Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Council of Governors Meeting

Thursday 15 May 2025, 3pm – 5pm
Trust Conference Room, Burtonwood Wing, Warrington Hospital

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
Thursday 15 May 2025, 3.00 – 5.00pm
Trust Conference Room, Warrington Hospital and Via MS Teams

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/25/05/01	**3:00pm**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Chair
COG/25/05/02	**3:02pm**	Minutes and Action Log of meetings held on • 20 February 2025 • 25 April 2025	***For approval***	***Minutes & Action Log***	Chair
COG/25/05/03	**3:05pm**	Matters arising	***To note for assurance***	***Verbal***	Chair
GOVERNOR BUSINESS					
COG/25/05/04	**3:10pm**	Chairs Update	***To note for assurance***	***Verbal***	Chair
COG/25/05/05	**3:15pm**	Bi-monthly Strategy Highlight Report • Integration Update	***Info/update***	***Report***	Chief Strategy & Partnerships Officer
COG/25/05/06	**3:25pm**	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability *(February, March, April)* – Jonathan Cliffe Jack Roper/ John Somers (b) Quality Assurance Committee *(February, March, April)* Diane Nield/Cliff Richards c) Strategic People Committee *(February, March, April)* – Colin Jenkins and Carol Ann Kelly/Julie Jarman (d) Audit Committee (April) Margaret Bamforth/Mike O'Connor e) Charitable Funds Committee (March) (Gem Leach/Steve McGuirk)		***Presentation*** ***Papers***	Committee Chairs Governor Observers
COG/25/05/07	**3:45pm**	Lead Governor Update i)Trust Board Observation Reports ii) Governor Observation Visits a) 3 Feb Halton elective	***Info/update***	***Report*** ***Reports***	Lead Governor

		orthopaedic ward b) 26 March A9 c) 3 April C23			
COG/25/05/08	**3:50pm**	Governor Engagement Group (GEG) Chairs Report from the meeting 1 May 2025	***Info/update***	***Verbal***	Diane Nield, Deputy Lead Governor
COG/25/05/09	**3:55pm**	Items requested by Governors – Questions	***Info/update***	***Paper***	Chair
COG/25/05/10	**4:05pm**	Quarterly Communications & Engagement Update Q4	***Info/update***	***Paper***	Director of Communications and Engagement
COG/25/05/11	**4:10pm**	Membership Strategy Q4	***Info/update***	***Paper***	Corporate Governance and Membership Manager
COG/25/05/12	**4:15pm**	Elections Activity Bi-Annual Update	***info/update***	***Report***	Corporate Governance and Membership Manager
COG/25/05/13	**4:20pm**	Governor Training and Development Program	***Info/update***	***Report***	Company Secretary
COG/25/05/14	**4:25pm**	Amendments to the Constitution	***For decision***	***Report***	Company Secretary
COG/25/05/15	**4:30pm**	Annual Appraisal of Chair Outputs and Non-Executive Directors Appraisal Process	***Info/update***	***Verbal***	Company Secretary/Lead Governor
COG/25/05/16	**4:35pm**	Ratification of Nonexecutive Director – Extension of Terms of Office	***For decision***	***Report***	Company Secretary
TRUST BUSINESS – ITEMS TO DISCUSS					
COG/25/05/17	**4:45pm**	Trust Operational Plan	***Info/update***	***Presentation***	Chief Finance Officer
GOVERNANCE					
COG/25/05/18	**4:50pm**	Council of Governors Cycle of Business + Terms of Reference	***For approval***	***Report***	Company Secretary
CLOSING					
COG/25/05/19	**4:55pm**	Review of the Meeting	***To discuss***	**Verbal**	Chair
COG/25/05/20	**4:58pm**	Any Other Business	***To discuss***	**Verbal**	Chair
Next Meeting Thursday 14 August 2025, Trust Conference Room Warrington					

SUPPLEMENTARY PAPERS* INFORMATION ITEMS TO NOTE				
COG/25/05/21	Chief Executive's Report – 2 April 2025	***Info/update***	***Report***	Chief Executive
COG/25/05/22	Learning From Experience Q3 Update	***Info/update***	***Report***	Chief Nurse

