



WHH Council of Governors

Thursday 12 November 2020

4:00pm

Via MS Teams

COUNCIL OF GOVERNORS

THURSDAY 12 November 2020, 4.00pm-6.00pm Via MS Teams

AGENDA ITEM COG/20/08/XX	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/20/11/ 45	4.00pm	Welcome and Opening Comments <ul style="list-style-type: none"> Apologies Declarations of Interest 			Chairman
COG/20/11/ 46 PAGE 5		Minutes of meeting held 13 August 2020	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/20/11/ 47 PAGE 12		Matters arising/action log	<i>For assurance</i>	<i>Action log</i>	Chairman
GOVERNOR BUSINESS					
COG/20/11/ 48 PAGE 18	4.10pm	Lead Governor Update including <ul style="list-style-type: none"> Board observation report 	<i>For info/update</i>	<i>Verbal</i>	Lead Governor
COG/20/11/ 49 PAGE 20	4.15pm	Items requested by Governors	<i>For info/update</i>	<i>Briefing notes +Q&A</i>	Chair
COG/20/11/ 49 PAGE 21		Board Committee Observations <ul style="list-style-type: none"> Finance & Sustainability Committee – P Bradshaw Quality Assurance Committee – A Robinson - to follow Strategic People Committee - C Jenkins <small>*copies of Chair’s Committee Assurance Reports received in the Public Trust Board are included for information in supplementary</small>			
COG/20/11/ 50 PAGE 22 + PAGE 30	4.30pm	Reports from Governors Engagement Group <ul style="list-style-type: none"> (a) Runcorn Shopping City Proposal and Engagement Plan (b) Engagement Dashboard Q2 	<i>For info/update</i>	<i>Briefing + verbal</i>	Chair of GEG
COG/20/11/ 51	4.40pm	Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office	<i>For info/update</i>	<i>Verbal</i>	Trust Secretary
TRUST BUSINESS					
COG/20/11/ 52 PAGE 36	4.45pm	Chief Executives Report including: <ul style="list-style-type: none"> CEO Board report September 2020 New hospitals update 	<i>For info/update</i>	<i>Report + Verbal</i>	CEO
COG/20/11/ 53	4.55pm	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
COG/20/11/ 54 PAGE 45	5.00pm	Quality Account 2019-20 (<i>document circulated in supplementary binder</i>)	<i>To note for assurance</i>	<i>Report</i>	DepDirector Governance
COG/20/11/ 55 PAGE 46		Complaints Report/slides	<i>For info/update</i>	<i>Slides</i>	Dep Director Governance
COG/20/11/ 56 PAGE 51	5.10pm	Patient Public Participation & Involvement Annual Report	<i>For Approval</i>	<i>Report</i>	Dir Comms & Engagement
GOVERNANCE					
COG/20/11/ 58 PAGE 58	5.20pm	Non-Executive Term of Office (A Wainwright due to expire 31.12.2020) *A Wainwright to leave for this item	<i>For decision</i>	<i>Report</i>	Trust Secretary
COG/20/11/ 59 PAGE 63		Chair’s Annual Appraisal *Chairman to leave for this item	<i>For Approval</i>	<i>Report</i>	Lead Governor?
COG/20/11/ 60 PAGE 104		Proposal to uplift Chair & Non-Executive Directors Remunertaion Chairman and NEDs to leave for this item	<i>For decision</i>	<i>Report</i>	Trust Secretary
COG/20/11/ 61 PAGE 109		Amendment to the Constitution- change to Non-Executive Directors Terms of Office	<i>For decision</i>	<i>Report</i>	Trust Secretary
COG/20/11/ 62	5.45pm	Governor Traning and Develpoment MIAA as available	<i>For discussion</i>	<i>Verbal</i>	Trust Secretary

CLOSING				
COG/20/11/63	5.50pm	Any Other Business + Closing		Verbal

Warrington and Halton
Teaching Hospitals
Chair
NHS Foundation Trust

Schedule of 2020-21 dates attached for information
Next Meeting Date will be on Thursday 18 February 2021, 3.00pm-5.00pm
LECTURE THEATRE, HALTON EDUCATION CENTRE

GLOSSARY OF TERMS

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

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COUNCIL OF GOVERNORS
Minutes of the Meeting held on Thursday 13 August 2020
Via MS Teams Video Conference

Present:

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

In Attendance:

John Culshaw	Trust Secretary
Layla Alani	Deputy Director Governance (<i>Item COG/20/08/38 + 39 only</i>)
Pat McLaren	Director of Communications & Engagement
Phillip James	Chief Information Officer (CIO) & Senior Information Risk Officer (SIRO) (<i>Item COG/20/08/29 only</i>)
Grant Patterson	Grant Thornton, Engagement Lead
Gareth Winstanley	Grant Thornton, Audit Manager
Julie Burke (JB)	Secretary to Trust Board (Minutes)
Apologies: Lesley Mills, Staff Governor	A Kinross, Public Governor; Linda Mills, Public Governor; C Jenkins Public Governor

COG/20/08/27	Welcome, Apologies & Introductions	
	Apologies – noted above. There were no declarations of interest in relation to the agenda items for the meeting.	
COG/20/08/28	Minutes of meeting held 14 May 2020	
	D Marshall was in attendance. With this amendment the Minutes of the meeting held on 14 May 2020 were agreed as an accurate record.	
COG/20/08/29	Matters arising/action log	
	Number of actions paused due to COVID-19 pandemic, to be progressed when COVID-19 constraints have been relaxed. COG/20/02/06 (a) Hospedia TV Services site visit paused due to COVID-19 Pandemic and will be arranged when visiting restrictions are relaxed. (b) Post COVID-19 Review. PJ reported that the free TV service, including tablet devices had	

	<p>been extended for a further 3 months as visiting restrictions remain in place.</p> <p>PJ provided a comprehensive update relating to on-going discussions to agree future scope, service specification and sustainable solution for Trust TV/entertainment service to meet patient needs and provide a positive patient experience. Solutions being explored include WiFi service for loaned or personal devices to provide a range of services including TV, entertainment, meal ordering, on-line access to newspapers, access to surveys and access to patients own records. Wi-Fi Infrastructure would need to be fit for purpose to run such a service and a business case developed.</p> <p>Hospedia contract due for renewal 20.8.2021, Trust approaching a 'break' point in the contract when the Trust could opt out. PJ explained Hospedia had indicated that individual TV units could not be decommissioned in isolation. This would need to be done on a Ward by Ward basis which would not be feasible for the Trust. There could also be contractual and legal implications if the Trust did not agree to Ward by Ward decommissioning of TV units. Decommissioning of individual units would take longer which could mean that the Trust could not exit at the break point in the Contract, resulting in double payment.</p> <p>AW asked if solution would allow immediate patient feedback through Friends and Family Test. PJ explained any future solution would be flexible to fit the needs of the hospital. PMcL added that Health Care Communications currently run the FFT for the Trust which is web-based and should be able to be linked in through an App.</p> <p>SMcG asked (1) if the contract is not extended and patients not able to use TV services will an alternative digital solution be ready in 8 weeks and financial costs. (2) SMcG expressed concern that Hospedia is not willing to decommission individual units, only on a Ward by Ward basis and the Trust would not be held to account by Hospedia with potential to have to pay twice. He asked that the contract is reviewed, together with the financial cost. Relating to (2) contractual obligations, PJ explained that an alternative solution would not be ready by Spring 2021 as 300 units would need to be decommissioned. Following scoping exercise, future proposal would need to be set against Trust priorities or a plan to use the money currently identified for Hospedia contract.</p> <p>Following discussion, SMcG asked that</p> <ul style="list-style-type: none"> • Solution to ensure patients are not without TV services is resolved • Contract release clauses and optimal digital solution is progressed at pace. • Further update to November CoG for continuing monitoring. <p><u>Post meeting note Action closed.</u> COG/18/11/56 WHH Lead Governor contact counterpart at CoCH. CoCH partnered with Trust in Surrey, reciprocal arrangement with WHH no longer option.</p>	
<p>COG/20/08 /30</p>	<p>Lead Governor Update</p>	
	<p>NH provided an update on pertinent matters since the last CoG: Board Observation – strong challenge from Non-Executives to Executive colleagues. One to one meetings continue with the Chairman Car Park Solutions Group suspended, survey for Governors and Staff to inform future solution.</p> <p><u>Governors Working Group</u> – meetings recommenced, discussed:</p> <ul style="list-style-type: none"> - additional Academic NED, Partner Governors and Associate NEDs. - 2020 elections process to commence September for Governors whose term of office is due for re-election November 2020. - Constituencies to be reviewed for 2020-21 elections as some Constituencies have been vacant for a number of years. 	

	<ul style="list-style-type: none"> - Role of Governors to be reviewed, following benchmarking against ‘Outstanding’ Trusts to ensure Governors can add value / support to key areas. - Local Government Association – Constitution in place, regional group / forum to be established. - NHS Providers virtual forum in July – Governor Support and NHS Update. Potential NHS legislation in the next year including future role of Foundation Trusts and reduction in CCGs from circa 212 to 44. - Following discussion with SMcG and JC regarding Governor Observation visits and the importance of this interaction with patients, SMcG proposed that virtual visits be explored taking into account current Ward restrictions and Infection Prevention Control guidance. KB proposed that the GEG could progress this as part of their Governor Engagement work plan. LS also suggested the Patient Experience Committee. <p><u>Governor Partner Survey</u></p> <p>Survey conducted of 8 potential partner Governors. Outcomes shared, the top 3 ranked were Warrington Sikh Gurdwara, Warrington Ethnic Community Association and Age UK Mid Mersey. JC to write to Top 3 ranked organisations to extend an invitation to join the Trust as a Partner Governor Organisation on the Council of Governors.</p> <ul style="list-style-type: none"> • Proposal to restart Virtual Governor Observation visits to be explored – KB/JC • JC to write to Top 3 ranked organisations in the Governor Partner Survey
COG/20/08 /31	Items requested by Governors
	<p>SMcG referred to response provided to question raised by JH prior to the meeting. JH explained that she had not received clarify in the answer provided.</p> <p><i>Q: Following a GP referral to a specialist and subsequent choice of hospital to attend, Newton Community Hospital was selected as they had the first available appointment. However, on attending the appointment tests undertaken at Warrington & Halton were unavailable as Newton is part of St Helens & Knowsley NHS Trust. This meant that the specialist did not have access to all relevant information. Is anything planned to allow for sharing of results in the future, especially if patients are to continue to have a choice of where they would like to attend?</i></p> <p><u>Response provided by Phill James, Chief Information Officer</u></p> <p>(1) A discussion with the St Helens CCG (they manage the IT solutions for their GP Practices) is required to confirm if access to WHH lab results from their GP systems is possible and what the costs of doing so would be.</p> <p>(2) If (1) is not possible, the Cheshire & Merseyside patient record sharing project is expected to provide access but unfortunately no timescale is currently known.</p> <p>Concerns were raised that a patient is given a choice of Hospital for treatment and that results are not always accessible at the consultation. DM suggested that when patients choose their Hospital of choice, they are told at the time if their results will be accessible to the Consultant.</p> <p>NS enquired how pathways are to be managed when patients who are tested at Warrington choose follow-up/treatment at another Provider and if an overview could be provided on what accessibility to patient results Doctors/Consultants in their geographical area have. Discussions followed on the challenges and implications of different IT systems being managed by various service providers and cross boundary issues and that results are not always available to Doctors/ Consultants that patients see. MA suggested clarity is sought on what results and patient information Consultants/Doctors in Warrington / St Helens have</p>

	<p>access to.</p> <ul style="list-style-type: none"> • JC to ask Chief Information Officer for clarity on answer provided and what results and patient information Consultants/Doctors have access to in St Helens and Warrington. 	
COG/20/08 /32	Board Committee Observations	
	<p>SMcG introduced these reports clarifying their purpose is to provide assurance to the Council of Governors that appropriate challenge by Non-Executives to Executives is evidenced at Board Sub Committees.</p> <p>On behalf of NED Colleagues and Committee Chairs, MB asked if any of the Governor Observers had any matters they would like to raise, to contact NED colleagues direct.</p>	
COG/20/08 /33	Reports from Governor Engagement Group (GEG)	
	<p>KB reported:</p> <ul style="list-style-type: none"> - GEG had met on 5 August 202; update provided on GEG action plan, all completed, posters; PPI Work plan approved, presented to COG today for ratification; Digital Strategy completed; Main entrance makeover /help desk completed. - Comprehensive update received on Strategic Priorities, long term plans - 5 key deliverables for 2020-21; launch of Integrated Community Teams; Frailty Hub; Warrington Shared Care Record; co-ordination of a new health campus for Warrington; simplified access to services for residents and practitioners. <p>Car Parking solutions – Governor survey to be completed by 14 August 2020, significant challenge for long term sustainable solution, spaces required not sufficient to meet demand.</p> <ul style="list-style-type: none"> - The GEG had approved the Cycle of Business at its meeting on 5 August. <p>NH and KB explained that the Election of Chairs for the Quality in Care (QIC) and GEG had been paused due to the Pandemic and that this will be progressed ahead of the next meetings of these Groups. Expressions of interest to be sought.</p> <ul style="list-style-type: none"> • The Council of Governors ratified the GEG Cycle of Business. • Expressions of interest for Chairs of GEG and QIC for the next term of offices to be sought. – JC/NH/KB 	
COG/20/08 /34	Chief Executives Briefing	
	<p>The CEO referred to his written report from March Board for noting.</p> <p>In addition he provided an overview of NHS Phase 3 guidance and WHH Recovery plans and position.</p> <p>NHS Phase 3 plan:</p> <ul style="list-style-type: none"> - Recovery of non-urgent electives in clinical priority, 10% month on month increase in elective compared to last year, 70% by August to achieve 100% ahead of winter - Emergency activity – almost normal levels of AED activity at Warrington, Halton 60-70% of normal activity. - 50-60% of activity for Electives and 45% for out-patients. - Emergency admissions 70% of normal level, bed capacity challenges. - Diagnostic, cancer and endoscopy challenges due to Infection Prevention Control measures and nature of invasive treatment. Anticipate to reach minimum level September/October. - SC explained patients are receiving Consultations / follow-ups both virtually and in physical clinics in COVID- secure environments. - PLJ asked if and how the Trust could respond if there was a sudden increase in COVID from both a service and resource impact. SC explained balance required of prioritisation 	

	<p>of COVID and non-COVID work and would depend on multi-factorial issues, ie clinical judgement for each individual patient. Currently community prevalence in Halton and Warrington is low, however the Trust has plans in place to respond if prevalence and rates of infection increase, locally, plans would be put in place guided by Public Health intelligence. Any local plans could be overridden if there is a regional or national lockdown. In relation to resources, SC explained how particular staff groups had been 'redeployed' to support during COVID, ie anaesthetists when Elective activity was paused to ensure that resources were available where required.</p>	
COG/20/08 /35	Chairman's Briefing	
	<p>In addition to areas covered by the CEO, the Chairman reported the Trust had been successful in its bid for funding to support A&E Plaza, receiving £4.3m. Virtual meetings continue, all staff required to complete 2 part Risk Assessments as part of the Trust's recovery plans, to support return to work for shielding and other cohorts of staff. Risk Assessments for all NEDs had been completed.</p> <p>AW explained the Strategic People Committee had received a comprehensive report on Health & Well Being Services / offers put in place during the Pandemic and what will continue. It had been proposed that a one page visual highlighting these be produced for all staff. PMcL reported this had been done, shared during team brief earlier and will be circulated to Governors.</p> <p>PMcL advised that Project Wingman was being wound down nationally however the Trust had been selected to retain a permanent lounge at WHH. Board members recorded their thanks to the Wingmen colleagues who had supported the Trust, commending them on their support to staff. To recognise their contribution and support them, a recruitment fair to be held as the team have valuable transferrable skills. Engagement underway with the Pilots to support simulation training and patient safety training relating to human factors.</p>	
COG/20/08 /36	Compliance with Trust Provider Licence – Bi-Annual Report	
	<p>Full compliance reported.</p> <p>The Council of Governors reviewed and noted the report.</p>	
COG/20/08 /37	Annual Report and Accounts 2019-20	
	<p>(a) Annual Report + Accounts 2019-20. Annual report was noted. JC advised the Quality Account is due for submission in December and there is no requirement for this to be audited. The Annual Report and Accounts had been laid before Parliament in June and published on the Trust Website.</p> <p>(b) External Auditors letter. GP summarised key findings in the Audit letter and audit activity during the year. Auditing of the Quality Account had been suspended due to the Pandemic, submission date delayed to December 2020. GP provided assurance that all financial statements and the Annual Report had been reviewed and had been subject to a full audit, with a detailed report on Final Accounts and the Annual Report presented to the Audit Committee on 17 June 2020 for approval.</p> <ul style="list-style-type: none"> - An unqualified conclusion provided on Trust Financial Statements and unqualified_Value For Money conclusion. - Reference to Going Concern and uncertainties highlighted, assurance provided of no underlying issue, uncertainty disclosure had been appropriately reported by the Trust. - Auditors commended the Trust on its current position and progress over the last 3 years to regain control of finances. 	

