly)	Chief Nurse		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
DIPC Infection Control Annual Report	Chief Nurse				✓					
Health and Safety Annual Report	Deputy Director Governance				✓					
CLINICAL EFFECTIVENESS										
Learning From Deaths Review Quarterly report	Executive Medical Director		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
Clinical Forward Audit Plan	Deputy Director Governance		✓						✓	
Clinical Audit Quarterly report	Deputy Director Governance		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
Clinical Audit Annual Report	Deputy Director Governance				✓					

Item	Lead	7.01.2020	3.03.2020	5.05.2020	7.07.2020	1.09.2020	3.11.2020	5.01.2021	2.03.2021	
PATIENT EXPERIENCE										
Dementia Strategy Annual Review	Deputy Chief Nurse		✓						✓	
Dementia Strategy Quarterly Report	Deputy Chief Nurse		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
Complaints Annual Report	Deputy Director Governance			✓						
COMPLIANCE & OVERSIGHT										
Strategic Risk Register and Board Assurance Framework	Trust Secretary	✓	✓	✓	✓	✓	✓	✓	✓	
Quarterly Quality Priorities Report	Deputy Director Governance		✓Q3	✓Q4		✓Q1	✓Q2		✓Q3	
Quality Priorities 2019-20	Deputy Director Governance		✓						✓	
Quality Strategy update	Deputy Director Governance			✓						
Risk Management Strategy Annual Review	Deputy Director Governance			✓						
Quality Impact Assessment Report for CIP plans	Dir Finance + Comm Development		✓Q3	✓Q4	✓Q1		✓Q2		✓Q3	
Quality Improvement Progress Report	Chief Nurse		✓		TBC	TBC	TBC	TBC	TBC	
Enabling Strategy alignment 6 month Progress report	Director of Strategy			✓			✓			
Terms of Reference / Cycle of Business	Chair/Trust Secretary	✓						✓		
Committee Effectiveness Annual Review	Chair/ Trust Secretary	✓RepMar	✓					✓RepMar	✓	
Committee Effectiveness Bi-Annual Review	Chair/Trust Secretary				✓RepSept	✓				
Committee Chair's Annual Report to the Board	Chair/ Trust Secretary				✓					
HIGH LEVEL BRIEFINGS										
Infection Control Sub Committee	Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	
Patient Safety + Clinical Effectiveness Sub Committee	Medical Director	✓	✓	✓	✓	✓	✓	✓	✓	
Safeguarding Committee	Deputy Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	
Health and Safety Sub Committee	Deputy Director Governance	✓	✓	✓	✓	✓	✓	✓	✓	
Complaints Quality Assurance Group	Deputy Director Governance	✓	✓	✓	✓	✓	✓	✓	✓	
Patient Experience Sub Committee	Deputy Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	
End of Life Steering Group	Deputy Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	
Risk Review Group	Deputy Director Governance	✓	✓	✓	✓	✓	✓	✓	✓	
HLB Quality Academy Board	Chief Nurse	✓		✓	TBC	TBC	TBC	TBC	TBC	
IG + Corporate Records Group incl GDPR Readiness actionplan	Chief Information Officer	✓	✓	✓	✓	✓	✓	✓	✓	
CLOSING										
High Level Enquires (when notified)	Deputy Director Governance	✓	✓	✓	✓	✓	✓	✓	✓	
Summary (assurances and risks to escalate to Board)	Chair	✓	✓	✓	✓	✓	✓	✓	✓	

Board Assurance Framework

Board Assurance Framework

The Board Assurance Framework (BAF) focusses on the key strategic risks i.e. those that may affect the achievement of the Trust's Strategic Objectives

Risk ID	Executive Lead	Risk Description	Strategic Objective at Risk	Current Rating	Target Rating	Risk Appetite	Monitoring Committee
115	Kimberley Salmon-Jamieson	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff, potential impact on patient care and impact on Trust access and financial targets.	1	20 (5x4)	12 (4x3)	TBC	Trust Operations Board
134	Andrea McGee	Financial Sustainability a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken. b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.	3	20 (5x4)	10 (5x2)	TBC	Finance & Sustainability Committee
135	Phill James	Failure to provide adequate and timely IMT system implementations & systems optimisation caused by either increasing demands and enhanced system functionality which results in pressure on staff; potential in systems being poorly used resulting in poor data quality. Impact on patient access to services, quality of care provided, potential patient harm and financial & performance targets.	1	16 (4x4)	10 (5x2)	TBC	Trust Operations Board
224	Chris Evans	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.	1	16 (4x4)	8 (4x2)	TBC	Trust Operations Board
125	Chris Evans	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.	1	16 (4x4)	4 (4x1)	TBC	Trust Operations Board
701	Chris Evans	Failure to provide continuity of services caused by the planned EU Exit resulting in difficulties in procurement of medicines, medical devices and clinical and non-clinical consumables and the associated risk of increase in cost.	3	16 (4x4)	4 (2x2)	TBC	Trust Operations Board
145	Simon Constable	Influence within Cheshire & Merseyside a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the	3	15 (5x3)	8 (4x2)	TBC	Trust Operations Board

Board Assurance Framework

		Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position. b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.					
143	Phill James	Failure to deliver essential services, caused by a Cyber Attack, resulting in loss of data and vital IT systems, resulting in potential patient harm, loss in productivity and Trust reputation	1	12 (4x3)	10 (5x2)	TBC	Trust Operations Board
414	Phill James	Failure to implement best practice information governance and information security policies and procedures caused by increased competing priorities due to an outdated IM&T workforce plan resulting in ineffective information governance advice and guidance to reduce information breaches.	3	12 (4x3)	8 (4x2)	TBC	Quality Assurance Committee
241	Alex Crowe	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.	2	8 (4x2)	4 (4x1)	TBC	Trust Operations Board

Strategic Objective 1: We will ... always put our patients first through high quality, safe care and excellent patient experience.

Strategic Objective 2: We will ... be the best place to work with a diverse, engaged workforce that is fit for the future.

Strategic Objective 3: We will ... work in partnership to design and provide high quality, financially sustainable services.

Board Assurance Framework

Risk ID:	115	Executive Lead:	Salmon-Jamieson, Kimberley								
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.				Rating						
Risk Description:	Failure to provide adequate staffing levels in some specialities and wards. Caused by inability to fill vacancies, sickness. Resulting in pressure on ward staff , potential impact on patient care and impact on Trust access and financial targets.				<table border="1"> <tr> <td>Initial:</td> <td>20 (5x4)</td> </tr> <tr> <td>Current:</td> <td>20 (5x4)</td> </tr> <tr> <td>Target:</td> <td>12 (4x3)</td> </tr> </table>	Initial:	20 (5x4)	Current:	20 (5x4)	Target:	12 (4x3)
Initial:	20 (5x4)										
Current:	20 (5x4)										
Target:	12 (4x3)										
Assurance Details:	<ul style="list-style-type: none"> Monthly workforce information produced via workforce dashboard. Information is reviewed and monitored at the Workforce Group Chaired by the Chief Nurse Robust staffing escalation process across WHH to manage staffing daily Lead Nurse identified daily to co-ordinate staffing 4 hourly update shared as part of Gold Command template Wards & Departments use E-Roster and Safecare data to support staffing ratios E-Roster moving to cloud based supporting daily staffing management at ward level Maternity BirthRate + staffing review scheduled in March 2020 to reflect increase activity and changing models of care. INCLUDE MONTHLY STAFFING UPDATE <p><u>Recruitment Assurances</u></p> <ul style="list-style-type: none"> Rolling advert for B5 Nurses 12 month recruitment plan including open days, attendance at external events and ‘keep in touch’ events Developing WHH recruitment campaign with external marketing company Career advice events in local schools and colleges Production of monthly and bi-annual staffing reports received by the Trust Board <p><u>Retention Assurances</u></p> <ul style="list-style-type: none"> Workforce Dashboard reporting monthly in relation to leavers Part of NHSI Cohort 4 Retention Collaborative WHH Nursing retention plan Improvement in nursing retention by 3.22% (Nov 2018 – Sept 2019) Burdett Nursing Trust award winners Highly commended for nursing retention data provision ‘Transfer Window’ implemented allowing staff to move to other specialities without having to apply for role 				<p>A line chart with three data points: Initial (20), Current (20), and Target (12). The x-axis is labeled 'INITIAL', 'CURRENT', and 'TARGET'. The y-axis has horizontal grid lines. The data points are connected by a purple line.</p>						
Assurance Gaps:	<p><u>Recruitment Gaps</u></p> <ul style="list-style-type: none"> 125 RN Vacancies 89 B5 Vacancies <p><u>Retention Gaps</u></p> <ul style="list-style-type: none"> 17.06% B5 nursing turnover 										
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date						
Set up Recruitment Campaign	Set up Recruitment Campaign	Produce recruitment / media plan	Browning, Rachael	31/12/2019							
Develop business case for international nurse recruitment	Develop business case for international nurse recruitment	Present business case to Executive Team	Browning, Rachael	31/01/2020							
Develop business case for transfer of E-Rostering to cloud based	Develop business case for transfer of E-Rostering to cloud based	Present business case to Executive Team	Clarke, Alice	31/12/2019							

Board Assurance Framework

Risk ID:	134	Executive Lead:	McGee, Andrea	Rating									
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.												
Risk Description:	<p>Financial Sustainability</p> <p>a) Failure to sustain financial viability, caused by internal and external factors, resulted in potential impact to patient safety, staff morale and enforcement/regulatory action being taken.</p> <p>b) Failure to deliver the financial position and a surplus places doubt over the future sustainability of the Trust. There is a risk that current and future loans cannot be repaid and this puts into question if the Trust is a going concern.</p>			Initial:	20 (5x4)								
				Current:	20 (5x4)								
				Target:	10 (5x2)								
Assurance Details:	<ul style="list-style-type: none"> •Core financial policies controls in place across the Trust •Revised governance structure within the Trust to enable strengthened accountability •Finance and Sustainability Committee (FSC) established overseeing financial planning •Monthly financial monitoring with NHSI •Regular review at Executive team meeting and development sessions •Annual plan development process •Performance monitoring in QPS meeting •Signed up to a Controlled Expenditure Programme (CEP) process with main Commissioners to support financial planning, sharing of risk and agreement of schemes that are in the interest of the whole local economy •Entered in to a Block Contract with Warrington & Halton CCGs for 2019/20 supported by an agreed set of principles under the CEP Lite Framework •Work with the Commissioners on QIPP and CIP schemes through the Collaborative and Sustainability Group to ensure the schemes have a positive impact on sustainability across the whole health economy •Monthly FRG meeting with CBU led by DoF •Corporate Trustee Charities Commission Checklist, reporting bi-annually through Board •Monitoring of charitable funds income, assessment of return on investment and controls on overhead ratios via quarterly financial reports •Regular updates to Executive Team, FSC and Trust Board •Regular updates to NHSI regarding the risks linked to the current financial position; including regular performance review meetings to discuss the current position and financial risk. These meeting have resulted in the Trust's change from segment three to segment two. •Accepted offer from NHSi of a control total for 2019/20 giving the Trust access to £17.9m additional funds. This also exempts the Trust from national fines and penalties. •Transfer of resources in to operational teams to support CIP delivery at the front line. •Transfer of reporting of CIP to DoF and delivery to Chief Operating Officer •Trust teams are working within the place based teams to bid for additional STP monies to improve sustainability <p>Control re employment legislation</p> <ul style="list-style-type: none"> - Sub group established for OT payments reporting through premium pay spend and review group - Commissioned an audit review of OT processes subject to Chair of Audit Chair Approval - Recommendation for internal OT processes to be presented to Exec Team - Introduced the Financial Resources Group (FRG)that reports to FSC - CIP Workshops taking place to improve the CIP Position - Memorandum of understanding agreed with Bridgewater Community Trust - WLI process reviewed and strengthened. <ul style="list-style-type: none"> •Regular planning meetings in place with Commissioners. Activity plans and contract agreed for 2019/20. • Workshop undertaken with - Exec, CBU, Corporate to review of 2019/20 cost pressures •Market Analysis is now included in the CBU monthly dashboard and forms part of the monthly review •Financial Strategy approved by Trust Board in March 2019 			<table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>INITIAL</td> <td>20</td> </tr> <tr> <td>CURRENT</td> <td>20</td> </tr> <tr> <td>TARGET</td> <td>10</td> </tr> </tbody> </table>		Category	Value	INITIAL	20	CURRENT	20	TARGET	10
Category	Value												
INITIAL	20												
CURRENT	20												
TARGET	10												

Board Assurance Framework

	<ul style="list-style-type: none"> • In relation to the aged debt, the supplier/debtor has gone in to administration; this will avoid further growth of the debt. The Trust has provided the Administrator with proof of debt. • The Trust has written to Wirral CCG in relation to financial support for the existing debt. • Submitted System Recovery Plan on 2nd August 2019. • Update on System Recovery Plan to be provided to NHSE/I by 13th September 2019, along with the first draft of the 5 year plan. • CEO / Accountable Officer led Financial System Recovery Group established to oversee the system financial recovery plan • Capital prioritisation process in place • Review of CBU Forecast Outturns has taken place. • Following £1b increase in NHS Capital investment, NHSE/I have instructed Trusts to revert to their original capital plans. • Regular system assurance meeting taking place with the Regulator. • Submitted 5 Year Plan on 1st Nov 2019, jointly with Warrington & Halton CCGs & Bridgewater Community Healthcare NHS FT and accepted the control total for the next 4 years. Support provided from CCGs to enable stability while undertaking the transformational changes required to improve sustainability. • Reserve created to cover 1 year's cost of running the Charity • Support to be provided by Commissioners in 2019/20 and from NHSE/I – Additional Winter Capacity • Weekly system call with NHSE/I during Q4 • System Forecast Outturn update to NHSI/E – 17th January 2020 • Chief Executive Oversight Group meets weekly. Group to meet with SRO of Improvement programmes that are part of the sustainability plan. • Weekly review of Non-Clinical Posts taking place • Daily review of Non-Pay Expenditure • Achieved Month 9 and Q3 financial position securing FRF & PSF 				
<p>Assurance Gaps:</p>	<ul style="list-style-type: none"> • Failure to achieve Financial control total may result in loss of FRF, MRET and STF and worsening cash position. • Inability to develop a strategic plan to deliver a break even position over the next 5 to 10 years • Loss of income through the failure of WHH Charity • Failure to repay existing loans leading to the inability to apply for future financial support and threat to the Trust as a going concern. • Risk of under delivery of CIP due to insufficient schemes identified to deliver the full program and the organisational ability to translate improvement work into financial improvement. • Non-recurrent CIP presents a risk to in-year and future year financial position. • Extended Loan repayment confirmation of further extension from NHSi received and extended to May 2020 • Failure to fully comply with emerging national employment litigation resulting in additional pay costs or the trust receiving potential claims. • Medical Staffing pressures identified at budget settings have not all been addressed putting pressure on the financial position. • No external funding support for Halton Healthy New Town or Warrington Hospital new build. • Mitigated system risk of circa £17m – plans required to address across the system of Warrington & Halton CCGs. WHH NHS FT and Bridgewater Community Healthcare NHS FT. • Risk that capital needs exceed capital funding resources available. • Hospital Infrastructure Programme (HIP) announcement. WHH not included in with phase 1 or phase 2 funding allocation. • Awaiting response from Administrators in relation to bad debt. 				
<p>Recommendation</p>	<p>Action Description</p>	<p>Actions Required</p>	<p>Responsible Officer</p>	<p>Deadline Date</p>	<p>Completion Date</p>

Board Assurance Framework

Risk ID:	135	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	Failure to provide adequate and timely IMT system implementations & systems optimisation caused by either increasing demands or enhanced system functionality which results in additional effort required by staff manifesting as poor data quality, reduced patient access to services, inferior quality of care provided, potential patient harm and missed financial & performance targets.			Initial:	20 (5x4)	
				Current:	16 (4x4)	
				Target:	10 (5x2)	
Assurance Details:	<ul style="list-style-type: none"> IT Governance Structure including Risk Register Reviews, Digital Board highlight reports to Trust Operations Board and Data Standards Group to Quality Assurance Committee plus other ad-hoc submissions as required. IT Change Management regime including robust Trust communication channels and structured Capital Planning submissions. IT Operations Governance including supplier management, product management, cyber management and customer relationship management with CBUs. IT Business Continuity And Disaster Recovery Governance. Annual IT audit plan. Data Quality policy and procedures. Trust benchmarking activities including Use of Resources reviews (Model Hospital). Example 1: Recent (Sep 19) completion of planned replacement of ICE Results & Reporting solution to resolve unplanned loss of service and improve performance. Example 2: MIAA have produced the draft report entitled 'IT Service Continuity & Resilience Review'. The action plan to address findings has been formulated and contains actions to address 36 separate findings. The IM&T EPR Training team provide training to all necessary new starters including doctor's rotation. IT Senior Leadership team including Capital Planning and budget reviews has submitted a range of investment needs including EPR procurement funding. Digital 7 Year investment profiling 			<p>A line chart with three data points: 'INITIAL' at 20, 'CURRENT' at 16, and 'TARGET' at 10. The values are shown in purple circles connected by a line. The chart is set against a light grey background with horizontal grid lines.</p>		
Assurance Gaps:	Published revised Digital Strategy and approval and action of underpinning investment plan and associated workforce plan.					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Draft Digital Strategy to be completed, approved and issued and multi-year investment profile to be supported by the Trust.	Publish revised Digital Strategy with associated 7 year investment profile and delivery plan	January 2019 – Publish approved Strategy March 2020 – Sign off agreed multi-year investment profile	Phill James	30/03/2020		

Board Assurance Framework

Risk ID:	224	Executive Lead:	Evans, Chris	Rating									
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.												
Risk Description:	Failure to meet the emergency access standard caused by system demands and pressures. Resulting in potential risk to the quality of care and patient safety, risk to trust reputation, financial impact and below expected Patient experience.			Initial:	16 (4x4)								
Assurance Details:	<p>Regular Trust Wide Capacity meetings led by the Senior Site Manager for the day</p> <p>Systemwide relationships including social care, community, mental health and CCGs</p> <p>Discharge Lounge/Patient Flow Team</p> <p>Red to Green - Discharge Planning</p> <p>ED Escalation Tool/2 Hourly Board Rounds ED Medical and Nursing Controller</p> <p>Chloe Care Transport to complement patient providers out of hours</p> <p>FAU/Hub operational from June 2018 - Now operating 5 days per week.</p> <p>Discharge Lounge opened 26th November 2018</p> <p>Full ED business case approved from Q4 18/19 re: vision for ED Footprint creating assessment capacity. (approved substantively for Ambulatory Care Unit)</p> <p>System actions agreed supporting the Winter Plan</p> <p>Warrington Together Board have asked for focussed work to take forward outputs from the Venn Work</p> <ol style="list-style-type: none"> 1. Further development of Rapid Response to avoid admission 2. Increase IMC 3. Increase IMC at home <p>Regular monitored at the Mid Mersey A&E Board</p> <p>Long Length of Stay Collaborative in association with ECIST / NHSI. Bespoke approach for the Trust in embedding and sustaining LLoS review. To commence May 19 through until October 19.</p> <p>Integrated Discharge Team – Daily huddle between hospital discharge team and the hospital social care team now in place. Co-location of teams approved in April 19. This will support harmonisation of pathways and increase integrated working between health and social care.</p> <p>Co-location of teams to take place in June 2019 (Kendrick Wing)</p> <p>Urgent Care Improvement Committee to commence form May/June 2019 focussing on 5 priorities:</p> <ol style="list-style-type: none"> 1. CQC Actions 2. Acute Medicine 3. Assessment Capacity/Environment 4. Decision to admit 5. Collective decision making <p>The Committee will report to the Quality Assurance Committee and Exec Team</p> <p>New ED 'at a glance' dashboard gone live – supports organisational visibility and proactive response from specialties.</p> <p>Participated as a pilot site for recording of Same Day Emergency Care (SDEC) in association with NHSi & NHSE</p> <p>Urgent Care Improvement Committee High Level Briefing received at Quality Assurance Committee.</p> <p>Pilot of a co-located medical and surgical assessment unit taking place between 3 Sept – 10 Sept 2019. A review will then take place to inform the long term strategy for an Assessment Plaza.</p> <p>Co-located medical & surgical assessment unit to launch on 1st Dec 2019. Subject to consultation</p> <p>Trajectory achieved in Month 1, Month 2, Month 3, Month 4, Month 5 (84.97%) and Month 6 (81.67%). Month 7 (80.04%). –</p> <p>The Trust were ranked 25 out of 123 w/e 1st December for Type 1 activity. Month 8 – 77.81%, Month 9 75.94%</p> <p>Monitoring of utilisation of internal UC system i.e. GPAU, ED Ambulatory throughput – reports monitored via Patient Flow Sub-Committee and Trust Operations Board</p> <p>8 IMC live from 27th September 2019</p>			Current:	16 (4x4)								
				Target:	8 (4x2)								
								<table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>16</td> </tr> <tr> <td>Current</td> <td>16</td> </tr> <tr> <td>Target</td> <td>8</td> </tr> </tbody> </table>		Category	Value	Initial	16
Category	Value												
Initial	16												
Current	16												
Target	8												

Board Assurance Framework

	<p>Integrated discharge Team now in place Urgent Care Improvement Committee – 2 regulatory breach complete and 33/35 actions complete. The Remaining action to be completed by 31st December 2019 CAU Business Case approved by Executives on 31st October 2019 with a plan to implement from 9th December 2019 Winter plan developed with system support 10 additional beds on B3 supported by NHSE/I Funding received for K25 beds and to support protecting GPAU / CAU Combined Assessment Unit launched 16th December 2019 – 24/7 from 5th January 2020 U&EC Improvement Committee stepped down. All actions complete with 9 ongoing issues monitored at Moving to Outstanding</p>				
Assurance Gaps:	<p>Fully embedding actions associated with system wide capacity & demand review undertaken by Venn Consulting – 3 key actions being progressed for Winter 2019 – 8 IMC Beds agreed via IBCF, Rapid Response Service and increased home reablement capacity (c 20 beds worth of capacity total) ED footprint with a view of right sizing for the future based on demand trends – review taking place in Sept 19</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

Board Assurance Framework

Risk ID:	125	Executive Lead:	Evans, Chris	Rating									
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.												
Risk Description:	Failure to maintain an old estate caused by restriction, reduction or unavailability of resources resulting in staff and patient safety issues, increased estates costs and unsuitable accommodation.			Initial:	20 (5x4)								
				Current:	16 (4x4)								
				Target:	4 (4x1)								
Assurance Details:	<p>Controls:</p> <ul style="list-style-type: none"> Estates strategy PLACE assessment action plan Risk Management systems and incident reporting General capital investment Compass reporting re: water flushing Matron and estates walkabouts Reporting structure for maintenance On call service for OOH issues Maintenance log <p>Assurance:</p> <ul style="list-style-type: none"> Water quality group Fire safety group Medical gases group Estates safety Medical Equipment group Capital Planning group Six Facet survey – condition appraisal of estate (annually) 5 Year program 20% each year Asbestos survey annually Premises Assurance model (PAM) Self-assessment tool estate compliance Good Corporate Citizen self-assessment (review of sustainability) Estates 10 year capital program Risk based approach to managing gaps in capital investment Medical equipment maintenance is managed by a risk assessed approach whereby equipment is identified as: <ul style="list-style-type: none"> High Medium Medium/Low Low All high and medium is fully maintained. Medium/low and low is operator assessed and reported to medical equipment engineering as required. <ul style="list-style-type: none"> - Generator sets are regularly serviced and tested and inspected by the Estates Operational Team.. Replacement of the generator sets is included within the Estates 10 Year Plan.. Two generator sets, with the highest risk of failure, have been replaced this financial year as part of the capital program. All generator sets regardless of age or condition are subject to monthly and annual testing and maintenance and resilience issues brought to the attention of the capital planning group should emergency funding be required to mitigate any risk of failure. - Work undertaken with Cheshire & Merseyside Fire & Rescue to mitigate any potential breaches of fire regulations resulting in enforcement. - Daily checks on main power supplies carried out to the system and maintenance service agreement in place with the manufacturer. 18.09.18 -- Order raised and parts ordered by contractor. Completion date is now 29.4.19 - Draft Estates & Facilities Strategy presented to the Trust Operations Board 25.03.2019 			<table border="1"> <caption>Rating Progression</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>20</td> </tr> <tr> <td>Current</td> <td>16</td> </tr> <tr> <td>Target</td> <td>4</td> </tr> </tbody> </table>		Category	Value	Initial	20	Current	16	Target	4
Category	Value												
Initial	20												
Current	16												
Target	4												

Board Assurance Framework

	Main power supply work commenced Work completed to main power to Trust Main IT Network Room equipment.				
Assurance Gaps:	-Remaining generator sets are approaching the end of their useful life and spare parts are difficult to obtain and without investment for replacement there is a risk of loss of HV resilience for the Trust. Limited capital funding to replace items beyond lifecycle				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