* Supplementary papers are available on request to members of the public.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 20 February 2025
Trust Conference Room, Warrington Hospital and MS Teams

Present	
Cliff Richards (CR)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Nikhil Khashu (NK)	Chief Executive
Sue Fitzpatrick (SF)	Lead Governor
Nigel Richardson (NR)	Public Governor
Linda Mills (LM)	Public Governor
Jack Roper (JR)	Public Governor
Carol Ann Kelly (CAK)	Public Governor
Anne Robinson (AR)	Public Governor
Margaret Bamforth (MB)	Public Governor
Colin Jenkins (CJ)	Public Governor
Paula Jones (PJ)	Public Governor
Catherine Ardern (CA)	Public Governor
Kevin Keith (KK)	Public Governor
Maureen McLaughlin (MM)	Partner Governor
Rachel Bold (RB)	Staff Governor
Gemma Leach (GL)	Staff Governor
Jonathan Cliffe (JC)	Staff Governor
In Attendance	
Hayley Smith (HS)	Deputy Director of Communications and Engagement
Lucy Gardner (LG)	Director of Strategy & Partnerships
Rachel Moran (RM)	Strategic Project Manager
Emily Kelso (EK)	Corporate Governance and Membership Manager (minutes)
Apologies	
Steve McGuirk (SMcG)	Chair
Mike O'Connor	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
John Culshaw (JC)	Company Secretary
Diane Nield (DN)	Public Governor
Keith Bland (KB)	Public Governor
Edward Rawlinson (ER)	Public Governor
Colin McKenzie	Public Governor
Alan Davies (AD)	Public Governor
Akash Ganguly (AG)	Staff Governor
Erwin Tuballes (ET)	Staff Governor
Mansimran Singh (MS)	Partner Governor
Nichola Newton (NN)	Partner Governor

AGENDA REF	AGENDA ITEM
COG/25/02/76	**Welcome, Introduction, Apologies And Declarations Of Interest**

	CR welcomed those in attendance to the meeting, the apologies were noted as above. NK declared an interest in agenda item **COG/25/02/89**, which, it was agreed he would excuse himself for the item. No other declarations of interest were noted.
COG/25/02/77	**Minutes and Action Log of meetings held on 14 November 2024** The minutes of the meetings held on 14.11.24 were approved as accurate record. **Action Log** – the action log was taken as read with one remaining action around ED observational visit which would be scheduled once winter pressures had subdued. **The Council of Governors approved the minutes of the meeting held 14 November 2024.**
COG/25/02/77	**Matters Arising** There were no matters arising.
GOVERNOR BUSINESS	
COG/25/02/78	**Better Care Together Integration Update** LG introduced the presentation which provided Governors with an overview of the Better Care together integration programme of work, including an update on the options appraisal and next steps. The following key highlights were taken from the presentation and discussion: • Joint CEO, Medical Director and Chief Operating Officer posts were now in place • Workstreams had been established and SROs, with 6-, 12- and 24-month priorities • The options appraisal for the legal mechanism for integration had completed, the panel had agreed the preferred option 6 which was the acquisition of BCH by WHH. The recommended option was approved by both Trust Boards on 5th/6th February. • A draft transaction timeline was shared with both Boards and had subsequently been shared with NHS England. • The draft milestone plan and transaction timeline had been developed, this timeline proposed a single organisation from 1st April 2027, with ongoing efforts to deliver clinical and corporate changes before the formal transaction. • LG highlighted some of the financial improvement opportunities lined with the integration work, explaining that PwC identified £2,000,000 worth of financial improvement opportunities, split between clinical and non-clinical areas. Specific examples included standardising bank rates and reducing costs in facilities management. • the first clinical summit meeting had taken place which focused on long-term physical conditions, where clinicians from both organisations discussed respiratory pathways, heart failure, diabetes, dietary, and orthotics. The meeting revealed significant opportunities for improvement through integration. • LG emphasised the importance of governor involvement throughout the