	<ul style="list-style-type: none"> - SMCg referred to writing off of Trust debt and Going Concern statement and that it is a technical reporting matter. - GP explained that the National Audit Office is providing guidance relating to Going Concern opinion and potential for relaxation in 2020-21. 	
COG/20/08 /38	Quality Strategy Update	
	<p>LA explained the Quality Strategy had been presented and supported at the Quality Assurance Committee on 5 May 2020.</p> <ul style="list-style-type: none"> • The Council of Governors noted the updated processes within the report. 	
COG/20/08 /39	Q1 Complaints and PALS report	
	<p>LA provided an overview of Complaints in Quarter 4 against Quarter 1</p> <ul style="list-style-type: none"> - Decrease in number of complaints receive regarding clinical treatment 25 in Q1, 47 in Q4. - Communication and attitude and behaviour complaints positive reduction by 18 in Q1 compared to Q4. - Complaints process had been paused during COVID-19, Trust processes now recommenced 5 PHSO cases open, no PHSO investigations closed n Q1. 	
COG/20/08 /41	Terms of Reference	
	<p>JC highlighted one proposed amendment to the Terms of reference previously approved by the Council of Governors in 2019. The proposed amendment in section 10 relates to the change in title from the Head of Corporate Affairs to Trust Secretary.</p> <ul style="list-style-type: none"> • The Council of Governors reviewed and <u>approved</u> the Committee Terms of Reference with recommendation for ratification to the Trust Board in September 2020. 	
COG/20/08 /42	Audit Committee Chairs Annual Report + Approved Terms of Reference	
	<p>The report was taken as read, IJ provided an overview on the work of the Audit Committee in 2019-20:</p> <ul style="list-style-type: none"> - Effective cross collaborative working across all Assurance Sub Committees, full attendance by all NED colleagues - Robust oversight and monitoring in place - MIAA Head of Internal Audit – Substantial Assurance Opinion for Governance and Risk Management Processes. - Internal Audit Programme had been changed during the Pandemic, full programme to recommence as services restart. - Clear evidence through the Trust Governance Committee structure of triangulation of information. • The Council of Governors reviewed and <u>approved</u> the Audit Committee Chairs Annual Report and recommendation to Trust Board on 30 September 2020 for <u>ratification</u> • The Committee <u>noted</u> the Terms of Reference. 	
COG/20/08 /37	Governor Training	
	None reported.	
COG/20/08 /44	Any Other Business	
	<ul style="list-style-type: none"> - Procurement process underway to appoint External Auditors, bids to be submitted by 14 August 2020, evaluation to take place 18 August 2020 and presentations from successful bids on 20 August 2020. - Governor elections to commence September for Governors whose Term of Office is due 	

	<p>for re-election in November 2020, including 2 staff groups, Staff Support and Medical and Dental.</p> <ul style="list-style-type: none">- One NED term office due to end December 2021, 2 in June 2020 and the Chairman's current term of office ends June 2020. SMcG explained to support business continuity and succession planning, proposals for Associate NED model to be discussed at Governor Working Group to set out future governance arrangements. <p>Date and time of next meeting Thursday 12 November, 4.00pm, Trust Conference Room, WARRINGTON</p>	
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Signed Date

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	CoG/20/11/47	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	12 November 2020
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1. ACTIONS ON AGENDA

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

COG/20/08/33	13.08.2020	GEG Report	Chairs of GEG and QiC to be elected for next terms of office	Trust Secretary/K Bland/N Holding	Verbal update COG 12.11.2020		Update to be provided in Governor verbal reports.	
COG/20/08/30 (a)	13.08.2020	Governor Partner Survey (Lead Governor report)	Trust Secretary to write to Top 3 ranked organisations in the Governor Partner Survey to invite to join the COG	Trust Secretary	Verbal update to COG 12.11.2020		Letters sent, responses awaited.	
COG/20/08/31	13.08.2020	Items raised by Governors	JC to ask CIO for clarity on answer provided and what results and patient information Consultants/ Doctors have access to in St Helens and Warrington.	Trust Secretary/ Chief Information Officer	COG 12.11.2020		Refer to Appendix 1 attached	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS




Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/19/11/58	14.11.2019	WRAG presentation	Further update in February 2021	WCCG	CoG 18.02.2021		To CoG 12.11.2020 Deferred to February 2020 due to Pandemic	
COG/20/08/30	13.08.2020	Virtual Governor Observation Visits (Lead Governor Report)	Proposal to restart Virtual Governor Observation visits to be explored by GEG	Chair of GEG/ Trust Secretary	COG 18.02.2021		Discussed at Governors Working Party, agreed to pause until Q1 2021 due to COVID / operational pressures.	
COG/20/02	13.02.2020	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/08/44	13.08.2020	Any Other Business	Inaccuracies of tenure of some Governors Term of Office on Website to be corrected.	Trust Secretary		14.08.2020	15.08.2020. Website corrected.	
COG/18/11/56	15.11.2018	Lead Governor Update	Date of visit to CoCH to be circulated	Trust Secretary	Paused due to Pandemic	15.08.2020	<p>6.02.2019. Awaiting confirmation from CoCH.</p> <p>16.05.2019. On-going discussion to agree date.</p> <p>28.08.2019. HCA contacted counterpart at CoCH. NH contacted his counterpart to arrange.</p> <p>02.09.2019 CoCH Interim Trust Secretary advised that new Dir Corporate Governance to commence Nov '19, visit to be arranged post commencement.</p> <p>14.11.2019. Anticipated visit in January 2020. 27.12.2019 JC contacted Dir Comms+Corp Affairs to confirm date for visit.</p> <p>3.02.2020 Further email sent requesting visit by JC.</p> <p>On hold due to COVID-19 Pandemic</p> <p>15.08.2020. WHH Lead Governor contact counterpart at CoCH. CoCH partnered with Trust in Surrey, reciprocal arrangement with WHH no longer option.</p>	

COG/20/02/04	13.02.2020	Lead Governor update	Interested Govs to attend QIC and GEG and Governors Working Party to contact Trust Secretary/ Lead Gov	Governors	Paused due to Pandemic	15.08.2020	GEG/QiC on hold due to current COVID-19 Pandemic. Working Party virtual meetings recommenced July 2020, GEG August 2020.	
COG/20/08/31	13.08.2020	Items raised by Governors	Informal session outside of Council of Governors with Governors, Chairman and Trust Secretary to allow adequate time to discuss other pertinent matters.	Trust Secretary / Chairman		2.11.2020	Discussions at informal Chairs Briefing sessions which have continued during the Pandemic.	

RAG Key

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

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

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

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

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

Developments:

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

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

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

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

Council of Governors

AGENDA REFERENCE:	COG/20/11/48
COMMITTEE ATTENDED	Trust Board Part 1 & 2
DATE OF MEETING:	26 th August, 10 th September, 30 th September, 28 th October,
AUTHOR(S):	Norman Holding, Lead Governor
GOVERNOR COMMENTS	<p>26th August 2020 (Extraordinary Meeting)</p> <p>I observed the virtual Extraordinary Board meeting that had a full agenda, all NED's in attendance. In depth discussions took place around; Finance, Covid-19, Phase 3 Planning, Car Parking arrangements. All NED's were involved, questioning, and challenging the Executive before any approvals.</p> <p>10th September 2020 (Extraordinary Meeting)</p> <p>I observed the virtual Extraordinary Board meeting called to approve several urgent items. All NEDs in attendance. The executive had brought items around; Phase 3 return, PACU at Halton business case, new hospital strategy for approval to the Board. All issues were vigorously questioned by the NED's</p> <p>30th September 2020 (Bi-Monthly Board)</p> <p>Part 1 (Public Board)</p> <p>All Governors were circulated the papers for the Public Board in advance. All Ned's were in attendance. The meeting had a full agenda. The CEO and Chairman gave full and comprehensive reports, the NED chairs gave reports that showed they had been provided with sufficient evidence and assurance to support the actions being taken executive and their teams. All NED's participated in the meeting challenging and questioning in depth.</p> <p>Part 2 (Private Board)</p> <p>Following Part 1 in the afternoon I observed the Private Board were again the NED's all participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance.</p>

28th October 2020 (Extraordinary Meeting)

I observed the virtual Extraordinary Board meeting called to provide assurance on several issues, these were around the ongoing Covid-19, to approve item regarding Phase 3 Return and items for discussion, Car Parking arrangement and Digital assurance. All NEDs in attendance and were fully involved in the discussions, challenging and gaining assurance around the agenda items.

COUNCIL OF GOVERNORS

Date of Meeting: Thursday 12 November 2020

Agenda Ref: COG/20/11 49	<p>Q1: <i>I should like to ask to what extent, if any, the current extensive list of patients awaiting investigation and/or treatment is aggravated by consultants working less than a full working week, so as to provide time to investigate/ treat patients on a private fee paying basis.</i></p> <p><i>This question arises out of a current situation in which a Widnes patient has had hip replacement surgery delayed until next April, but the consultant surgeon concerned has offered to carry out the surgery immediately for payment of £13,000.</i></p>	<p>Proposer: Peter Lloyd-Jones Partner Governor, Halton Borough Council</p>
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Answer Provided by:

Daniel Moore, Acting Chief Operating Officer

As well as local Clinical Business Unit oversight, the Trust formally reviews its waiting lists for Referral to Treatment/Inpatients (RTT), Diagnostics, Cancer and Outpatients via the weekly Performance Review Group (PRG) and the monthly Key Performance Indicator (KPI) Subcommittee. Particular consideration is given to urgent and cancer waiting lists and those patients waiting longer than 52 weeks. A combined waiting list and phase 3 update report is also tabled at the Patient Safety and Clinical Effectiveness Subcommittee and Quality Assurance Committees each month for additional oversight. The Trust is unaware of any impact of consultant's availability as a result of working in private sector.

Dr Eshita Hasan, Consultant Obstetrician and Gynaecologist, Associate Medical Director for Patient Safety

We have established a process to undertake Clinical Harm Reviews to determine if any patients have come to harm as a result of excessive delay to their treatment caused by COVID-related delays. If patients are considered to have moderate/severe harm will have their care investigated as per the Trust's Serious Incident Investigation framework with Duty of Candour response delivered to the patient.

Council of Governors

AGENDA REFERENCE:	COG/20/11/49
COMMITTEE ATTENDED	Finance & Sustainability
DATE OF MEETING(s):	19 th August, 23 rd September, 21 st October 2020
AUTHOR(S):	Paul Bradshaw
GOVERNOR COMMENTS	<p>It is always a privilege to attend these meetings to get a better understanding of how the hospitals work.</p> <p>All reports are thorough (and offered in advance of the meeting for scrutiny), and the authors are well prepared to answer questions from the committee members.</p> <p>The Chair ensures the meeting moves at a pace to ensure all aspects of the agenda are covered whilst encouraging robust debate and asking appropriately challenging questions.</p>

Council of Governors

AGENDA REFERENCE:	COG/20/11/49
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING:	23/09/2020
AUTHOR(S):	Colin Jenkins
GOVERNOR COMMENTS	<p>The Strategic People Committee continues with its heavy agenda (193 pages) and the accompanying appendices, to underpin and support the HR function and our wonderful staff.</p> <p>It would not be unreasonable to say that the current pandemic is having a dramatic impact on our staff in a myriad of ways, all of which puts added pressure to support those impacts in ways probably only seen during wartime. The stresses faced by ALL staff include the cross-contamination posed by COVID, the effects of wearing PPE for prolonged periods and the psychological effect of patients passing without their families are well documented. Each of these individually would be significant but in combination with others, and for a prolonged period, have presented new and challenging scenarios for all.</p> <p>There are many challenges facing the HR Dept daily, which I'm confident are well managed. The committee (through the chair), the HR Dept and its leadership team, are mindful of the implications for our staff, our ability to function as a hospital and care for all who need us. The potential impact of the current situation on maintaining our ability to progress, throughout extremely challenging times, to be "Outstanding" is almost entirely dependant on ensuring the health and wellbeing of them all.</p> <p>The "People Plan 2020/21 – action for us all," which outlines what the people working in the NHS can expect from their leaders and from each other. It recognises our staffing needs as:</p> <ul style="list-style-type: none"> • more people in training and education • working differently by embracing new ways of working in teams, across organisations and sectors, and supported by technology • a compassionate and inclusive culture by building on the motivation at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace so that our people will want to stay

It goes on to focus on how we can achieve this by:

- Looking after our people particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- Belonging in the NHS highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- New ways of working and delivering care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- Growing for the future particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

The only way any of this can be realised is by supporting and retaining the current staff levels to build on for the future. Both the Chair and the Director are synchronous in that regard and we are fortunate to be in the position where we have the experience, expertise and professionalism (which in turn brings a certain level of foresight) within the upper management team.

Health Service Delivery in the Heart of the Community - Runcorn Shopping City

Lucy Gardner – Director of Strategy

Pat McLaren – Director of Communications and Engagement

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

- Delivery of health services closer to our community in more convenient locations, in line with NHS Long Term Plan
- Support town centre and shopping centre regeneration
- Supports wider economic regeneration in Halton Lea
- Supports Halton hospital site as an elective hub and Halton hospital and wellbeing campus development
- Supports Covid recovery through increased physical capacity and Covid secure environment



Proposed services summary

Ophthalmology

- Paediatric Orthoptic and Optometry clinics and Paediatric Visual Processing Clinics. Proposed move from HGH.
- Glaucoma assessment clinics, cataract pre and post-operative clinics, ophthalmic primary care clinics (new patients only) and neuro-ophthalmology clinics. Services only provided at Warrington hospital to be replicated at Shopping City.
- Hydroxychloroquine Screening Service. New service.

Audiology

- Two general paediatric clinics and five general adult clinics per week. Consolidation from HGH and St Paul's Health Centre with intention of improving accessibility and consistency of service.

Dietetics

- Assessment, fitting and repair of hearing aids, helping to reduce waits for these appointments and enabling provision in a potentially more convenient location. A proposed expansion of services currently provided at HGH.



Progress to date

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- July 2019 £1m secured by HBC from Liverpool City Region Town Centre Fund to regenerate Halton Lea
- Trust worked in partnership with HBC to secure £350k of £1m to develop a health hub in Runcorn Shopping City
- Extensive clinical and operational engagement to identify suitable services
- Service specifications completed
- “Match” funding secured through Trust capital programme
- Contract and lease negotiations in progress
- Design team appointed
- Partners engaged in potential service expansion/co-location options



Service Change – service user involvement

1. As we are proposing to relocate services we need to involve our service users, their carers and loved ones and the wider general public
2. Accessibility is the KEY consideration
3. We are required to CONSULT formally on the service change as we will STOP a service at Halton Hospital and START it elsewhere
4. Physical access BETWEEN the hospital and the Shopping City could be challenging for some users
5. There are many advantages, however we cannot pre-judge the outcome of the consultation



Service Change – service user involvement

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PART 1 Pre-engagement, 16th November – ?

- To prepare for formal public consultation, we need to engage our current service users, their carers and our staff as a minimum
- COVID makes engagement more challenging – as does the 4 week lockdown which will reduce/eliminate footfall at the Shopping City
- We have a series of questions that we will put to our users in our clinics to gauge early feedback
- We will inform and engage all of our advocates, especially those representing hearing impaired, vision impaired, stroke/diabetic/cardiac and other patients that use dietetics
- We will inform our stakeholders, consultative groups and media
- We will report on our findings and, with CCG, develop formal consultation



Formal public consultation

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- NHS Halton CCG will lead the formal public consultation
- Consultation could commence ? January 2021
- A revised guide to consultation is being developed by Commissioners to include impact of Covid.
- Longer consultation times than normal are anticipated given nature of engagement – ie time for groups to consider and respond formally, use of virtual platforms limit accessibility
- More to follow on this....

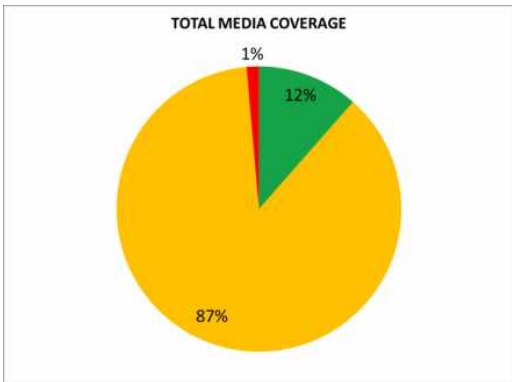




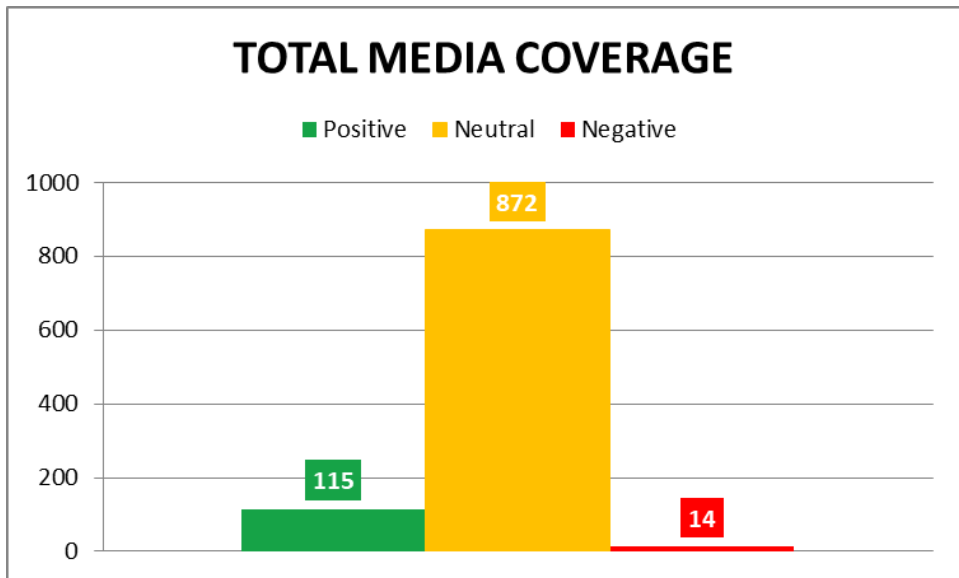
WHH Engagement Dashboard

Q2: July 2020 – September 2020





Covid-19 cases and RIPs continued to dominate media reporting in the quarter, each assigned a 'neutral' rating.