Board Assurance Framework

Risk ID:	701	Executive Lead:	Evans, Chris	Rating					
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.								
Risk Description:	Failure to provide continuity of services caused by the scheduled March 2019 EU Exit resulting in difficulties in procurement of medicines, medical devices and clinical and non-clinical consumables. The associated risk of increase in cost.			Initial:	16 (4x4)				
Assurance Details:	<p>Standard agenda item on the Trust wide Event Planning Group.</p> <p>Brexit Sub Group has been established with key leads for the 7 key areas of activity outlined in the DHSC operational readiness guidance.</p> <p>A readiness tracker has been produced and is being monitored by the Brexit Working Group.</p> <p>The Procurement department completed the national self assessment contract review tool and continues to review suppliers which are out of the national scope.</p> <p>Service level business continuity plans continue to be refreshed.</p> <p>The IT department have reviewed all the Trust key IT systems and non have been identified as having a touch point in the EU. Nationally a 6 week stockpile of goods will be maintained.</p> <p>Daily SitReps are being submitted to the DHSC.</p> <p>May 2019 - the Government has agreed an EU Exit extension to the 31st October 2019. If the Withdrawal Agreement is ratified earlier the UK will leave the EU earlier, but it would be with a deal. All reporting has been stood down and the planning that had been in place will be adapted to support the extension. A debrief session has taken place to capture lessons learnt and has been shared with the regional EU exit team and will be used to support our preparations closer to the leave date.</p> <p>Re-instigated the Brexit Sub-Group which will meet again on 14th August and will meet fortnightly thereafter.</p> <p>NHSE/I to undertake an assurance exercise with NHS Trusts to ensure EU Exit SRO and EU Exit Team in place.</p> <p>NHSE/I to arrange regional events in September 2019 to discuss further details of the operational response and what is needed at the local level.</p> <p>September 2019 - Regional NHSE/I roadshow attended by Deputy COO, EPRR lead and representatives from Procurement and Pharmacy. NHSE/I reported that overall preparation has improved with national procurement of alternative delivery routes, an express freight channel and national engagement with key suppliers to create a replenishing 6 week buffer stock. Key concern is the planned exit date coinciding with the start of the winter period and the impact on workforce capacity and UEC demand, with the potential challenges of adverse weather, seasonal flu and changes to supply requirements. The clear message from NHSE/I is that the risk remains as high as earlier in the year.</p> <p>Brexit Daily Sit Rep commencing 21st October 2019</p> <p>EU Exit Operation Plan – Pre & Post Brexit Escalation plan in place</p> <p>Following the extension to the Article 50 period to 31 January 2020, daily SitReps have been suspended. NHSE/I have amended Brexit preparation timetables to further enhance preparedness. Stand up monitoring to take place from 20/01/20</p> <p>Following the General Election, advice received is to maintain a minimum position as there is now a minimal risk of a ‘no deal’ Brexit.</p> <p>Advice received that there will be no change for the NHS between 1st Feb – 31st December 2020, which is described as the implementation period.</p> <p>Following the vote at second reading of the Withdrawal Agreement Bill on 20 December, the government has stepped down preparations for a no-deal exit from the European Union. The Department of Health and Social Care has informed NHS England and NHS Improvement that for the health and care system this means that no-deal preparations should cease. As a result, staff working on no-deal preparations are being redeployed and other health and care organisations should do the same.</p> <p>Advised that it is important to retain organisational memory gained from all the work to date; therefore, NHS organisations are to retain a key point of contact in case an operational response needs to be stood up if trade agreement not agreed by late 2020.</p>			Current:	12 (4x3)				
				Assurance Gaps:	Continued national uncertainty on the terms of the EU exit and the date when this will be.			Target:	4 (2x2)
								<p>The chart displays a line graph with five data points representing risk ratings at different stages: INITIAL (16), REDUCED (12), INCREASED (16), CURRENT (12), and TARGET (4). The ratings are plotted against a background grid. The x-axis labels are INITIAL, REDUCED, INCREASED, CURRENT, and TARGET. The y-axis represents the risk rating score. The line starts at 16 for INITIAL, drops to 12 for REDUCED, rises to 16 for INCREASED, drops to 12 for CURRENT, and finally drops to 4 for TARGET.</p>	

Board Assurance Framework

	Trusts being requested not to stock pile supplies. Risk to Supply BAU/CIP whilst resources are redirected to complete national work. National concern on shortages of radiopharmaceuticals and blood products. Potential price increases to supplies. Increased possibility of a no deal exit at the end of the extension period on 31 October 2020 Winter pressures and increase demand on Workforce and UEC.				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

Board Assurance Framework

Risk ID:	145	Executive Lead:	Constable, Simon	Rating									
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.												
Risk Description:	<p>Influence within Cheshire & Merseyside</p> <p>a. Failure to deliver our strategic vision, including two new hospitals and vertical & horizontal collaboration, and influence sufficiently within the Cheshire & Merseyside Healthcare Partnership and beyond, may result in an inability to provide high quality sustainable services may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p> <p>b. Failure to fund two new hospitals may result in an inability to provide the best outcome for our patient population and organisation, potential impact on patient care, reputation and financial position.</p>			Initial:	20 (5x4)								
				Current:	15 (5x3)								
				Target:	8 (4x2)								
Assurance Details:	<p>The board has developed the Trust's strategy and governance for delivery of the strategy to ensure that all risks are escalated promptly and proactively managed.</p> <p>We are developing plans, with partners, to establish Accountable Care Organisations in both Halton and Warrington.</p> <p>We have developed an engagement strategy in partnership with our Governing Council</p> <p>We have established a community-wide newsletter Your Hospitals</p> <p>No service changes with a detrimental impact on the Trust or our patient population have been agreed to date or included within the STP.</p> <p>The Trust has developed effective clinical networking and integrated partnership arrangements:</p> <p>The Trauma and Orthopaedic service has developed excellent links with the Royal Liverpool and the Walton Centre for complex spinal patients.</p> <p>'What Matters to Me' conversation cafes held across both sites in partnership with patient experience committee and governors. Will also include WHH volunteers, WHH careers and WHH charity</p> <ul style="list-style-type: none"> - Memorandum of Understanding and work plan with Bridgewater Community Healthcare NHS FT approved. - Working in partnership with GP Federation in Halton on relation to improving joint clinical pathways. - Council and CCG in both Warrington & Halton supportive of development of new hospitals. - Agreement of sustainability contract with Warrington CCG and subsequently Warrington & Halton System Financial Recovery Plan - Work plan agreed with StHK - Shared a presentation demonstrating Halton Hospital's suitability to host the Eastern Sector Cancer Hub with Clatterbridge and other stakeholders. This forms part of the formal decision making process on the location of the hub - Regular GP engagement events held. - Regular Strategy updates are provided to the Council of Governors. - Clinical strategy engagement held with Trust Board - Submitted bid to provide UTCs in Runcorn & Widnes - Financial feasibility assessment for Halton Healthy New Town completed following unsuccessful bid to NHSE - Clinical Strategy approved by Trust Board - CBU specialty level strategies complete and incorporated in business plans - Successful in One Public Estate revenue funding bid for Halton - Initial talks held with Elective Care STP Lead in relation to the suitability of Halton as a potential Elective Care Hub <p>Trust has met with Cheshire & Merseyside leads for Women's and Children's review to demonstrate strength of local Women's and Children's services and help inform outcomes of regional review.</p> <p>NHSE and local Commissioners supportive of draft strategy for breast screening.</p> <p>First Group Committee in Common held with BCH and Joint Sustainability plan developed.</p> <p>Revised process for evaluation of potential sites for the Eastern Sector Cancer Hub shared with the Trust, StHK, Clatterbridge and NHSE by Knowsley CCG. Submission due 24th July 2019. Decision expected January/February 2020.</p> <p>UTC Procurement process abandoned</p>			<table border="1"> <caption>Rating Progression</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>20</td> </tr> <tr> <td>Current</td> <td>15</td> </tr> <tr> <td>Target</td> <td>8</td> </tr> </tbody> </table>		Category	Value	Initial	20	Current	15	Target	8
Category	Value												
Initial	20												
Current	15												
Target	8												

	<p>Initial meeting for Cheshire & Merseyside respiratory review held. Trust presentation well received.</p> <p>No funding received in latest capital allocation. Additional £1b capital promised but allocation criteria yet tbc.</p> <p>DoH launched Health Infrastructure Programme (HIP) announcing a £2.8b investment. WHH not included in the first 2 phases of investment. 27 Trusts have received funding with a further 13 TBC. The Trust has written to NHSP to seek support in raising the profile of our needs – NHSP have agreed to use the Trust as a case study in their national campaign</p> <p>Positive meeting the Medical Director and Director of Strategy at Alderhey confirming their intention to work with the Trust to repatriate WHH patients</p> <p>Pathology – Draft outline business case for pathology reconfiguration across Cheshire & Merseyside. Currently options for further development do not include any option where WHH is a hub. All options proposed include an Essential Services Lab (ESL) at WHH. Currently providing detailed feedback on strategic outline business case to ensure quality standards and turnaround time are sustained for proposed ESL</p> <p>Pathology OBC received by the Trust Board and feedback provided has been included in the re-issued draft</p> <p>Pathology OBC supported by the Trust Board</p> <p>Eastern Sector Cancer Hub – Letter received providing feedback following submission. Letter has been sent from the Trust to the Lead for the Eastern Sector Cancer Hub process requesting details of the public consultation and formal procurement process as well as requests for further information in relation to our submission and the scoring under the evaluation process. Response received from Eastern Sector Cancer Hub SRO – Further clarification requested. Lead CCG Awaiting results from the NHSE stage 2 assurance process. Consultation now unlikely to take place before January 2020 at the earliest. A Decision is therefore not anticipated until mid 2020</p> <p>Second Board to Board meeting held with Bridgewater with positive discussion on our shared intention to more formally collaborate.</p> <p>Confirmation received that there will be a new single lot open tender process to commence to determine the provider for both Runcorn and Widnes UTCs. Intention for the contract to commence 1 April 2020. Confirmation received from the CCG that the procurement process re: UTC is no longer being pursued. Requirement to deliver the UTC specification at Runcorn by January 2020</p> <p>Detailed BCH/WHH Collaboration plan developed and received at the Joint Executive Meeting</p> <p>Funding being secured via Halton Borough Council and Liverpool City Region Town Centre Fund to potentially provide some services within Shopping City in Runcorn. This contributes to a potential phased approach to delivering reconfiguration of the Halton site.</p>				
Assurance Gaps:	<p>Organisational sovereignty and the need for individual Trusts, CCGs and others to meet performance targets at an organisational level have the potential to slow or block progress.</p> <p>Limitations of the size of the catchment area.</p> <p>Risk to Women’s and Children’s future provision due to Cheshire & Merseyside led review.</p> <p>Risk that the Trust will not secure the provision of the Eastern Sector Cancer Hub on site at Halton</p>				
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date
Strengthen Women’s & Children’s Services	Establish Programme of Development	Develop & Complete Action Plan	Salmon-Jamieson, Kimberley	31/03/2020	

Board Assurance Framework

Risk ID:	143	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience.					
Risk Description:	Failure to deliver essential Digital services, caused by a successfully executed Cyber Attack, resulting in loss of access to data and vital IT systems, resulting in potential patient harm, loss in productivity and damage to the Trust reputation.			Initial:	12 (4x3)	
				Current:	12 (4x3)	
				Target:	10 (5x2)	
Assurance Details:	<ul style="list-style-type: none"> Implementation of a range of Cyber defence measures including network access (perimeter) and traffic controls and file content controls in accordance with CareCert advice and guidance and hardware encryption built into key data stores. IT Governance Structure including Risk Register Reviews, Digital Board highlight reports to Trust Operations Board, MIAA Cyber Audit report outcomes to Information Governance and Corporate Records Sub Group and the Data Standards Group highlights to Quality Assurance Committee plus other ad-hoc submissions as required. Implementation of an Information Security Management System (ISMS), based on the principles of ISO27001 security standard and achievement of Cyber essentials certification. IT Operations Governance including daily data backups including a 4 hour replication to the Halton site, Windows Advanced Threat Protection is 100% commissioned and high levels of patching success (over 95% of all Microsoft Windows assets) are being maintained. Upgrading of some systems, especially Medical Devices, constrained by affordability of application vendor demands; systems moved to protected network environments as a workaround but management risks then remain. Responses to MIAA IT Health Check and Vulnerability Assessment Application Vulnerability Technical Report successfully completed. Application Vulnerability Technical Report successfully completed. 			<p>The chart shows a line with three data points: 'INITIAL' at 12, 'CURRENT' at 12, and 'TARGET' at 10. The line starts at 12, stays flat to the current point, and then drops to the target point.</p>		
Assurance Gaps:	<p>Upgrading of all assets to Windows 10 are reporting 83% complete by NHS Digital leaving 17% to complete. Target completion of end of current financial year but potential for vulnerabilities remain in the meantime.</p> <p>Updating some vulnerabilities (mainly Java browser plug-in) is threatened by incompatibility of some national/regional software products. Resolution remains outstanding.</p> <p>Awaiting agreement and approval of an STP wide cyber business case. Progress by another local Trust awaited.</p>					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
Act on recommendations made in the Cyber essentials report to ensure improved cyber security.	Act on recommendations made in the Cyber essentials report to ensure improved cyber security.	<p>The following actions remains to be completed:</p> <p>29/11/2019 - C&M Cyber funding opportunity (business case sign off)</p> <p>31/12/2019 – Upgrade W2003/W2008 servers to 2016</p> <p>NHSD have commented they are looking at whether to continue with CE+</p> <p>31/01/2020 – Upgrade W7 desktops/laptops to W10</p> <p>30/04/2020 – Add medical devices to V-LAN bubble</p> <p>29/05/2020 - Migrate Office 2010 to latest revision (relies upon NHS Digital negotiations).</p> <p>30/06/2021 – Implement measures over and above the Cyber essentials report to strengthen cyber security further, as recorded within Trust Cyber Essentials action plan.</p>	Deacon, Stephen	30/06/2021		

Board Assurance Framework

		NHSD are considering whether to continue with CE+ or to move the standards within the DSPT. Awaiting NHSD decision, however, the IT Dept will continue to achieve CE+ until stated otherwise. We have scheduled another CE+ Audit in April.			
Move medical devices into VLAN bubble. This will involve participation of multiple 3rd parties and internal WHH staff.	Add medical devices to VLAN bubble	<p>04/01/2019 Network Manager has begun pre work on the VLAN protective bubble</p> <p>05/09/2019 Network Manager to liaise with PACS Manager to arrange 3rd party support for migration over to VLAN</p> <p>15/10/19 All new Pathology equipment is now on the new VLAN</p> <p>27/11/19 Business case submitted to the IGCRSC for approval for resource for the Radiology medical devices cyber bubble migration</p> <p>14/01/20 A revised business case will be submitted to the next IGCRSC in Feb 20</p>	Smith, Mr Philip	31/04/2020	
<p>Support for Windows Server 2003 has now ceased and Windows Server 2008 becomes unsupported from January 2020. As a consequence, Microsoft will no longer provide security updates or technical support for these operating systems. Consequently, any server or system reliant on Windows Server 2003 and Windows Server 2008 (from Jan 2020) presents a cyber-security risk to the Trust.</p> <p>We either need to migrate or decommission the unsupported Windows Server 2003 and Windows Server 2008 to Windows 2016 (Latest server operating system)</p>	Review Server 2003 and 2008 servers	<p>24/10/2018 Obtained a list of servers using Server 2003 and provide a report to the next Digital Board. Currently, the Trust still has 20 servers which use Windows Server 2003, however today we have been able to decommission 1 of the servers already.</p> <p>20/11/18 The paper was discussed at the digital board. Estates are migrating the rest of the users to the cloud for Resman system and one more can be shutdown.</p> <p>04/01/2019 Reviewed, no further action</p> <p>15/03/2019 17 2003 servers left to complete</p> <p>08/10/19 – 24% of the 2003 and 2008 Servers have now been either migrated to Server 2016 or decommissioned</p> <p>Dedicated resource remains in place to</p>	Garnett, Joseph	28/02/2020	

Board Assurance Framework

		<p>progress this work but unknown costs (supplier upgrade demands/issues) are a potential barrier.</p> <p>The following actions remains to be completed:</p> <p>29/11/2019 - C&M Cyber funding opportunity (business case sign off)</p> <p>31/12/2019 – Upgrade W2003/W2008 servers to 2016</p> <p>31/01/2020 – Upgrade W7 desktops/laptops to W10</p> <p>30/04/2020 – Add medical devices to V-LAN bubble</p> <p>29/05/2020 - Migrate Office 2010 to latest revision (relies upon NHS Digital negotiations).</p> <p>30/06/2021 – Implement measures over and above the Cyber essentials report to strengthen cyber security further, as recorded within Trust Cyber Essentials action plan.</p> <p>14/01/20 43% of Windows 2003 servers have been migrated</p>			
To upgrade all windows 7 to Windows 10 before end of January 2020	To upgrade all windows 7 to Windows 10 before end of January 2020	<p>Deployment and Desktop Team to go out and reimage the devices around the Trust</p> <p>27/11/19 Over 83% of the desktop estate is migrated over to Windows 10</p> <p>14/01/20 Currently in the high 90's % of completed, waiting on Pharmacy and Pathology to complete their migration themselves</p>	Deacon, Stephen	30/01/2020	
As part of Cyber Essential+ all unsupported software should be updated or isolated from internet based networks. Office 2010 will need upgrading to the latest version of Office for all endpoint devices on the WHHT network.	Migrate from Office 2010	<p>Either secure funding nationally via NHSD (waiting on an announcement) or secure local funding via Capital to purchase the required licensing.</p> <p>01/10/2019 NHSD still haven't got an announcement as of yet.</p> <p>27/11/19 Until the general election NHSD official stance is they will not commit to any strategy or purchase.</p>	Whitfield, Simon	29/05/2020	

Board Assurance Framework

		14/01/20 NHSD official to announce their strategy or purchase for Office 2010			
NHSD has the total pot is around £10m for security bids. STP Cyber Group is submitting a proposal for all of use to have a dashboard tool – similar to ITHealth’s or Pervade’s offering and maybe we can give people the choice of 2 and either subsidize it for each Trust or fund it completely depending on costs.	C&M Cyber Funding Opportunity	STP to submit a bid of around 1.5 million for the dashboards 27/11/19 Awaiting outcome of the bids. 14/01/20 Monies available, STP is now engaging with different suppliers	Deacon, Stephen	28/02/2020	

Board Assurance Framework

Risk ID:	414	Executive Lead:	James, Phill	Rating		
Strategic Objective:	Strategic Objective 3: We will .. Work in partnership to design and provide high quality, financially sustainable services.					
Risk Description:	Failure to implement best practice information governance and information security policies and procedures caused by increased competing priorities due to an outdated IM&T workforce plan resulting in ineffective information governance advice and guidance to reduce information breaches.			Initial:	12 (4x3)	
				Current:	12 (4x3)	
				Target:	8 (4x2)	
Assurance Details:	the following mechanisms are in place: <ul style="list-style-type: none"> Data Security and Protection Toolkit Returns (NHS Digital) MIAA Annual Data Security and Protection Toolkit Assurance Audit (significant assurance in 2018) Cyber Essentials Plus Certification Audits MIAA Cyber Security baseline Firewall Health Check Reporting to Information Governance and Corporate Records Sub-Committee and Quality Committee MIAA GDPR Readiness assessment MIAA IG Assurance Review delivered a moderate assurance rating for 2018/19.			<p>A line chart with three data points: Initial (12), Current (12), and Target (8). The Initial and Current values are connected by a horizontal line, and the Current and Target values are connected by a downward-sloping line. The chart is set against a background with horizontal grid lines.</p>		
Assurance Gaps:	<ul style="list-style-type: none"> The future of SMARTcard use is to be reviewed as NHS Digital appraise Trusts of their future user ID vision. Published revised Digital Strategy and approval and action of underpinning investment plan and associated workforce plan. Staff reporting lines have been amended to remove risk of a single point of dependency in the meantime. Full compliance with EU NIS Directive remains to be demonstrated. Ongoing audit of information governance and application of IG controls in the general environment including storage of records and training requirements Delivery of remaining unmet assertions on Data Protection Security Toolkit Re-enforce adherence to IG Policy & Procedures in ward/clinical areas following reporting of a number of incidents. Maintenance of an effective asset register and information flow mapping to be completed. Accredited National Cyber Security training delivered to leadership audience. 					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date	
IT operational restructure in order to provide information governance support to deal with the burgeoning IG/Cyber Security agenda	IT Dept restructure to increase sources targeted at Information Governance	IT Manager to advise of IG workload CIO will introduce the information to the Digital workforce plan Business Case for additional Cyber Security staffing has been drafted and will be provided to Commercial Development for review before submission to Execs 14/01/20 Business Case for Additional Cyber Security staffing merged into the overarching department structure review. Draft costs have been obtained and the business case is being written prior to exec approval and staff consultation	James, Phill	30/03/2020		

Board Assurance Framework

Risk ID:	241	Executive Lead:	Crowe, Alex	Rating													
Strategic Objective:	Strategic Objective 2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future.																
Risk Description:	Failure to retain medical trainee doctors in some specialties by requiring enhanced GMC monitoring resulting in a risk service disruption and reputation.			Initial:	12 (4x3)												
				Current:	8 (4x2)												
				Target:	4 (4x1)												
Assurance Details:	<p>Regular monthly meetings taking place with HENW involving The Deanery. An agreed action plan has commenced and is progressing.</p> <p>Regular weekly journal/ educational meetings on Mondays co-ordinated by a clinical fellow.</p> <p>Trust Locum Consultants have been approved as educational supervisors and are providing educational supervision to the ST3s in geriatric medicine.</p> <p>Appointment of a Chief Registrar; popular interest by doctors for future Chief Registrar appointments.</p> <p>Recruited to Medical Utilisation Manager Role.</p> <p>Trust wide work stream for rota management. An E-Rostering Bid has been made to NHSI</p> <p>Working on getting more bank doctors, rather than agency.</p> <p>Establishment of Medical Trainees Experience Improvement Group.</p> <p>Senior management presence at Medical handover to review any safety issues, escalated to Trust Wide Safety Brief.</p> <p>Weekly Medical Educational Huddle.</p> <p>Business Case currently being developed to support the recruitment of substantive consultant physicians.</p> <p>Clinic attendance for trainees to ensure they can be released from wards to attend – record log in place and escalation process if not occurring. Subsequent plans to improve training available clinics.</p> <p>3 substantive consultant appointments in Acute Medicine, 1 consultant in Care of the Elderly who is also Clinical Director for Integrated Medical and Social Care CBU.</p> <p>Ward Round Accreditation quality improvement work stream.</p> <p>Access for trainees to Quality Academy and Quality Improvement work streams.</p> <p>Monthly Medical Education newsletter</p> <p>From August 2019, the Trust will have 3 additional International Training Fellows in Acute, Gastroenterology and Rheumatology.</p> <p>Completed HEENW Action Plan returned to HEENW</p> <p>GMC National Training Survey results received in July 2019, noting 6 Category 1 (minor) risks, no patient safety issues resulting in an overall Trust risk score of Category 1. This is a significant improvement compared to 2018, when the Trust was scored as Category 2. Key areas to note: Decreases in category 1 and 2 risks; significant improvement in GMC training feedback scoring; there is an action plan in place to resolve any concerns.</p> <p>Currently awaiting feedback in relation to enhanced monitoring.</p> <p>Enhanced monitoring position to be reviewed in Q4 2019/20 when HEE visit Medicine</p> <p>Additional FY lead recruited</p> <p>Increased recruitment of Physician Associates to facilitate better training experience for trainees</p> <p>Appointment of DME and deputy DME</p> <p>Established Junior Doctors forum with improving engagement</p> <p>Development of Medical Education Quality Committee</p> <p>Away Day for the Medical Education Faculty</p> <p>Ongoing annual Educator awards to acknowledge teaching contributions from trainees as well as substantive medical staff</p> <p>Educator of the month awards</p>			<table border="1"> <thead> <tr> <th>Stage</th> <th>Rating</th> <th>Weighted Score</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>12</td> <td>4x3</td> </tr> <tr> <td>Current</td> <td>8</td> <td>4x2</td> </tr> <tr> <td>Target</td> <td>4</td> <td>4x1</td> </tr> </tbody> </table>		Stage	Rating	Weighted Score	Initial	12	4x3	Current	8	4x2	Target	4	4x1
Stage	Rating	Weighted Score															
Initial	12	4x3															
Current	8	4x2															
Target	4	4x1															
Assurance Gaps:	<p>Recruitment of substantive consultant physicians ongoing</p> <p>Review of Digital Strategy on going</p> <p>Review of appraisal process for educational supervisors underway</p> <p>Review of specialty action plans following 2019 survey results</p>																

Board Assurance Framework

Development of project to improve FY experience and training					
Recommendation	Action Description	Actions Required	Responsible Officer	Deadline Date	Completion Date

BOARD OF DIRECTORS CHAIR'S KEY ISSUES REPORT

AGENDA REFERENCE:	BM/20/01/15	COMMITTEE/ GROUP	TRUST BOARD OF DIRECTORS	DATE OF MEETING	29 January 2020
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Date of Meeting	21 November 2019
Name of Meeting + Chair	Audit Committee, Chaired by Ian Jones, Non-Executive Director
Was the meeting quorate?	Yes