	transaction process, ensuring that the boards follow a robust process and that the integration is in the best interest of the populations served. It was explained that Governors would be involved throughout the two-year transaction process, with regular updates and opportunities to provide input. • LG outlined the next steps, including agreeing on the transaction date with NHS England, establishing a joint committee, and quantifying the benefits to be delivered in the next including performance, quality, and financial benefits which would be quantified. Governors were asked how they would like to get involved, NR and SF queried whether Governors would be invited to observe Joint Committee of the Board meetings as they have done with WHH committees. LG confirmed this would be discussed with the Company Secretary and in line with the WHH approach to openness and transparency with Governors, this would likely be supported. **The Council of Governors noted the update**
COG/25/02/80	**Non-Executive Director Assurance Highlights from Committees** CR introduced the presentation which had been requested by Governors to support them in their statutory duty of holding Non-Executive Directors to account for the performance of the Trust. NED Chairs from each of the committees presented the key highlights from the committee meetings: **Quality Assurace Committee – CR** **Sepsis Performance -** WHH ranks in the top 7 Trusts in Cheshire and Merseyside. Whilst there was strong governance and senior oversight, some improvements were needed in patient screening and timely antibiotic administration. **Patient Safety Report & Fragile Services –** the committee continues to receive regular assurance reporting on the Trusts fragile services, the key highlights from each of the fragile services were as follows: - **Cardiology:** No patient harm identified, reduction in spirometry waiting list. - **Urology:** Decrease in high-risk follow-up patients. - **ENT:** Additional capacity via LLP reducing patient numbers. - **Fractured Neck of Femur:** Prompt surgery remains a challenge; solutions being explored. **Strategic People Committee - JJ** **Agenda for Change, Nursing and Midwifery Evaluation**: The evaluation of nursing and midwifery jobs was highlighted, with concerns about staff being asked to work outside their job descriptions and the potential implications of national changes, work was ongoing to review JDs through performance review meetings and in line with the national review. **Culture Deep Dive**: - JJ explained the the deep dive into the organisation's culture, emphasising the Trusts commitment to creating a supportive environment where staff feel empowered to speak up. **Workforce Brief on National, Regional, ICB or Local Workforce Issue** – An Update had been provided on the national review of physician and anaesthetics associates, with a focus on supporting the PA workforce. It was explained that the group had been subject to national criticism including online trolling, however this was

	not the case at the Trust where role of physician associates was valued and supported, a staff story had been shared by one of the Trusts PAs highlighting the national issue. Outputs from the national review were awaited. **Finance and Sustainability - JS** JS provided an overview of the financial situation, including the projected deficit for 2024-25, the cost improvement plans, and the challenges for the upcoming year. He highlighted that whist the figures were concerning, he felt assured that the Executive Team had control over the Trusts finances, and that on Benchmarking, a higher deficit was typical of acute Trusts, both regionally and nationally whereas specialists' trusts were performing better. **Cost Improvement Plans:** The cost improvement plans (CIP) had been presented as a Deep Dive to the committee, it was highlighted that there was a required focus on achieving recurrent savings to avoid carrying over deficits in future years. NR quired whether there were any longer-term financial plans being devised in order for the Trust to achieve somewhere near to break even. JS responded the Trust was committed to a longer-term financial strategy to address the significant deficit, he provided reassurance that this was also a focus for the FSC and that a Deep Dive on the drivers of deficit was being presented to the committee in February. JS further explained the outputs of the PWC work which had identified some opportunities, and further work would take place at Trust level to identify pockets of opportunity in both clinical and nonclinical areas. **The Council of Governors noted the updates.**
COG/25/02/81	**LEAD GOVERNOR UPDATE** SF introduced the report with details of the meetings and activities she had been involved in since the last Council of Governors meeting, these included: **Governor Observation Visits** – 3 visits had been completed. a)Discharge Suite 18.11.24 b) Endoscopy Suite Halton 13 .12.24 c) Blood Sample Suite 22.01.25 d) Elective Orthopaedics CSTM (Captain Sir Tom Moore) 03.02.25 In regard to the observation visit to the Elective Orthoptics CSTM facility, SF described the impressive new facilities and the warm welcome provided by staff. However, governors were concerned that of the 28 beds available only 3 were being utilised at that particular time for patient care. Governors asked for some further assurance on bed utilisation. It was agreed DM would provide some further data on utilisation of the new CSTM facilities. SF explained that the governance around reporting into the patient experience committee had improved and the form updated so that additional observations, i.e. not only those that were observed on the specific area/ward being visited could be included and actions documented where necessary. In addition, the following key points were noted. • The NW lead governors' group were communicating regularly with each other it was planned that Governors across the system would be invited to attend a networking day to share ideas • New governors had been provided with comprehensive induction session on the 9th January to inform them with the organisation's governance structure, policies, key priorities, and Governors statutory duties and responsibilities