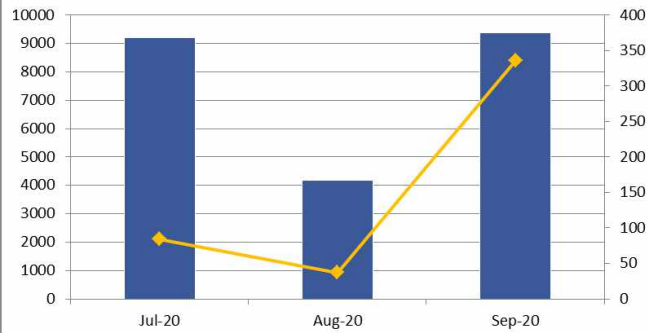


Top positive media	Reach	publication
£300million funding for NHS hospitals	89,545,580	Daily Mail
HOSPITAL chiefs discussed plans for a new hospital with the health minister	6,720,707	Liverpool Echo
Spitfire Flyover NHS Thank You	903,152	Stoke Sentinal
Castleford Tigers' winger praises care at Warrington Hospital A&E	815,145	Yorkshire Post
Appleton man makes £51,000 donation	549,456	Warrington Guardian
How Warrington Hospital coped with coronavirus – and what it plans next	549,456	Warrington Guardian
Warrington Hospital nominated for innovation award thanks to coronavirus ingenuity	466,967	Warrington Guardian
Call NHS 111 to book appt at ED	466,967	Warrington Guardian
Top Negative media	Reach	publication
DNAR on patient record	50,709,531	Independent
Coronavirus deaths	6,488,418	Liverpool Echo
One in four Staff sickness at Cheshire trusts was because of the virus	582,304	Chester Chronicle
LETTER: 'I went to A&E and nobody was following coronavirus protocols'	466,967	Warrington Guardian

TOTAL FACEBOOK FOLLOWERS
9,698

FACEBOOK ENGAGEMENT

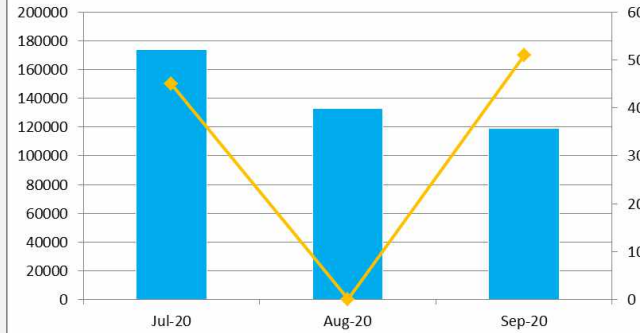
Reach Page Likes



TOTAL TWITTER FOLLOWERS
11,943

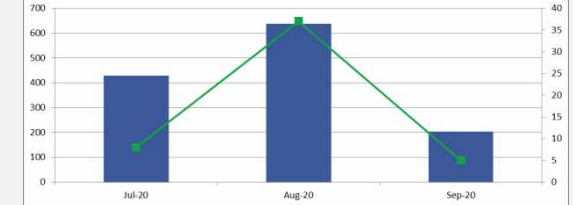
TWITTER ENGAGEMENT

Reach Page Likes



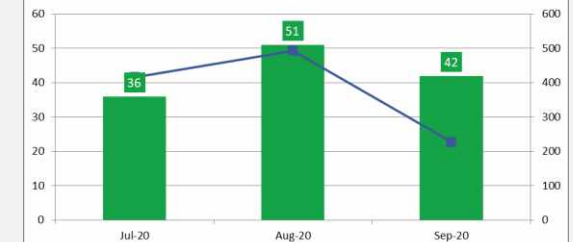
FACEBOOK ENGAGEMENT

Reach New Page Followers

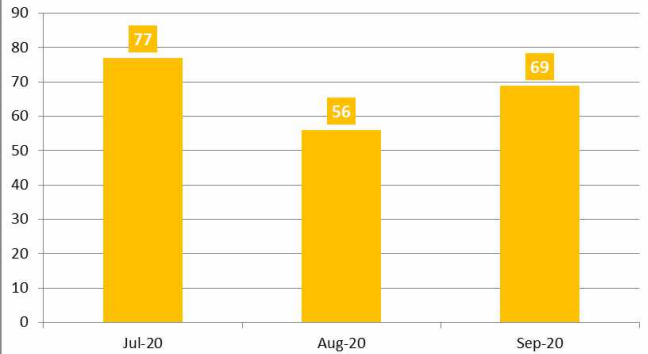


CHARITY FACEBOOK POSTS

Posts Post Reactions

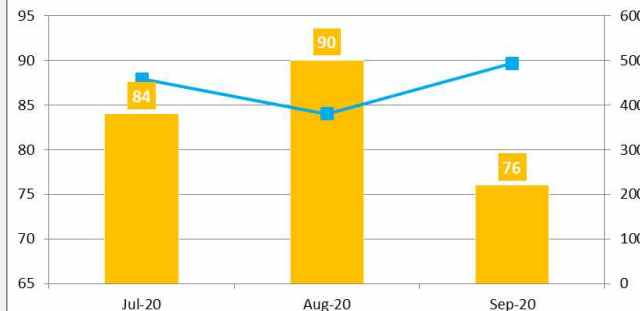


WHH FACEBOOK POSTS



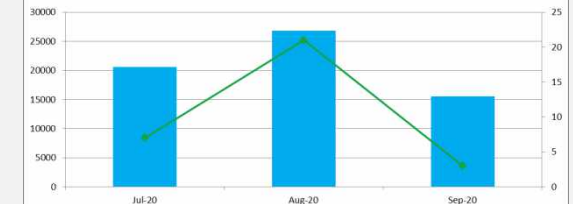
WHH TWITTER POSTS

WHH Tweets Mentions



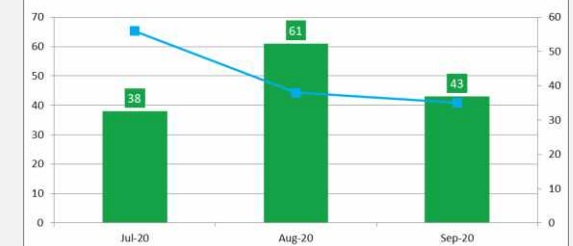
TWITTER ENGAGEMENT

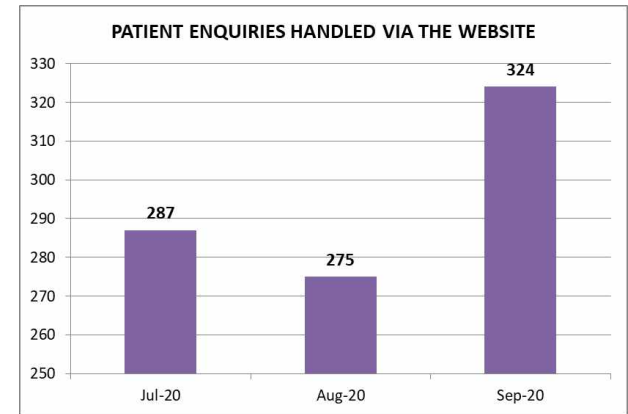
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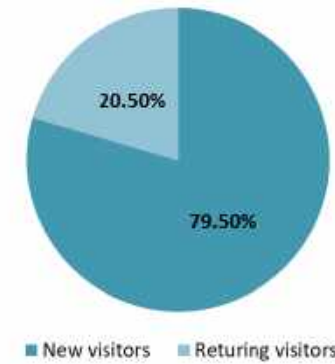
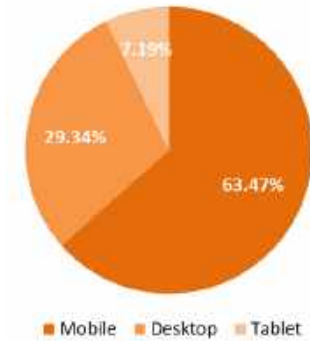
CHARITY TWITTER POSTS

WHH Posts Mentions

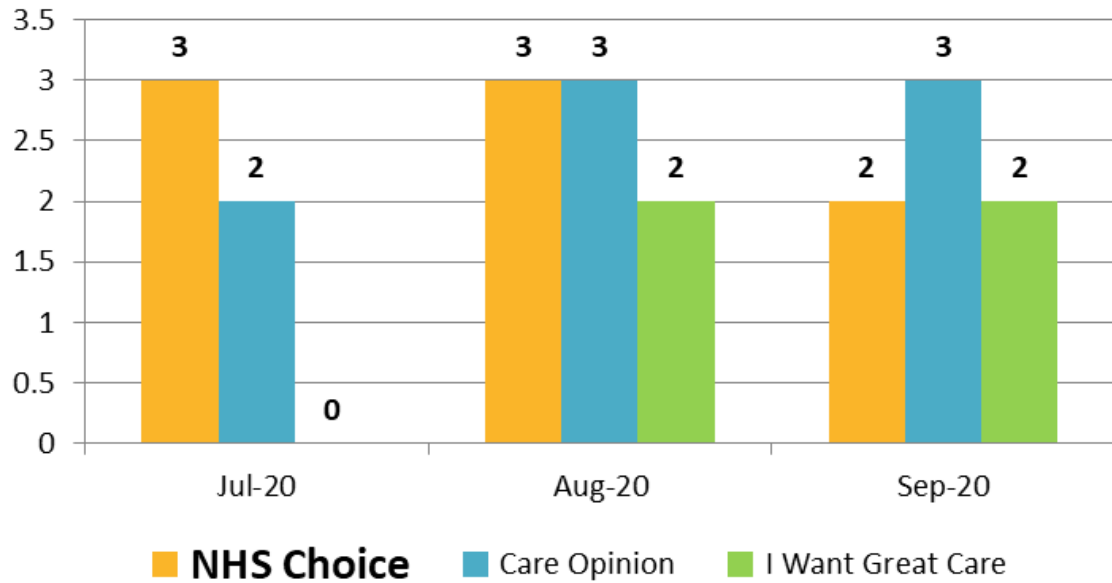




DEVICE USAGE



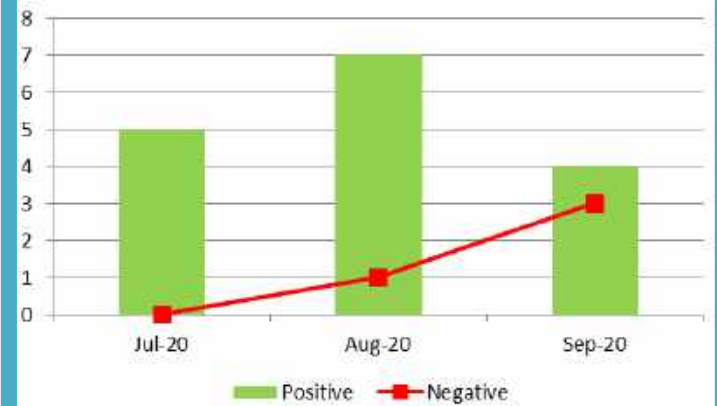
TOTAL PATIENT REVIEWS



**TOTAL ONLINE
 PATIENT FEEDBACK**

20

TOTAL SENTIMENT PATIENT REVIEW

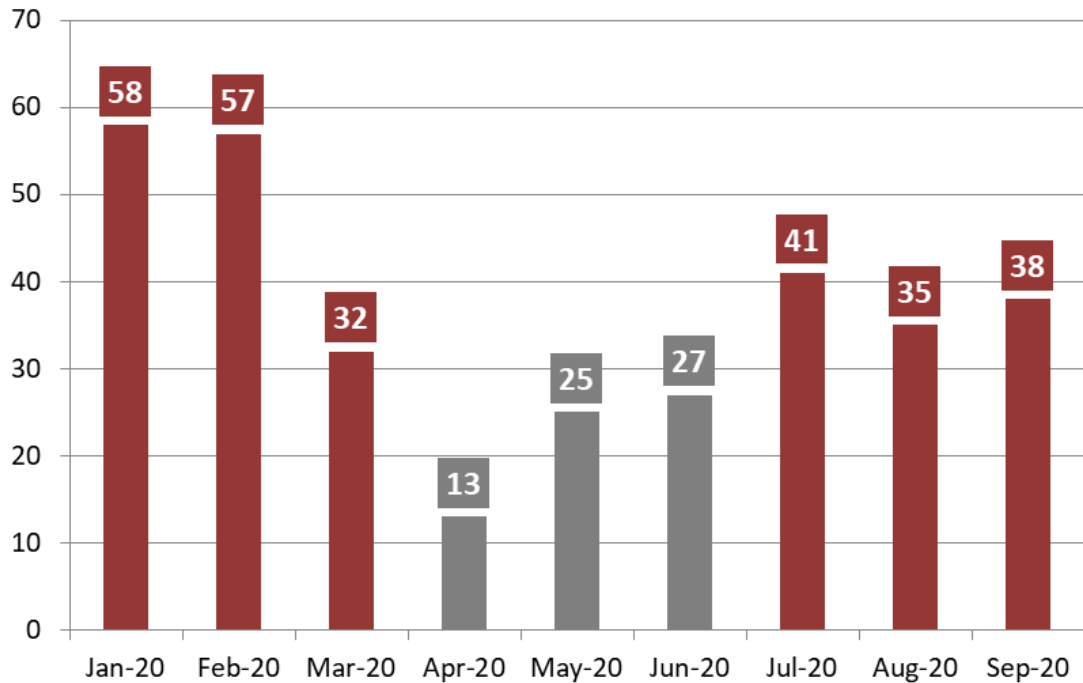


Freedom of Information update: January – September 2020

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The FOI process was paused due the COVID-19 pandemic on 19th March 2020.
FOI processing re-commenced on 14th July 2020.
Numbers in brackets indicate Q1 data

REQUESTS BY MONTH



TOTAL REQUESTS
to date
326

CURRENTLY
IN PROCESS
124 (177)

OVERDUE
93 (87)

FOIs COMPLETED OVER
THE 20 WORKING DAY
DEADLINE
77(26)

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/09/94			
SUBJECT:	Chief Executive's Briefing			
DATE OF MEETING:	30 th September 2020			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/20/09/94
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 29th July 2020, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

- Elective Letter from Amanda Pritchard, Chief Operating Officer NHSE/I & Julian Kelly, Chief Financial Officer NHSE/I
- The appointment by Cheshire & Merseyside Health Care Partnership of two new Executive Directors

2.2 Key issues

2.2.1 Current COVID-19 situation

There has been an increase in inpatients with COVID-19 over the last two weeks following the rise in community prevalence.

As at the time of writing, 24th September 2020, we have a total of 23 COVID-19 inpatients at WHH – 6 more than one week previously; 1 of these 22 patients has been retested during their stay and are now COVID-19 negative, which makes the current swab-positive number of COVID-19 positive inpatients actually 22. Four patients are being looked after in critical care.

Since March, we have performed 22982 COVID-19 tests on patients; 1338 have been positive in total. We have discharged a total of 425 patients with COVID-19 to continue their recovery at home. Sadly, a total of 141 patients have died in our care.

Since March, we have performed 2073 COVID-19 tests on staff; 398 have been positive in total (this will include repeat tests). A COVID-19 Risk Assessment has been offered to all staff. 81.33% of all staff have been risk assessed; 95.65% of risk assessments have been completed for staff who are known to be 'at risk', with mitigating steps agreed where necessary. 98.65% of risk assessments have been completed for staff who are known to be from a BAME background, again with mitigating steps agreed where necessary.

In terms of PPE stock, based on estimated current usage, we have 136 days' worth of FFP3 masks (although not all masks previously available are now available, which therefore means repeat FIT testing), 22 days' worth of Fluid Resistant Surgical Masks, 186 days' worth of gowns, 21 days' worth of gloves and 24 days' worth of aprons. Mutual aid with other C&M/NW organisations is available, in both directions.

In terms of recovery, and in the last 7 days and compared to the same period last year: Emergency Department attendances at Warrington and Urgent Care Centre attendances at Halton approximate 95% and 80% respectively. Elective inpatient surgical admissions approximate 75% activity and day-case surgical admissions approximate 60% activity compared to the same period last year; similarly new and follow up outpatient appointments approximate 80%.

2.2.2 NHS Pensions Agency Data Quality

The NHS Pensions Agency provides all trusts with yearly statistics to provide a clear indication of how accurate the Trust's Pension data is in the Electronic Staff Record (ESR) and the data held in the Pensions On-Line system (POL) at year end. WHH year-end statistics scored 98.78% accuracy. We achieved a good rating when compared to other NHS organisations, with another year of improvement and high level of accuracy, with significant efforts to improve the quality of data submissions.

Our Payroll and Pensions team, under the stewardship of Carl Roberts, Gillian Greggs and Sharon Travis, maintain an excellent service on behalf of us all, and the high compliance demonstrates our ability to process pensions accurately, giving us confidence that pensions are in safe hands.

2.2.3 WHO World Patient Safety Day – 17th September 2020

The World Health Organisation (WHO) observes World Patient Safety Day annually on 17th September. Patient safety is a serious global public health concern as demonstrated by this sobering statistic on the WHO website: the estimated risk of dying while travelling by airplane is 1 in 3 million. In comparison the risk of patient death occurring due to a preventable medical accident, while receiving healthcare, is estimated to be 1 in 300.

World Patient Safety Day aims to bring together patients, families, caregivers, communities, health workers, health care leaders and policy-makers to show their commitment to patient safety.

The COVID-19 pandemic has been one of the biggest challenges faced by healthcare systems worldwide. Health workers have been facing the challenge of working in stressful environments (learning, adhering and adapting to rapidly changing clinical guidance, infection prevention and control measures, PPE precautions) and facing the risk of exposure to healthcare associated infections, illness and death. It is known that stress, both physical and mental, makes staff more prone to errors which might lead to patient harm.

“Health Worker Safety: A Priority for Patient Safety” was, therefore, selected as the theme for World Patient Safety Day 2020, which focused on the interrelationship between health worker safety and patient safety, depicted in the slogan ‘Safe health workers, Safe patients’. This emphasises the need for a safe working environment for health workers as a prerequisite for ensuring patient safety.

2.2.4 World Sepsis Day – 13th September 2020

One of the concerns about the current pandemic is that there is the potential to ‘over-diagnose’ COVID-19 and miss other common and important infections such as sepsis. The

Trust marked the ninth consecutive year of healthcare professionals and charities across the world coming together to raise sepsis awareness. The pledge this year was: “It’s all about TIME - Think Sepsis”. The value of time in healthcare is imperative. The sooner patients get the right care in the right place with the right resources, the better the chances for a positive outcome. We have once again been raising the awareness of sepsis across our Trust and with our patients and their relatives or carers and that will increase the chance of early identification and successful treatment.

2.2.5 999 Emergency Services Day – 9th September 2020

9th September 2020 was 999 Emergency Services Day - an opportunity to remember our NHS and emergency service colleagues, their families and friends. It is held annually on 9th September, starting at 0900 (9th hour of the 9th day of the 9th month). This year it seemed even more poignant and fitting to send a message of thanks to all those staff and volunteers working to serve the public within the emergency services, including the NHS.

After the last few months, we can take heart in the way that we have seen new partnerships form between and greater sense of a unity between the NHS and emergency services and I will soon be able to share some detail of how these are starting to deliver real benefits for patients in our own boroughs. One of these is a really different partnership with Cheshire Fire & Rescue Service offering a COVID-19 home swabbing service for some of our most vulnerable patients needing elective procedures.