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	RECEIVING BODY (eg Board or Committee)	Recommendation / Assurance/Decision/ mandate to receiving body	Follow up/ Review date
AC/19/11/79	Progress Report on Internal Audit Follow-Up Actions	<p>The Committee particularly noted the following:</p> <ul style="list-style-type: none"> At 30 September 2019 there is 1 audit that has 3 overdue management actions. No overdue critical recommendations reported; one high recommendation to be completed relating to Consent training. <p>The Consent Policy drafted and awaiting clinical feedback for final approval at the PSCE in December 2019 at which point all 3 overdue actions can be closed. The Policy will be reported to QAC in January through the high level briefing report</p>	The Audit Committee	The Committee reviewed and noted the report	<p>PSCE Sub-Committee – Dec 2019</p> <p>QAC – Jan 2020</p> <p>Audit Committee, February 2020</p>
AC/19/11/80	Internal Audit Progress Report on follow-up actions	<p>The Committee particularly noted:</p> <ul style="list-style-type: none"> A total of 6 reviews (46 recommendations) were followed up. At 24 October, 36 	The Audit Committee	The Committee noted and discussed the report and requested	Audit Committee February

		recommendations had been fully implemented. For 2 reviews, Medical Equipment and Jnr Doctors, Trust Officers requested permission from the Committee for the remaining actions to be closed off as they have completed actions as far as possible. Revised deadlines agreed for overdue recommendations for Information Standards to 31.01.2021; CBU Governance to 31.01.2020; MCA DoLs to 31.01.2020; DNACPR TBC .		confirmation of revised deadline for completion of DNACPR recommendations to February meeting	2020.
AC/19/11/81	Internal Audit Progress Report	The Committee noted that the following reports had been issued; <ul style="list-style-type: none"> • Discharge Process – Limited Assurance • Physician Associate – Moderate Assurance • Data Quality – Moderate Assurance • IT Service Continuity and Resilience Review – Limited Assurance. Of the 36 actions, 10 had been completed and dates for remaining 26 actions being monitored through IT Group 3 reports had been issued to Trust Officers <ul style="list-style-type: none"> • Diagnostic Policy • Payroll • Quality of spot checks. 	The Audit Committee	The Committee noted and discussed the report and progress against actions will be reported at the next meeting. IT Service Continuity + Resilience Review to be paused to reappraise before next AC to ensure suitable action plan in place.	Audit Committee February 2020.
AC/19/11/84	Counter Fraud Progress Report 2018-19	The Committee particularly noted: <ul style="list-style-type: none"> • Standard 1.4, inclusion of fraud risk on Trust risk registers. • Fraud awareness sessions underway with the GMC to increase regulatory body awareness of fraud risks. • Three new fraud referrals logged on the NHSCFA case management system; with 2 cases carried forward from 2018-19. Two have 	The Audit Committee	The Audit Committee reviewed and noted the report	Audit Committee February 2020.

		since been closed with no fraud found.			
AC/19/11/ 85	Review Losses and Special Payments Period 1 July 2019-30 September 2019	<p>The Committee particularly noted:</p> <ul style="list-style-type: none"> Value of Losses and Special Payments for Q1 after recovery of monies from NHS Resolution amounted to £38,650. This increases the value of Losses and Special payments for the period 1st April to 30 September 2019 after recovery of monies from NHS Resolution to £129,718. The highest spend category in the quarter personal injury – employers liability with the highest spend category for the year to date period being stores losses. 	The Audit Committee	The Audit Committee reviewed and noted the report	Audit Committee February 2020.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/01/16	
SUBJECT:	Guardian of Safe Working for Junior Doctors Q3 Report - 1st Oct 2019 – 31st Dec 2019	
DATE OF MEETING:	29th January 2020	
AUTHOR(S):	Mr Mark Tighe, Guardian of Safe Working	
EXECUTIVE DIRECTOR SPONSOR:	Dr Alex Crowe, Acting Executive Medical Director	
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.	X
	SO2 We will.. Be the best place to work with a diverse, engaged workforce that is fit for the future.	X
	SO3 We will ..Work in partnership to design and provide high quality, financially sustainable services.	X
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF): <i>(Please DELETE as appropriate)</i>	#115 Failure to provide adequate staffing levels in some specialities and wards. #241 Failure to retain medical trainee doctors.	
EXECUTIVE SUMMARY (KEY ISSUES):	<p>The 2016 Junior Doctor Contract is now well established at WHH for all of our Foundation Doctors, and the majority of the CT and ST grades.</p> <p>Monitoring of the safe implementation of the contract is now under the auspices of the Medical Education Department, overseen by Lesley Sala.</p> <p>Issues regarding safe working hours, rota problems or patient safety issues are noted by Junior Doctors in the form of Exception Reporting, which are escalated to their responsible Educational Supervisors, and then to myself as Guardian of Safe Working Hours for the Trust</p> <p>I continue to attend the Regional Guardian of Safe Working Forum, to ensure we are working in line with other Trusts in the region.</p> <p>Since the last report, our rotas remain compliant, and the vast majority of our Junior Doctors are happy with their allocations.</p> <p>Our Junior Doctors Forum is supported by the Medical Director, HR and the Guardian of Safe Working into a single meeting on a 3 monthly basis in order to identify and correct persistent ongoing concerns from the Junior Doctors.</p> <p>As at the 6th Jan 2020, we have received 92 Exception Reports (ERs) for Q3, which is nearly a three-fold increase from 38 in Q2 (although 48 were sent by one trainee with a single persistent issue regarding rest breaks). The majority relate to doctors working in excess of their allocated hours, and reflect a busy acute workload generally. It is reassuring that only 12 reports related to missed educational opportunities, and there were no immediate safety concerns.</p>	

	<p>The pressing issue that we have had with Exception Reporting is the failure of the Junior Doctors and their Educational Supervisors (ES) to achieve sign off in a timely manner. This can lead to delays in our Junior Doctors being able to put in claims for time-off in lieu (TOIL) and/or compensatory payment.</p> <p>Medical Education has taken the task on personally to expedite quick and robust sign-off meetings, and we hope to see some progression here in Q3 with the newly designed "4 Point Action Plan" as follows:-</p> <ol style="list-style-type: none"> 1. Exception Reports should be completed ASAP but no later than 14 days of the Exception being submitted through ALLOCATE. 2. Where the Trainee is seeking payment as compensation, the report should be submitted within 7 days. 3. For EVERY Exception Report submitted, ether for payment or TOIL; it is the Educational Supervisor who is required to respond to the Exception Report within 7 days. 4. The Trainees need to indicate "acceptance" or "escalate" to the next stage, IT IS ONLY WHEN acceptance is confirmed the EXCEPTION REPORT can be closed <p><i>*As at the 6th Jan only 9 ER's are outside of the 40 day window*</i></p> <hr/> <p>We will still aim to encourage TOIL rather than compensatory payment, in an attempt to ensure our Juniors are not exceeding their maximum weekly hours for safe working (we will be able to mandate this once e-rostering is available for our rotas)</p>			
PURPOSE: (please select as appropriate)	Information ▪	Approval	To note	Decision NONE Required
RECOMMENDATION:	<p>The Committee are requested to note the report findings and progress made with implementing the Junior Doctor Contract and the level of assurance given that the Junior Doctors are working safely for their own health and wellbeing and the safety of patients.</p> <p>Any concerns that the Committee have should be reported back to the Guardian of Safe Working for his attention, consideration and actions accordingly.</p>			
PREVIOUSLY CONSIDERED BY:	Committee		Strategic People Committee	
	Agenda Ref.		SPC/20/01/10	
	Date of meeting		22 nd January 2020	
	Summary of Outcome		Continue to Monitor	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Guardian of Safe Working for Junior Doctors Q3 Report - 1st Oct 2019 – 31st Dec 2019	AGENDA REF:	BM/20/01/16
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1. BACKGROUND/CONTEXT

The 2016 Junior Doctor Contract is now well established at WHH. Rotas for our doctors are fully compliant, and work schedule reviews are undertaken if there are persistent problems with certain rotas. Most juniors are on board to engage with their Consultants, Educational Supervisors (ESs) and Guardian of Safe Working, if any new issues develop. We have a Junior Doctors Forum every 3 months, which is attended by the Director of Medical Education – Dr Alison Coackley, Dr Alex Crowe, HR Colleagues and Mr Mark Tighe - the Guardian of Safe Working.

I continue to attend the Regional Guardian Forum, and am satisfied that we are in line with other Trusts. Once again, I am pleased to be able to confirm that there has again been no escalation of an ERs to a Level 2 Review, with only 1 Level 1 ER. The Trust has submitted 1 Fine for the ED Rota since the last Report.

In the 3rd Quarter of this financial year, we have total of 92 Exception Reports recorded. This will require close monitoring going forward, as well as improvements in the overall engagement process for sign-off and completion.

Rather than being seen as a concern for the Trust, ERs help to identify any problem areas within the Trust for our junior doctors.

I will continue to reiterate the message to Junior Doctors and their Educational Supervisors that time-off in lieu (TOIL) is the preferred option for compensation following ERs.

The majority n=45 of the ERs still relate to our F1 Doctors working past their allocated time, usually on an ad hoc basis. Interestingly, these have occurred primarily in Medicine (25) and Surgery (17) followed by Trauma & Orthopaedics (2) during this quarter. This is generally typical when compared with other periods, where medicine has the most ERs, due to the high volume and acuity of the workload. This is partly due to the increasing number of patients through the winter pressure months, but it is also be acknowledged there have been extensive efforts to enable safe staffing levels on the medical wards, to give our juniors the support they need.

Importantly, I can confirm that all 72 Foundation Programme Doctors employed during this period were well on track to progress through their current year of training.

Concerns remain that there is a significant delay in the review meetings between ES and Junior Doctor, once an ER has been submitted. Lesley Sala is tackling this issue currently, aiming to clear all ERs within 4 weeks of submission. This is also being reiterated at the Junior Doctors Forum and the Trust Induction for our junior doctors.

Any difficulties with the sign-off process will be escalated to the Medical Education Service and/or the Guardian of Safe Working for Action.

Junior Doctors on the 2002 Contract

It is important to remember that some Junior Doctors (employed by the Lead Employer) will remain on the 2002 contract for a number of years. Such doctors are therefore not on the 2016 Contract and will require their rotas to be monitored in line with their terms and conditions, so that assurance can be given for all doctors in training and not just those on the new contract. It is hoped in the future that these doctors will be incorporated onto the 2016 contract. From February 2020, all remaining 2002 Trainees will migrate and transition to the NEW 2016 Contract.

We remain cognisant of a recent Case Law (Hallett vs Derby) which effects Trust's using ALLOCATE for monitoring exercises; a further update will be provided in due course. These Doctors (n=23) therefore do not form part of this report which is focused on Junior Doctors on the 2016 Contract.

2. KEY ELEMENTS

In reviewing the data the current trends have been identified as follows:

- ER timely "Sign off" remains a concern regarding the Q3 position, but is on an improving trajectory
- 18 ERs did not record a "breach type" from the trainee reporting through Allocate.
- There were a total of 45 ERs reported by FY1 doctors
- 48 ER's were submitted from 1 individual FY2 Trainee.
- In terms of specialty reporting, 48 ERs were for Emergency Medicine (single doctor); 20 ER's for Medicine and the Medical Sub-Specialties combined; 17 from General Surgery, 1 from Urology and 3 from T&O.
- 10 ERs were related to completion of e-learning which are a requirement as a Trainee for HEENW
- 2 ER's pertaining to "Service Support".
- Our report submitted to Lead Employer identified that there was i.e. a total of 18 ER's in Q3.
- The required Lead Employer Data submission for the reporting period JuniorDoctors-December-2019-Rotations was also achieved for Q3 on the 18th Dec 2019

- NHSI Data Collection to "Monitor when Junior Doctors Receive Notification of their Rotas" – Deadline for submission was achieved to NHSI.

Quarterly Report on Self-Working Hours Data																
Reporting Time Period		October - December 2019														
Trust Name		Warrington and Halton Hospitals NHS Foundation Trust														
Location of Self-Working Hours		Main Tights														
ICOM/ICOM as name		msh_tights@nhs.net														
By: (Name, Position, Organisation)		295														
No. of self-working hours reported by: (ICOM/ICOM as name)		167														
No. of self-working hours reported by: (All members of staff)		95														
No. of self-working hours reported by: (All members of staff)		2 PA's														
Admin support provided to the Guardian (if any)		Under review														
Signature of the Guardian (if any)		0.25 PA's per trainee														
Specialities	Exception reports						Work Schedule Reviews						Fines by department			
	No. at CT2 Level		No. at CT3 Level		No. given TOI arrangement		No. at CT2 Level		No. at CT3 Level		No. given TOI arrangement		No. fines			
	Based	Consent	Based	Consent	TOI	Payment	Other	Based	Consent	Based	Consent	TOI	Payment	Other	Based	Consent
General Surgery (inc HPB/O/G/CR)																
Urology																
Gynaecology & Obstetrics																
Orthopaedics																
Vascular																
ENT/Head & Neck																
Plastic (inc. Burn)																
Neuro																
Cardiothoracic																
Maxillo-facial																
Transplant																
Anaesthetics																
ITU																
Paediatrics																
Emergency medicine (A&E)																
General medicine (AMU)																
Cardiology																
Respiratory																
Gastroenterology																
Nephrology																
Endocrinology (inc. Diabetic)																
Neurology																
Stroke Medicine																
Elderly care																
Ophthalmology																
Dermatology																
Oncology																
Rheumatology																
Chemical / Histopathology																
Microbiology																
Radiology																
Other (e.g. Psychiatry)																

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

I am satisfied that our junior doctors are happy with their compliant rotas, accepting the fact that it is the nature of their job that they will have to stay beyond their hours at times, if they have unwell patients or higher volume of work. Our main issue with the exception reporting at WHH is the delay in getting sign-off for the reports. Some supervisors are slow to respond to receipt of ERs, but the junior doctor can also be at fault for not signing the report off, once the exception meeting has taken place. Lesley Sala is tackling this problem currently, as we would like all our ERs signed off within 4 weeks of receipt.

We are looking into the problems for the juniors getting time off for mandatory training. On discussions with the Regional Guardian and other HR departments, we should be facilitating time off at work for juniors to complete the trust requirement for training. As a consequence of ensuring the completion of all Mandatory Training, we are now starting to see ERs being submitted and they will continue to be encouraged to exception report in the future.

There have been no work schedule reviews in Q3, which reflects the introduction of new doctors into established rotas in the F1 and F2 posts

Following discussions with some of the F2s, who are a little unhappy with their rotas, in particular the number of weekends they are allocated to work, there is now evidence to support a robust rota review in Emergency Medicine and that the service works towards solutions to support Trainees both to attend their Wednesday Afternoon Foundation

Training Programme and also the rota pattern being particularly heavy for this group of Trainees. There have also been problems with juniors in ED getting their allocated rest breaks. Any shift over 9 hours must be factored in for x2 30 minute rest breaks, or a total of one hour during the shift. Because of a failure in enforcing these rest breaks, a fine that has been submitted by the GoSW to the ED Dept.

4. IMPACT ON QPS?

There is no direct impact to the Quality and People Strategy

5. MEASUREMENTS/EVALUATIONS

High level data essential for National Data Collection:

Key Indicators	Figures/Dates
Number of WHH doctors in training:	195
Number of WHH doctors in training on 2016 TCS	167
Number of Doctors in Training on the 2002 TCS (inclusive of all Trainees & Lead Employer Trainees)	28
Reference period of report	1st Oct 2019 – 31st Dec 2019
Total number of exception reports	92
Number relating to immediate patient safety issues	0
Number relating to working hours/pattern	93 = hours/1= Pattern
Number relating to educational opportunities	12
Number of Exception Reports that remain Pending	106
Number relating to service support available to the doctor	2
Total hours of TOIL granted	58.5 hours
Total incidences of overtime payments issued	25
Total number of work schedule reviews	0
Total number of reports resulting in no action	0
Total value of fines levied	£1,834.38
Amount of time available in job plan for guardian to do the role:	1.5PAs / 6 hours per week
Admin support provided to the Guardian (if any):	0
Amount of job-planned time for educational supervisors:	0.25PA's per trainee

Exception Reports

Exception reports relating to working hours by individual Rota/ Grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised Q3	No. exceptions closed	No. exceptions outstanding
General Surgery	10	16	0	16
F1	10	16	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	0	0	
Emergency Medicine	0	48	0	48
F1	0	0	0	
F2	0	48	0	
CT1-2/ST1-2	0	0	0	

ST3-8	0	0	0	
Cardiology	1	1	0	1
F1	0	1	0	
F1	1	0	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	0	0	
Gastroenterology	1	10	0	10
F1	0	8	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	1	2	0	
Urology	1	1	0	1
F1	1	1	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	1	0	0	
Medicine (Resp/Acute/Geri/thoracic/Gen)	0	19	0	19
F1	0	16	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	3	0	
O&G	0	8	0	8
F1	0	0	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	8	0	
ENT	0	1	0	1
F1	0	0	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	1	0	
Paeds	0	1	0	1
F1	0	0	0	
F2	0	0	0	
CT1-2/ST1-2	0	1	0	
ST3-8	0	0	0	
T&O	0	3	0	3
F1	0	3	0	
F2	0	0	0	
CT1-2/ST1-2	0	0	0	
ST3-8	0	0	0	
Total =	13			92
Exception Reports relating to missed training opportunities by Dept./Division				
Specialty	No. exceptions carried over from last report	No. exceptions raised Q3	No. exceptions closed	No. exceptions outstanding
Surgery	0	2	0	2
Emergency Medicine	0	4	0	4

O&G	0	5	0	5
Medicine	0	1	0	1
Total	0	12	0	12
Type of Exception				
Type of Exception		Still open		
Working hours (inc. Overtime & Natural Breaks)		94		
F1		45		
F2 (1 Trainee)		48		
CT1-2 / ST1-2		1		
ST3-8		14		
Missed training (inc. Service Support)		12		
F1		3		
F2		4		
CT1-2 / ST1-2		0		
ST3-8		8		
Safety		0		
F1		0		
F2		0		
CT1-2 / ST1-2		0		
ST3-8		0		
Total		106		

Fines

There has been 1 reported fine with reference to Exception Reporting in relation to the Q3 Reporting period.

Fines by department			
Department	Breach reason	Value of fines levied (£)	
Emergency Department	<i>only received 1 x 30min break where the BMA stipulates 2x 30min breaks when worked over 9 or more hours</i>	£1,834.38	
Total			
Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	1	1	£1,834.38

6. TRAJECTORIES/OBJECTIVES AGREED

The Medical Education Service will continue to run month-end Exception Reports from the **31.10.19**, to identify Exception Reports that have not been signed-off to improve our the turnaround times, in accordance with the NHS Employers time lines as follows:

Exception Reports for Review - As at the 6th Jan 2020 (15:28 pm)

- 108 = Live
- 22 = Exceptions last 30 days
- 3 = Exceptions last 7 days
- 0 = ISCs last 30 days
- 0 = ISCs last 7 days
- 105 = Overdue
- 106 = Action required

1. **Exception Reports should be completed ASAP, but no later than 14 days of the Exception being submitted through Allocate.**
2. **Where the trainee is seeking payment as compensation, the report should be submitted within 7 days.**
3. **For EVERY Exception Report submitted, ether for payment or TOIL; it is the Educational Supervisor who is required to respond to the Exception Report within 7 days.**
4. **The Trainees need to indicate “acceptance” or “escalate” to the next stage (Level 1 Review). It is only following confirmation of acceptance, that the Exception Report can be closed.**

The GoSW will be provided with timely data reports to support his role in the coming year, with particular reference to improvement in response times for ERs.

7. MONITORING/REPORTING ROUTES

Copies of the Guardian of Safe Working Hours' Reports, both the Quarterly and Annual Reports should also be provided to the LNC – Local Negotiating Committee. The Annual Report is also required to be included in the Trust's Annual Quality Account and signed off by the Chief Executive; the contents of both reports may be included or referenced in Annual Reports provided by the Employer to HEE, Care Quality Commission (CQC) and/or the General Medical Council (GMC)

It is also normal practice for the Trust's Executive Committee (Strategic People Committee) to have sight of the Reports before they are submitted to the Board as the Executive Committee may be able to describe to corporate responses to the issues raised by the Guardian of Safe Working and to provide relevant advice.

It might also be good practice to share a copy of the report with the Junior Doctors Forum of the employing/host Organisation. Guardians of Safe Working may also wish to share the data across regional networks to allow for aggregated regional and/or national analysis.

8. TIMELINES

Following the end of each Quarter of the financial year, the report will be one month in arrears to ensure follow-up on OPEN Exception Reports. The Annual Report will be submitted concurrently with the Report for the 4th Quarter, and will go to the following Months' Board Meeting.

SPC – Strategic People Committee

Guardian of Safe Working - Quarterly Reports, Safe Working Hours Jnr Doctors in Training:-

- (Q1 – end of June 2019) – *submitted for Sept 2019*
- (Q2 – end of Sept 2019) – *submitted for November 2019*
- (Q3 - end of Dec 2019) – *submitted for SPC Meeting - 22nd Jan 2020*
- *submitted for Trust Board of Directors Meeting - 29th Jan 2020*

- (Q4 – end of March 2020) – will be submitted for May 2020

Trust Annual Board Report

Guardian of Safe Working Annual Report, Safe Working Hours Jnr Doctors in Training:-

- *submitted for May 2020*

9. ASSURANCE COMMITTEE

N/A

10. RECOMMENDATIONS

In summary, this has been a quarter that has seen a demonstrable spike in terms of exception reporting, in relation to provision of break times in ED, and the attendance to the FY Formal Foundation Programme. As a result, the volume of reports is significantly up on previous quarters. Most of the remaining ERs were in Medicine, but these generally reflect our juniors staying late to complete jobs/service support. There have been no immediate safety concerns in Q3 in WHH, nor any work schedule reviews to sort non-compliant rotas. Only 12 ERs relate to missed educational opportunities - this is reassuring considering the workload of our juniors, and the amount of teaching offered to our junior doctors. We are seeing an increase in ERs as the juniors feel unable to complete their mandatory training in hours due to high workload, so are doing this work out of hours.

I am pleased that the Medical Education Department has taken ownership of the monitoring process, and Lesley Sala in particular is very motivated to sort the perennial problem of closing off ERs quickly and efficiently. This will ensure that our juniors can receive the compensation they deserve, and for us to be able to highlight and act on ongoing concerns with rotas and working hours. At the end of the day, our remit is that our junior doctors are able to work safely and effectively, for their benefit and our patients in the trust.

There are no new significant areas of concern arising from the data in Q3. However, we will need to be aware of potential problems going forward, especially in areas of under-reporting, as documented in AED in the last quarter. Further noting that when reporting is encouraged there is a significant increase in identifying the specialties that need to review and look to solutions to foster long-term improvements in the trainee's experiences in the coming quarter.

To conclude, I am currently satisfied with the overall safety of working hours in our Organisation. I would ask the Board to note the Report, and consider the assurances made accordingly. I remain happy to attend the Board meeting if any queries or concerns are raised.

-----*End of Report*-----

One Halton

Place Based Plan 2019 - 2024



PURPOSE

This One Halton Plan is building on our One Halton Health and Wellbeing Strategy 2017 – 2022, it will show our achievements to date as well as demonstrating the MUST DO's as part of the NHS Long Term Plan.

It is a direction setting document that outlines local need, health inequalities, current spend, trends, current and future targets and how we will monitor progress for the people of Halton for the next five years and beyond.

It highlights our ambition to work together in a new more integrated way to reduce the barriers between providers and commissioners allowing more flexible and innovative services that emphasise collaboration rather than competition. This will in turn improve health and wellbeing outcomes, manage demand and deliver efficiencies.

It will also set the strategic direction for how we can collectively achieve these ambitions.

POLICY CONTEXT

As well as working towards the priorities in the [One Halton Health and Wellbeing Strategy](#), our plans to support the better health and welfare of the people of Halton also falls within the context of a wider set of national and regional policies and plans.

At a national level the [NHS Long Term Plan](#), published in January 2019, focuses on building an NHS fit for the future by:

- enabling everyone to get the best start in life;
- helping communities to live well and;
- helping people to age well

This is also supported by the Green Paper, [Prevention is Better Than Cure](#), that outlines the importance of enabling people to stay healthy, happy and independent for as long as possible. This means reducing the chances of problems from arising in the first place and, when they do, supporting people to manage them as effectively as possible.

The [Children and Families Act \(2014\)](#) aims to ensure that all children, young people and their families are able to access the right support and provision to meet their needs. The Act outlines a new Code of Practice for children and young people with special educational needs and disabilities (SEND).

The [Care Act 2014](#) introduced a number of reforms to the way that care and support for adults with care needs are met. It aims to achieve clearer, fairer care and support, promote the physical, mental and emotional wellbeing of both the person needing care and their carer, help prevent and delay the need for care and support and put people in control of their care.

The anticipated publication of the **Adult Social Care Green Paper** is expected to provide a comprehensive and thorough assessment of how recipients will pay for their social care in the future and also consider in detail other important factors relevant to a new, sustainable, funding model for Adult Social Care.

VISION

Working better together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives



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FOREWORD

Putting your health and wellbeing first

Halton faces many challenges in common with the rest of the country, an increasingly challenging financial situation and a growing elderly population with increasing health and social care needs. However it also has distinct local issues, specifically inequality among local residents leading to significant health inequalities

To tackle the growing challenges faced by Halton's population, it requires a fundamental shift from hospital centred care to providing collaborative, integrated community focussed care meaning people can be treated closer to home within Halton.

Integration is key to our strategic approach with all partners working together to deliver the vision of One Halton. It will demand strong relationships and collaboration amongst clinicians and communities and community leaders.