	• Governors had participated in NHS Change workshops along with members • A joint Governors meeting with BCHT Governors had taken place on the 27 November 2024 SF queried the Trusts involvement in the roll out of Digicare UK which had been published in the Warrington Guardian, it was felt that Governors were not fully aware of the Trusts involvement. MM responded that this was a Council led initiative which focused on increasing accessibility to digital care for patients particularly those in social housing, to reduce health inequalities. The increasing use of AI in patient care was highlighted and the need for all groups within the community to have equal access to digital care. It was highlighted that this was not a Trust led initiative, and that the Council were leading on the Warrington pilot whohc was still in the very early stages. **The Council of Governors noted the update.**
COG/25/02/82	**GOVERNOR GROUP (GEG)** NR provided a verbal update in relation to the GEG meetings, had been chaired by DN Deputy Lead Governor, highlighting the following key points: • Governor constituency meetings were currently on hold given the recent amendment to public constituencies and new Governors joining the Council in December. Governors had been asked via email to provide their thoughts around reinstating the constituency meetings which would report into GEG meetings. It was agreed that the meetings were a valuable way of Governors informally generating ideas around how to effectively communicate and engage with their constituents and the public at large. • Discussion had taken place around engaging with younger groups in the community to recruit new members from the under 35's which was an underrepresented group. It was noted that events at Vale Royal College and Priestley College were being considered. • The members newsletter, continued to receive positive open and click through rates, the new format and design of the newsletter was proving to be well received by members. • The membership stand had been facilitated on the Warrington site, where governors were able to engage with both staff and public members along with patients of the Trust **The Council of Governors noted the update.**
COG/25/02/83	**Items Requested By Governors – Questions** CR introduced the report, it was noted that the questions had been discussed and put forward by Governors following the Governor agenda setting meeting. SF raised a further query around **Question 3** given the hospital would not be receiving funding for a new hospital until at least 2040 and how plan B around developing the current sites would be funded, given the current deficit. LG responded that plan B would be facilitated in a phased manner across both sites and incorporating moving services into the community such as the living well hub, it was explained that bidding would take place as per the phased plan to secure funding from NHS England. NK

	added that capital was more flexible than revenue and that capital was a focus of the government's economic regeneration, given the estimated return on investment. Given this, the Trust needed to ensure that they were strong in their bidding, robust detail around expected return on investment would be essential in the bidding process. NR raised a further query on the response provided to **Question 6** around integrating community resources in delivering appropriate services in the clinical pathways to support demand. He asked if Social Care was also part of this plan. LG responded that social care would certainly form part of integration plans, however pathways would be integrated in a phased approach, the examples of discharge and preventing admission were highlighted as pathways requiring key involvement from social care providers. It was highlighted that this matter had been discussed at the clinical summit meeting attended by BCH and WHH clinical teams earlier that day. NK explained that primary care and the community would also been involved in bridging pathways together, to improve quality of care for patients. CJ raised a further query on the response provided to **Question 5** around how patients on waiting lists were properly managed until they were discharged. CR provided reassurance that the QAC regularly recived assurance on the management of waiting lists, he explained the complexities around monitoring patient acuity and assessment of harm, it was explained that patients on waiting list were regularly reviewed and where appropriate clinicians were in touch to gain updates on symptoms, which could indicate a change in acuity, hence escalate position in waiting list. Governors discussed the concern of patients when awaiting an appointment and the fear that they may be "lost" in the system if regular updates were not received. NK assured Governors that under no circumstances would a patient be "lost" in the system and that the Trust has robust systems in place around managing waiting lists, it was however acknowledged that communications with patients on waiting list did differ across clinical specialties and improvements could be sought. CR confirmed that some further assurance on communication with patients on waiting list would be sought from Executives and bought back to Governors. **The Council of Governors noted the responses.**
COG/25/02/84	**Quarterly Communications & Engagement Update Q3** HS introduced the report, it was noted that the report had been presented and discussed in detail at the Governor Engagement Group Meeting on the 3 February 2025. The following key achievements during Q3 were highlighted: • Launch of the redeveloped website for Warrington, Halton, St Helens and Knowsley Breast Screening Service in December 2024 • The development of a combined 'Good morning message' across BCH and WHH from joint Chief Executive Nikhil Khashu • a refreshed Team Brief, had been delivered, and was now held monthly for staff across both BCH and WHH at 3pm and 9pm via MS Teams • Communications support for the 2024 governor elections including a morning message, social media, website promotion and distributing a media release • The Chief Executive Good Morning daily emails were now being circulated to BCHT staff and were being well received.