The National Emergency Services Memorial (NESM) Charity is supported by HRH The Duke of Cambridge, Her Majesty’s Government, the Prime Minister, The Governments and First Ministers of Northern Ireland, Scotland and Wales, the Home Secretary, Health Secretary, National Police and Fire Chiefs’ Councils, the Association of Ambulance Chief Executives and many more. The Charity is raising at least £3.2 million to build the UK’s first national ‘999 cenotaph’ to honour all who have served in the NHS and emergency services. This important national monument will be a national symbol of gratitude, sacrifice and remembrance to the brave men and women who serve in the NHS, Police, Ambulance Service, Fire Service and Search and Rescue services.

2.2.6 NHS 111 First ‘First Mover’ Go-Live Status

On 8th September 2020 our Warrington ED and our Runcorn Urgent Care Centre were at the forefront of a significant change in the NHS – one that will hopefully improve the experience of patients and also staff working at what is often referred to as the ‘front door’ to NHS care.

Just over two months or so ago we were selected to be one of two the ‘first mover’ sites in the North West region to implement an enhancement to the NHS 111 service within urgent and emergency care. From 8th September, residents in Warrington and Halton can contact NHS 111 first if they need urgent - but not emergency - NHS care. An expanded pool of advisors at NHS 111, backed up by clinical expertise from a local Clinical Assessment Service, will be able to book timed slots, where appropriate, for people to attend for same day emergency care within our services.

This is a rapid local implementation of a new national initiative designed to smooth out the familiar and challenging issue of patient flow into emergency departments and also to prevent the spread of COVID-19 in healthcare settings. By the end of the year all areas will be adopting this model and hopefully waiting rooms up and down the country will be a lot less packed at peak times - and safer - as a result.

This is a big change and one that will need time to embed to ensure the best experience for patients. Promotion will step up over the coming months and culminate in a national campaign to bring about the scale of behaviour change in the population required to deliver the desired outcomes.

I would like to thank all those involved for the huge amount of work done in such a short timeframe to deliver this. It has been a great team effort from the whole local health economy. A significant number of services sit behind this and will be increasingly involved over coming weeks and months as the 'offer' expands, bringing some predictability and control over what was once assumed to be wholly unpredictable and uncontrolled.

It is good for WHH to be at the forefront of delivering something like this and to be able to use our experience and insight to influence the future development and roll-out.

Since launch and the time of writing 120 patients have attended with a booked appointment. This is comparable with other 'First Mover' sites.

2.2.7 WHH Spotlight on Safeguarding

Over the first three weeks of August the WHH Safeguarding Team ran a programme of live learning sessions using MS Teams Live and the daily Hot Topic in the Safety Huddle. The objective was to further raise awareness among all staff of all elements of safeguarding, their own responsibilities and further learning for front line staff across all staff groups. The event was welcomed by partner agencies in Warrington and Halton boroughs and at national level with NHS England Safeguarding team being involved.

Eleven teaching sessions were held on MS Teams live, which were recorded and uploaded to the Trust's YouTube channel – WHH Comms. Externally, the MS Team Live events were shared with the following organisations to share with their staff and also advertised on our Twitter: @WHHNHS:

- Warrington Borough Council
- Halton Borough Council
- Warrington CCG
- Halton CCG
- North West Boroughs NHS Healthcare Trust
- Bridgewater Community Healthcare Trust
- NHS Safeguarding
- NHS England and Improvement
- Newcastle Gateshead CCG
- Cheshire Police
- St Rocco's Hospice

- Torus Housing
- Morecambe Bay CCG
- Newcastle Gateshead CCG
- Garland Training
- Penketh High School
- Virgin Care
- Midlands and Lancashire Commissioning Support Unit
- St Helens and Knowsley Hospitals NHS Trust
- Knowsley CCG
- Greater Manchester West Mental Health NHS Foundation Trust
- Home Start Warrington
- Lancashire and South Cumbria NHS Foundation Trust
- Rotherham NHS Foundation Trust
- Wirral Council
- Sefton CVS

“Thought provoking”, “emotional”, “such an important message” were just a few of the comments that have been said to me regarding our WHH Spotlight on Safeguarding event.

I would like to give thanks to all who have supported this successful event. Safeguarding is everybody’s responsibility and it is important that we keep safeguarding at the forefront of everything we do.

2.2.8 Project Wingman Legacy

The Project Wingman Foundation has selected WHH to be one of just 10 ‘Legacy Lounges’ as it winds up its COVID-19 support programme. Project Wingman – Aircrew supporting the wellbeing of NHS Staff – started at Kendrick Wing as we worked through the COVID-19 pandemic and has had well over 15K staff visits since the lounge opened in May 2020. We’ve also been able to run some ‘pop up lounges’ at Halton and had the pleasure of serving more than 600 staff over the last two visits!

Wingman is a national programme and was established at over 80 hospitals around the UK during the pandemic with WHH being the first to open in the Cheshire and Merseyside region. The Wingman Foundation is now winding up its support project as the airline industry begins to restart. However, PW would like to leave a legacy behind and has selected the Warrington Lounge as one of just 10 Wingman Legacy Lounges nationally and the only one in an acute hospital in the North of England. This means we will continue to enjoy our ‘first class lounge’ experience permanently, although with reduced hours in future.

The ability to retain a permanent facility is thanks to the willingness of our amazing Wingmen Volunteers to continue to support us, despite their own very challenging situations, and our fantastic WHH Charity Community Hub which is working tirelessly to keep the lounge stocked for staff to enjoy.

We are also working with the air crew on patient safety and human factors training, learning from their vast experience of this important topic.

2.2.9 Local political leadership communication

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

Topics covered have include the recovery of elective services, estates and facilities improvements as well as significant discussions about the potential for hospital redevelopment in the future.

2.2.10 Family Liaison Officer (FLO) Service

It has always been part of our holistic patient care to involve the families of our patients wherever possible and appropriate. Within hours of the national suspension of visiting, we were working to find ways to connect our patients with their loved ones and by early April our Family Liaison Service (FLS) was up and running. Set up by volunteer Dr Suzanne Smith from the Disclosure and Barring Service, the service had a core team of three matrons (working remotely) and FLO Leads based at Halton Hospital's outpatients.

At a time when family contact could not function as normal, the Family Liaison Service helped maintain contact, keeping families and loved ones involved and informed and allowed ward staff that much needed headspace to deal with the pandemic - while still ensuring their involvement for the most sensitive and complex discussions with families. We also knew that relatives were reluctant to contact the wards as they knew staff were so busy at this time and didn't want to bother them.

Since the start of service, the FLS has made over 11000 phone calls to relatives and named contacts!

We then augmented the FLS with the 'Contact a Patient' service operated by our Communications Team, where loved ones can post messages to our patients through our website, email or traditional post. Messages from the FLS taken during calls were also printed on our now legendary FLO-grams and delivered to the ward by the Comms Team. More than 1,300 FLOgrams and messages have now been delivered to some very happy and relieved patients.

There have been 50 - 70 staff redeployed to work on the FLO Service over time, although most staff have been returning to their substantive posts. All staff who join the team are made welcome, valued and know that their opinion counts – actively encouraged to contribute to even more refinements and developments to the service. It has been a

pleasure to see such a diverse group of staff, from various disciplines with differing levels of experience working collectively for our patients and their loved ones; feeling part of a team 'on the front line' and that they are making a real difference.

2.2.11 South Asian Heritage Month – August 2020

During August we celebrated South Asian Heritage Month (SAHM). SAHM aims to commemorate, mark and celebrate South Asian history and culture, and help build an understanding of the diverse heritage that continues to link the UK with South Asia, as well as improving levels of social cohesion between communities. South Asia is formed of 8 countries, namely Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The British South Asian community is over 3 million people strong, with at least 1 out of every 20 people in this country having South Asian heritage.

At WHH we celebrated this landmark by hosting two events – one at Warrington and one at Halton.

2.2.12 NHS Winter Pressures Capital Fund

On 11th August 2020 it was announced that we have been allocated £4.3m of a £300m national pot to expand and redevelop our Emergency Department and build a bigger and better Assessment Unit/Plaza. Allocations ranged from between £9m to £200K for 117 acute trusts; we received the 13th largest allocation nationally and the most in Cheshire and Merseyside, recognition that our Emergency Department is too small to manage the number of patients we routinely look after, especially in the COVID-19 era when separation of flows and spacing of patients is at the core of good infection control.

After an early downturn throughout the earliest phase of the pandemic, emergency activity has been returning to pre-COVID levels. This development will be a large modern assessment plaza for use by all teams for emergency patients will go a long way, again part of our strategy of making the best of what we have got until the long term plan for our hospitals' development is worked through.

2.2.3 Employee Recognition

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

Chief Executive Award (August 2020): Macy Owen

This was a special award for 9 year old Macy Owen who also received a Points of Light Award from the Prime Minister for raising over £10,000 to buy treats and care packages for NHS staff in WHH by selling her handmade beaded rainbows.

Chief Executive Award (August 2020): Alison Parker and the Supplies and Procurement Team

Alison and the team have worked tirelessly over the pandemic 7 days a week to keep staff safe and ensure we had sufficient PPE supply. We did not have a stock-out of this important equipment.

Chief Executive Award (August 2020): Joanne Thomas, Advanced Respiratory Therapist

Jo Thomas is an Advanced Respiratory Therapist and has led the Therapy Respiratory Service throughout the COVID period. Jo was instrumental in working alongside the ITU team to use the sleep apnoea black boxes with patients. Jo has a breadth of knowledge on different ventilators and was able to share this with colleagues given the range ventilators we had to use. Jo also worked to support patients transitioning from ITU to ward A7 to ensure the therapy intervention was maintained and staff appropriately trained and supported. Jo was proactive in the training and mobilisation of the therapy workforce to meet the respiratory needs of patients. Jo worked tirelessly from morning until night within the unit supporting staff to ensure all patients received the level of respiratory therapy required.

Chief Executive Award (September 2020): Warrington Hospital & Halton Hospital Domestic Assistants and Supervisors

I was very pleased to make this award to teams on both hospital sites in recognition of the significant part they have collectively played in infection prevention and control during the COVID-19 pandemic, keeping both hospital sites spotlessly clean and inspiring confidence in patients and staff.

3) MEETINGS ATTENDED/ATTENDING

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

- NHSE/I COVID-19 System Leadership (Weekly)
- Warrington & Halton COVID-19 System Assurance Meeting and Health Protection Board (Weekly/Biweekly)
- C&M CEO Provider Group Calls (Biweekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- NHS 111 Oversight Group (Biweekly)
- Update calls with our local MPs: Andy Carter MP, Charlotte Nichols MP, Derek Twigg MP, Mike Amesbury MP
- David Parr, Chief Executive, Halton Borough Council
- Bed Capacity Planning NHSE/I (ad-hoc)
- NW Mortality Cell (weekly)
- Restoration Plan, Ann Marr, C&M Hospital Cell CEO Lead
- Warrington Health & Wellbeing Board
- Steve Broomhead, Chief Executive, Warrington Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- Cheshire & Merseyside Health & Care Partnership Assembly

4) RECOMMENDATIONS

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

Council of Governors

AGENDA REFERENCE:	COG/20/11/54		
SUBJECT:	Quality Account 2019/20		
DATE OF MEETING:	12 th November 2020		
ACTION REQUIRED	To note for assurance		
AUTHOR(S):	Layla Alani, Deputy Director Governance		
EXECUTIVE SPONSOR	Kimberley Salmon-Jamieson, Chief Nurse + Deputy Chief Executive		
LINK TO STRATEGIC OBJECTIVES:			
	All		
	Choose an item.		
	Choose an item.		
EXECUTIVE SUMMARY	<p>All NHS providers since June 2010 have had a legal duty to publish an annual Quality Report (Account), and are required to distribute the <i>draft</i> version for a formal consultation and response to various groups.</p> <p>This document has been disseminated externally to key stakeholders as part of the consultation and approved by the Quality Assurance Committee</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	The Council of Governors are asked to note the contents of the Quality Account		
PREVIOUSLY CONSIDERED BY	Committee Quality Assurance Committee		
	Agenda Ref.	QAC 20/10/191	
	Date of meeting	6 th October 2020	
	Summary of Outcome	Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Choose an item.		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		



Complaints and PALS Q2 Report

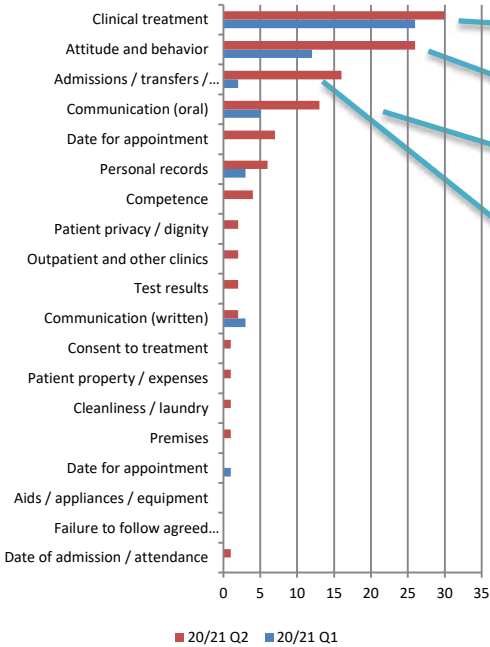
Council of Governors

November 2020

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

Complaints Analysis Q1 vs Q2

The information shows the top subjects in complaints in Q1 vs Q2.
Note: Complaints can have more than one subject.



Clinical treatment:

- There was an increase in the number of complaints received in Q2 compared to Q1 regarding clinical treatment (30 in Q2 versus 26 in Q1). Concerns include coordination of medical treatment, wrong diagnosis and problems with medication.
- Insensitive to patients needs and communication issues can also be linked to when the Trust is on full capacity.

Communication and Attitude and Behaviour:

- Staff attitude and behaviour has increased by 14 in Q2 compared to Q1.

Admissions, transfers or discharge procedures:

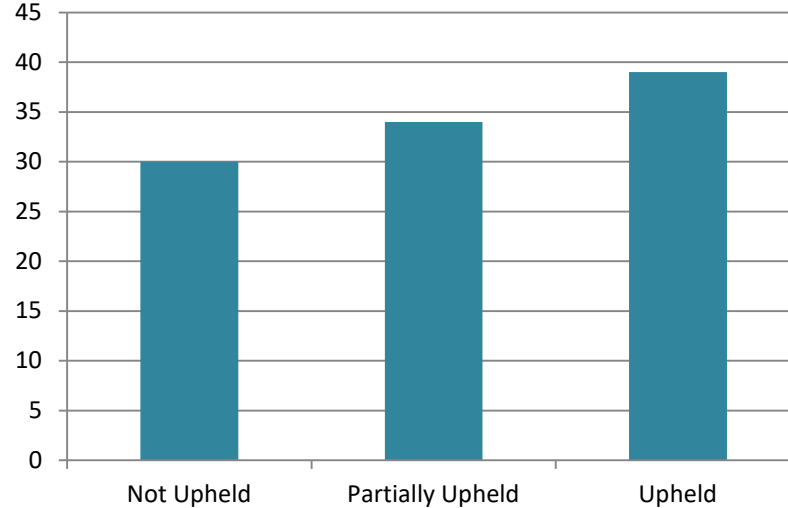
- In Q2 there has been an increase in complaints relating to inappropriate discharges.



Complaints Outcomes Q2

Once a complaint has concluded (either following a local resolution meeting or once a formal written response has been sent) the outcome will be recorded in line with the findings of the investigation.

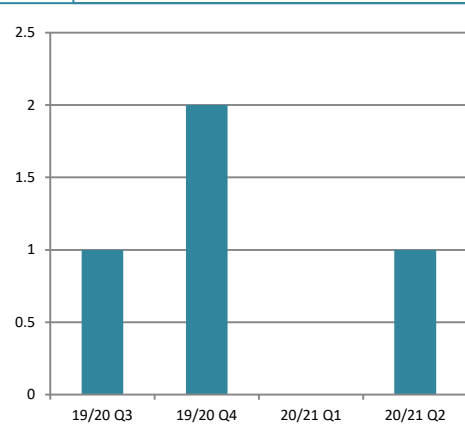
A complaint will be “upheld”, “upheld in part” or “not upheld”.



PHSO Q2

So how many complaints do they investigate?

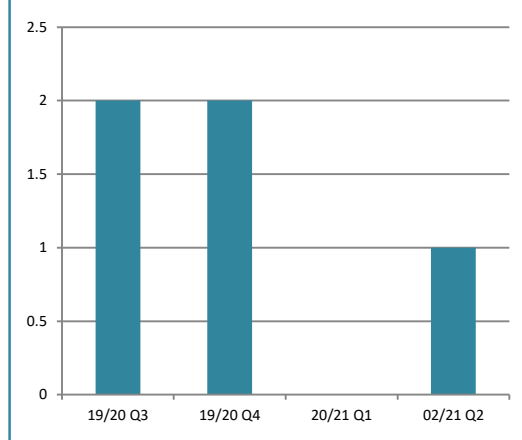
The PHSO has commenced 1 investigation into the Trust in Q2. The PHSO closed 2 investigations during Q3.



Complainants dissatisfied with the Trust's response have the right to ask the Parliamentary Health Service Ombudsman (PHSO) to consider their complaint. The PHSO will consider the complaint file, medical records and any other relevant information as necessary. The PHSO may decide not to investigate further and no further action will be required from the Trust. Alternatively, recommendations might be made for the Trust to consider. The PHSO may decide to conduct a full investigation which might result in the Trust being required to make an apology, pay compensation and / or produce an action plan to describe what actions are planned to rectify the situation and prevent further occurrences.

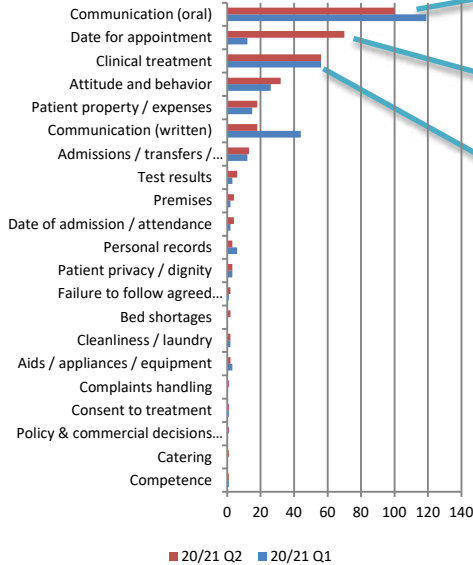
And what are the outcomes?