Improving the health of local people requires changes in behaviours and living conditions across Halton.

The challenge for the future of Halton's health and care economy is to reduce the costs of care with a particular focus on preventing unnecessary hospital admissions, reducing duplication and joining up health and social care.

There are numerous factors that impact on people's wellbeing, including employment, housing, education, environment and community safety.

The NHS Long Term Plan identifies many priorities and through this One Halton Plan we will draw upon the priorities that matter locally, those areas that our patients and residents have said is important to them and where the data tells us we need to do further work to improve our outcomes for patients.

For the last 70 years we have concentrated on helping people to live longer. Now we must start to focus on healthy life span, increasing the number of years people can live a healthy, independent life free from illness or disability.

We want to support people to live well and healthily and we will do this by all working together.



Rob Polhill

Chair of Halton Health and Wellbeing Board
Leader of Halton Borough Council

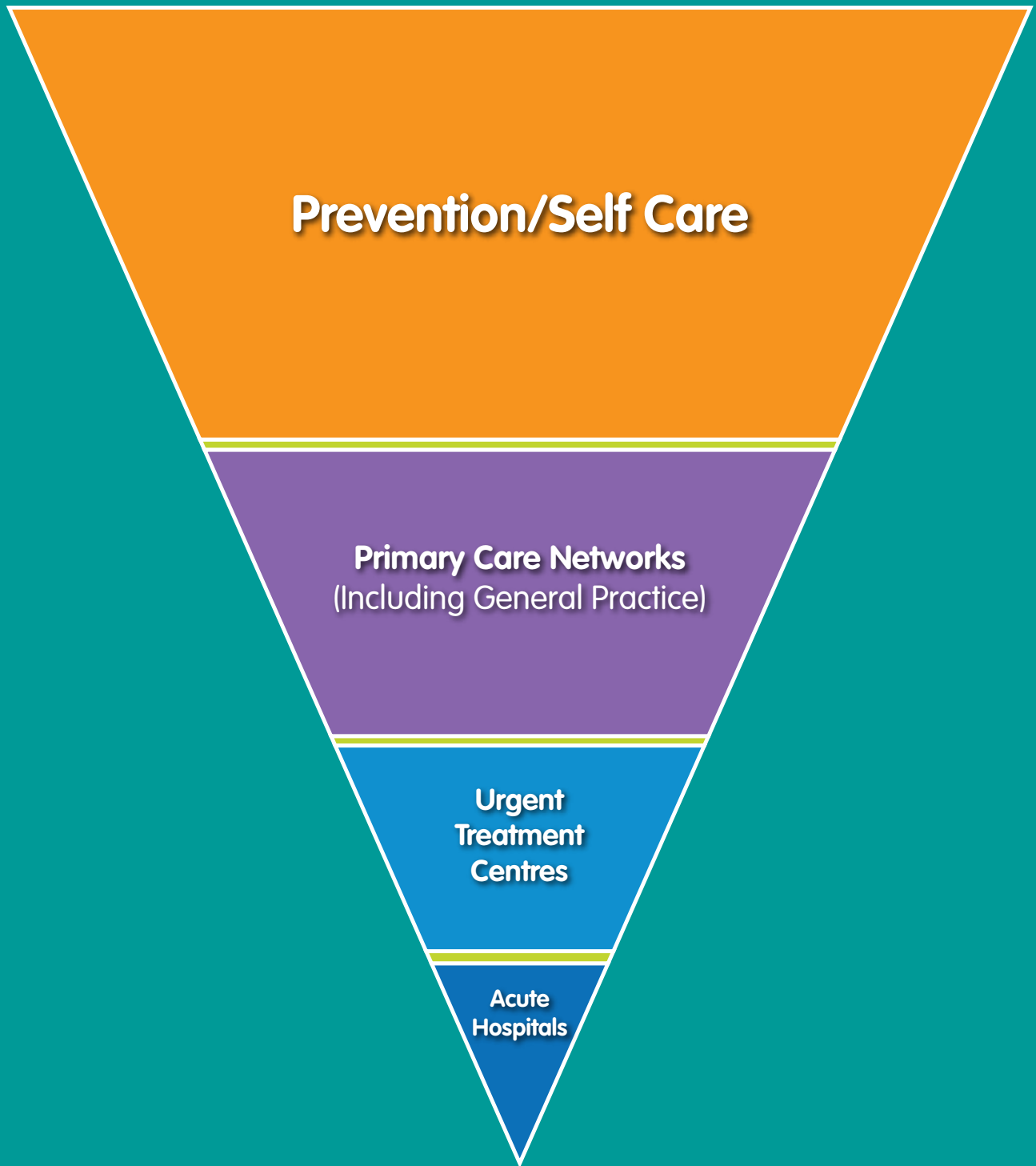


David Parr OBE

One Halton Senior Responsible Officer
Chief Executive Halton Borough Council

Out of Hospital Model

With greater focus on prevention, in Halton we need a fundamental shift to provide more care in the community, meaning people can be treated closer to home without the need to go into a hospital.



ONE HALTON Place

The term place based is becoming more frequently used. It describes the population served and the geographical boundaries that define a place, usually a Local Authority footprint.

We refer to our place as One Halton.

Place-based systems should be focused on the whole of the population that they serve – in other words, they should take responsibility for all the people living within a given area as is the case for Halton.

When we talk about Place Based Commissioning or Place Based Delivery, we are referring to services that are being delivered across Halton in a collaborative way.

One Halton is not a single entity. It is made up of a number of organisations, who work together to deliver the best outcomes for our community and patients.

Those Partners include:

- Halton Borough Council
- NHS Halton CCG
- NHS England
- NHS Bridgewater Community Healthcare NHS Foundation Trust
- NHS Warrington and Halton Hospitals NHS Foundation Trust
- NHS St Helens and Knowsley Teaching Hospitals NHS Trust
- NHS North West Boroughs Healthcare NHS Foundation Trust
- Healthwatch Halton
- Halton Housing
- Halton & St Helens Voluntary and Community Action
- Cheshire Fire & Rescue Service
- Cheshire Constabulary
- Halton Children's Trust
- Halton Children and Young People Safeguarding Partnership
- Halton Safeguarding Adults Board
- GP Health Connect Ltd
- Widnes Highfield Health Ltd

Working more effectively as one place, brings together the leadership, planning and delivery of health and local authority care services, working together without barriers and bureaucracy getting in the way.

Additionally taking a place-based approach means working effectively with all the other areas that impact on wellbeing like education, housing, culture and leisure, employment and safety, with other public sector organisations, like the Police, Fire and Rescue, Department for Work and Pensions; and with the many community, voluntary and faith organisations.

Most importantly, it is means putting our community at the centre everything that we do.

Your priorities are our priorities

In 2017, the Health and Wellbeing Board published a “One Halton Health and Wellbeing Strategy”. The Strategy was jointly developed after extensive consultation¹ with a wide range of partners and stakeholders across the Borough, including; GPs, partners, providers, patients and public. It was supported by a strong evidence base.

The purpose of the strategy is to improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high-quality hospital services for those who need them.

The Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

The strategy identifies six priorities for Halton, they are:

- **Children and Young People: improved levels of early child development**
- **Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol**
- **Long-term Conditions: reduction in levels of heart disease and stroke**
- **Mental Health: improved prevention, early detection and treatment**
- **Cancer: reduced level of premature death**
- **Older People: improved quality of life**

These remain our priority areas today² and form part of this One Halton Five Year Plan 2019-2024.

These priorities take a life course approach and have a strategic fit with the NHS Long Term Plan and the ambitions sought as a result of the Care Act 2014.

In Halton, we are also tackling many other issues, which may not be included in this document, that will contribute to the improvement of health and wellbeing of our community.

¹ See Appendix 1: Joint Health and Wellbeing Strategy Engagement Plan 2017
² See Appendix 2: Healthwatch consultation

Halton, our community and the challenges we face

Our location:

The Borough of Halton is a unitary authority in the county of Cheshire.

Since 2014, Halton has been one of the six local authorities that make up the Liverpool City Region Combined Authority.

Straddling the River Mersey, Halton includes the two towns of Runcorn and Widnes as well as surrounding parishes of Hale, Moore, Daresbury and Preston Brook.

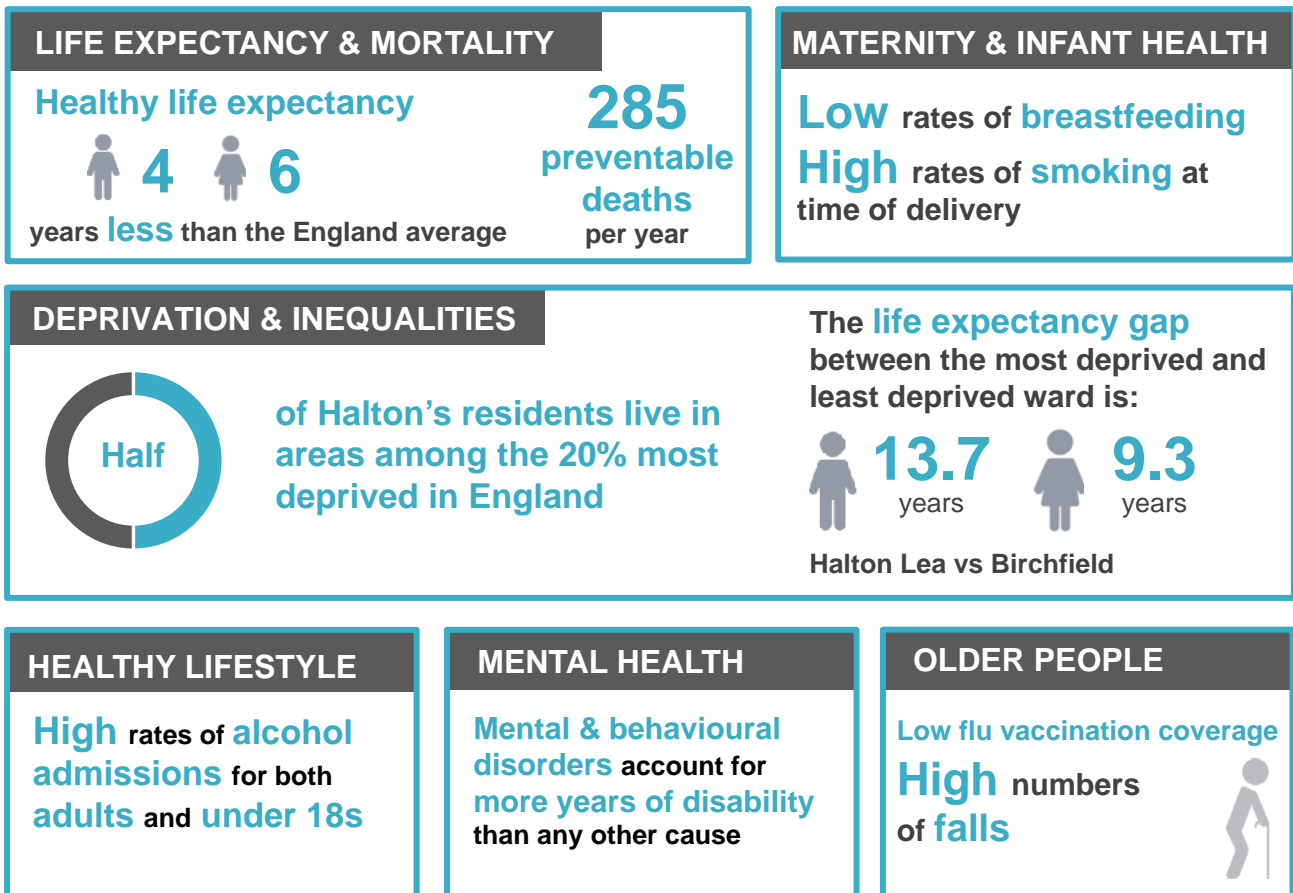
Halton is located in the middle of the economic triangle formed by Liverpool, Manchester and Chester. The borough is well connected by road, rail and air.

Our economy:

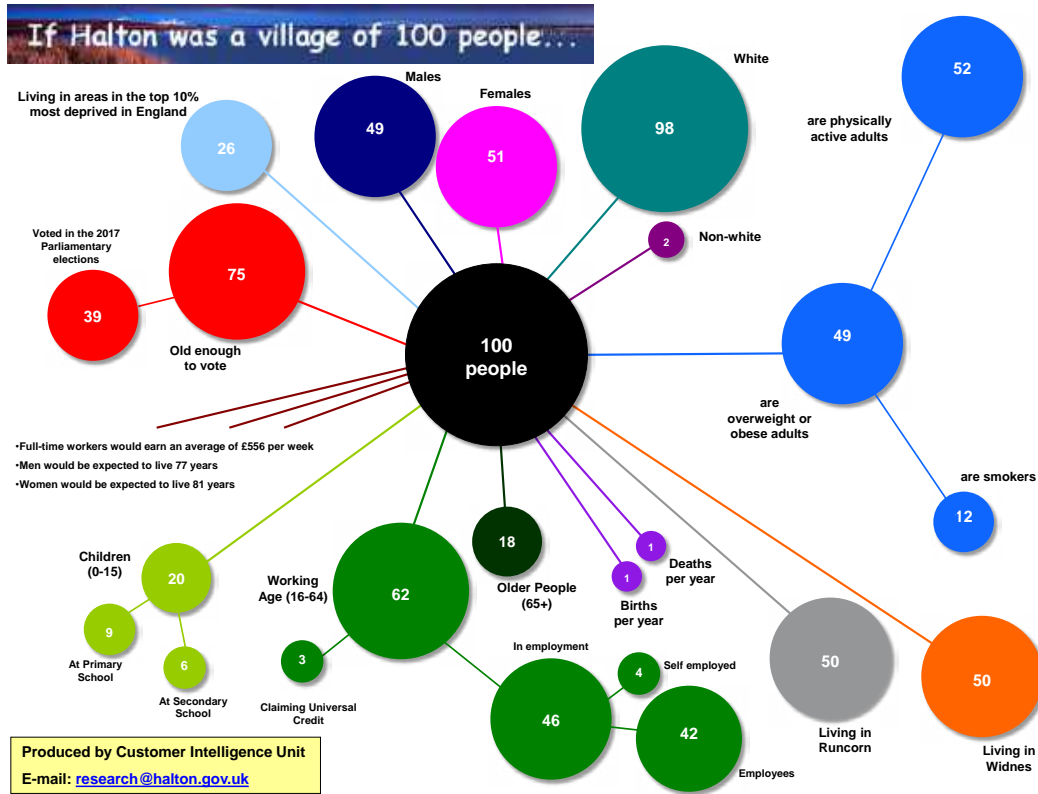
As the birthplace of the chemical industry, many of Halton's most challenging problems are rooted in the area's industrial past with manufacturing and chemical sectors declining, considerable energy has been successfully put into broadening the range of employment opportunities available.

Major efforts have also been made to bring the industry's legacy of derelict and contaminated land back into productive use, to help create the right physical and social environment to attract new investment.

Our health challenges



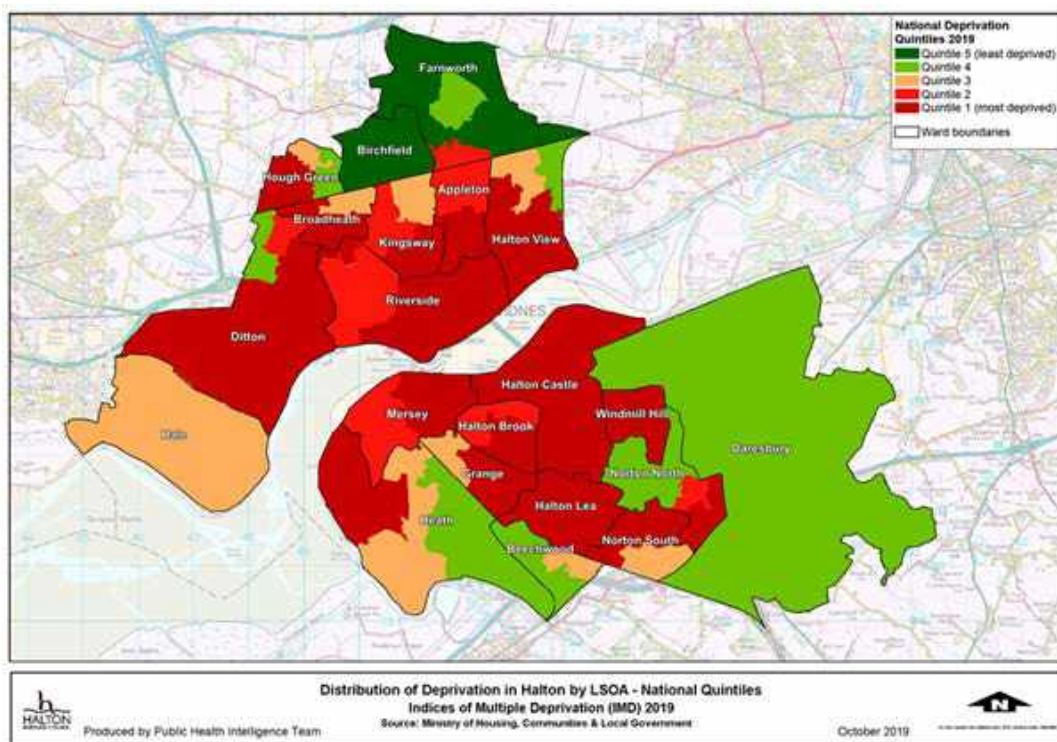
Our current population:



Halton is ranked as the 23rd most deprived area in England out of 317 Local Authorities³.

Halton Deprivation Map:

Higher levels of deprivation is related to poorer health outcomes. The map below shows the variances within Halton.



3 Based on The Index of Multiple Deprivation 2019

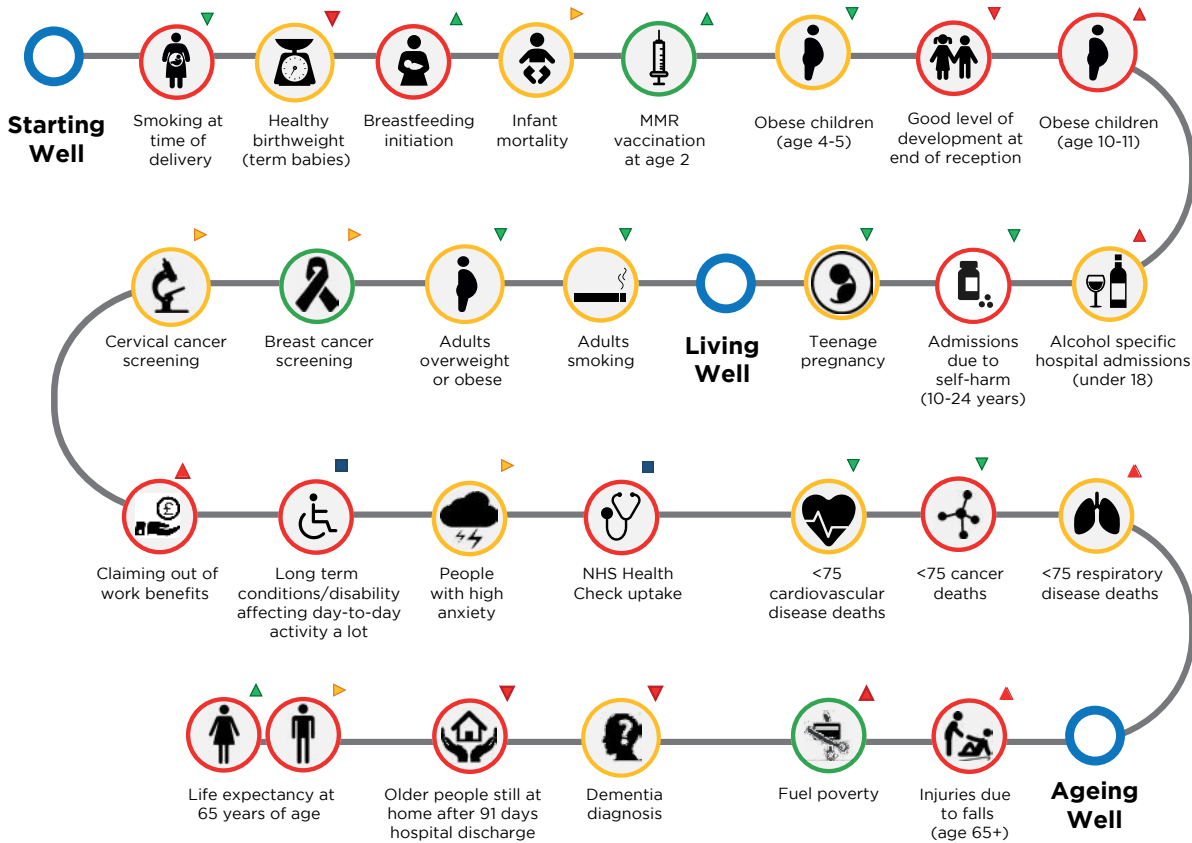
Halton's Life Course Statistics

The following infographic shows how Halton is performing against key health and wellbeing indicators and the current trend, which is denoted by the triangle above each indicator.

Halton's life course statistics 2018

A comparison to the North West

Icons made by FlatIcon and available here: www.flaticon.com
 Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015



HALTON FACTS

Population

About **127,600** people live in Halton. By 2030, this is projected to change:

- age 0 - 14 ↓ 7.1%
- age 15 - 64 ↓ 3.7%
- age 65+ ↑ 30.3%

Deprivation

48.5% of Halton's population live in the top **20%** most deprived areas in England.

Child Poverty

21.7% of children aged 0 - 15 live in poverty in Halton

KEY

Direction of travel

- ▲ Improved since last period
- ▶ Similar to last period
- ▼ Worse than last period
- No Comparator

Statistical significance to North West

- Better
- No different
- Worse

For more information & data sources

Please contact Halton Borough Council's Public Health Intelligence Team:
health.intelligence@halton.gcsx.gov.uk

Improvements so far: In the last 3 years Halton has made some improvements in Adult Obesity and Cervical Cancer Screening to bring these more into line with the North West average.

Work still to do: However there are some areas, where Halton has not improved or it has not improved as fast as other areas. These include Healthy Birthweight, Childhood Obesity (Aged 10-11) and Dementia Diagnosis. Together we will need to ensure these areas retain a high level of focus.

Our future population:

The population of Halton will gradually increase over the next five years and beyond, latest figures show Halton has a population of 127,595⁴. However projections indicate a change in our demographics and by 2036 the population of 0-15 year olds will decrease by 7%, 16-64 will also decrease, but the number of people over 65 will increase by 44%.

Having an aging population will increase the use of health and social care resources in the borough.

The borough is fairly evenly split by gender, however the female population is growing, due to the fact that women are living longer than men.

In the 2011 census, the Black, Asian, and Minority Ethnic (BAME) population showed a percentage of less than three percent.

However Halton's population is changing and over the next five years it will continue to become more diverse with people moving into the borough who come from different cultures, who practice different faiths and who don't have English as their first language.

We recognise the importance of ensuring all our population has their health and social care needs met and we do this by working closely with third sector organisations that work specifically with the BAME Communities.

Halton Providers offer a range of services and support to asylum seekers and refugees living in Halton.

Life Expectancy

Halton's life expectancy at birth has improved since 2001, however, healthy life expectancy for men hasn't changed since 2010 and has worsened for females. Recent evidence indicates that increasing levels of deprivation, exacerbated by austerity, is causing it to stall.

Added to this, Halton has an unhealthy ageing population with an increasing number of people living with long term conditions, meaning those that are living longer are living out those years in poor health.