	The Council of Governors noted the update
COG/25/02/85	**Membership Strategy Q3 Progress Report** EK introduced the report, it was noted that the report had been presented and discussed in detail at the Governor Engagement Group Meeting on the 3 February 2025. The following key highlights were taken from the report: • The formatting of the Members Newsletter has now been updated, with the support of the communications team and in line with Trust branding. Decembers Newsletter was well received achieving a 42% open rate which has been fairly consistent since restarting the newsletter. The next Members Newsletter would be circulated week commencing 3rd of March. • The GEG approved a welcome letter, to send to all new members to explain membership and what they can expect to receive from the Trust, as it was felt there was often a gap between joining and first receiving any communication from the Trust. • postage and printing costs were significantly reduced for the 2024 Governor Elections. Typically, elections were costing the Trust between 10 – 12k per year, following the data cleanse and the commitment to communicating digitally whenever possible, the cost for the 2024 elections was 4k. **The Council of Governors noted the update**
Trust Business	
COG/24/11/65	**Strategy Programme Highlight Report** LG introduced the report which provided a progress update on key strategic projects and initiatives that underpinned a number of WHH's strategic (QPS) priorities. The following key highlights were taken from the report: • The Living Well Hub in Warrington had seen over 9,300 visitors attend since the doors opened in mid-March 2024. Around 50% of these attendances had been people "dropping in" to the hub to access a service, and the remainder were for pre-booked appointments. • The new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) was now live and work had also commenced to implement a new gynaecology bleeding pathway utilising the new CDC spaces. • Runcorn Town Deal - the health and education hub project was being led by WHH and was one of 7 projects within the Town Deal plan. The hub would deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn. **The Council of Governors noted the report.**
COG/25/02/87	**Living Well Online** RM presented the Living Well Warrington project, which aims to provide a comprehensive digital resource for community support and services, promoting self-care and preventing ill health. It was explained that the platform was much more than a service directory and will help to grow the Living Well brand. It was noted that the platform would require system wide effort and engagement to keep it relevant and up to date including shared ownership and responsibility for content.

	AR queried the screening process prior to organisations/providers/companies/individuals being able to advertise/promote their services on the page. RM explained that there was safeguarding in place through a dedicated member of staff who provided a robust screening process and was responsible for reviewing content and accounts before they were uploaded onto the Living Well Online platform. In addition, guidance and criteria was being developed for organisations wishing to be included on the platform. **The Council of Governors noted the contents of the presentation.**
Governance	
COG/25/02/88	**Revised Chair Apprisal Process and Plan** EK introduced the report explaining that overall, the process remained consistent with previous years, the most significant change was that this year the ICB had provided a template for each of the multisource feedback questionnaires. To ensure consistency across the system. As in previous years Governors play an important part in the Chairs appraisal process, feedback is sought during Stage 2 through the multi-source assessment digital survey, all governors had received, the closing date for feedback was 5pm, 21st February. It was explained that whilst it was a statutory duty of the Council of Governors to be involved in the Chairs appraisal, this did not mean that each individual Governor was required to provide feedback, given some Governors had only been on post since 1st December. It was noted that the final submission date is 31st March, which was the date the outputs summary form would be submitted to the ICB Chair, this form would be completed by the Senior Independent Director. **The Council of Governors approved the process for the Chairs appraisal.**
COG/25/02/89	**Substantive Appointment of Chief Executive** CR introduced the report explaining the process to appoint NK as interim Chief Executive during May 2024 and following this In September 2024 a decision was taken by both Chairs of WHH and BCH that the appointed interim CEO, would commence in post on a joint basis. In addition, both Chairs had discussed the collective need to create further stability across both Trusts in order to address the future integration agenda and agreed to expediate the substantive appointment of the interim Chief Executive. Therefore, following a further meeting of the Nomination & Remuneration Committee, the permanent appointment of the interim Chief Executive was approved. **The Council of Governors In accordance with the Trust's Constitution, approved the permanent appointment of the interim Chief Executive Officer (CEO).**
CLOSING	
COG/25/02/90	**Any Other Business** JJ asked that future agendas include a review of the meeting as a standard agenda item, as with Trust Board and Committee meetings, to ensure opportunities are identified for continuous improvement.