The Trust currently has 2 open PHSO cases. The PHSO closed 1 investigation in Q2.



PALS Analysis Q1 vs Q2

The information shows the top subjects in PALS.
Note: PALS can have more than one subject.



Communication:

- Difficulties with telephone communication
- Lack of clear explanation
- Misunderstandings
- Patient not verbally being told things

Date for an appointment:

During the Covid-19 pandemic there has been an increase in the number of PALS concerns relating to Appointments including :-

- Unacceptable time to wait for an appointment
- Appointment date continues to be rescheduled
- Cancellation of appointment

Clinical Treatment:

- Co-ordination of medical treatment
- Delay in treatment
- Poor aftercare
- This is also mirrored in the complaints analysis.

The average response time for a PALS concern of those closed:

Q1	Q2
7 days	6 days

PALS to Complaints:

Q1	Q2
0	2



Patient and Public Participation and Involvement 2019-20

DRAFT content for Annual PPP&I

Report to the Governors Engagement Group August 2020 (deferred to Nov 2020)

Lead: Pat McLaren, Director Communications & Engagement


Patient and Public Participation and Involvement 2019-20 – annual report 2019-20	
Our PPP&I Strategy	How we measure our progress
<ul style="list-style-type: none"> We have made a commitment to creating opportunities for the participation and involvement of all groups (patients, families, carers, staff, communities, advocates, partners and other stakeholder groups). We want to ensure that ways and means to engage are accessible to all and that all voices are heard and views considered and incorporated wherever possible in service delivery, design and transformation through the championing of co-production. 	<ul style="list-style-type: none"> Successful deployment of our work plan as described Achieved/representation Engagement by services – recorded and reported, evidenced in outcome reporting Increased engagement with and participation and involvement of our wider public and advocacy partners – measured through recruitment in numbers and representation Attendance at training/coaching events Delivery of celebration event(s) Reported evidence of patient and public involvement and participation and their views in all service change programmes. Monitoring of involvement of hard to reach individuals and groups and those with protected characteristics.
Implementation Plan	How progress was monitored and reported
<p>The PPP&I workplan was deployed across the year</p> <p><i>To note: Programme was subject to change dependant on availability. Events were added where appropriate including specific community events and festivals.</i></p>	<ul style="list-style-type: none"> The deployment of the annual work plan was reported through the Patient Experience Committee and the Governor’s Engagement Group with a GEG report to the Council of Governors A quarterly Quality Report track milestones for the Quality Account priorities.
<p><i>To note that some of our planned engagement work was disrupted by Covid-19 towards in Q4. As we conclude this report we are unsure at present when we will be able to recommence and are now looking at alternatives for virtual engagement in order to maintain high levels of involvement and participation from our patients, carers, their families and our advocacy groups and communities.</i></p>	
Q1 April – June 2019 Plan and outcomes	
1. Meetings and progress of the Accessible Information Standard Task and Finish Group	- We secured the services of an ‘expert’ independent chair for our Group with monthly meetings commencing 2 September 2019. As this work is expected to take 12-18 months to complete we renamed this group <i>The Accessible Information Standard Group</i> and report through the Patient Experience Group.
2. Deploy Experience of Care Week Festival 21-26 April: Recruit Lived Experience patient	- Very successful week involving: Health Watch, Quality Academy, Maternity, MSKCAT, Radiology Always Events, CMTC Open Day, GP Engagement event, Nutrition & Catering and modified textures, Orthoptist Patch parties and focus group; Morning Movers/End Pj Paralysis and Listening into Action

<p>panel</p> <p>3. Falls Collaborative 23.5.19 – recruit patients/Public</p> <p>4. Dementia Awareness Week May</p> <p>5. Stroke Awareness Month - Make May Purple</p> <p>6. QI Training for Governors</p> <p>7. Diabetes Awareness Month –</p> <p>8. A New Hospital for Warrington</p>	<ul style="list-style-type: none"> - Recruited 5 individuals to our ‘Lived experience’ panel. - Two conversation cafes (one each site) producing significant feedback for ED. - Hosted open day for patients with orthopaedic conditions at CMTC on Weds 24th May 2-5pm, this was poorly attended despite good publicity – will review patient engagement for future events. <p>Three patients plus one carer were recruited to this event.</p> <p>Formal opening of Forget me Not garden with Mayor of Warrington took place on Thursday 23rd May 2pm. Guests included families, carers, charity supporters, fundraising organisations. We were unable to host a ‘Your Health Matters’ event due to lack of capacity however ran a significant social media campaign through our well supported platforms resulting in large in month engagement (see dashboard).</p> <p>Deployed month-long social media campaign focusing on all aspects of WHH stroke care; stroke patient story for Trust Board and prominent story in <i>Your Hospitals</i>. <i>Step out for Stroke</i> was deferred by Stroke Association to July 2019</p> <p>Six governors received QI Training as part of the Governors’ Engagement Group meeting</p> <p>Unable to hold a formal Your Health Matters event in June due to lack of capacity in Diabetes service – but ran extensive social media campaign</p> <p>Well attended partner and advocate-stakeholder event on 4th June 2019. Conceptual images requested from architects to hold further event for patients/public in September 2019</p>
Q2 July – Sept Plan and outcomes	
<p>1. Disability Awareness Day 14 July 2019</p>	<p>We participated strongly in this annual event (with the Stroke Association) Dr Ahmed Farag cardiologist ran a SMART HEART event. The marketplace promoted Apprenticeships and Work Placements, we held a Walking Aids amnesty and recruited to our patient panels. HR promoted the ED&I strategy.</p>
<p>2. Annual Members Meeting and Open Day</p>	<p>We held our annual members meeting on 11th September 2019 at CMTC. This was preceded by an open day between 1-4pm. This included a marketplace comprising: Be the Change team, WHH Charity, Maternity with the new Birth Centre, Apprenticeships, Therapies, Our new Hospitals and A ‘live’ resuscitation demonstration led by Dr Colin Wong and three medical students and a tour of CMTC theatres. In addition to the 40+ public/patient attendees the event was attended by students from Hallwood Primary School and St Chads whom gave really positive feedback and would like to attend another one.</p>

<p>3. Meetings and progress of the Accessible Information Standard Group</p>	<p>3. The inaugural meeting of the Accessible Information Standards Group was held on Monday 30th September chaired by an independent chair from Warrington Disability Partnership. The programme consisted of:</p> <ul style="list-style-type: none"> • Baseline assessment survey • Informatics – flagging systems and usage • Alternative Formats – scoping and development in partnership • Hearing impairment – use of loop/film/BSL • Vision impairment – use of large print, contrast alternatives and access to Braille <p>The following were not part of the standard but as an aspiring ‘outstanding’ organisation we have also elected to include:</p> <ul style="list-style-type: none"> • Patient Letters – we are reviewing under AIS AND through a Be the Change programme • Signage – to accompany all above • Alternative languages – review of translation/interpretation services plus production of/access to alternative language formats <p>The outcome of this programme will lead to the production of an Accessible Information Policy and associated SOP.</p>
<p>4. QI Training for Panels</p>	<p>4. As described in our PPP&I strategy we committed to providing development opportunities for our ‘lived experience panels’. Input has been sought from our Quality Academy to provide a design thinking event.</p>
<p>5. Stay Connected Service User Group (Warrington Disability Partnership)</p>	<p>On 9 September we joined the Stay Connected Group to provide an update on programmes and developments at the hospitals. Significant input was provided by this important, diverse reference group which represents a number of disabilities. The group has agreed to be a ‘test bed’ for planned developments to our main entrance makeover and our new birth centre.</p> <p>A large amount of feedback was provided on our car parking arrangements at Warrington hospital and these have been included in our feedback to our estates/new hospitals teams</p>
<p>6. Service Change – ECG provision at GP practices</p>	<p>Collected patient feedback from Outpatients ECG department looking at ‘what matters to them’ in planned service change which will enable them to have an ECG at their local GP instead of travelling to hospital. Responses very encouraging to the prospect of being able to go closer to home and reduce costs ie: parking charges. We provided this feedback to NHS Warrington CCG.</p>
<p>7. Hospital Food review</p>	<p>Attended Quality Improvement Process Mapping session looking at our patients’ the dining experience and the logistics of the food journey. In attendance were QI, A4 Ward Manager and Staff Nurse, Catering Manager, Facilities Manager, HoPE and Dieticians. The process mapping identified many changes that can be made. A Blue Sky Thinking exercise will be held. Involved our ED&I advisor in meeting with Catering team looking at halal food options.</p> <p>Organised a pilot Dining Experience Event (trial) – Held in Trust Conference room. In attendance 3 x Patients from C21 Wren Unit, Governors,</p>

	<p>Volunteers , ED&I, HR Business Partner, Communications, HoPE, Be the Change lead, the catering Manager and Facilities Manager , Chef and Catering Staff. The event took place at teatime and participants had the choice of soup to start 3 x main meals to try and a pizza and the nibble box (this is ideal for any patient with cognitive impairment) Plan to arrange a follow up, bigger event.</p>
<p>Q3 Oct – Dec Plan and outcomes</p>	
<p>1. Your Health Matters – winter (Sepsis, Flu and Choose Well)</p> <p>2. Hospital Food</p> <p>Celebrating Black History Month at WHH</p> <p>Accessible Information Standards Group</p>	<p>1. The Trust was a key part of the system-wide <i>Choose Well</i> winter campaign (Halton, Knowsley, St Helen’s and Warrington) and deployed the system plan (commissioner-led) ‘<i>Help us to Help You</i>’ through our digital platforms (social media, website) This joined up campaigning saw significant engagement especially in December. Further communications included Press Release and global staff message signposting services for use by their friends and families. A similar effort was undertaken throughout October and November (now part of the <i>Help Us to Help You</i> campaigning) for staff, patients, visitors and members of public.</p> <p>2. Considerable work was undertaken around hospital food, including education and awareness of staff around menu choices, alternatives, dietary requirements and allergies. Key work in the quarter included:</p> <ul style="list-style-type: none"> - Test dining event with patients and volunteers on 14th October 2019, tea time Trust Conference Room. Patients were brought from wards and enjoyed the experience – providing valuable feedback to the Catering team - Contribution to the Volunteering team ref involvement of volunteers to support mealtimes (not feeding) - Observation of mealtimes on A8 ‘sit and see’ - Visit to Kitchens at Warrington by Director of Community Engagement and Head of Patient Experience. Witnessed number of issues relating to wards not fully completing menu cards for patients ie bed numbers without names etc. Lack of simplified method for catering to check accurate location of patients requiring multiple phone calls to wards. Escalated to Digital Services who will install Lorenzo and provide access for Catering manager and supervisors. This will ensure the right meal reaches the right patient at the right time. - Launched Nutrition Strategy at Team Brief for staff on 19th and 20th December at both sites. Very well received education and awareness event demonstrating menu options and alternatives plus sampling of patient menus over the festive period. High attendance by staff. <p>Black History Month raising ED&I awareness and support in the Trust with stand in main entrances This again was well received by patients and visitors</p> <ul style="list-style-type: none"> - Catering team supported by making Halal/ Vegetarian nibble boxes for sampling. <p>The independently-chaired AIS Group met on 4th November 2019. Key items for the period included: Patient Letters – an excellent, highly attended</p>

	<p>engagement and involvement workshop <i>'Be the Change'</i> event was held in November at Whitecross Centre comprising staff, volunteers, advocates and Governors. Considerable feedback was provided with the aim of improving letters – including accessibility factors, directions and maps. This project <i>'Letters Be the Best'</i> is subject to an action plan which will be monitored through the AIS group Informatics – flagging and alerts and Reasonable Adjustments – patient story hearing impairment support to access care FFT – alternative formats and languages</p>
Q4 Plan and outcomes	
<p>1. Always Event®</p>	<p>Always Event Thurs Jan 16th 2020 9am to 11am Ophthalmology: 'Point of Care' team meeting- this includes patient representative who is part of the team co-producing the development of the Always Event.</p>
<p>2. Accessible Information Standard</p>	<p>Hearing Impairment:</p> <p>Wed Jan 22nd 2020 10am to 12:30 – Invited Deafness Resource Centre staff and two hearing impaired service users to Warrington Hospital to discuss their experiences. This included how they felt when they arrived at appointments where no interpreter was booked and/or the clinician cancelled appointment and/or attempted to continue the appointment without support. Informal visits to local departments including ED.</p> <p>Implementing the Accessible Information Standard and our obligations:</p> <ul style="list-style-type: none"> • An action plan to launch a WHH-AIS Policy on The International Day of Persons with Disabilities on 3rd December 2020 developed • Measures include: Commissioners – local CQUIN, Regulator (CQC Well Led), Legislative (EDS2, NHS Constitution), service user experience measures • A baseline survey developed for all service leads and patient facing staff (not launched due to Covid-19) plan for Q1/Q2 2020-21 • Generic WHH patient passport in development (in addition to LD, Veterans) • Training module for all patient facing staff – plan to implement as part of essential training – paused due to Covid-19 • Alerts system – flagging of patients with additional needs (physical and mental impairment) on electronic patient record – AIS fed into the task and finish group

<p>3. Maternity Voices Engagement Event</p>	<p>Maternity Voices</p> <p>An engagement and involvement session was held 23rd January 2020 to inform the development of the new Birth Centre. It was attended by previous and current service users, including a complex case mother who attended with her baby, a father of a newborn, a couple who are attending for an elective section later that day and a young mother who was staying on the ward and being monitored.</p>  <p>The engagement/involvement session focused on the following, with input being provided to the Estates and Maternity team for incorporation into the new Birth Centre plan</p> <ul style="list-style-type: none"> • Communication • Arrival on to current Labour ward • Induction <ul style="list-style-type: none"> • The comfort of families and partners staying overnight • Physical environment current and planned • What matters most to women in their birthing experience. <p>What Matters to me? Emotional Touchpoints</p> <ul style="list-style-type: none"> ✓ Meet and greet on arrival and taken straight to room - arrival described as 'momentous' - don't want to sit in a waiting room ✓ Being allowed to get settled and not moved – establishment of 'base camp' is important early on to get settled, unpacked and to feel calm and relaxed ✓ Feeling empowered to make decisions is important once they are in the room and settled – these choices and options in the birth suite can be built into birth plan ✓ Complex care to be reframed in line with the new environment. It currently feels there is a division between midwifery-led and complex care. Calling all rooms 'Suites' will break down the stigma of being moved from one to the other. Communication around this on the antenatal tours to be considered ✓ Filmed virtual tours also to be considered for the website to help women and their families feel acquainted with their surroundings before they arrive (this has been completed since the session) <p>What Matters to Me? – Physical Touchpoints</p> <ul style="list-style-type: none"> ✓ Shouldn't feel like a clinical space ✓ The option to remove the bed if possible from the room ✓ Checklist on arrival on how everything works in the suite – possibly on an ipad ✓ The provision of a bed or reclining chair for staying partners ✓ Ask 'Is it useful for mum?' Some of the items in the rooms add to the clinical feel of the space and can be overwhelming – plastic gloves on show in boxes, folders marked 'resuscitation' on the walls – items which are not required by mum to be stored away from sight where possible. <p>What Matters to Me? – Design Touchpoints</p> <ul style="list-style-type: none"> ✓ The overwhelming feedback on the individual suites was the ability to
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	<p>personalise your space</p> <ul style="list-style-type: none"> ✓ Hand held controls for LED lights give the ability to change the lighting throughout labour without having to bother clinical staff to help ✓ All rooms to be named Suites ✓ Murals of outside spaces to be considered as an option for walls ✓ Wireless speakers to connect to wifi and phones for play lists ✓ Colours: Avoid too much white and ‘hospital flooring’ Greens and natural colours, no pink or blue. <p>What Matters to Me? – Fundraising Touchpoints</p> <ul style="list-style-type: none"> ✓ Avoid cartoon-like characters for icons ✓ Arms around icons were favourite ✓ One logo was clear favourite – this to be developed into different colourways ✓ All images were approved – everyone liked the inclusivity ✓ Clearer setting of ‘Birth Appeal’ under the logo ✓ Wording to be revised to clearly communicate what/how/why we are fundraising.
<p>4. Heart Health Event</p>	<p>Heart Health Month</p> <p>Comprehensive integrated awareness, education and involvement programme throughout February inclusive of all stakeholder groups. Support for Staff also offered through OH and Wellbeing Service.</p>

Council of Governors

AGENDA REFERENCE:	COG/20/11/58		
SUBJECT:	Extension of Terms of Office for Non-Executive Director		
DATE OF MEETING:	12 November 2020		
ACTION REQUIRED	For Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:	All		
EXECUTIVE SUMMARY	<p>Under the Terms of Reference the Council of Governors has responsibility to:</p> <p><i>Approve changes to the remuneration, allowances and other terms of office for the Chair of the Board and other Non-Executive Directors on the recommendation of the Council of Governor's Nomination & Remuneration Committee.</i></p> <p>One Non-Executive Director will come to the end of her second Term of Office on 31 December 2020. Anita Wainwright has expressed her interest and willingness to serve an additional 12 month term, commencing on 1 January 2021.</p> <p>Under the current terms of the Trust Constitution (Section 25.5) Non-Executive Directors may, in exceptional circumstances for business/continuity reasons, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust)</p> <p>The NHS is currently experiencing a period of significant challenge as a result of the COVID-19 global pandemic. At this time, the Trust has implemented its business continuity plans to ensure a safe and effective service is provided to patients whilst responding to the significant and exceptional requirements COVID-19 has triggered.</p> <p>Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 28th October 2020, the Committee has recommended that Anita Wainwright be appointed for a third term of office, for a further 12 months, effective 1 January 2021 to 31st December 2021, to support the Trust's response to the COVID-19 global pandemic.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision

RECOMMENDATIONS	The Council of Governors is asked to approve the recommendation from GNARC on 28 October 2020 that Anita Wainwright is appointed for a third Term of Office for a further 12 months, effective 1 st January 2021 to 31 st December 2021.	
PREVIOUSLY CONSIDERED BY	Governors Nomination and Remuneration Committee	
	Agenda Ref.	GNARC/20/10/07
	Date of meeting	20.10.2020
	Summary of Outcome	Approved
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Choose an item.	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (if relevant)	None	

SUBJECT	Extension of Term of Office for Non-Executive Director	AGENDA REF	COG 20/11/58
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1. BACKGROUND/CONTEXT

One Non-Executive Director will come to the end of her second Term of Office on 31 December 2020. Anita Wainwright has expressed her interest and willingness to serve an additional 12 month term, effective 1 January 2021.