⁴ (ONS, 2017)

Why people are dying before 75

Our evidence shows us that the main causes of people dying before 75 in Halton are:

<p>Long Term Conditions</p>	<p>Heart disease is the second most common cause of death in the Borough leading to conditions such as heart attacks, strokes, heart failure, hardening of the arteries and vascular dementia. Similar to cancer, it is most often related to lifestyle.</p> <p>Respiratory Disease; Chronic Obstructive Pulmonary Disease (COPD), usually bronchitis and emphysema, is a major cause of premature death. Smoking is a leading contributory factor for COPD and although smoking rates have seen a decline over the last decade, the burden of disease caused by smoking is still of concern.</p> <p>Hypertension (High Blood Pressure) Despite improvements in the number of people with long term conditions diagnosed, there is still under diagnosis of hypertension, where only about 61% of Halton people thought to have the condition are diagnosed.</p>
<p>Mental Health</p>	<p>Mental Health; Increases in dementia related deaths are linked to an increasing ageing population, however, vascular dementia, related to poor lifestyle has also added to the local burden of disease. Mental illness is a major contributor to ill health in Halton, often related to anxiety and depression.</p> <p>1 in 4 people attend their GP in Halton to seek advice on mental health problems with levels of hospital admissions due to self-harm are significantly higher than England, 307.4 per 100,000 compared to 191.4 per 100,000 for England</p>
<p>Cancer</p>	<p>Cancer is the leading cause of death in Halton, particularly cancers of the stomach, digestive system and lungs. This increased burden of disease is predominantly linked to lifestyle factors such as smoking, poor diet and increased alcohol consumption.</p> <p>People in Halton also fail to spot the early signs of cancer or are afraid to go to the GP when they suspect something is wrong.</p>
<p>Older People</p>	<p>Unintentional injuries / Falls Falls represent the most significant number of unintentional injuries. This is largely associated with older people and is linked to a range of factors including; medication (leading to dizziness and fainting), bone density (that decreases with age, particularly in women), cold homes and other environmental hazards. As well as the human costs of injuries associated with a fall, the cost to the NHS and Social Care can often be significant.</p>

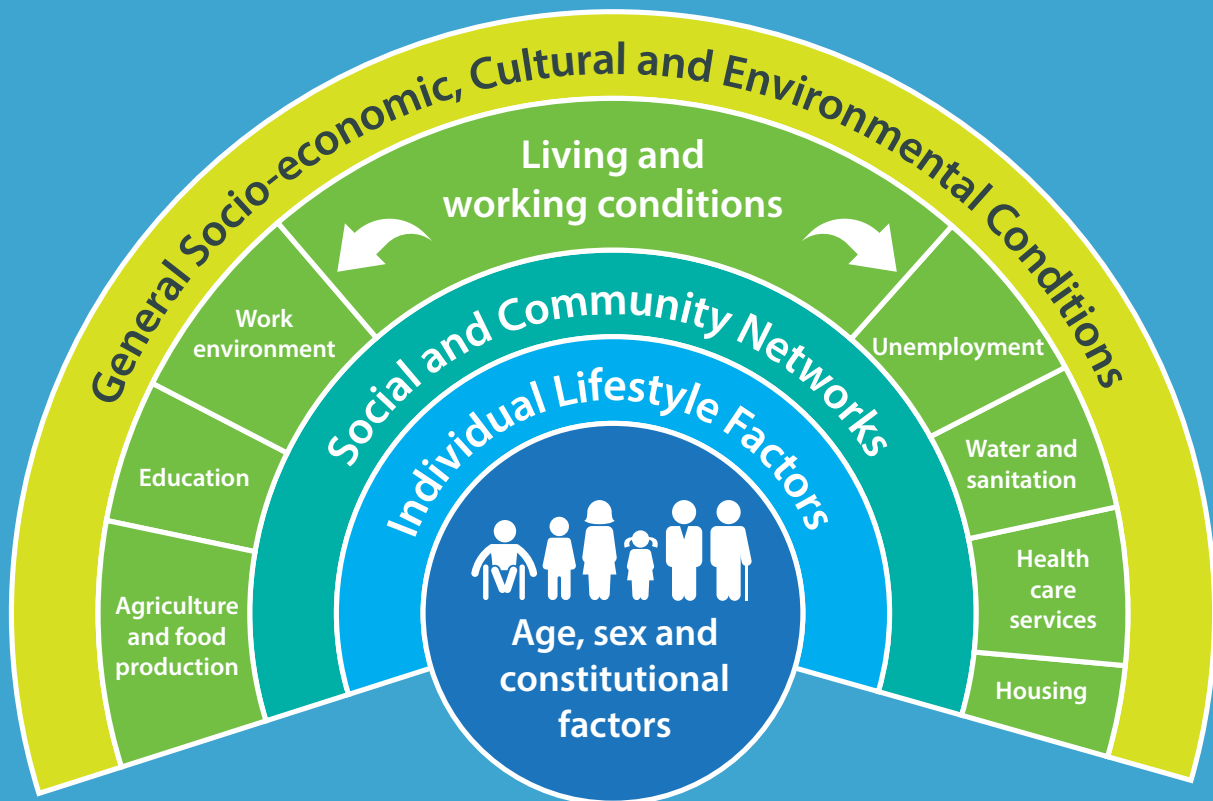
Wider determinants of health

There is an increased gap in health inequalities in Halton between the most deprived and most affluent areas of the borough but also between population groups. The difference in health outcomes in different areas of the borough is often related to the wider determinants of health that can influence individual's choices and ability to remain healthy.

This diagram shows:

The Social Determinants of Health

Source: Dahlgren and Whitehead (1993)



- At the core, are your personal characteristics, age, gender, hereditary factors which cannot be changed.
- Individual lifestyle factors such as smoking, alcohol, physical activities
- Social and community influence from family and friends
- Living and working conditions cause variants in health.
- General socio-economic factors include taxation, stability of country, environment.



Average life expectancy in Halton is lower than the North West and England averages, although there are massive variances in the borough.



The reduced life expectancy in the Riverside ward of Widnes means that residents living here can expect to live 5 years less than the general Halton population.



The inequalities are emphasised by the fact that Females living in Beechwood can expect to live for 9.8 years longer than the general female population of Halton; males in Beechwood have a 4.4 year greater life expectancy.

We are committed to supporting the range of interventions that are needed at different levels to address the root causes and the impact of inequalities as highlighted in our Health and Wellbeing Strategy.

For example

GP Practices conducting quality improvement work in disease conditions known to be the drivers in the gap in life expectancy

Social Prescribing to ensure referrals are made to social welfare services such as Citizens Advice, Housing etc. This will ensure that those living in the poorest households are facilitated to maximise their income, maximise welfare benefits, minimise debts, access support such as foodbank, money advice.

Well Halton Programme working directly with in the four areas of greatest deprivation within Halton: Windmill Hill, Halton Brook, Halton Lea and Ditton.

Social Care in Practice (SCIP) – placing social care assessment staff in GP Surgeries has supported effective person-centred and integrated health and social care working. As a result of the relationships built the service has exceeded expectations and requests for referrals, along with the high level of complex case work.

Without behavioural change supported by targeted interventions and prevention these factors will continue to lead to poor health outcomes.

Progress we are making

For each of the six priorities identified in the One Halton Health and Wellbeing Strategy there were three specific actions that the partners and public felt were important to undertake. We have made good progress against these:

Priority Area	What is the Issue?	3 Key Actions our partners and public feel are important	
Children & Young People	<ul style="list-style-type: none"> Inequalities in school readiness Significantly lower levels of good child development at aged 5 compared to the rest of England Higher accidental injury levels 	<ul style="list-style-type: none"> Enhancing school readiness programmes. Additional action to prevent child accidents. Expanding parenting programmes and local Home Start schemes 	<ul style="list-style-type: none"> ✓ ✓ ✓
Generally Well	<ul style="list-style-type: none"> Obesity levels in early childhood and adults are above the national average. Not eating at least 5 portions of fruit and vegetables a day Not undertaking enough exercise 	<ul style="list-style-type: none"> Mapping the public's access to fresh food. Enhancing the infant feeding programme. Promoting women's exercise programmes 	<ul style="list-style-type: none"> ✓ ✓ ✓
Long Term Conditions	<ul style="list-style-type: none"> Undiagnosed hypertension is a concern. Heart disease is the second biggest killer in Halton. Although the number of people smoking is decreasing, Halton is still much higher than the national average. 	<ul style="list-style-type: none"> Screening in the community for atrial fibrillation (irregular heartbeat). Enhancing early diagnosis of heart disease and self-care programmes. Increasing screening for hypertension (high blood pressure) in community pharmacies, general practice and other community settings. 	<ul style="list-style-type: none"> ✓ ✓ ✓
Mental Health	<ul style="list-style-type: none"> High levels of hospital admissions due to self harm Higher rates of depression than national average 30% of people with dementia are not diagnosed. 	<ul style="list-style-type: none"> Review the current Child and Adolescent Mental Health Services Enhancing services for adults with personality disorders Redesigning adult mental health services 	<ul style="list-style-type: none"> ✓
Cancer	<ul style="list-style-type: none"> The biggest cause of death locally, in particular lung, bowel and breast Low cancer screening uptake, particularly for bowel screening. 	<ul style="list-style-type: none"> Enhancing the public awareness of early detection programmes. Developing a new Tobacco Control Strategy and Action Plan. Enhancing support for bowel screening to improve uptake. 	<ul style="list-style-type: none"> ✓ ✓ ✓
Older People	<ul style="list-style-type: none"> Higher than average aging population Life expectancy is lower than national average Rise in dementia 	<ul style="list-style-type: none"> Marketing campaign on how to prevent loneliness. Develop an older people's transport group. Develop a directory of services for older people. 	<ul style="list-style-type: none"> ✓ ✓ ✓

We will continue to work on the remaining actions and they will be reported through our Halton Health and Wellbeing Board.

We have been making good progress in other areas too:

Well Halton

Well Halton is an initiative that focuses on the wider determinates of health such as poverty, isolation, unemployment, green spaces etc. Well Halton aims to support local areas, to inject some positivity, resilience and creativity to transform local neighbourhoods into dynamic communities where local people can live, learn, play, work, thrive and be happy.

<p>Shopping City Roof Top Garden: The aim is to create a community garden on one of the disused car parks at Shopping City.</p>	<p>Green spaces, good for your physical and mental health</p>
<p>Community Shop: Well Halton has invested £50,000 in the development of the Northwest's first Community Shop. This model utilises surplus food as a platform to engage with people facing hardship. We expect the shop to be open before the end of 2019.</p>	<p>This will provide the opportunity for residents to eat healthily for less.</p>
<p>Veterans Garden Clearances: As part of our work in Ditton, Runcorn Veterans Association have been working with Halton Helps. The veterans are clearing gardens of local families who can't do it themselves. This is paid work and has helped the sustainability of the veterans.</p>	<p>Supporting people through work and families in need of help</p>
<p>STFC Talking Science: Working in partnership with STFC Daresbury Labs to deliver a range of community science events aimed at Halton's young people.</p>	<p>This will help support our local workforce ambition, more Halton people in Halton jobs.</p>
<p>Partnership with Police Crime Commissioner: Well Halton has been working closely with the PCC on a number of projects, including some anti knife projects.</p>	<p>This helps to support our goal to reduce violent crime</p>

Halton Healthy New Towns - Healthy Place to live and work

The Halton Healthy New Town is one of ten demonstrator sites across the UK chosen to represent cross-section of new housing developments in England as part of the Healthy New Towns Programme. These sites were chosen to rethink how health and care services can be delivered. The programme is an opportunity to re-link planning and health to create healthier places through good quality placemaking, uniting public health, NHS providers, commissioners, planning and housing development. It demonstrates collaborative working across a number of providers in Halton.

Halton Healthy New Town Vision: A thriving vibrant town centre that provides for the needs of the community and supports a wider area where all people can enjoy a good quality of life in a healthy, sustainable, modern urban environment.

It will offer opportunities for the local community to learn and develop their skills in order to help them fulfil their potential. It will create opportunities for the community to increase local wealth and equality, supported by a thriving business community within a safer, stronger and more attractive neighbourhood.

Scheme	Expected Outcomes	Expected Timetable	One Halton Priority Areas
Youth Zone	Physical space for community usage. Improved wellbeing and educational attainment for 12-17 year olds	Complete – delivering sessions twice weekly	Young Children and Young People
Riverside "Quick Wins"	Local improvements for residents of Hallwood Park, Uplands, and Palacefields Estates. Projects TBC Q3 2019/20 following consultation.	Q3 – Q4 2019/20	Generally Well, Long-term Conditions, Mental Health, Older People
Rooftop Garden	Physical space for community usage. Improved wellbeing. Opportunities for growing and education.	Q1 2020/21	Generally Well, Long-Term Conditions, Mental Health, Older People

Cheshire Fire and Rescue

Cheshire Fire and Rescue provide help towards the key local health priorities through Safe and Well visits. This service began in February 2017 and continues to provide value support to people living in Halton. In the six month period 1st April 2019 to 30th September 2019, they undertook 2,368 Safe and Well visits in Halton which resulted in;



1 alcohol reduction referral



81 Atrial Fibrillation screenings, **resulting in 5 GP referrals**



20 referrals to the local authority falls team



123 loneliness screenings, **resulting in 9 referrals.**

Voluntary sector

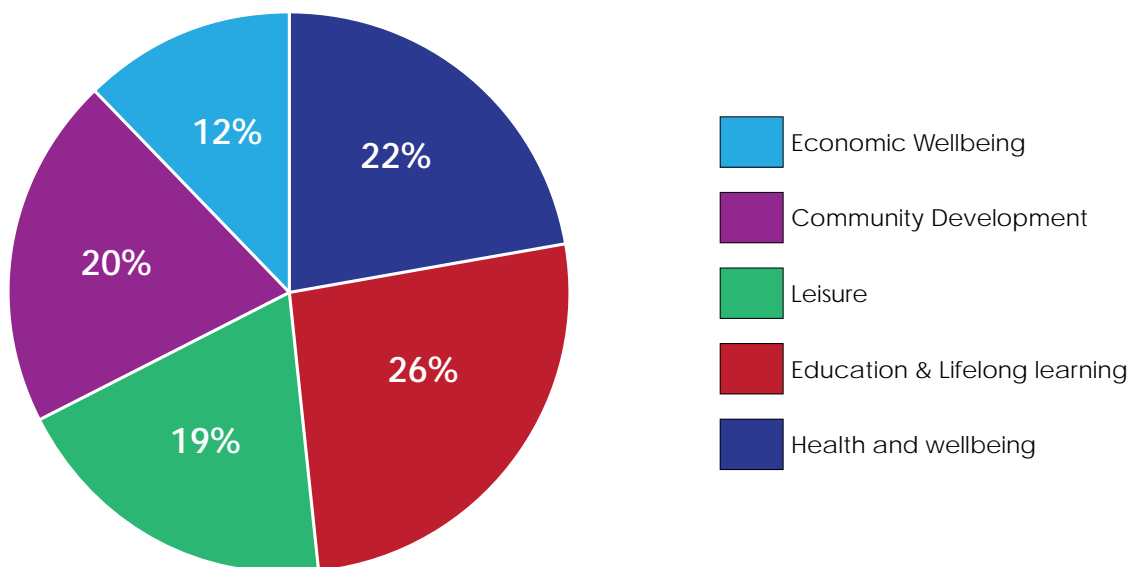
The voluntary sector is supporting the One Halton Priorities providing services that reduce the demand for more costly clinical interventions.

<p>People experiencing debt problems are three times more likely to have considered suicide⁵. Citizens Advice Halton (CAH) helps over 1,500 local people struggling with problem debt by offering a wide range of support</p>	<p>They have trained their staff in suicide awareness so that they can have supportive conversations with service users who are at risk of self-harm and help them to access specialist help.</p>
	<p>They employ an accredited team of money advisors who can help patients to address their debt problems and many of the other social welfare issues (e.g. debt, relationship breakdown, unemployment, poor housing, poverty) that are impacting on their mental health and wellbeing</p>
	<p>They offer ongoing support to help people get their lives back on track e.g. confidence building courses, employability support, money management courses, help with applications for grants for respite holidays.</p>
<p>Halton Disability Partnership provides an advice and brokerage service and help local people with a disability to access support and care that fully reflects their choice and wishes</p>	<p>HDP has a small store of independent living aids which are available for short term or an emergency loan which can make all the difference between being able to be discharged from hospital on a Friday and return home safely rather than be held back for several days while waiting for an available assessment to unlock equipment through conventional channels</p>

In Halton there are over 700 organisations and groups that make up the voluntary sector. 487 of these are registered with Halton & St Helens Community and Voluntary Action.

Across Halton there are over 15,000 volunteers providing over 45,000 hours of capacity each week. It is estimated that the voluntary sector contribute £57m worth of gross added value to the Halton economy. The contribution of the voluntary sector can be increased through collaboration.

The main areas of work the voluntary sector provides are:



Air Quality

Air pollution particularly affects the most vulnerable in society – children and older people, and those with heart and lung conditions. In the last 20 years Halton has vastly improved its air quality and will continue to reduce air pollution.

Housing

5 According to the Money and Mental Health Policy Institute

Having a decent home is fundamental to physical and mental health. Housing is particularly important for our vulnerable groups. Poor housing can result in poor health and wellbeing. Halton Borough Council is currently updating their affordable housing plan policy which set out the ambition to provide more affordable homes in Halton, in order to positively impact on homelessness and improve quality of life for those most in need.

- 1,335 – Estimated Number of Houses that will be built in Halton in the next 5 years.
- 335 – Approx number of affordable homes that will be built. ⁶

For children and young people



Unhealthy homes increase the risk of

- respiratory illness
- poor infant weight gain
- poor diet
- emotional and mental health problems
- physical injury and poisoning
- domestic fires



Overcrowded homes increase the risk of

- behavioural and mental health problems
- meningitis
- respiratory illness
- tuberculosis
- physical injury
- tobacco harm



Precarious housing increases the risk of

- emotional, behavioural and mental health problems
- low birth weight
- missing immunisations

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for children and families

Homes for older people

Unhealthy, unsuitable and precarious housing affects ability to



maintain health and wellbeing in later life



care for others in the home or community



live independently



recover from ill-health

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Homes for older people

We also need to ensure that local housing meets the specific needs of people with learning disabilities, including those people who have their own home but require additional support. We aim to secure funding from NHS England to refurbish a property into two ground floor apartments for those people who require additional support in the community. Voluntary Sector organisations are committed to ensuring that everyone in Halton has a decent home to live in.

⁶ Based on 25% of new homes being affordable homes. Percentage can vary depending on the site used.

Why we need to change

Health needs and society are constantly changing which means that organisations have to respond to meet the demands of the population they serve.

It's not just Halton that needs to change, nationally things must change too because:

- many of us are now living longer, with more long term conditions,
- people are more digitally enabled, services need to adapt and make the best use of technology available,
- we live and work very differently and this continues to evolve, and
- the current model is financially unsustainable.

The NHS Long Term Plan was published in January 2019 and set out its ambition to transform the NHS to make it fit for the 21st century.

The NHS Long Term Plan sets out five major, practical changes it expects to bring about over the next five years, they include:

1. Boosting out of hospital care
2. Redesigning and reducing pressure on emergency hospital services
3. More personalised care
4. Digitally enabled primary and outpatient care
5. Focus on population health: this means focusing on you, rather than managing each disease you may have, separately.

The NHS Long Term Plan is about changing the balance between acute hospital care and care in the community so more people are treated closer to home. With more focus on prevention we need to increase the range and choices of care in the community.

This will then reduce pressure on our hospitals, keeping people well enough so they do not need to go to hospital and can be treated in the community instead when appropriate.

Getting this right will reduce the call on our overstretched NHS and social care services. By taking services into the community and redirecting resources towards the wider

determinants of wellbeing, we will not only have a healthier, happier workforce, but we will be able to provide better care and create a sustainable Halton.

Further detail on how Halton aims to deliver the NHS Long Term Plan is available as Appendix 3

In local authorities, there has been an increase in demand for adults and childrens social care. There have been delays with the government publishing the Adult Social Care Green paper which is expected to have national changes that will need to be implemented locally. In addition to the anticipated Adult Social Care Green paper we have the statutory requirements outlined in the Care Act 2014 which have to be delivered. The current provision is unsustainable, there is insufficient funding to keep up with the demands of an aging population. Through Health and Social Care working closer together they can focus on building a sustainable model for the future.

By doing things differently we will be able to protect and stabilise those organisations in Halton. By working together we can:

- Improve early prevention of avoidable illness.
- Get the right service in the right place
- Ensure health and care services are shaped around the person. (Population Health)
- Access more and better paid jobs
- Have healthier environments
- Have safer streets
- Ensure children gain a better education
- Offer more choice in eating healthy

Cheshire and Merseyside Health and Care Partnership

One Halton is one of nine places that forms part of Cheshire and Merseyside Healthcare Partnership who are working towards becoming an Integrated Care System (ICS).

Cheshire and Merseyside Health and Care Partnership have created a five year strategy called "Better Lives Now"

They have a universal goal which is to reduce health inequalities across Cheshire and Merseyside. They have set four local priorities which are:

- Zero suicide
- Zero stroke
- No harm from alcohol
- No harm from violent crime

One Halton will work closely with Cheshire and Merseyside colleagues through the partnership programme to introduce changes and new services that support those priorities.

How the Cheshire and Merseyside Priorities link to One Halton Priorities	How we will implement
Zero suicides and no harm from violent are closely linked to the work we undertake in Mental Health.	Support through our Halton Suicide Prevention Partnership, including the Mental Health Outreach Team which provides support to adults with severe and enduring mental health problems to live independently and inclusively within the local community. We also work closely with Cheshire Police reducing violent crime locally.
Reduction in alcohol harm is a One Halton priority outcome, particularly in those under aged under 18	Because of high levels of preventable alcohol-related harm in the region, all Health and Wellbeing Boards across C&M have identified reducing alcohol-related harm as a core prevention priority. Specifically in Halton tackling the issues around cheap alcohol with the introduction of a Minimum Unit Pricing (MUP).
Reduction in stroke is a One Halton Priority and we are working to ensure that there are no preventable strokes in Halton	Improving High Blood pressure checks, deliver education sessions, increase the number of the NHS health checks, working with local pharmacies and improve information technologies between them and General Practice so the blood pressure data can be transferred seamlessly between the two. Utilise BP/ Health kiosks in community & workplace settings to increase access to BP testing.

Cheshire and Merseyside Health and Care Partnership help to deliver improvements at a greater pace and scale. They have a number of programmes that exist to implement a single approach across Cheshire and Merseyside and they work with each of the nine "places" to help deliver those programmes in a cohesive way. Those Programmes are included as Appendix 4.

Empower people to take better control of their own health.

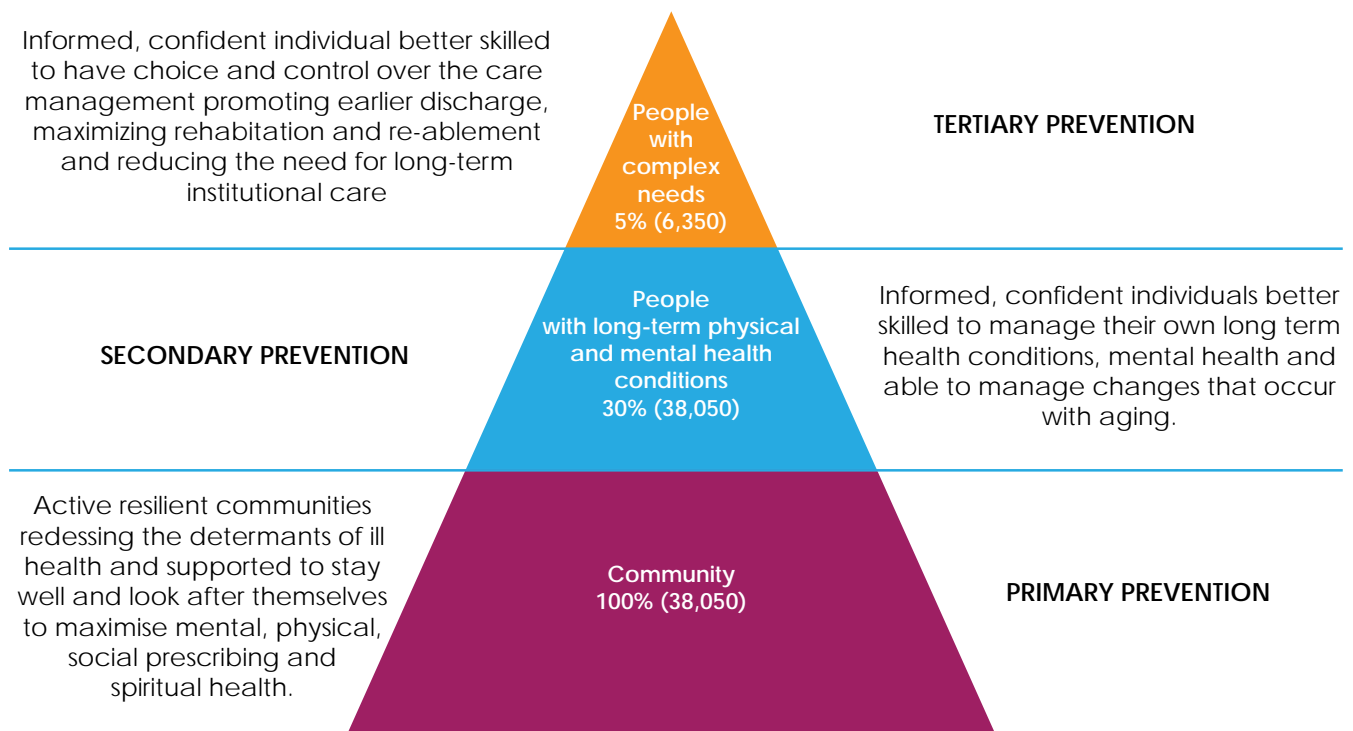
What is Population Health?

A population health management approach moves away from managing disease in silos to an approach based on defined populations of people, who may have multiple conditions.

Whilst primary care will play a crucial role in supporting population health management, a wider group of providers other than the GP will be necessary for accountability of the defined population.

Prevention is inherent with consideration of the person’s holistic health and care needs with a particular focus on improvements to wellbeing and on keeping people healthy. One Halton Population Health Framework promotes the integration of health, mental health and social care services.

THE ONE HALTON PREVENTION & POPULATION HEALTH MODEL TARGET POPULATIONS AND OUTCOMES



The 2020s will be the decade of proactive, predictive and personalised prevention. This means:

- Targeted support
- Tailored lifestyle advice
- Personalised care
- Greater protection against future threats

This will enable us to shift from a system that just treats illness, towards preventing problems in the first place.

What do we want to achieve



For each of our 6 priorities we have identified a number of measurable outcomes that are monitored by the Health and Wellbeing Board. These outcomes are:

Children and Young People: Improved Levels of early child development

- Improvement in the percentage of children achieving a good level of development at age 5.
- Reduction in Child poverty levels.
- Reduction in percentage of women smoking at time of delivery.
- Increased percentage of women breast feeding (initiation and at 6-8 weeks).
- Reduction in the rate of A&E attendances and hospital admissions amongst those age under 5 (generally and due to accidents).
- Reduction in under 18 conception rates.
- Increased reading skills in primary school aged children
- Increased influenza vaccination uptake amongst pregnant women and young people aged under 5.

What are we going to do?	How are we going to do it?	Who will do it?	When?
Ensuring children get a good start in life.	Halton Healthy Schools Programme including Healthitude and Fit4Life	Halton Health Improvement Team	2023/24
Improve our Immunisations and Vaccination rates	Support general practice to target at risk population groups to improve update of flu vaccine, routine childhood vaccinations	Primary Care Networks	2023/24
Enhance Parent and Child Bonding	Baby and Infant Bonding Service (BIBS)	Providers in Halton	2023/24

Generally Well – Increased Levels of Physical Activity and Healthy Eating and Reduction in harm from alcohol.

- Increased percentage of children and adults achieving recommended levels of physical activity
- Increased percentage of children and adults meeting the recommended '5-a-day' of fruit and vegetables on a 'usual day'
- Reduced levels of children and adults who are overweight and obese
- Reduced rates of hospital admissions due to alcohol for those aged under 18
- Reduced overall rates of alcohol-related hospital admissions

What are we going to do?	How are we going to do it?	Who will do it?	When?
Tackle Obesity	Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+	BMI > 30 can self-refer to Halton Tier 3 Weight Management Service	2022/23
	Healthy NHS premises	North Mersey Food Pledge with providers	2023/24
	Deliver specific Physical Activity Programmes such as "Active Me", a community wide project working with a wide range of partners to set up new physical activity sessions where need has been identified	Sports and Physical Activity Officer within Halton Borough Council.	2019/20
Prevent Diabetes	NHS Diabetes Prevention Programme	NHS England, Public Health England (PHE) and Diabetes UK	2019/20
Tackle Alcohol Admissions and Alcohol Harm in our Community Alcohol has a big impact on A&E figures: 70% at peak times.	Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs)	St Helens & Knowlsey NHS Trust and Warrington and Halton Hospitals NHS Foundation Trust	2020/21
	Implement C&M Alcohol Prevention Plan which provides a focus on actions across the health and social care system which will support both the reduction and prevention of alcohol-related harm.	Local working group established, comprising of a range of Halton stakeholders.	ongoing
	Fibroscan Project Offering 'liver scans' in Primary Care, the community & hospitals as a new route into alcohol treatment	CHAMPs, led by Halton Public Health will prepare the proposed delivery	2019/20
	Consider the introduction of an alcohol Minimum Unit Pricing (MUP):	Halton Borough Council	2023/24
Increase the number of people receiving physical health checks	Halton Health Improvement team work in partnership with Primary Care to deliver NHS Health Checks.	Halton Health Improvement Team and Primary Care Networks	2023/24
	Ensuring patients register on a Learning Disabilities register and improve uptake of the annual health check. (Above 75% for aged 14+)	Primary Care Networks	2023/24

Long Term Conditions: Reduction in levels of Heart Disease and Stroke

- Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups
- Increase the percentage of adults who undertake recommended levels of physical activity and eat at least five portions of fruit and vegetables per day.
- Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.
- Reduce the level of hospital admissions due to heart disease, stroke and hypertension.
- Reduce the premature (under 75) death rate due to cardiovascular disease and stroke

What are we going to do?	How are we going to do it?	Who will do it?	When?
Reduce Smoking in Halton	All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The CURE model will include all vulnerable groups.	Smoking cessation champions to be identified	2023/24
	Smoke Free Pregnancy for Mum and Partner	Halton Community Midwives offer CO monitoring to all pregnant women and refer smokers into the Halton Stop Smoking Service. On receipt of referrals the Stop Smoking Service offer all pregnant smokers' home visits, financial incentives, stress management techniques and intensive behaviour support alongside NRT if required. Halton Stop Smoking Services also offer training and advice to professionals who need support to deliver cessation	2023/24
	A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.	Halton Stop Smoking Service has a Stop Smoking Specialist in Mental Health who works with Brooker Centre Staff and residents to support those wishing to stop smoking.	2023/24
Prevent Cardiovascular disease (CVD)	Implement schemes relating to Atrial Fibrillation, Blood Pressure – Hypertension, Cholesterol (Lipids)	Cheshire and Merseyside CVD Prevention Board	2028
Manage Respiratory Disease	Implement a community based COPD team. Develop a holistic and multiple wrap around services for patients to access not only symptom management but disease management and lifestyle interventions where necessary.	Collaboratively between Primary Care and Acute Hospitals.	2020/21
Reduce air pollution	Organisations in One Halton supporting and encouraging their staff to think about sustainable travel, making use of public transport, cycling, walking or car sharing.	Everyone will be involved	2023/24
	Maximising the use of technology to reduce the need to travel to have face to face meetings.		
	Providing electric car charging points at all NHS, public sector and voluntary sector premises		

Mental Health: Improved Prevention, early detection and treatment

- Improved diagnosis rate for common mental health problems and dementia
- Reduced level of hospital admissions due to self-harm
- Improved access to talking therapy services and increased percentage completing treatment and percentage recovery
- Improved overall wellbeing scores and carers' wellbeing scores
- Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population)
- Increased percentage of care leavers with good mental health

What are we going to do?	How are we going to do it?	Who will do it?	When?
Develop a system approach to support Children and Young Peoples Mental Health	Utilising the THRIVE model	All Partners in One Halton	2020/21
10% reduction in suicides	Implement the local suicide reduction programme (NHS Long Term Plan)	Cheshire and Merseyside Health and Care Partnership	2023/24
	You're never too young to talk" mental health campaign, 5 Ways to Wellbeing Award	Health Improvement Team	2020/21
	Improve the mental health and wellbeing of Halton people through prevention and early detection via the work of our adult social care mental health teams	Health Improvement Team	2024
	Training such as Self Harm and Basic Mental Health	Health Improvement Team	2024
	Named school link workers in community service settings and in primary and secondary schools across Halton.	Primary Care and Bridgewater Community Trust	2024
	IAPT services and co-location of therapists in primary care	Primary Care and Bridgewater Community Trust	
	Enhancing the psychological therapies to support adults with a personality disorder	Primary Care and Bridgewater Community Trust	
	Implementation of the Cheshire and Merseyside Crisis Care Model, to include Crisis Resolution Home Treatment Teams in place.	Delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.	2020/21
	Implement Mental Health and Resilience in Schools (MHARS) framework	Mental Health Champions	2024
Access to Perinatal Mental Health extended to 24 months after birth and to include partners too.	C&M Wide Perinatal mental health service	Cheshire and Merseyside Health and Care Partnership	2020/21
All ages mental health liaison teams in place	Implement in all acute hospitals	St Helens and Knowsley Trust and Warrington and Halton Hospital	2020/21
Develop community services for children, young people and adults with Learning Disabilities and/ or Autism	Provision of risk stratification and crisis support, as well as the development of keyworker roles for children and young people with more complex needs.	All Partners in One Halton	2023/24
Improve GP medication reviews	Implementation of STOMP/STAMP agendas for people with Learning Disabilities and/ or Autism.	Primary Care Networks	2020/21

Cancer: Reduced level of premature death

- Reduced smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.
- Increased uptake of breast, cervical and bowel screening.
- Improved percentage of cancers detected at an early stage
- Improved cancer survival rates (1 year and 5 year).
- Reduction in premature death due to cancer in the under 75s.

What are we going to do?	How are we going to do it?	Who will do it?	When?
Early Diagnosis	Implement Rapid Diagnostic Centres	Work with C&M Cancer Alliance to roll out Rapid Diagnostic Centres	2020
	Targeted Lung Health Checks	Halton CCG	2023
Improve uptake of screening	Faecal Immunochemical Test Bowel Screening Programme	Public Health England	2019
	Implement HPV primary screening for cervical cancer	Public Health England	2020
	Offer brief advice about bowel cancer and request bowel cancer screening kits as part of their Safe and Well visits	Cheshire Fire and Rescue	Ongoing
Improve Cancer treatments	Radiotherapy service	St Helens and Knowsley Trust and Warrington and Halton Hospital	2021/22
Access to Personalised Care Plans	Personalised care interventions including needs assessment, a care plan and health and wellbeing information and support.	C&M Cancer Alliance	2021

Older People: Improved quality of life

- Increased life expectancy at age 65
- Increased disability free life expectancy at 65
- Improved access to transport
- Reduced levels of loneliness
- Reduction in level of hospital admissions due to falls and hip fractures
- Increased uptake rates for Influenza, pneumococcal and shingles vaccination
- Reduction in permanent admissions to residential and nursing homes

What are we going to do?	How are we going to do it?	Who will do it?	When?
Prevent Falls	Falls Prevention Strategy	All Partners in One Halton	2019
	Age Well exercise programme	Halton Health Improvement Team	Ongoing
Provide more services in the community for frail elderly patients	Halton Integrated Frailty Service	All Providers in One Halton	2019
Reduce Loneliness	Implement the Loneliness Strategy	All partners in Halton	Ongoing
	Increase awareness and offer therapeutic activities in Halton	Voluntary Sector	Ongoing
Provide care and support to enable older people to live an independent life	Commission high quality care services, including domiciliary care and care home provision, from the independent and voluntary sector. Ensure that there are robust contract monitoring processes in place to ensure high quality services are in place to ensure that service users receive the outcomes that they want.	Halton CCG and Halton Borough Council	Ongoing
Rooftop Garden	Physical space for community usage. Improved wellbeing. Opportunities for growing and education.	Well Halton	Q1 2020/21
Halton Hospital and Wellbeing Campus	Physical space for community usage. Redeveloped health infrastructure, including provision of expanded step up and step down care facilities, alongside housing, leisure and health opportunities. Increased job opportunities.	Warrington & Halton Hospital	Redeveloped hospital facilities: 2025; remaining campus facilities 2028
Focus on Dementia	Currently reviewing dementia care and support priorities. A local delivery plan will be produced which will clearly define health and adult social care priorities going forward.	Halton Borough Council, supported by Halton Dementia Action Alliance	2019/20
	Promote Dementia Friendly Organisations and Increase the number of Dementia Friends	Halton Borough Council, through local libraries and leisure centres, supported by elected members becoming Dementia Friends	2019/20
	providing 1:1 information, service navigation, signposting and practical support to people living with dementia	Dementia Care Advisor service (Commissioned by Halton Borough Council)	2019/20

One approach

One Halton describes how all organisations across Health and Care will work together at a Place level to deliver the best outcomes for the people of Halton.

It is recognised that there are increasing demands on all services. The difference that One Halton will make is to place people at the centre of care and wellbeing so the emphasis is based on them rather than targets and outcomes.

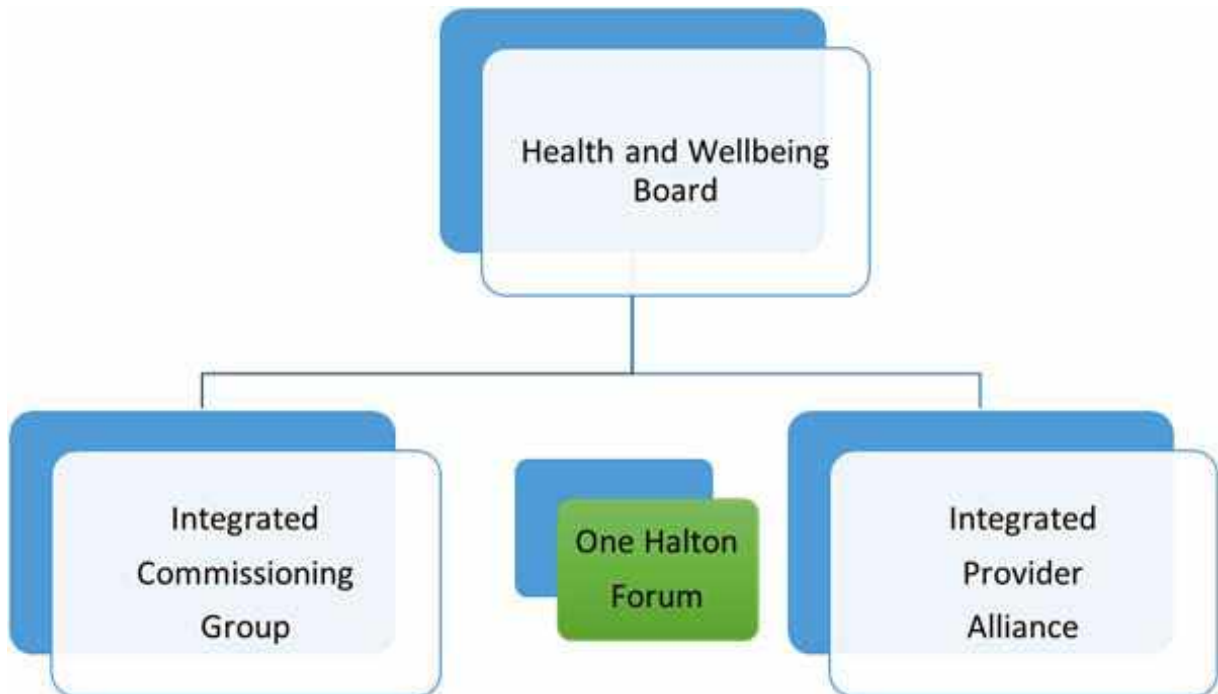
Through the One Halton model, we propose to radically change the way we do things so that by 2024 fewer people will be suffering from poor health.

We know that people who have jobs, good housing, undertake meaningful activities and are connected to families and community feel, and stay, healthier. We will work at scale to implement evidence based interventions and mobilise local communities to engage in their own health. We recognise the need to shift services into the community and make use of and build upon community assets.

Governance

Ultimate responsibility for the implementation of the One Halton Health and Wellbeing Strategy and the One Halton Plan lies with the Halton Health and Wellbeing Board. However we need everyone who works and lives in Halton to take an active role in improving their Health and Wellbeing.

The governance structure for One Halton is demonstrated below:



Roles and Responsibilities:

Health and Wellbeing Board: Responsible for guiding and overseeing the implementation of the ambitions outlined in the One Halton Health and Wellbeing Strategy, The NHS Long Term Plan, health strategies for England, national operational plans and local health strategies and action plans.

It also provides a voice for Halton residents on all matters relating to the commissioning, provision and scrutiny of health and social care in Halton.

It is the decision making body for One Halton.

Integrated Commissioning Group: To create joint commissioning intentions for Halton. To provide oversight of commissioned services. Where it is appropriate to do so, pool funding and jointly commission services across Health and Social Care.

Provider Alliance: To bring about real and effective collaboration across the whole of the health and social care system in Halton and to support an end to competitive behaviour between providers.

One Halton Forum: An informal meeting which allows Commissioners and Providers to come together to discuss, challenge and clarify prior to the Health and Wellbeing Board. The Forum is not a formal decision making group.

Collaborative Approach

Collaboration and Integration are key to our approach. All organisations will work together to redesign care and improve population health, creating shared leadership and action.

Currently we have a Provider Group and a Commissioner Group reporting into the Health and Wellbeing Board. However Commissioners and Providers will have the biggest impact by working together to make shared decisions about population health, service redesign and implementation of the NHS Long Term Plan.

There are some areas, like Procurement and contract award whereby only the Commissioner can undertake this duty and Service Delivery will be provided by the Providers. However all other stages within the Commissioning Cycle should be undertaken jointly to achieve the best outcomes.



Provider Collaborations

NHS Foundation Trusts will be able to create joint committees with others, they will be able to create integrated care trusts to be able to deliver primary and community care for the first time under one single contract. It will be easier for organisational mergers to progress without diluting the current safeguards on frontline services.

There are other options available for Providers to work collaboratively together, through Alliance Contracts or through Integrated Care Provider (ICP) contracts which will be developed over the coming years.

Currently the Providers in Halton have come together and identified four specific workstreams that will contribute to the One Halton priorities:

1. Place Based Integration
2. Prevention / Population Health
3. Workforce
4. Information/Digital

They will work collaboratively with Commissioners to develop these workstreams further supporting the overall aim and outcomes for One Halton.

Primary Care Networks (PCNs)

Primary Care Networks will be delivered in the local area by the GP Practices and multidisciplinary teams employed by the network. PCNs need strong relationships, trust, collaboration and innovation.

PCNs are central to the provision of integrated, at scale primary care, encompassing services beyond core general practice and working closely with acute, community and mental health trusts, as well as with pharmacy, voluntary and local authority services.

PCNs will interact at different levels;

- **Neighbourhood;** will be based on Runcorn and Widnes, working with voluntary, social care and community sectors to deliver services at scale
- **Place;** refers to Halton, will interact with hospitals, mental health trusts, local authorities and community providers.
- **System;** Cheshire and Merseyside, the PCNs will be involved in at scale decisions involving strategy decisions and resource allocation.

The aim of the PCN is to deliver integrated primary and community health care services supported by an integrated workforce team.

Networks will have a host of new roles available; initially there will be a Pharmacist and a Social Prescriber. In the next five years they will have first contact Physiotherapists, Physician Associates and Community Paramedics.

The development of PCNs will mean that patients will be able to access:

- Resilient high quality care from local clinicians and health and care practitioners, with more services provided out of hospital and closer to home.
- A more comprehensive and integrated set of services, that anticipate rising demand and support higher levels of self care
- Appropriate referrals and more 'one stop shop' services where all health and care needs can be met at the same time
- Different care models for different populations group – meaning that they are person centred rather than disease centred.

Halton PCN vision

Halton PCN vision has three elements:

1. Keep local people healthy.
2. Deliver high quality, responsive care by working together in an integrated, multi-disciplinary way across our community.
3. Create a great place to work

A key aspect of the vision is to maintain care continuity for those people who need it the most to provide more support for these people and their families.

The best way to achieve this is by working in a more integrated and team-based way across partners, working together in the community to better support these people and their on-going needs. By doing this, the 'system' can respond quicker in the community, providing care closer to home, meaning people only need to go to hospital when specialist intervention is required. It will reduce duplication. It will better coordinate how, when and where care and support is provided. To achieve this, capacity in the community will need to be created and delivered by changing the way 'acute on the day' services are provided. In Halton, it is the vision of the PCN to fully integrate and align General Practice with the Urgent Care/ Treatment Centres (UTCs). They will become one entity.

The aim is to create seamless service between the practices, teams in the communities and the UTCs, with standardised and common pathways and fully integrated, electronic health records. People seeking an 'on the day' acute appointment in General Practice will be offered, where appropriate, pre-bookable appointments in the UTC where they will see a clinician appropriate for their need. The UTCs will provide multi-disciplinary services that go beyond the traditional clinical offer. People and staff will have direct access to Well Being, Social Care and Third Sector services, all co-located in the same place, offering one-stop services and support.

By approaching acute on the day demand in this way and working together, it will free up capacity in the community to deliver the level of high-quality, responsive care continuity for the most vulnerable people. Those with on-going and complex health and social needs, those who are in the palliative care stage of life and their loved ones, those with learning disabilities, those with mental health challenges and those who are frail.

To provide the very best care continuity, the PCNs will adopt a fully integrated multi-agency approach that includes community teams, social care, mental health, well-being, hospital services, public health, third sector and housing (list not exhaustive).

Rapid intervention and support in the community will prevent individuals from needing to be admitted into one of our local hospitals.

On-going support and education will help to keep people and families healthier.

Resources do not currently exist in the system to provide this fully integrated model in every practice. Therefore, the vision is to deliver this model across four community hubs. By working together in a more coordinated, more responsive and more integrated way, to change the way care is accessed and delivered in the community. This work has already commenced. General Practice and Community Services teams are integrating into the Community Hub model. Clinically led work is underway to develop and implement this new model that focuses on multi-disciplinary working, communication, risk stratification and complex case management. This will be overseen by the newly formed Provider Alliance. The teams and services will be essential to this community based multi-agency model include social workers, mental health, third sector, well-being, health improvement, pharmacy and housing. This change is about putting the patient at the centre.

Organisational boundaries will need to be removed and not be constrained by bureaucracy. PCNs will need to work with local partners and the public to re-design and implement the very best services and support resources can deliver. By getting this right, PCNs, are confident that they can create a workplace and career path that will be very attractive to both recruit and retain a workforce who share the same passion and vision. Working together, empowering front-line teams, utilising the collective skills of the workforce, rotating staff through different services, offering portfolio careers. A stable and highly motivated workforce will deliver the high-quality services that people in Halton communities deserve

PHASE 1	PHASE 2
General Practice	Third Sector
Social care	Housing
Bridgewater	Faith
North West Boroughs	Schools/Education
Warrington and Halton Hospitals NHS Foundation Trust / St Helens and Knowsley Teaching Hospitals NHS Trust	Employers
Wellbeing Enterprises	Youth Services
Health Improvement team	Dental
Pharmacy	Optometry
North West Ambulance Service	Leisure/libraries

PCN Strategic Goals

Building on previous engagement work through the One Halton Programme, ten Strategic Goals were developed by system partners to ensure Halton residents benefit from a sustainable, safe and effective out of hospital delivery system:

1. Manage demand for services by promoting self-care independence and prevention;
2. Enable health and social care service integration wherever possible and appropriate;
3. Design services around users and not organisations;
4. Treat people in the home and community for as long as it is appropriate and possible;
5. Reduce dependence on oversubscribed specialist resources such as emergency services, non-elective admissions and care homes;
6. Manage length of stay in hospitals, avoid delays to discharge and prevent readmissions where possible;
7. Allow system efficiencies to be realised – duplication and over supply is eliminated while “cost shift” from one service line or organisation to another is avoided;
8. Create the climate for staff from different professional backgrounds to work together in a positive, open and trusting multi-disciplinary climate;
9. Allow every member of staff to be trained in having new conversations with residents that focus on assets rather than need; and
10. Make full use of digital technology, including development of a joined-up electronic record.

Driving improvements by working smarter

Digital:

Technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and use services all rely on technology working well and in a way that suits our lives. Organisations need to be able to talk to each other more easily so that people can use technology to find out more about health and social care.

The aim is to deliver barrier free health and social care experiences through new ways of data capture, recording and apps integration, secure citizen access and ultimately ownership of one's own record.

This will mean that you only need to tell your story once and that data is consistent across organisations.

In order to achieve the digital ambitions of 'The NHS Long Term Plan' organisations will continue to embrace and build upon the emerging national, regional and locality initiatives and workstreams.

Delivering Digital within Halton will be built upon our continued engagement with the Cheshire and Merseyside Health Care Partnership Digit@LL Strategy. This will be a key enabler to allow us to deliver digital change locally whilst delivering efficiencies by collaborating at scale.

Empowering People

Technology can be a key asset for communities, helping to support local business opportunities, improving educational experiences across all age groups, providing everyone with better ways of communicating with the outside world and offering the opportunity to learn from others. We want to work with partners and the wider community to make sure we are making the best use of the technology that is available to individuals and communities.

By making better use of data and digital technology we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

Prevention and early intervention will require effective use of new technology. We will explore how we can use telemedicine and continue to develop our approach to assistive technology to keep people safe and give them rapid access to support. We will use connected home technologies to allow patients with long-term conditions access their health records, care plans and where they choose share information with the NHS via digital monitoring devices.

Supporting health and care professionals

We will support our health and care professionals by providing them with timely access to the information they require in the location they require it. This will include a continued roll out of mobile devices for our staff working in the community, visiting people in their own home including care and residential homes.



We will implement and develop a local shared care record to ensure professionals directly involved in health and social care have access to the most up-to date information. We also want people to have access to, and control over, their personal health and social care records which will be enabled through our Care Record programme. We want to help people take responsibility for self-managing their care, and technology has a role to play in offering easy ways to access advice and information.

We will ensure that our local shared care record programme is fully aligned and takes advantage of the collaborative Share2Care programme. Share2Care is a collaborative programme between Cheshire and Merseyside Health Care Partnership and Healthier Lancashire and South Cumbria to deliver electronic shared health and care records.

Digital transformation will require all staff to make adjustments in how they work. Our aligned workforce plans will address the need for an increase in the technical skills of both specialist and non-specialist staff. Through the NHS Digital Academy we will support an increase in capability among senior technology and digital leadership enabling further cohorts of NHS staff to become digital change leaders and we will ensure that by 2021/22, all local NHS organisations will have a CCIO or CIO on the Board.

Supporting clinical care

Our ambition to achieve a paperless health and social care system will focus upon optimisation and interoperability of electronic patient records used and to support our staff, patients and carers in embracing digital solutions for seamless but complex health and care services.

It is our intent to develop ever more impactful and accessible decision tools and insights for clinicians and patients in pursuit of the right advice, decision and support every time. We will increase the digital options available to people of their care. These will include, where appropriate, online consultations and digital advice across all services in health and social care. We will continue to develop the digital capability available to our GP practices through the GP IT Futures Framework whilst ensuring these systems support our ambitions when redesigning clinical pathways.

We will ensure that our digital programmes make a direct contribution to the delivery of wider system transformation objectives and specific priorities such as improved cancer care and mental health services.

Improving population health

New ways of assessing health risks, early diagnosis and providing preventative care are being created by new digital technology and information analysis. We want to make those benefits available to people in our communities. Our aim is to use technology to support population health management. This is the identification of people at risk of illness and those who would benefit from early intervention to help reduce illness and premature death.