On 14th February 2019, the Council of Governors agreed to amend the Trust’s Constitution to expressly state the maximum tenure of office for a Non-Executive Director. Consequently, section 25.5 of the Trust’s Constitution states:

Any term beyond six years (eg, two three-year terms) for a Non-Executive Director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-Executive Directors may, in exceptional circumstances for business/continuity reasons, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-evaluation and re-appointment and is subject to ratification by the Council of Governors in line with terms detailed in section 5.4 of the Council of Governors Nominations and Remuneration Committee. Serving more than six years could be relevant to the determination of a Non-Executive’s independence. Non-Executive Directors may hold office for a maximum of 9 years.

Under the Foundation Trust’s Constitution, the Governors’ Nominations and Remuneration Committee (“the Committee”):

is to be established for the purposes of identifying appropriate candidates for the posts of Non-Executive Directors (including the Chair and Deputy Chair of the Foundation Trust), for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors. The Committee will, taking into account the views of the Board of Directors, identify a balance of individual skills, knowledge and experience that is required at the time a vacancy arises and accordingly draw up a job description and personal profile for each new appointment.

Anita Wainwright was appointed in January 2015 for a term of three years with a subsequent extension to a second term from 1 January 2018 to 31 December 2020.

2. KEY ELEMENTS

Extension of Term of Office of Anita Wainwright, Non-Executive Director

Anita Wainwright joined the Trust Board as a Non-Executive Director in January 2015. A very experienced human resources and organisational development professional Anita has worked in both the public and private sector in the North West for over 35 years, gaining experience in the nuclear and gas industries; financial services; the fire service and the Environment Agency before joining the NHS. She was appointed as Director of HR and OD at University Hospital South Manchester in 2012 and in 2014 was seconded to Tameside

Hospital to support their improvement programme. Anita is currently Chair of the Strategic People Committee. Anita's Term of Office was extended for a second term of office in December 2017 for a further three years to December 2020.

During the last financial year 2019/20, Anita attended the following Board and Board Committee meetings:

- Trust Board 6/6 - 100%
- Audit Committee 5/5 - 100%
- Strategic People Committee 6/6 - 100%
- Finance & Sustainability Committee 11/12 - 92%
- Nomination & Remuneration Com 6/7 - 86%

Anita continues to perform her role of Non-Executive Director of the Board providing a high degree of challenge and scrutiny and continues to demonstrate commitment to her role.

To support the proposal, Steve McGuirk, Chairman has offered the following comments:

I have done a formal response to my own appraisal and this will be submitted to the COG by the Senior Independent Director as part of his report back. In that response I comment on the value of having a group of NEDs with a wide range of experience and backgrounds. That experience can be brought to bear in the general approach to rounded Board decision making, as well as in specific areas. In the general sense, as well as being an important contributor to Board debate, Anita is also on both the FSC and the Audit Committees and she makes equally important contributions to both those committees in addition to her Board role (as attested to by feedback from governor observers). Anita's specific area of expertise is HR, having worked as a HR professional at the highest levels for a number of years. So, in the last year Anita has worked hard - alongside her Exec counterpart - to shape the People Committee in to an effective arm of our corporate governance arrangements. Like everyone, Anita has needed to adapt to a changed world as a consequence of Coronavirus and its direct implications on the role of NEDs in the context of the Hospitals, and she has shown great adaptability and flexibility alongside other colleagues in doing so. Her insight and broad HR experience has been, and continues to be, invaluable, her commitment to the Trust is unwavering (like other NEDs she is also a resident) and she has lost none of her energy for her role. I have no hesitation, therefore, in recommending that COG extends Anita's term of office as this can only support the need for continuity and consistency - not to mention calm decision making - during a critical period and a period that is likely to remain critical for some time to come

Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 28th October 2020, the Committee has recommended that Anita Wainwright be appointed for a third term of office, for a further 12 months, effective 1 January 2021 to 31st December 2021, to support the Trust's response to the COVID-19 global pandemic.

3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to:

Approve the recommendation from Governors Nominations and Remuneration Committee (GNARC) on 28th October 2020 that Anita Wainwright is appointed for a third Term of Office for a further 12 months, effective 1st January 2021 to 31st December 2021.

Council of Governors

AGENDA REFERENCE:	COG/20/11/59		
SUBJECT:	Chairman's Appraisal		
DATE OF MEETING:	12 November 2020		
ACTION REQUIRED	Approve		
AUTHOR(S):	Ian Jones, Non-Executive Director & Senior Independent Director		
LINK TO STRATEGIC OBJECTIVES:			
	All		
	Choose an item.		
	Choose an item.		
EXECUTIVE SUMMARY	<p>The report includes details of the Chairman's appraisal, conducted by Ian Jones, Non-Executive Director & Senior Independent Director.</p> <p>The report contains feedback provided by Governors, Non-Executive Directors, Executive Directors, external stakeholders and comments from the Chairman (slides included in supplementary pack).</p> <p>The Council of Governors Nomination & Remuneration Committee (GARC) reviewed and recommended approval of the outcomes of the Chairman's Appraisal to the Council of Governors.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	The Council of Governors is asked approve the outcomes of the Chairman's Appraisal.		
PREVIOUSLY CONSIDERED BY	Committee GNARC		
	Agenda Ref.	GNARC/20/10/09	
	Date of meeting	28.10.2020	
	Summary of Outcome	Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None		

SUBJECT	Chairman's Appraisal	AGENDA REF	COG/20/11/59
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1. BACKGROUND/CONTEXT

NHS Trusts and Foundation Trusts are primarily responsible for delivering safe, high quality services and outcomes for patients, service users and the wider community.

The Chair has a unique role in leading the NHS Trust board. The role combines the duty to lead effective governance, consistent with the Nolan principles and NHS values, with securing a long-term vision and strategy for the organisation.

Fundamentally, the Chair is responsible for the effective leadership of the board (and in Foundation Trusts, the Council of Governors). They are pivotal in creating the conditions necessary for overall board and individual Director effectiveness.

The annual appraisal of Steve McGuirk, Chairman was conducted by Ian Jones, Non-Executive Director & Senior Independent Director (SID); based on the framework for conducting annual appraisals of NHS Provider Chairs developed by NHS Improvement.

2. KEY ELEMENTS

WARRINGTON & HALTON NHS TEACHING HOSPITALS FOUNDATION TRUST

CHAIR'S PERFORMANCE APPRAISAL 2019-2020

The PROCESS:

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

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

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

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

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

The FEEDBACK:

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

RESPONSES

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

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

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

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

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

EXTERNAL STAKEHOLDERS’ VIEWS

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

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

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

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

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

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

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

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

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

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

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

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

Ian Jones

Senior Independent Director

21st October 2020

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

CHAIRMAN'S COMMENTS

2020 APPRAISAL RESPONSE

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

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

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

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

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

Nevertheless, I have been stretched to have to think about how we maintain important governance but, at the same time, how we liberate and empower Executive colleagues to deliver fast changing operational needs. In this respect, being good followers is just as important as being good leaders and I truly believe that in our current Board members we have the best of both words; first class leaders when required and first class followers when required. We also have a great blend of varied and extensive experience across our NEDs, and the value of this diversity has shone through the crisis. In many respects, this combination of talents makes my role more one of trying to orchestrate a team of highly capable people, rather than 'telling' or directing too much. Although, as some of the feedback identifies, on occasions the temptation to come up with an answer or a bit of direction has 'sometimes' been difficult to resist. (Old habits die hard).

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

3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked approve the outcomes of the Chairman's Appraisal.



WHH Chair Appraisal September 2020

We are WHH & We are
PROUD
to make a difference

WHH Chair Appraisal October 2020

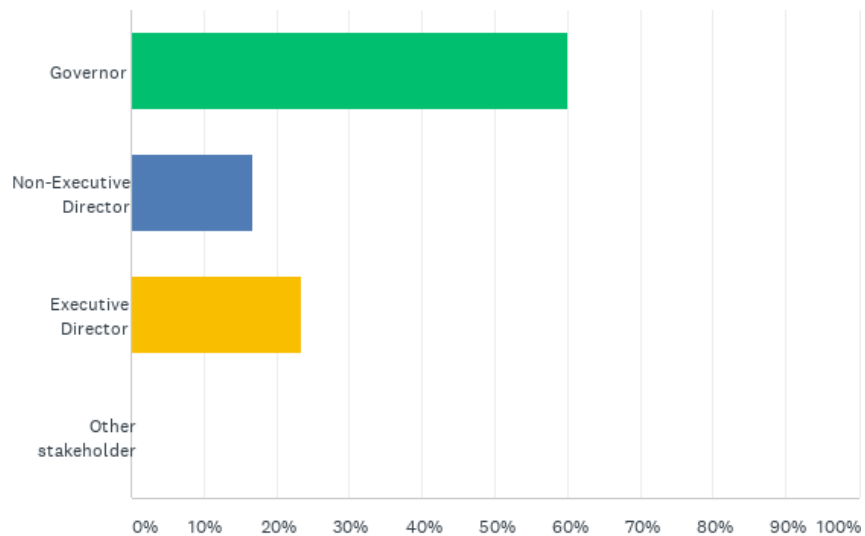
Total Responses: 30

Complete Responses: 29



Q1: Your Role

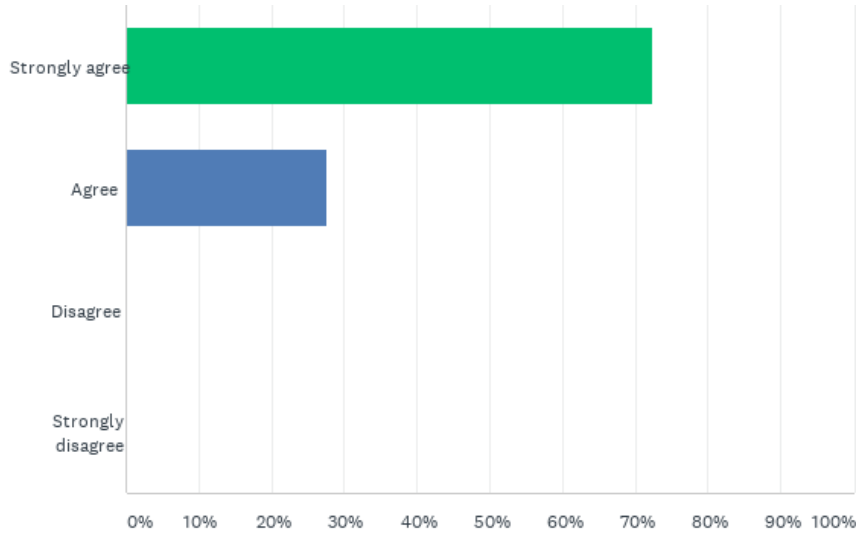
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Q2: Leads the board in setting an achievable strategy

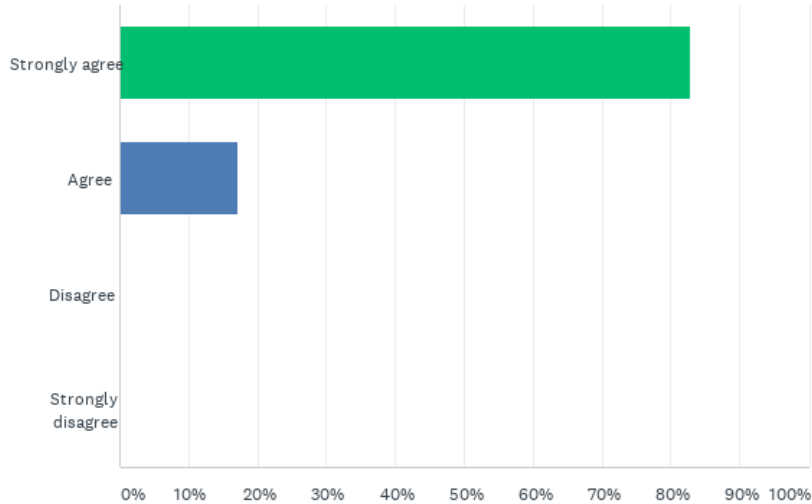
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- Answered: 29 Skipped: 1



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

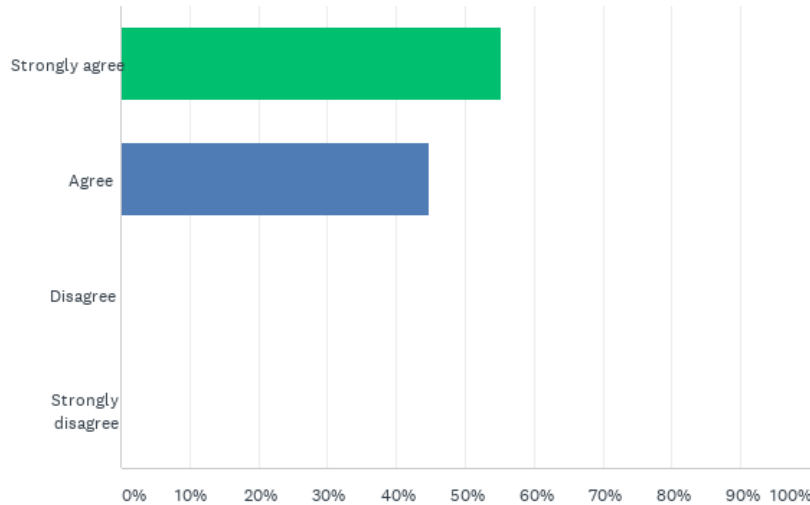
- Answered: 29 Skipped: 1



Q4: Provokes and acquires new insights and encourages innovation

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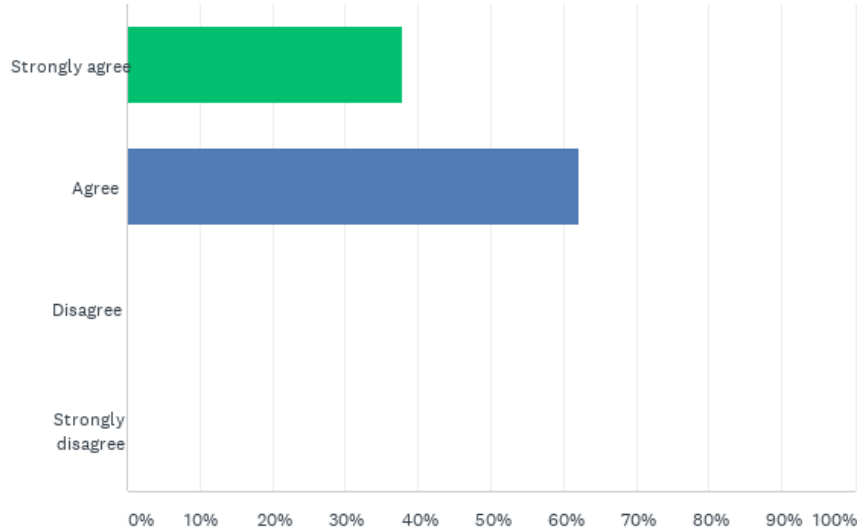
- Answered: 29 Skipped: 1



Q5: Evaluates evidence, risks and options for improvement objectively

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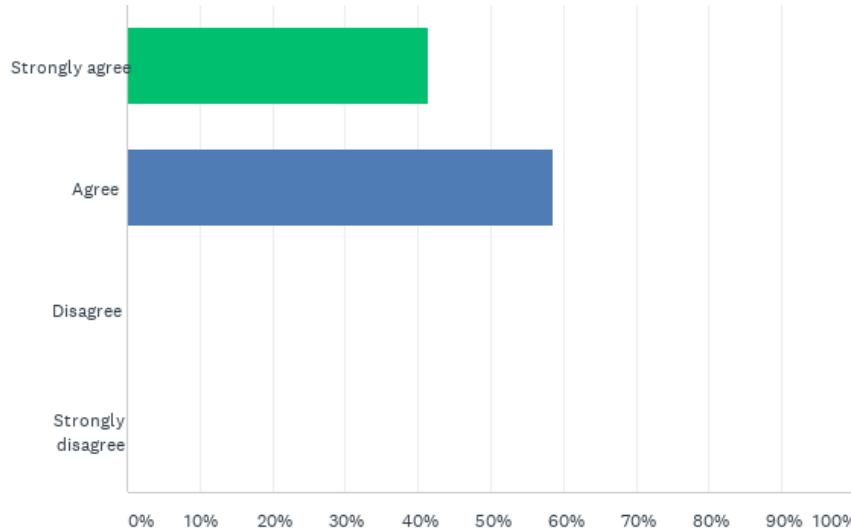
- Answered: 29 Skipped: 1



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

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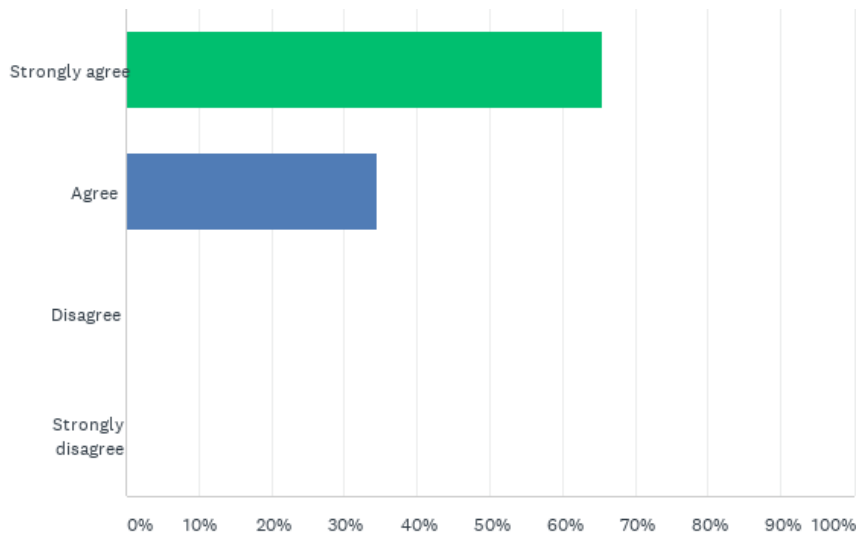
- Answered: 29 Skipped: 1