Improving clinical efficiency and safety

Security & confidentiality, accessibility & availability, accuracy & comprehensiveness are all key facets of outstanding digitised care. We will ensure that any locally developed or procured services comply with the published open standards, ensuring full interoperability with the national infrastructure and other local services. In addition We will ensure local systems and data are secure through the implementation of security and monitoring systems across the whole estate, the education of all staff, and the design of systems and services to be resilient and recoverable.

Our ambition is to drive forward digitisation focussed on the user need whilst engaging with our staff and our patients in its development. Digital skills are no longer exclusive to our information technology service providers. We are committed to mobilising the skills of our entire workforce and inclusiveness of all our citizens to aid our ambition for 'digital first'.

ACTION:

We are currently developing a digital strategy for Halton, specifics will include:

- **Create a Health and Care shared record that is accessible by the patient and health care professionals.**
- **Interoperable IT, to allow ease of data sharing across providers.**
- **Consistency of data sets to allow a system/Halton response to statistics.**
- **Improved data/information flows**
- **Engage with the public to establish how they want this to look and explain how it will achieve better outcomes.**

Communications/Engagement

Communication and Engagement is important in all that we do, whether with our stakeholders, service users, patients, residents or people working in Halton; we strive to ensure you are kept informed in the most suitable way.

The approach set out in our Communications and Engagement Strategy for One Halton is important in setting out how the diverse organisations/partners across Halton link together. Significantly, it will set our expectations on how we coproduce services with residents and patients and ensure all are kept informed.

- Expanding on the work already undertaken by Healthwatch (see Appendix 2), addressing the actions that arose from that.
- Closely working with the voluntary and community groups through the Engagement and Insight Group.
- Promoting achievements/successes/positive news stories
- Ensuring patients are engaged and informed about any changes in their care in Halton.

Using our resources more effectively

Workforce Transformation

Overview:

Our joint health and care workforce is one of our biggest assets. However, across Halton, and indeed the whole country, workforce shortages are currently the biggest challenge facing health and care services. This poses a threat to the delivery and quality of care.

Current workforce shortages are taking a significant toll on the health and wellbeing of staff. People's rapidly changing health and care needs, alongside medical and technological advances, requires all frontline staff to acquire new skills and adopt new ways of working over the next decade. We want to make sure our health and care workforce supports a strong, safe and sustainable health and care system that is fit for the future.

Context:

In order to deliver the commitments identified from the NHS Long Term Plan it is essential to transform the way our entire workforce works together, this is outlined in the NHS People Plan. As One Halton we need to expand this wider than the NHS, and look at our whole system, this will include all our Partners recognised under One Halton.

There are a number of areas we need to address:

1. Making Halton the best place to work.
 - A lot of Halton residents work outside of the borough, by making improvements within Health and Social Care, we hope to attract local people to local jobs.
2. Improving our leadership culture.
 - Leaders play a key role in shaping the culture of their organisations, developing positive, inclusive and people centred cultures. The leaders of One Halton will ensure staff are motivated to work more efficiently and effectively, thus improving patient/service user experience.
3. Addressing urgent workforce shortages.
 - In particular there will be a greater focus on increasing the numbers of nurses.
 - However there are also shortages of other key roles within Health and Social Care.

4. Delivering 21st century care / A new operating model for Workforce
 - In Halton we require a fundamental shift from hospital centred care to providing collaborative, integrated community focused care. Therefore we need to ensure we have the Workforce capacity and capability in order to treat people closer to home within Halton.
 - Integration of Primary Care and community health services will mean that staff work in different ways with a greater focus on preventative care. There will be new roles that work across Health and Social Care.
 - We will need to ensure that staff have the right skills, education and training to realise their maximum potential.

Next Steps:

A workforce strategy for Halton is currently in development, not only to ensure we have the workforce capacity we need for the next five years but to ensure the current staff are well looked after.

It will include:

- Developing a workforce with new roles and new ways of working.
- Implementation of the Healthy Workforce Programme.
- Career promotion in schools.
- Ensure Halton has sufficient workforce capacity to meet demand.
- Plans for how we will remove barriers to employment and financial independence through our local support programmes, including those with mental health issues or learning disabilities
- One Halton rotational roles. Ability for some roles to work across multiple providers in health and social care, taking away any contractual barriers, optimising pay and conditions to promote Halton as the preferred place to work.

ACTION: Create a workforce strategy for Halton

Estate:

We need to ensure that our collective estate is utilised in the most effective way both in the short and long term.

This means making sure that we make best use of our land and property assets now; facilitating joint working or alternative uses where appropriate.

We will improve the way we use our land, buildings and equipment. This will mean we improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment.

We will work with all providers to reduce the amount of non-clinical space, as well as reducing our carbon footprint by improving energy efficiency through widespread implementation smart energy management.

We can help improve the use of our community facilities, such as libraries and GP Practices, by ensuring they are multi-purpose and can support health and wellbeing.

It also means we need to ensure that our estates support the health and social care transformation and integration agenda and can respond to developing service models.

Looking forward, we also need to inform long-term regeneration plans for the borough with regard to changing need and demographics to ensure that future estate is planned appropriately.

This includes working with all partners to help secure commitment for a new purpose-built modern hospital which will be flexible and able to support the delivery of new models of care as they evolve.

We will maximise utilisation of existing estate to reduce void space and increase utilisation of bookable spaces through the reconfiguration and relocation of services.

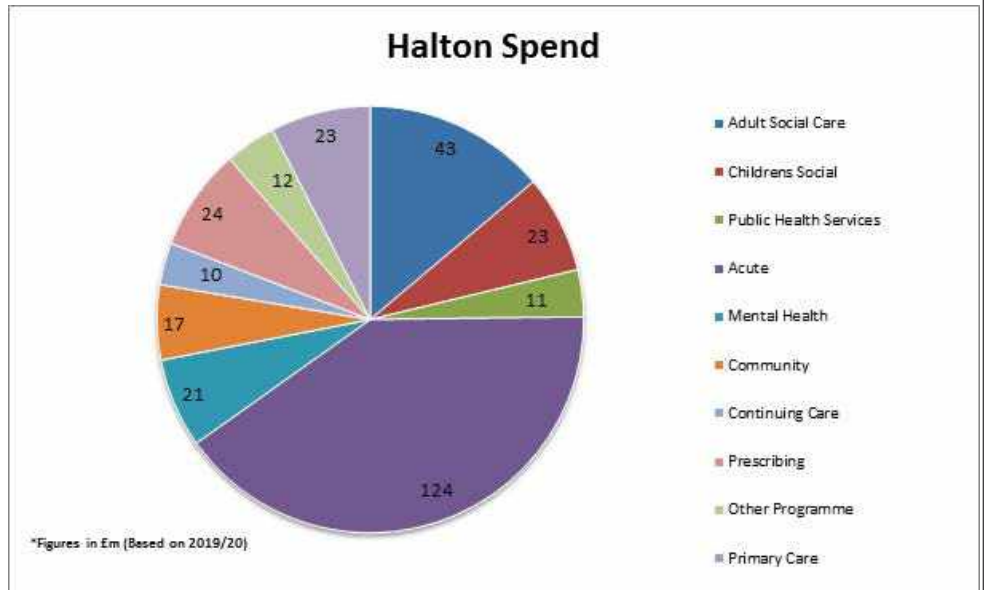
We will dispose of old or surplus property wherever possible and end leases for properties that are no longer required. We will review our office space and where possible reduce and rationalise this to improve efficiencies.

ACTION:

- **Develop an overarching estates strategy for Halton to ensure that the current estate in Halton is being utilised to its maximum potential and that when new services are proposed there is local availability of land/buildings to provide these.**
- **A heat map will be developed to show existing estate, what condition it is in, what clauses are in the lease, vacant space etc**

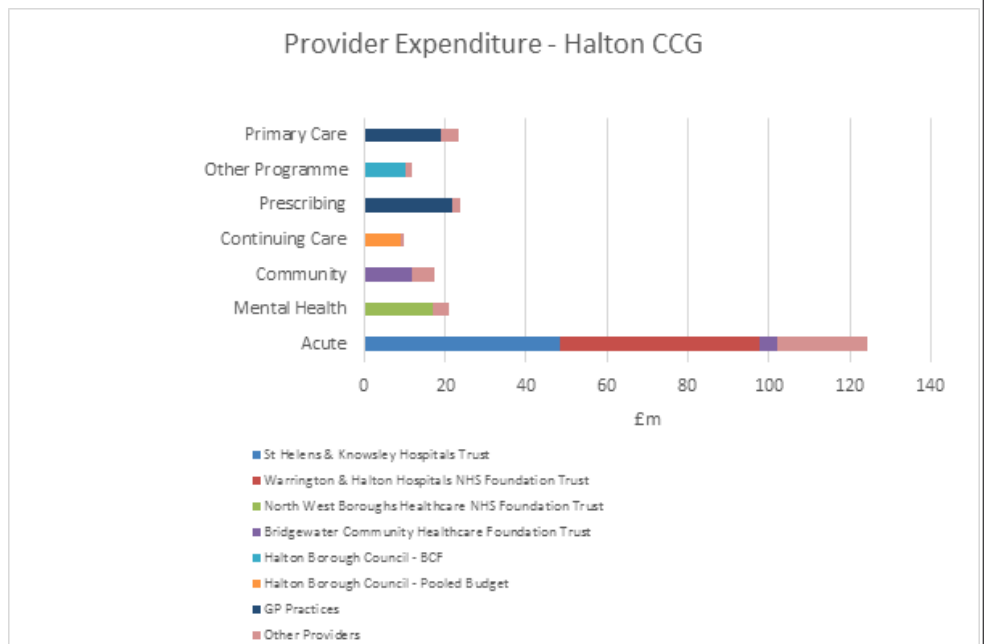
Making tax-payers money work harder

Across Halton over £300 million a year is spent on Health and Social Care. NHS Halton CCG spends £231m on services such as Acute Care, Primary Care, Community Services, Mental Health and Prescribing⁷. Halton Borough Council £76m on Adult Social Care, Children’s Social care and Public Health . This includes many services such as community services, complex care, mental health and family services.



All commissioners in Halton (NHS Halton CCG and Halton Borough Council) are experiencing financial difficulties as demand has grown faster than nationally allocated budgets.

The Local Authority already has to demonstrate a balanced budget annually; there is now a national mandate for all NHS organisations to be in financial balance by 2023/24.



Funding reforms will lead to changes for providers with more of an emphasis on incentives for improving quality and patient experience. By reducing duplication and commissioning services in a more integrated joined up way we can save money.

To get the most out of taxpayer’s investment we will work as a partnership to reduce duplication and work at scale to combine buying power to ensure cheaper costs, We will make sure the Halton pound is invested efficiently and effectively to achieve the best outcomes.

7 2019/20 Budget

What does it mean for me?

One Halton has already made a commitment to deliver on the outcome described above. The organisations in Halton that provide your services have made a commitment to work collaboratively together so you only have to tell your story once and the care you receive is more joined up and focussed on your needs.

The commissioners in Halton have agreed to streamline and integrate their services where possible; as well as work with Providers to ensure those services are designed around your needs.

As a patient, resident or someone who works in Halton you also need to make a commitment to do things differently and take an active role in prevention.

Eating healthy, getting more active and most importantly asking for help when you need it.

Health is a shared responsibility and only by working together can we achieve our vision of healthier, happier lives for everyone.

For prevention to succeed we need individuals and communities to play their part too. This involves making healthier choices for ourselves and our families, eating well, staying active, being smoke free and taking care of our mental health. Health is a shared responsibility and only by working together can we achieve our vision of healthier, happier lives for everyone.

Together, we will:

- Focus on people and places not organisations.
- Take a life course approach
- Work in partnership to co-produce
- Be financially sustainable
- Align budgets
- Be fair
- Be innovative
- Strive for best quality services.
- Safeguarding commissioning landscape as it changes
- Be accountable and hold to account to offer assurance (system oversight)

Our Priorities are:

Children and Young People: improved levels of early child development

Generally Well: increased levels of physical activity and healthy eating and reduction in harm from alcohol

Long-term Conditions: reduction in levels of heart disease and stroke

Mental Health: improved prevention, early detection and treatment

Cancer: reduced level of premature death

Older People: improved quality of life

How will we measure success?

Ultimate responsibility for the implementation of the One Halton Health and Wellbeing Strategy and the One Halton Plan lies with the Halton Health and Wellbeing Board.

The outcomes are monitored and reported quarterly through the Health and Wellbeing Dashboard (see appendix 5).

The Health and Wellbeing Board is a public meeting and residents are encouraged to attend to find out more about what is going on across Health and Social Care in Halton.

APPENDIX 1

Joint Health and Wellbeing Strategy Engagement Plan 2017

The following provides a summary of the key engagement activity that took place in 2016 to establish Halton's priorities as described in the Halton Health and Wellbeing Strategy 2017-2022. They are the foundation of the One Halton Plan 2019-2024 which builds on those priorities and takes into account more recent policies and guidance.

Message/ Activity	Audience	Timescales	By Whom
Defining Health and Wellbeing Priorities in Halton			
Public Health Event Halton Borough Council	Local Authority staff/ Public Health staff and Elected Members	7th Feb 2016	Halton BC/ Public Health
Stakeholder event at Halton Stadium on 28th February	Key stakeholders including: <ul style="list-style-type: none"> Local Authority CCG Staff Halton and St Helens Local Involvement Networks (LINKs)/Health Watch Local Overview and Scrutiny Committees (OSC) Media – general MPs Local Council Members Third sector and patient support groups (via local CVS organisations) Health and Wellbeing Board members CCG 	28th Feb 2016	Halton CCG/ HWBB
Consulting local communities through use of local media: <ul style="list-style-type: none"> Inside Halton Websites e.g. Council, PCT, Voluntary sector, LinKsetc Newsletters e.g. Health "e" times, staff newsletters, Links Press releases 	<ul style="list-style-type: none"> General Public Other interested groups as outlined above 	Commenced – February 2016, ongoing throughout	HWBB/ CCG
Board Consultation	Elected Members through PPBs, Exec Board, HWBB, Children's Trust, PCT Board, CCG, LSP, Links	2016	HWBB
Communicating results of consultation and proposed strategy and engaging partners in identifying solutions	All key stakeholders via Boards, stakeholder events etc	May/ June 2016	HWBB
Ensuring accountability and ownership	All key stakeholders/ HWBB	June/ July 2016	HWBB
Ongoing Consultation by:			
Health and Wellbeing Board Stakeholder events	Key Stakeholders as outlined above	6 monthly events to be arranged as part of ongoing consultation on HWBB priorities	HWBB
Looking at ways in which priorities can be addressed by joint working and agreeing "pledges" with partners agencies		Actioned through the HWBB and subgroups	HWBB

APPENDIX 2

Healthwatch:

In May 2019 Halton Healthwatch undertook public engagement in response to the NHS Long Terms Plan. In total 259 surveys were received as well as 32 attendees across two specific focus events.

The key themes were:

- People wanted easier access to GP Appointments
- Longer GP Appointments
- Improvements to GP Practice phone systems
- People wanted to stay in their own home for longer, retaining their independence as they get older.
- Choosing treatment to be a joint decision between patient and clinician
- Technology and online services need to be more user friendly
- More joined up treatment plans to be treated as a whole person, not just focus on one condition at a time.
- Develop social care systems that encourage independence, including community activities.
- Consistency of clinician was important. Heavy reliance on locum clinicians means the patient loses continuity of care.
- Still a demand for paper, and people wanted this option, including appointment outcomes to be formally written and shared with the patient.
- Technology improvements needed between primary care and secondary care, additionally need interoperable data between the two main acutes serving Halton.

Cancer, Heart and Lung, Long Term Conditions like diabetes and arthritis received positive feedback overall.

However Autism and Mental Health are two areas that Halton needs to improve, particularly around waiting times and improving after diagnosis support for patient and carer.

The survey told us people still find it hard to access primary care, some can get same day GP appointments and others advise they cannot, meaning we have inequalities across the borough.

More work is needed to join up communications and technology between General Practice and Pharmacies, the survey highlighted inconsistencies with medicine reviews and local pharmacists not knowing when medication had been changed.

There was definite support that the NHS, Social Care and voluntary sector should work more collaboratively together to overcome some of these issues and offer integrated support services. One Halton strives to do this and supports the collaboration of organisations in Halton to achieve improved outcomes for all.

The full document is available to review on Healthwatch Halton's [website](#).

APPENDIX 3

Smoking	Actions	Delivery Vehicle
<p>By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.</p>	<p>The Cancer Alliance is trialling the CURE model in Cancer Care Hospitals across Cheshire/Merseyside with the intention that all Hospitals in the area will be on board by 2023/24. The CURE model is:</p> <p>C Conversation: Have the right conversation every time U Understand: Understand the level of addiction R Replace: Replace nicotine to prevent withdrawal E Experts and evidence based treatments: For all patients</p> <p>E.g. referral to NHS Stop Smoking Services.</p> <p>The CURE model will include all vulnerable groups with high levels of smoking prevalence e.g. pregnant smokers, smokers with mental health, smokers with alcohol/substance misuse, smokers with respiratory health and smokers from poorer communities.</p> <p>“Stop before the Op” programme to be developed and expanded to Whiston and Warrington/Halton Hospitals where the majority of Halton people attend will need to establish improved links with Halton local authority smoking cessation teams/ offer in community including community pharmacy in order to ensure that all patients on discharge are able to continue to access the smoking cessation products that they are discharged with.</p> <p>Plans should include consideration of IT and other communication links between acute trusts and community pharmacy and LA smoking cessation teams to ensure they meet IG requirements whilst being timely and meeting patient needs. Particularly transfers from hospital into community. Dedicated time and administrative procedures need to be put in place to effectively and appropriately manage any smoking cessation transfers out of secondary care Consider use of Transfers of Care Around Medicines (TCAM) service (The aims of this service are to improve the post-discharge support for patients by facilitating early medicine reconciliation thereby reducing re-admissions / emergency department attendances and reduce errors on medication prescribed and supplied in the community following changes instigated in hospital.)</p> <p>The CCG /Trusts will include Local Authority Public Health and Health Improvement Service within these discussions and the development of any service specifications / contracting arrangements.</p> <p>Halton Stop Smoking Services also offer training and advice to professionals who need support to deliver cessation, funding will be required to ensure that roll out to wider NHS / acute trusts is successful.</p> <p>Smoking cessation champions to be identified in each hospital ward / speciality/ clinic / practice</p> <p>Establish robust approach to achieving a Smokefree NHS (including the hospital estate) which includes both a positive environment and integrated support for people to quit.</p> <p>Acute, Community and Mental Health Providers will support this priority area during 2019/20 CCG CQUIN Programme by achieving 80% of patients will be screened for smoking use and achieve 90% of identified smokers given brief advice.</p>	<p>CM Cancer Alliance pilot using CURE model currently in place. Warrington/Halton and St Helens/Knowsley NHS Hosp Trusts</p> <p>Tobacco Control Alliance Halton Stop Smoking Service</p> <p>CCG 2019/20 Alcohol and Tobacco screening and brief advice</p>

Smoking	Actions	Delivery Vehicle
<p>The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.</p>	<ul style="list-style-type: none"> • NICE guidance (PH26) Smoking: stopping in pregnancy and after childbirth NHS England. • Saving Babies' Lives A care bundle for reducing stillbirth, 2016 National Maternity Review. • BETTER BIRTHS, Improving outcomes of maternity services in England. • A Five Year Forward View for maternity care, 2016 CCG Improvement and Assessment Framework – Maternity. Maternal smoking at time of delivery indicator <p>Halton Community Midwives offer CO monitoring to all pregnant women and refer smokers into the Halton Stop Smoking Service. On receipt of referrals the Stop Smoking Service offer all pregnant smokers' home visits, financial incentives, stress management techniques and intensive behaviour support alongside NRT if required.</p> <p>The CCG will work with the Maternity providers to ensure that the smoking cessation offer will be mainstreamed into the community midwifery contract, to include all elements of baby clear (or similar programme). Evidence suggests that one to one targeted intervention by the midwife ongoing through antenatal period, is most effective intervention. Ideally this is a core component of midwifery contract. The CCG will include Local Authority Public Health and Early Help Service within these discussions and the development of any Service Specifications/ Contracting arrangements.</p> <p>The Halton Health Improvement team, CCG and the local Maternity provider will continue to work directly within practices and in community to support healthy living advice. PH smoking offer would then complement and support this.</p> <p>Halton Stop Smoking Services also offer training and advice to professionals who need support to deliver cessation</p>	<p>Halton Stop Smoking Services./ HIS CCG Midwifery provider</p>
<p>A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.</p>	<p>The MH provider will develop a universal offer.as part of core specialist mental health services, this will be as a corporate function (rather than a commissioned service)</p> <p>Halton Stop Smoking Service currently has a Stop Smoking Specialist in Mental Health who works with Booker Centre Staff and residents to support those wishing to stop smoking, as the PH grant will be further reduced this service will need to be supplementary to an approach to be developed by the MH provider, freeing the stop smoking service to provide needs based proportional interventions over and above the universal offer.</p> <p>The MH provider will train staff to identify and support individuals who want to stop smoking. This will be facilitated by the Halton Stop Smoking Service/HIS and roll out of MECC training</p>	<p>Halton Stop Smoking Services. MH Provider MECC training lead CCG 2019/20 Alcohol and Tobacco screening and</p>

Obesity	Actions	Delivery Vehicle
<p>Access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+</p>	<p>All patients with a BMI >30+ can be referred or self-refer into Halton Tier 3 weight management service. General practice to weigh/measure all patients as standard, offer low level advice and referral to service</p> <p>The CCG will support primary care to make more direct referral from Primary Care into the existing weight management service this includes direct referral into Tier 2 services (PH funded HIT Fresh Start) Tier 3 services (specialist)</p> <p>Additionally, the Primary Care team will continue to provide robust advice, and signposting to other opportunities within the community that can support individuals weight management including (but not limited to) the Physical Activity offer of HBC</p> <p>For capacity reasons (up to 70% Halton Population overweight or obese) offer all patients with a BMI in the overweight / obese category the opportunity to identify and develop their own action plan for weight loss which may include a commercial plan, offer follow up and referral into Funded Tier 2 and 3 services on review at 12 weeks if unsuccessful</p> <p>Key opportunities for referral occur at the times of annual reviews for chronic long term conditions, following NHS health Checks and at pre- diabetes reviews.</p> <p>Increasing Breastfeeding rates is critical to the obesity agenda. Need whole system leadership to support breastfeeding across the NHS, including strengthening contractual obligations for midwifery.</p>	<p>Halton Tier 3 Weight Management Service. Halton General Practices CCG HBC Physical Activity Lead Maternity services</p>
<p>NHS Diabetes Prevention Programme, including a new digital option</p>	<p>NHSE programme in place Digital options are being explored and a local offer is in development Existing diabetes prevention plan is also in place working in collaboration with DDP. CCG commissioner to continue to work with HIS to develop a robust pathway that ensures all people referred into the services benefit</p>	<p>Diabetes Prevention Programme. Halton Health Improvement service Halton General Practices CCG</p>
<p>Testing an NHS programme supporting very low calorie diets for obese people with type 2 diabetes.</p>	<p>Low calorie diets advised/supported by specialist dietetic provision via Halton Tier 3 weight management service. Specific testing programme for this cohort would need to be developed. NHSE will pilot for 5000 people but pilot sites are not yet known Has been discussed at HCP and would plan to apply for pilot status as an STP when this is available</p>	<p>Halton - Tier 3 Weight Management Service HCP Diabetes Programme/ NHSE</p>
<p>The NHS will continue to take action on healthy NHS premises</p>	<p>CCG to develop a workforce health programmes that offers all staff the opportunity to access healthy walks, food, rest breaks, and health advice related to their working environment</p> <p>This has been a CQUIN for 2017-19 with all providers. The C&M Prevention Pledge for provider trusts will maximise the delivery of this, supported by Food Active and the H&C partnership.</p> <p>MECC programme of work across providers.</p>	<p>CCG Warrington/Halton and St Helens/Knowsley NHS Hosp Trusts Halton Health Improvement service Food Active HCP. MECC Lead</p>

Alcohol	Actions	Delivery Vehicle
<p>Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs)</p>	<p>Health and Wellbeing Boards has identified reducing alcohol-related harm as a core prevention priority. The C&M HCP Prevention Board has developed the C&M Alcohol Prevention Plan which provides a focus on actions across the health and social care system which will support both the reduction and prevention of alcohol-related harm.</p> <p>The development of hospital pathways and support and advice to clinicians has been shown to pay for itself. The single Alcohol Liaison Nurse has been decommissioned – Alcohol Care Teams funded by the hospital can gain better traction into all sections of secondary care and better connection back to community support for substance misuse. Alcohol Care teams can also maximise the Alcohol and Tobacco CQUIN by embedding Identification and Brief Advice ('IBA') across all areas of secondary care.</p> <p>Acute, Community and Mental Health Providers will support this priority area during 2019/20 CQUIN Programme by achieving 80% of patients will be screened for alcohol use and achieve 90% of patients identified as drinking above low risk levels given brief advice or offered a specialist referral</p> <p>NHS Halton CCG is implementing the RightCare model for High Intensity Users, offering targeted support to patients who are frequent users of ambulance and urgent care services with issues or conditions that have avoidance opportunities, including drug and alcohol dependant patients.</p>	<p>Health Care Partnership (HCP)</p> <p>CCG 2019/20 Alcohol and Tobacco screening and brief advice CQUIN</p> <p>Warrington & Halton Hospitals and St Helens & Knowsley NHS Hospitals Trusts</p>
Air Pollution	Actions	Delivery Vehicle
<p>While wider action on air pollution is for government to lead, the NHS will work to reduce air pollution from all sources. Specifically, we will cut business mileages and fleet air pollutant emissions by 20% by 2023/24.</p>	<p>Link with local active travel plans for staff, patients and visitors, maximising use of public transport, cycling and walking options.</p> <p>Promote use of electric vehicles and provide electric charging points at LA, Voluntary Sector and NHS premises.</p> <p>Consider waste, local supply chains and all contracted providers to reduce impact on the environment. Social value commitment across all NHS providers.</p> <p>Maximise the use of technology, where practical, to reduce the need to travel for face-face meetings</p> <p>Stipulate minimum environmental standards for all businesses that operate from NHS premises</p> <p>Work with NHS Sustainable Development Unit to spread best practice in sustainable development, including improving air quality, plastics and carbon reduction.</p>	<p>All partners in ICS</p>

Antimicrobial resistance	Actions	Delivery Vehicle
<p>The health service will continue to support implementation and delivery of the government's new five-year action plan on Antimicrobial Resistance.</p>	<p>NHS Halton CCG has continued to work with Primary Care prescribers and other providers regarding effective Antimicrobial Stewardship (AMS) and appropriate prescribing of antimicrobials.</p> <p>Inclusion of antimicrobial prescribing within the annual GP Prescribing Quality Initiative. All practices are required to have a practice specific action plan incorporating TARGET toolkit resources, strategies and audit. AMR is included in the Quality Contract Monitoring for GP Practices within Halton.</p> <p>The local AMR group has been re-established and has representation from CCG, LA Public Health, Community Microbiologist, GP and Infection Control. The group maintains the joint Halton AMR action plan, provides high level discussion and facilitates decision making with regards to the overall approach to appropriate use of antimicrobials and how to improve prescribing across the Halton locality.</p> <p>Activities to support effective AMS are included in all provider quality schedules, requiring evidence to support data analysis and audit, peer review, education and challenge.</p> <p>Introduction of the 'To Dip or Not to Dip' project within Halton care homes to improve management of urinary tract infections for care home patients by focussing on the symptoms and the patient rather than dipstick results in isolation. This is a joint approach between Infection Control and Medicines Management and its effectiveness continues to be reviewed with additional support where appropriate.</p> <p>Update of antimicrobial prescribing guidelines. NHS Halton CCG is part of the Pan Mersey Area Prescribing Committee and the Medicines Management Team (MMT) actively supports the development of the antimicrobial formulary and implementation with prescribers within the CCG.</p> <p>The MMT also attends:</p> <ul style="list-style-type: none"> • Cheshire and Merseyside AMR formulary group to develop prescribing guidance across the wider area. • Mid-Mersey AMR leads group in relation to the practical approaches with providers, audit and local implementation of AMS/AMR strategies. <p>Halton MMT is working closely with the HCP Mid Mersey AMR clinicians to target specific areas of improvement and to support education and peer support for 'red' practices.</p> <p>The MMT send out monthly Antimicrobial prescribing dashboards to all GP practices, this data is discussed at the local AMR Group and at practice level meetings.</p> <p>AMR is a Halton Health Protection priority and links in to all the work being done locally between the CCG and Public Health.</p> <p>Acute Providers will support this by 2019/20 CCG1 Antimicrobial Resistance (AMR) CQUIN monitoring Lower Urinary Tract Infections in Older People and Antibiotic prophylaxis in Colorectal Surgery</p>	<p>CCG Medicines Management team (MMT); Joint Local Antimicrobial Resistance (AMR) group; C&M Health & Care Partnership (HCP) AMR group; C&M Antimicrobial Formulary Group; Pan Mersey Area prescribing Committee.</p> <p>2019/20 CCG1 Antimicrobial Resistance (AMR) CQUIN</p>

Immunisation and Vaccination	Actions	Delivery Vehicle
Have a coherent plan with the local Public Health commissioning teams of NHS England to improve the quality, access to screening and immunisation programmes	CCG to actively engage in joint meetings across screening and immunisation agendas with PHE, NHSE Screening and Immunisation teams, LA PH and relevant partners to ensure co developed planning and activity	CCG PHE NHSE SCRIMMS teams LA PH
Support general practices to target at risk population groups to improve uptake and coverage of the flu vaccination, also having a named flu lead in place	Undertake joint practice visits with NHSE Screening and Immunisation teams to assess quality and assure improvements across screening and immunisation performance and practice Continue to identify and share best practice to support improvements in Flu uptake. Monitor uptake and share uptake figures during Flu season. Benchmark uptake across practices (via Primary Care Dashboard) and follow up with practices to identify support strategies. Named Flu lead in place at CCG – Head of Quality supported by Public Health and Primary Care Commissioning Team.	CCG NHSE SCRIMMS teams LA PH
CCGs need to ensure they have capacity to deliver: a) the additional colposcopies & cancer treatment for HPV primary screening; b) treatment of additional bowel cancer cases likely to follow the switch from FOBt to FIT 120ug	CCG receive assurance and input in to Trust and Cancer alliance partnerships regrading capacity and pathways	CCG Cancer Alliance
CCGs to ensure clear arrangements in place to support oversight of the flu programme between October with named lead	Undertake regular assurance monitoring and hold practices to account at regular intervals during the flu season, providing timely input to improve quality where practices are significantly behind anticipated activity Actively participate and input in to coordinated joint local flu planning and response meetings Benchmark uptake across practices and follow up with practices to identify support strategies	CCG Halton General Practices Halton flu planning meeting
CCGs will support general practices (subject to national funding) to sustain and improve uptake and coverage of the routine childhood vaccination to achieve WHO targets	Co-develop practice improvement plans alongside PHE screening and immunisation and screening team, LA PH Undertake regular targeted PLT events around immunisation Work closely with PCNs to explore alternative delivery mechanisms to improve uptake Continue to benchmark practices (via Primary Care Dashboard) discuss variation in uptake within annual Quality, Contracting & Transformation visits in order to identify areas for support and share best practice.	CCG PHE LA PH PCNs
CCGs will support the implementation of the flu programme, with particular emphasis on: supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used	Undertake regular assurance monitoring and hold practices to account at regular intervals during the flu season, providing timely input to improve quality where practices are significantly behind anticipated activity Actively participate and input in to coordinated joint local flu planning and response meetings Undertake joint practice visits with NHSE Screening and Immunisation teams to assess quality and assure improvements across screening and immunisation performance and practice Benchmark uptake across practices (via Primary Care Dashboard) and follow up with practices to identify support strategies.	CCG Halton General Practices

Health Inequalities	Actions	Delivery Vehicle
<p>To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan</p>	<p>The integrated system will agree that every decision made we should consider how this impacts on inequality. This includes every commissioning/ decommissioning decision in order to prevent poor health and shorter lives.</p> <p>Continue to benchmark both actual prevalence (QOF disease registers) and QOF treatment and management indicators via Primary Care Dashboard. Discuss benchmarking and practice variation within annual Quality, Contracting & Transformation visits in order to identify areas for support and share best practice.</p> <p>Primary Care Networks are conducting quality improvement work on the disease conditions known to be the drivers of the gap in Life Expectancy locally:</p> <ul style="list-style-type: none"> • circulatory diseases, respiratory diseases and cancer. These are also HWBB priorities. <p>Intelligence reports enable focused targeting of effort. Work is targeted to improve the detection, and management of specific conditions including hypertension, pre-diabetes, COPD and clinical risk factors such as Smoking; prevalence varies widely between social classes. One in three people living in social housing smoke.</p> <p>Children living with smokers are more likely to become smokers themselves and may also be exposed to second hand smoke. Reducing smoking prevalence in these communities can reduce health inequalities and increase disposable income.</p> <p>Halton Stop Smoking Service is looking to work in partnership with Social Housing providers in Halton to reduce smoking prevalence in these communities. Halton Stop Smoking Service have Stop Smoking Specialists who target and work with those vulnerable groups with high smoking prevalence e.g. pregnant smokers, smokers with mental health, smokers with alcohol/substance misuse, smokers with respiratory health and smokers from poorer communities.</p> <p>CCG to identify a robust route into social prescribing – ie ensuring referrals to social welfare services such as CAB, Housing etc to ensure that those living in the poorest households are facilitated to maximise their income, maximise welfare benefits, minimise debts, access support such as foodbank, money advice.</p> <p>Social prescribing review currently being undertaken across borough to develop an agreed Halton model moving forward 2020 onwards . CCG working collaboratively with Local Authority Public Health and Primary Care Networks to ensure agreed model in place, building on Halton's early adopter status. This will ensure future commissioned services and the development of the PCN Social Prescribing Link Worker role is integrated around the agreed Halton model,</p> <p>Well Halton Programme working in 4 areas of greatest deprivation within Halton: Windmill Hill, Halton Brook, Halton Lea and Ditton (Inc Community Shop) –</p> <p>CCG will ensure that opportunities to reduce inequalities through inclusive recruitment practices and commissioning for social value are maximised. Working with public health on joint strategies for frailty, falls, loneliness and through partners in preventions.</p> <p>CCG looking at the use of technology to patients to access support through advice and guidance remotely e.g. health apps including the NHS app</p> <p>Staff Flu Vaccinations CQUIN: Acute, Community and Mental Health Providers will support this priority area during 2019/20 CQUIN Programme by achieving 80% uptake of flu vaccination by frontline clinical staff</p>	<p>Awaiting national indicators and datasets on health inequalities.</p> <p>Halton JSNA's and analysis. Population Health Management intelligence.</p> <p>Halton has GP Practice JSNAs in place and an analyst team with a wide range of data.</p> <p>HCP Prevention Board and Cross Cutting Themes work – CVD, Cancer.</p> <p>2019/20 CCG2 Staff Flu Vaccination CQUIN</p>

Health Inequalities	Actions	Delivery Vehicle
<p>In maternity services, we will implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies.</p>	<p>The CCG will work with its main providers of Maternity Services to ensure this requirement is included within Maternity Services Contracts and Service Specifications for 2019/20 onwards.</p> <p>The CCG will include Local Authority Public Health and Early Help Service within these discussions and the development of any future Service Specifications/Contracting arrangements.</p>	
<p>Offer all women who smoke during their pregnancy, specialist smoking cessation support to help them quit.</p>	<p>Halton Community Midwives follow:</p> <ul style="list-style-type: none"> • NICE guidance (PH26) Smoking: stopping in pregnancy and after childbirth NHS England. • Saving Babies' Lives A care bundle for reducing stillbirth, 2016 National Maternity Review. • BETTER BIRTHS, Improving outcomes of maternity services in England. • A Five Year Forward View for maternity care, 2016 CCG Improvement and Assessment Framework – Maternity. Maternal smoking at time of delivery indicator <p>Halton Community Midwives offer CO monitoring to all pregnant women and refer smokers into the Halton Stop Smoking Service. On receipt of referrals the Stop Smoking Service offer all pregnant smokers' home visits, financial incentives, stress management techniques and intensive behaviour support alongside NRT if required.</p> <p>The CCG will work with the Maternity providers to ensure that the smoking cessation offer will be mainstreamed into the community midwifery contract, to include all elements of baby clear (or similar programme). Evidence suggests that one to one targeted intervention by the midwife ongoing through antenatal period, is most effective intervention. Ideally this is a core component of midwifery contract. The CCG will include Local Authority Public Health and Early Help Service within these discussions and the development of any Service Specifications/Contracting arrangements.</p>	<p>Halton Stop Smoking Service.</p>
<p>By 2023/24, further increase the number of people receiving physical health checks per year</p>	<p>Halton Health Improvement team work in partnership with Primary care to deliver NHS Health Checks.</p> <p>All practices are signed up and contracted to deliver these checks</p> <p>As a quality improvement action Runcorn practices have undertaken a project to increase uptake which will be rolled across all practices</p> <p>The CCG will work to ensure that people living with severe mental health problems have their physical health needs met.</p> <p>CCG Implementation of the CVD prevent tool C&M Health and Care Partnership Prevention Board Priority</p>	<p>Halton Health Checks Programme. CHAMPS priority High BP C&M Prevention Board Priority.</p>
<p>Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives</p>	<p>CCG will continue to monitor and benchmark health check uptake for patients on a Learning Disability register and ensure that all patients receive an annual health check by sharing good practice.</p> <p>CCG will also improve the quality of the healthy checks undertaken by promoting best practice, and ensuring that all clinical staff are trained and confident in undertaking a high quality health check.</p> <p>Adaptation of services to meet individual needs, with more bespoke multiagency delivery</p>	<p>G Halton general practices to support LD health checks. HCP cross cutting theme Learning Disabilities.</p>

Health Inequalities	Actions	Delivery Vehicle
Meeting the needs of rough sleepers, to ensure that people rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.	Having a named GP practice champion In Halton there are very low rough sleeper numbers locally but a hidden homeless sofa surfing population Identification of a PCN lead practice to act as a dedicated access to enable improved access	Halton Housing support. HCP cross cutting theme Mental Health. Halton Mental Health Boards. PCN
We will continue to identify and support carers, particularly those from vulnerable communities	Development of Carers Strategy and Implementation plan has a focus on carer identification across the borough	Halton Population Health Framework – personalised care for carers.
Ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.	Carers assessment process and outcomes to be reviewed as part of the carers strategy implementation. This includes contingency planning and out of hours support	
The NHS will roll out 'top tips' for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services.	'Top tips' will be rolled out as part of the carers strategy implementation	Halton Prevention Services and social prescribing. Halton Population Health Framework.
We will invest in expanding NHS specialist clinics to help more people with serious gambling problems	All frontline staff will be trained to recognise gambling issues, including online and hidden gambling, and refer to appropriate support The CCG will use national guidance on roll-out of specialist services for people with serious gambling problems and seek to develop a local offer with partners including the voluntary sector.	Halton Prevention Services. VCS
The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups.	CCG to continue the development of the One Halton system to include collaboration with wider partners, including third sector. Ensure the robust support and development of the One Halton Provider alliance to maximise opportunities for a variety of providers and maximise benefits and reach from a collaborative approach to commissioned services. Ensure service users from representative groups are included and involved in service design, planning and commissioning to best inform need based on lived experience learning.	CCG One Halton Provider Alliance

Mental Health	Actions	Delivery Vehicle
To ensure increased access to NICE concordant community-based specialist perinatal mental health services	Cheshire and Merseyside Perinatal mental health service is in place. Ensure continued quality and contractual arrangements. Continue to fund the NCT perinatal peer support programme. Implementation and engagement with the Cheshire and Merseyside Multiagency perinatal pathway	Cheshire and Merseyside Multiagency perinatal pathway
CCGs to ensure there is a crisis response that meets the needs of under 18 year olds.	Ensure sufficient capacity and easy access to services through the Thrive based model of provision. Facilitate and progress the development of a 24 hour access crisis response service for young people	CCG commissioning lead Children and Young people's mental health board for oversight
Deliver against multiagency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21	CCG to actively engage in multiagency Suicide prevention partnership and contribute to the delivery of the Suicide Prevention Strategy action plans. Actively engage within the CHAMPs Zero Suicide strategy and activities.	Halton Suicide Prevention Partnership
All CCGs must meet the Mental Health Investment Standard (MHIS).	CCG has committed additional investment to meet the requirements of Five Year Forward View	CCG
Additional CCG baseline funding to deliver commitments in Implementing the Five Year Forward View for Mental Health	CCG has committed additional investment to meet the requirements of Five Year Forward View	CCG
Use additional 2019/20 baseline funding to stabilise and bolster core adult community mental health teams and prepare for new integrated primary and community model as part of the Long Term Plan.	CCG has committed additional investment to meet the requirements of Five Year Forward View	CCG
Alongside the 66.7% Dementia Diagnosis Rate (measured via SDCS), improve postdiagnostic dementia care in line with published guidance	NHS Halton CCG commission a community pathway for patients diagnosed with dementia and their carers. Post diagnostic support includes signposting benefits advice, prognosis, support from Admiral Nurse Service. The new 6 week referral to diagnosis target to be monitored from April 2019 and a revised referral form for primary care to be implemented to deliver more timely access with appropriate diagnostic tests undertaken prior to referral memory clinic. Current diagnosis rate 77%.	CCG
Early Intervention in Psychosis (EIP): CCGs to meet NICE concordance for EIP 2018-19; deliver the further ambition for 50% of services to be graded at level 3 by the end of 2019/20	CCG to provide performance management and oversight of achievement	CCG
Crisis Resolution Home Treatment Teams CCGs to ensure by 2019/20 all adult population have access to services that are commissioned to meet the minimum functions set out.	CCG performance management and oversight of action, including dissemination to ensure that all adult population are aware of provision National funding secured to support development	CCG
Continued focus on improving access to psychology therapies (IAPT) services to meet core IAPT offer requirements, all areas commissioning IAPT/LTC services, and colocation of therapists in primary care.	IAPT service currently on target to meet prevalence access target for 2019/20 Additional investment/business case to be developed for additional IAPT trained therapists and co-location with community based LTC teams e.g. heart failure and diabetes. This will facilitate achievement of 22% and 25% target by 2021. Targeted work with practices where referrals are less than expected and plan for co-location of therapy staff into 'hubs' to deliver assessment/therapy to patients from more than one practice.	CCG

Mental Health	Actions	Delivery Vehicle
Deliver liaison and diversion services to 100% of the population	<p>CCG to continue to engage and support programmes such as CHAPS (Cheshire Autism Practical Support) attention card</p> <p>Ensuring provision and training of appropriate staff within the police and custody facilities, Mental Health services to link with probation and youth justice service</p>	CCG
Secondary and tertiary prevention in primary care	Halton Health Improvement service is already well embedded in primary care providing a range of healthy advice and interventions that are targeted to population need. The Health Trainers provide NHS Health Checks; advice on diet, alcohol and smoking and signpost to specialist offers including weight management and physical activity opportunities. Working with the primary care networks bespoke lifestyle clinics will be developed to support individuals at risk from Diabetes, hypertension and a range of chronic long term conditions to reduce their personal risk as part of a personalised offer.	CCG CCG HIT
Deliver against multiagency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21	<p>CCG to actively engage in multiagency Suicide prevention partnership and contribute to the delivery of the Suicide Prevention Strategy action plans.</p> <p>Actively engage within the CHAMPs Zero Suicide strategy and activities.</p> <p>Mental Health Providers will support this priority area during 2019/20 CQUIN Programme by achieving 80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from a CCG commissioned service.</p>	<p>Halton Suicide Prevention Partnership</p> <p>2019/20 CCG4 72 Hr Follow Up Post Discharge CQUIN</p>

APPENDIX 4

Cheshire and Merseyside Health and Care Partnership

21 C&M Programmes



APPENDIX 5

How we will measure:

Category	Indicator	Age	Baseline	Period	Current	NW	Period	Target	Year	Trendline
MENTAL HEALTH	15 Emergency self-harm admissions Directly Standardised Rate per 100,000 population	All	345.5	2010/11	340.0	185.5	2017/18	557.7	2018/19	
	16 Self-reported wellbeing: low happiness % of adults reporting low happiness	18+	11.1%	2011/12	9.7%	8.2%	2017/18	9.4%	2018/19	
	17 Social isolation % of adults aged 65+ who have at most 100 contacts in their social network	18+	45.5%	2010/11	54.4%	48.1%	2017/18	-	-	
CANCER	18 Premature mortality from cancer Directly Standardised Rate per 100,000 population	47.5	113.4	2001-03	159.1	148.5	2015-17	170.9	2018-18	
	19 Cancer screening coverage: bowel % eligible people invited for screening with a FIT screening result in last 20 months	50-74	52.2%	2015	57.0%	55.2%	2018	50%	National standard	
	20 Cancer screening coverage: breast % women eligible for screening with a test with a recorded result once in previous 20 months	15-70	74.5%	2015	73.4%	75.4%	2018	70%	National standard	
	21 Cancer screening coverage: cervical % eligible women screened adequately in previous 2.5 years	15-64	70.2%	2015	71.8%	71.2%	2018	50%	National standard	
	22 Flu vaccination uptake % of eligible adults aged 65+ who took at least 1 vaccine GP registered population	65+	74.5%	2010/11	75.7%	75.3%	2017/18	75.0%	2018/19	
QUALITY OF LIFE FOR OLDER PEOPLE	23 Emergency admissions to hospital due to injuries from falls Directly Standardised Rate per 100,000 population	65+	2654.9	2010/11	2097.1	2598.3	2017/18	2000.0	2018/19	
	24 Emergency admissions to hospital due to hip fractures Directly Standardised Rate per 100,000 population	65+	557.1	2010/11	574.5	517.2	2017/18	555.0	2018/19	
	25 Health-related quality of life for older people Average health status score for adults	65+	0.850	2011/12	0.839	0.718	2018/17	-	-	
	26 Permanent admissions to residential/nursing care homes Crude rate per 100,000 population	65+	573.3	2010/11	581.0	756.0	2017/18	-	-	
	27 Avg. no. of years males would expect to live based on contemporary mortality rates	65+	14.8	2001-03	17.5	16.0	2015-17	17.8	2018-18	
	28 Female life expectancy at 65	65+	17.5	2001-03	19.3	20.1	2015-17	19.4	2018-18	
	29 Avg. no. of years females would expect to live based on contemporary mortality rates	65+	17.5	2001-03	19.3	20.1	2015-17	19.4	2018-18	
AGE	29 A&E attendances Directly Standardised Rate per 1,000 population	All	389.0	2011/12	746.1	-	2017/18	-	-	
	30 A&E attendances Crude rate per 1,000 population	0-19	430.8	2010/11	941.1	499.3	2018/17	-	-	
	31 A&E attendances Directly Standardised Rate per 1,000 population	65+	422.8	2011/12	734.3	-	2017/18	-	-	
HOSPITAL ADMISSIONS/READMISSIONS	32 Emergency admissions to hospital Directly Standardised Rate per 1,000 population	0-19	104.5	2010/11	110.4	97.3	2018/17	-	-	
	33 Emergency admissions to hospital Crude rate per 1,000 population	65+	390.0	2011/12	374.4	-	2017/18	-	-	
	34 Length of hospital stay Percentage of emergency admissions among those aged 65+ being longer than 7 days	All	32%	03/17/18	32%	-	04/17/18	-	-	
	35 Emergency readmissions to hospital from care homes % of emergency readmissions from care home within 30 days of discharge	19%	03/17/18	17%	-	04/17/18	-	-		
	36 Emergency readmissions to hospital (180 days) % of people admitted to hospital with 30 days at discharge, re-admitted	All	13.3	2013/14	14.1%	13.2%	2017/18	-	-	

Health and Wellbeing Board Dashboard

*Targeted only available for QM indicators, show without targeted not currently benchmarked locally

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Category	Indicator	Age	Baseline	Period	Current	NW	Period	Target	Year	Trendline
HEALTH & WELLBEING BOARD PRIORITIES										
CHILD DEVELOPMENT	1 Child development at age 5 % of eligible children achieving a good level of development at the end of reception	5	97.0%	2012/15	84.3%	88.9%	2017/18	86.5%	2018/19	
	2 A&E attendances Crude rate per 1,000	0-4	335	2010/11	467.2	766.6	2017/18	-	-	
	3 Children in care Crude rate per 10,000 children	0-17	47.0	2011	92.1	91.2	2018	-	-	
	4 Obese children - Reception % of children who are obese	4-5	11.5%	2006/07	11.4%	10.1%	2017/18	Awaiting	-	
	5 Obese children - Year 6 % of children who are obese	10-11	21.7%	2006/07	23.4%	21.0%	2017/18	Awaiting	-	
GENERALLY WELL	6 Hospital admissions for mental health conditions Crude rate per 100,000	0-17	179.3	2010/11	137.3	103.6	2017/18	-	-	
	7 Adults achieving recommended levels of physical activity % of adults achieving 150 minutes of moderate intensity equivalent per week	18+	59.0%	2015/16	63.2%	58.7%	2016/17	57.0%	2017/18	
	8 Adults with excess weight % of adults classed as overweight or obese	18+	70.5%	2015/16	61.1%	64.3%	2016/17	58.0%	2017/18	
	9 Under-18 alcohol-specific admission episodes Crude rate per 100,000 population	4-18	2018	06/07-08/08	37.6	47.6	15/18-17/18	55.8	15/17-18/18	
LONG TERM CONDITIONS	10 Alcohol-related admissions episodes (narrow definition) Directly Standardised Rate per 100,000 population	All	734.4	2008/09	820.1	699.5	2017/18	827.7	2018/19	
	11 Premature mortality from liver disease Directly Standardised Rate per 100,000 population	47.5	23.4	2001-03	31.4	28.3	2015/17	-	-	
	12 Smoking prevalence % of adults who currently smoke	18+	22.9%	2011	15.0%	16.1%	2017	14.8%	2018	
	13 Premature mortality from cardiovascular disease Directly Standardised Rate per 100,000 population	47.5	177.4	2001-03	91.3	87	2015-17	88.9	2018-18	
	14 Premature mortality from respiratory disease Directly Standardised Rate per 100,000 population	47.5	30.7	2001-03	30.3	43.8	2015-17	30.3	2016-18	

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