Q7: Leads the board in setting an achievable strategy

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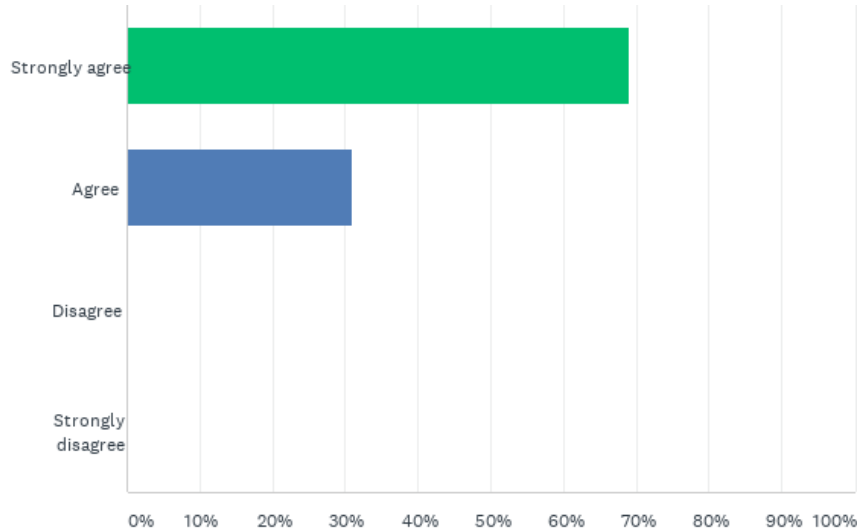
- Answered: 29 Skipped: 1



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

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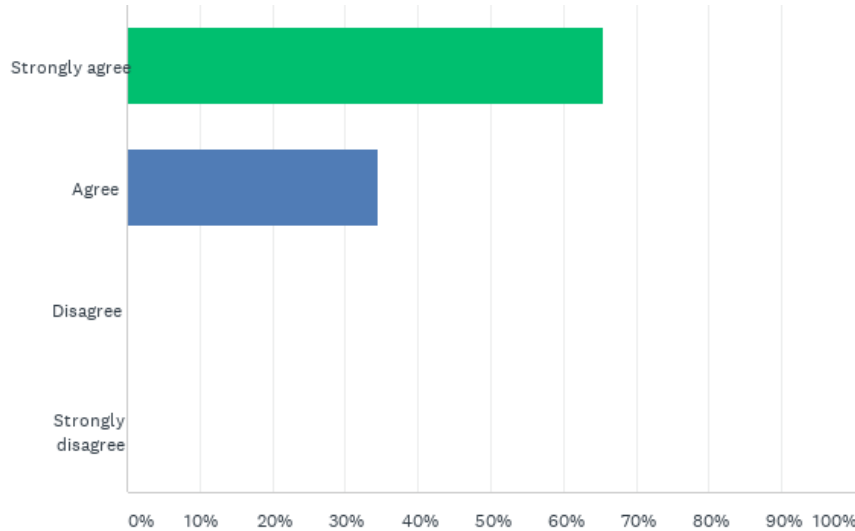
- Answered: 29 Skipped: 1



Q9: Demonstrates deep personal commitment to partnership working and integration

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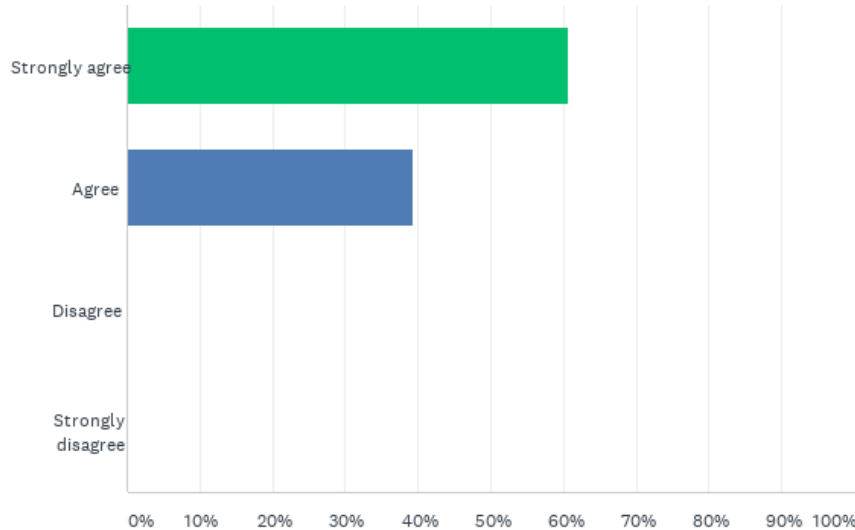
- Answered: 29 Skipped: 1



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

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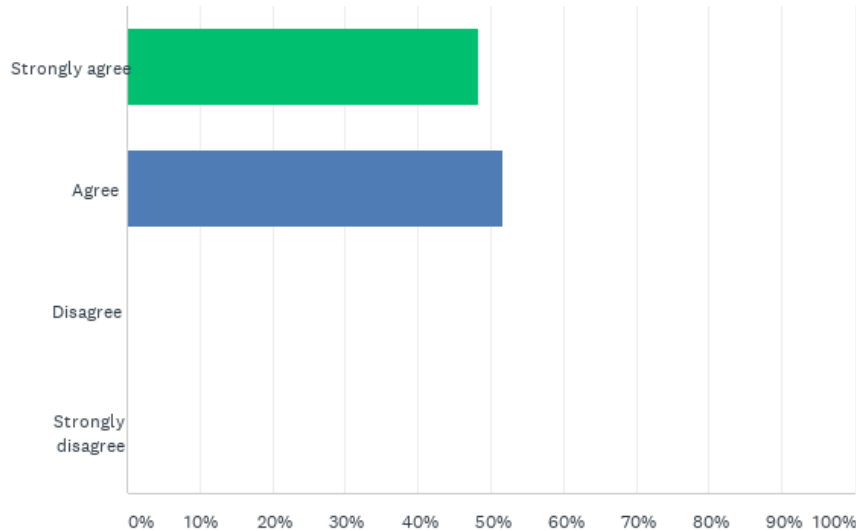
- Answered: 29 Skipped: 1



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

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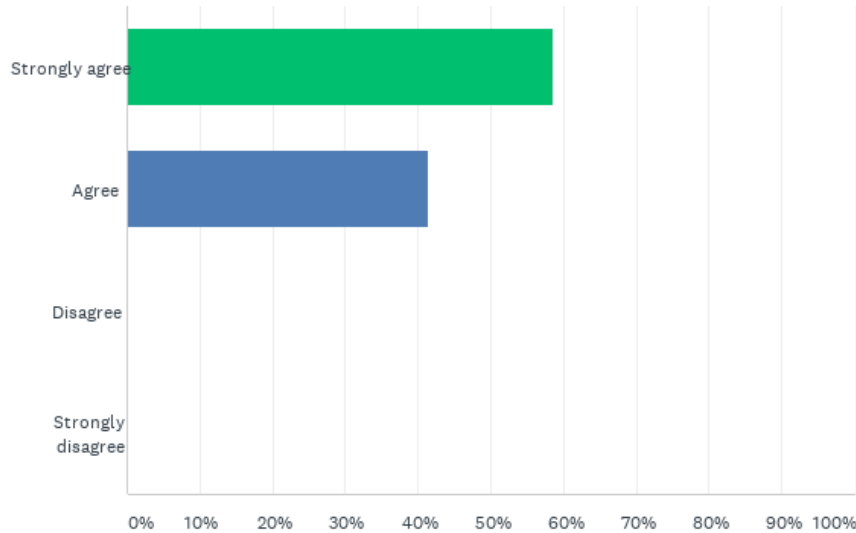
- Answered: 29 Skipped: 1



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

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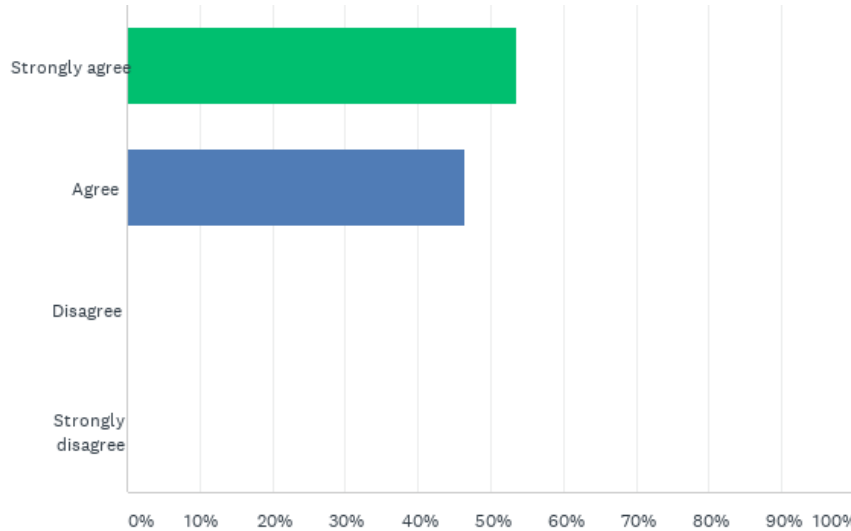
- Answered: 29 Skipped: 0



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

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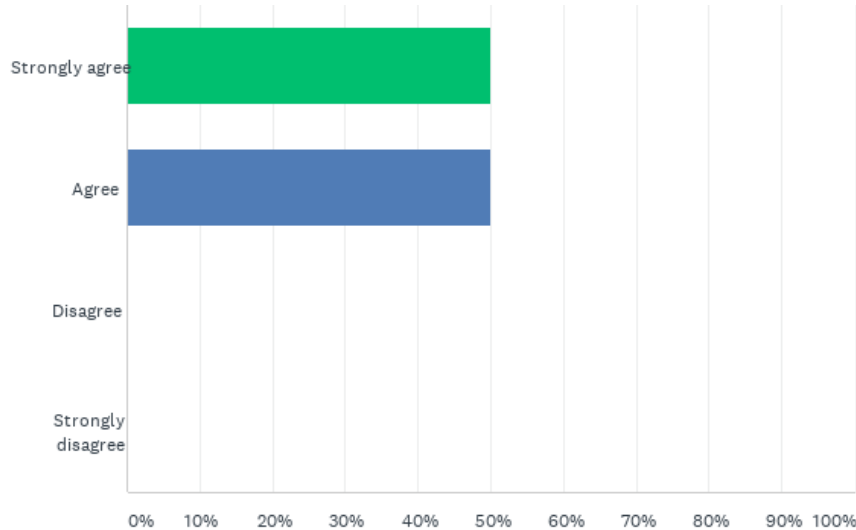
- Answered: 28 Skipped: 2



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

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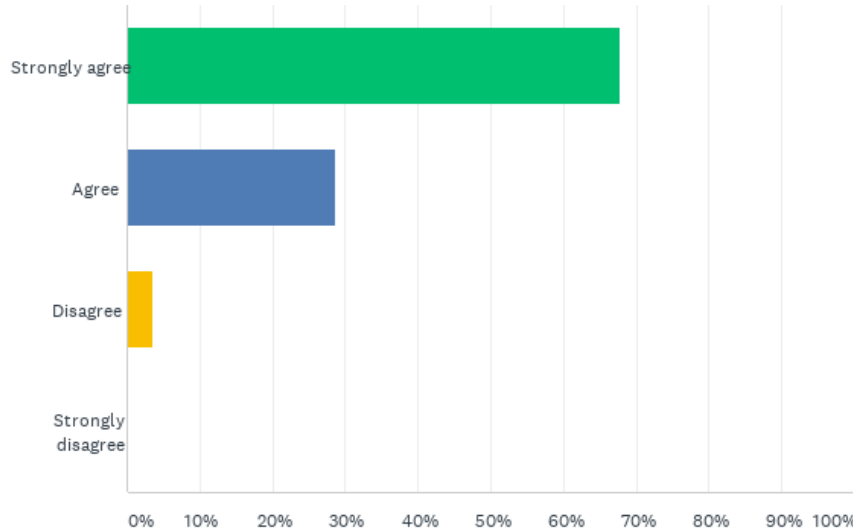
- Answered: 28 Skipped: 2



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

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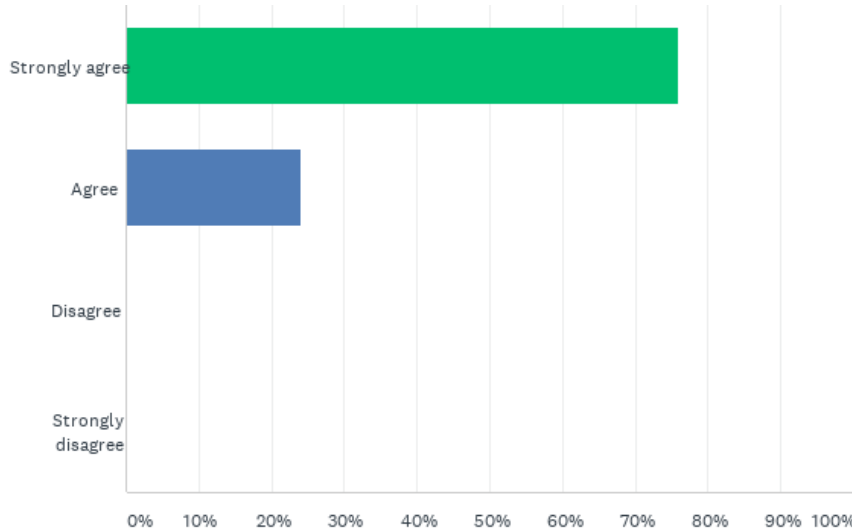
- Answered: 28 Skipped: 2



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

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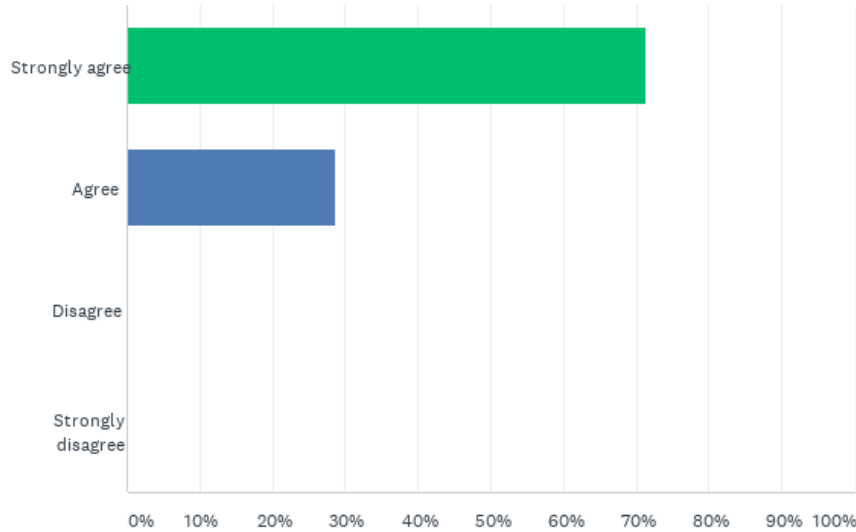
- Answered: 29 Skipped: 1



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

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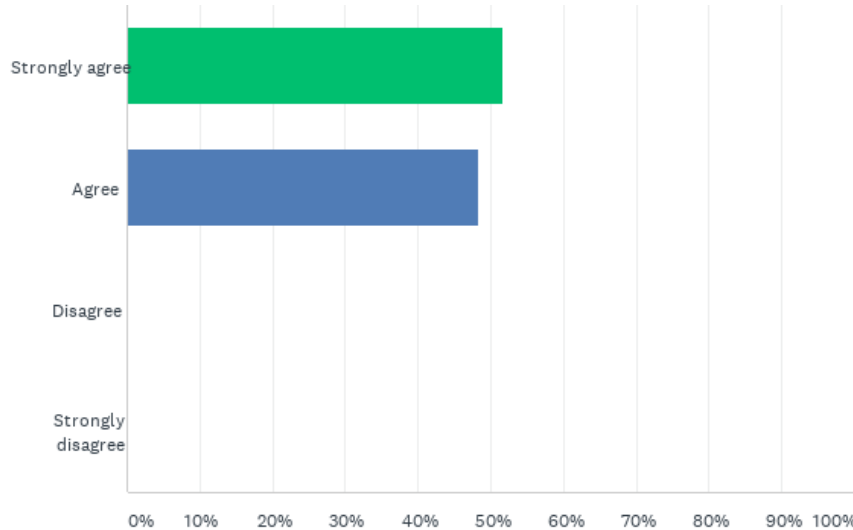
- Answered: 28 Skipped: 2



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

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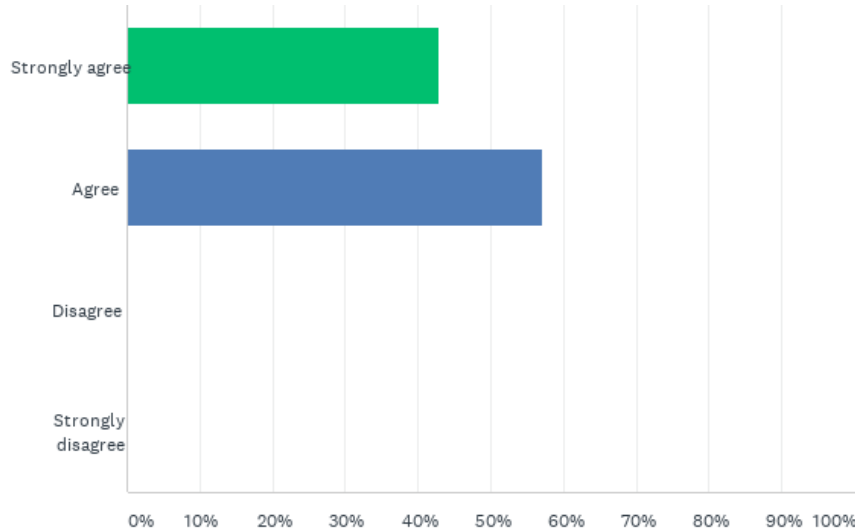
- Answered: 29 Skipped: 1



Q19: Applies financial, commercial and technological understanding effectively

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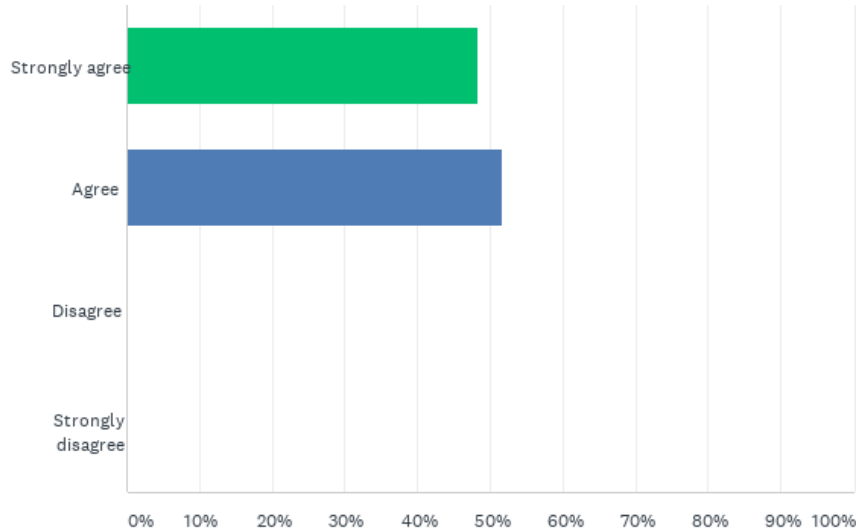
- Answered: 28 Skipped: 2



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

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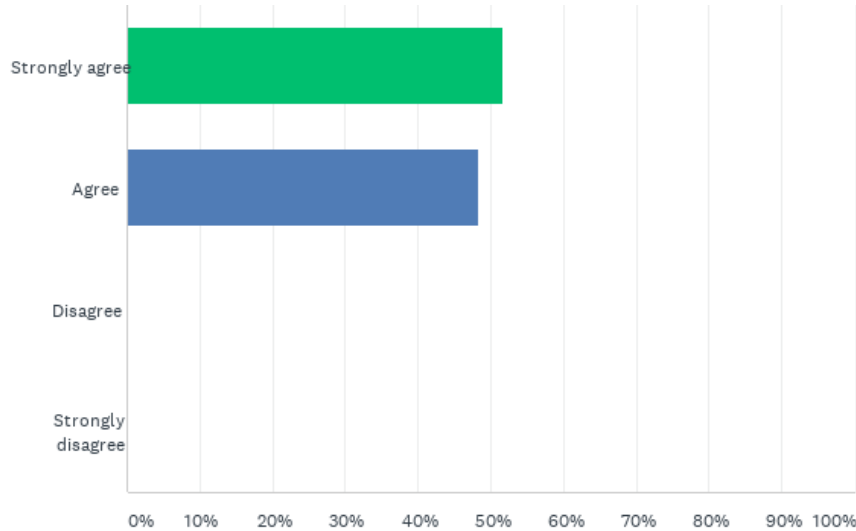
- Answered: 29 Skipped: 1



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

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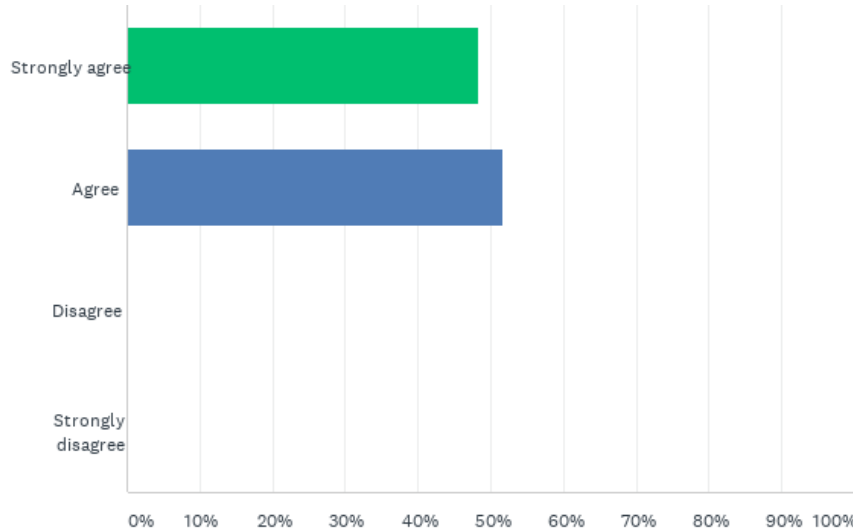
- Answered: 29 Skipped: 1



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

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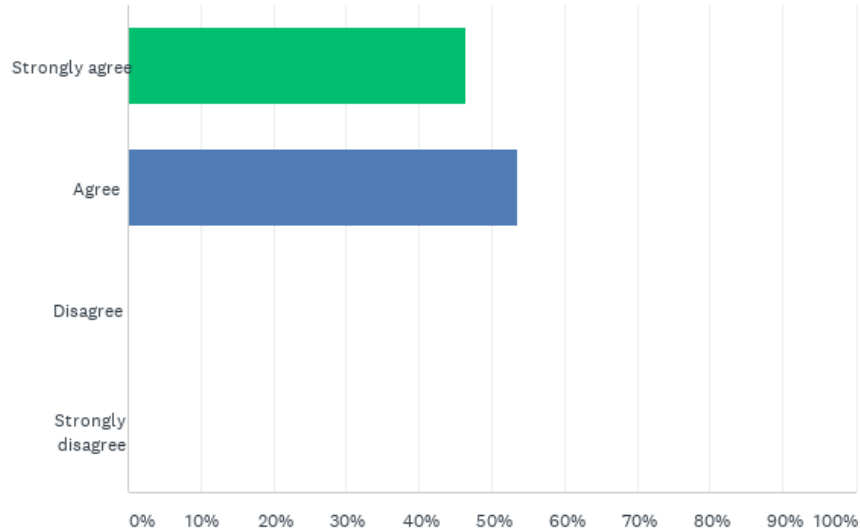
- Answered: 29 Skipped: 1



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

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- Answered: 28 Skipped: 2



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

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



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

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



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

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



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

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



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

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



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

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



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

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



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

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• Answered: 17 Skipped: 13

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



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

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



External stakeholders opinions obtained: (1)

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Chief Executive, Warrington Borough Council.

Chair, Cheshire & Merseyside Health and Care Partnership.

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

Comments included:

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



External stakeholders opinions obtained: (2)

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Chief Executive, Warrington Borough Council.

Chair, Cheshire & Merseyside Health and Care Partnership

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



Council of Governors

AGENDA REFERENCE:	COG/20/11/60		
SUBJECT:	Chair and Non-Executive Director Remuneration		
DATE OF MEETING:	12 November 2020		
ACTION REQUIRED	For Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:	All		
EXECUTIVE SUMMARY	<p>Under the Terms of Reference the Council of Governors has responsibility to:</p> <p><i>Approve changes to the remuneration, allowances and other terms of office for the Chair of the Board and other Non-Executive Directors on the recommendation of the Council of Governor's Nomination & Remuneration Committee.</i></p> <p>Following the issuing of an instruction by NHS Improvement & NHS England to align remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts, the Governor Nomination & Remuneration Committee (GNARC) considered and recommended that the Trust adopt the proposal to amend the Remuneration of Chair and Non-Executive Directors in line with the NHSE/I structure.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	The Council of Governors is asked to consider and approve the recommendation from the GNARC on 28 th October 2020, to amend the Remuneration of Chair and Non-Executive Directors in line with the NHSE/I structure.		
PREVIOUSLY CONSIDERED BY	Governors Nomination and Remuneration Committee		
	Agenda Ref.	GNARC/20/10/11	
	Date of meeting	28.10.2020	
	Summary of Outcome	Approved	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

SUBJECT	Chair and Non-Executive Director Remuneration	AGENDA REF	COG/20/11/60
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1. BACKGROUND/CONTEXT

Under the Terms of Reference the Council of Governors has responsibility to:

Approve changes to the remuneration, allowances and other terms of office for the Chair of the Board and other Non-Executive Directors on the recommendation of the Council of Governor's Nomination & Remuneration Committee

Following the issuing of an instruction by NHS Improvement & NHS England to align remuneration for Chairs and Non-Executive Directors of NHS Trusts and NHS Foundation Trusts, this paper therefore recommends that the Trust uplift the basic salaries for the Chair and Non-Executive Directors.

2. KEY ELEMENTS

Current regulation provides that:

- for NHS Trust Chairs and Non-Executive Directors, remuneration is determined by the Secretary of State for Health and Social Care (SoS) and approved by the Treasury
- for Foundation Trust Chairs and Non-Executive Directors, local Councils of Governors decide on the remuneration, allowances and the other terms and conditions of office.

The structure issued by NHS Improvement/NHS England seeks to address some longstanding issues associated with significant disparities between the remuneration of Chairs and Non-Executive Directors of NHS trusts and NHS foundation trusts, and in the levels of remuneration in the Foundation Trust sector.

In implementing this structure, the principal aims are to:

- establish greater transparency, consistency and alignment in remuneration across provider Trusts
- maintain proportionality in remuneration and avoid unnecessary future escalation
- effectively respond to current challenges associated with the attraction, recruitment and retention of chairs and non-executive directors, particularly within NHS trusts

In order to achieve greater alignment and parity between Chair and Non-Executive Director remuneration in NHS trusts and NHS foundation trusts, the structure is informed by actual market rates identified in the 2018 remuneration survey of NHS Foundation Trusts.

The statutory duties placed upon NHS Foundation Trust Governors, with respect to their role in determining the remuneration, allowances and other terms and conditions for Chairs and Non-Executive Directors, are fully acknowledged.

NHS Improvement/NHS England has stated that the implementation of the aligned structure in no way seeks to undermine these duties, or to diminish the role of Councils of Governors or their respective Nominations Committees. However, in the interests of promoting and maintaining consistency and fairness across the provider sector, it is reasonable to expect that Foundation Trusts will work within the ranges they have indicated.

NHS Improvement/NHS England have also stated that circumstances may arise, both in NHS Trusts and NHS Foundation Trusts, that require special consideration of particular terms and conditions for Chairs and Non-Executive Directors. For NHS trusts, NHS England and NHS Improvement will review any such issues on a case-by-case basis, while Foundation Trusts will be expected to explain their rationale for divergence from the structure (as they currently do for other remuneration issues).

The changes are detailed as follows:

For **Non-Executive Directors**, a single uniform annual rate of £13,000 will apply, with local discretion to award supplementary payments of up to £2,000 per annum (to a maximum of two individuals for those NHS trusts in groups 1 to 3 and three individuals for those in groups 4 and 5 – groups detailed in table 1 below) in recognition of designated extra responsibilities, such as Chairing principal Sub-Committees of the Board and undertaking the duties of Senior Independent Director. When these responsibilities cease, remuneration will revert to £13,000.

For **Chairs**, it is intended that ranges will apply according to respective Trust designation (ie groups 1 to 5) based on organisations’ size (annual turnover) and complexity. The ranges are consistent with the structure associated with very senior manager (VSM) remuneration and are detailed in table 1 below.

Table 1

Trust Size	Annual Turnover (£ pa)	Designation	Chair Remuneration (£ pa)		
			Lower Quartile	Median	Upper Quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m-400m	Group 2	44,100	47,100	50,000
Large	401m-500m	Group 3	45,000	49,500	51,400
Extra Large	501m-750m	Group 4	50,500	55,000	58,500
Supra Large	>750m	Group 5	55,500	60,000	63,300

***Warrington & Halton Teaching Hospitals NHS Foundation Trust fall in to Group 2**

The timetable for implementation of the structure is April 2021 for Non-Executive Directors and April 2022 for Chairs; however, it is expected that the structure is applied to newly appointed and re-appointed Chairs and Non-Executive Directors ahead of this date.

Current Chair and Non-Executive Remuneration is detailed in table 2 below:

Table 2

Employee Number	Last Name	First Name	Title	Role	Salary	Non Exec Allowance 1 per annum	Non Exec Allowance 2 per annum	Total Per annum
24616162	Atherton	Terence	Mr.	Non Executive Director	£12,240.00	£750.00	£500.00	£13,490.00
25876750	Bamforth	Margaret	Dr	Non Executive Director	£12,240.00	£750.00		£12,990.00
24618054	Jones	Ian	Mr.	Non Executive Director	£12,240.00	£750.00	£500.00	£13,490.00
27937278	Richards	Clifford	Dr	Non Executive Director	£12,240.00	£750.00		£12,990.00
25006772	Wainwright	Anita	Mrs.	Non Executive Director	£12,240.00	£750.00		£12,990.00
25157924	McGuirk	Stephen	Mr	Chairman	£43,860.00			£43,860.00

* Allowance 1 : Committee Chair Allowance,

**Allowance 2 : Deputy Chair/SID Allowance

3. ACTIONS AND RECOMMENDATIONS

Non-Executive Directors

In line with the structure, it is proposed that all the Non-Executive Directors salaries are increased to the single uniform rate of £13,000, with effect from 1st January 2021, with local discretionary payments of £500 per annum to the following individuals:

- Terry Atherton – Deputy Chair
- Ian Jones – Senior Independent Director (SID)

The details of the new pay arrangements will be communicated with each Non-Executive Director with an opportunity to meet with the Chair to discuss the proposals.

Chair

Since 2017, WHH has worked towards VSM salaries being consistent with the median quartile range for medium sized acute NHS Trusts and Foundation Trusts. This has been applied during the recruitment to new posts, such as the Chief Executive Officer in November 2019.

To provide context to this proposal, NHS Providers conducted a remuneration survey in January and February 2020. It included an overview of the pay arrangements and structures in place for Executive Directors, Chairs and Non-Executive Director for 2019/20

The results of the survey and benchmarking exercise conducted by NHS providers highlighted the following in relation to Chair Remuneration for comparable Trusts:

Nationwide Medium sized Acute Foundation Trusts:

Peer Average	-	£49,286
Peer Maximum	-	£60,000
Peer Minimum	-	£40,000

Northwest Medium sized Acute Foundation Trusts:

Peer Average	-	£48,205
Peer Maximum	-	£60,000
Peer Minimum	-	£40,000

Therefore, in line with the structure and based on applying the median quartile range for medium sized Foundation Trusts, it is proposed that the Chair's salary is increased to £47,100.

4. RECOMMENDATIONS

The Council of Governors is asked to consider and approve the recommendation from the GNARC on 28th October 2020, to amend the Remuneration of Chair and Non-Executive Directors in line with the NHSE/I structure as detailed below:

- Non-Executive Directors salaries are increased to the single uniform rate of £13,000, with effect from 1st January 2021, with local discretionary payments of £500 per annum to the following individuals:
 - Terry Atherton – Deputy Chair
 - Ian Jones – Senior Independent Director (SID)
- the Chair's salary is increased to £47,100.

Council of Governors

AGENDA REFERENCE:	COG/20/11/61		
SUBJECT:	Amendment to the Constitution – change to Non-Executive Directors Terms of Office		
DATE OF MEETING:	12 November 2020		
ACTION REQUIRED	Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SUMMARY	<p>The Trust’s Constitution states:</p> <p>45. <i>Amendment of the constitution</i></p> <p>45.1. <i>The Trust may make amendments to its constitution if:</i> 45.1.1 <i>more than half of the members of the Board of Directors of the Trust voting approve the amendments; and</i> 45.1.2 <i>more than half of the members of the Council of Governors of the Trust voting approve the amendments.</i></p> <p>The Paper sets out a proposal to allow, by way of amendment of the Trust’s Constitution, additional terms of office for Non-Executive Directors of up to three years, following their initial term. Non-Executive Directors may serve for a maximum of 9 years.</p> <p>The proposal was supported at the Governor Nomination 7 Remuneration Committee (GNARC) held on 28th October 2020 and is recommended to the COG for approval.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> Support amendments to the Constitution as outlined above. 		
PREVIOUSLY CONSIDERED BY	Committee GNARC		
	Agenda Ref.	GNARC/20/10/10	
	Date of meeting	28.10.2020	
	Summary of Outcome	Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

SUBJECT	Amendment to the Constitution – change to Non-Executive Directors Terms of Office	AGENDA REF	COG/20/11/61
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1. BACKGROUND/CONTEXT

The Trust's Constitution states:

45. *Amendment of the constitution*

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

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

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

Following an amendment made to the Constitution in March 2019, in relation to the *appointment of initial Chair, Deputy Chair and initial other Non-Executive Directors* the Trust's Constitution (Section 25.5) currently states:

Any term beyond six years (eg, two three-year terms) for a Non-Executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-Executive Directors may, in exceptional circumstances for business/continuity reasons, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-evaluation and re-appointment and is subject to ratification by the Council of Governors in line with terms detailed in section 5.4 of the Council of Governors Nominations and Remuneration Committee. Serving more than six years could be relevant to the determination of a non-executive's independence. Non-executive Directors may hold office for a maximum of 9 years.

2. KEY ELEMENTS

Following discussions at the Governor Working Parties in September and October 2020 and the Governors Nomination and Remuneration Committee on 28th October 2020, and in order to provide both greater flexibility and stability, it is proposed that the Trust's Constitution is amended as follows:

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

3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to:

- Support amendments to the Constitution as outlined above.

Council of Governors

DATES 2019-2021

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

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

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2019			
Thursday 14 November 2019 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	Tuesday 22 October	Tuesday 5 November	Thursday 7 November
2020			
Thursday 13 February 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	w/c 20 January	Tuesday 4 February	Thursday 6 February
Thursday 14 May 2020 TCR Warrington 4.00pm-6.00pm	w/c 20 April	Tuesday 5 May	Thursday 7 May
Thursday 13 August 2020 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	w/c 20 July	Tuesday 4 August	Thursday 6 August
Thursday 12 November 2020 TCR Warrington 4.00pm-6.00pm	w/c 19 October	Tuesday 3 November	Thursday 5 November
2021			
Thursday 18 February 2021 3.00pm-5.00pm Lecture Theatre, HALTON EDUCATION CENTRE	w/c 25 January	Tuesday 9 February	Thursday 11 February