	JJ further reflected on the NED presentations to Governors which was now a standing agenda item, first introduced for the November 2024 meeting. Governors agreed this was a valuable addition and enabled them to fulfil their duty of holding NEDs to account for the performance of the Board. It was asked that more time be allocated to the agenda item in future. **The meeting closed at 17.29pm**
Date and time of next meeting is Thursday February 2025, 3-5pm (Warrington)	

ITEMS TO NOTE (see Supplementary Pack)	
COG/25/02/91	**Chief Executive's Report – 5 Feb 2025**
COG/25/02/92	**WHH People Strategy Bi-annual Update**
COG/25/02/93	**Learning From Experience Q2 Update**

Signed Chair ……
Date ……..
Chair ……

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Extraordinary COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Friday 25 April 2025, 2 – 2:15pm
MS Teams

Present	
Steve McGuirk (SMcG)	Chair
Sue Fitzpatrick (SF)	Lead Governor
Diane Nield (DN)	Public Governor
Nigel Richardson (NR)	Public Governor
Margaret Bamforth (MB)	Public Governor
Catherine Ardern (CA)	Public Governor
Maureen McLaughlin (MM)	Partner Governor
Mansimran Singh (MS)	Partner Governor
Nichola Newton (NN)	Partner Governor
In Attendance	
Emily Kelso (EK)	Corporate Governance and Membership Manager (minutes)
John Culshaw (JC)	Company Secretary
Apologies	
Rachel Bold (RB)	Staff Governor
Gemma Leach (GL)	Staff Governor
Jonathan Cliffe (JC)	Staff Governor
Erwin Tuballes (ET)	Staff Governor
Akash Ganguly (AG)	Staff Governor
Keith Bland (KB)	Public Governor
Edward Rawlinson (ER)	Public Governor
Colin McKenzie	Public Governor
Alan Davies (AD)	Public Governor
Linda Mills (LM)	Public Governor
Jack Roper (JR)	Public Governor
Carol Ann Kelly (CAK)	Public Governor
Anne Robinson (AR)	Public Governor
Colin Jenkins (CJ)	Public Governor
Paula Jones (PJ)	Public Governor
Kevin Keith (KK)	Public Governor

AGENDA REF	AGENDA ITEM
COG/25/04/01	**Welcome, Introduction, Apologies and Declarations of Interest** SMcG welcomed those in attendance to the meeting, the apologies were noted as above.
COG/25/04/02	**Proposal for a Second Term of Office for Jayne Downey & John Somers as Non-Executive Directors** SMcG introduced the paper which proposed the reappointment of Jayne Downey (JD) and John Somers (JS) for a second term as a Non-Executive Directors (NED) of the Trust. It was discussed that during their initial terms, both had demonstrated

	exceptional leadership, strategic insight, and commitment. SMcG further explained that both had expressed their interest in continuing in their current roles. Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 17 April 2025, the Committee has recommended that both JD and JS be appointed for a second term. The second term would be for 2 years with the option of an additional year, given the current environment of integration. SMcG asked if there were any further questions or comments from Governors present at the meeting, nothing further was raised. **The Council of Governors approved the recommendation from the GNARC for a second terms of office for Non-Executive Directors:** - **Jayne Downey 01.05.2025 – 30.04.2027** - **John Somers 01.08.2025 – 21.07.2027**
COG/25/04/03	**Any Other Business** There were no matters arising.
Date and time of next meeting is Thursday 15 May 2025, Trust Conference Room, Warrington Hospital	

Signed Chair ……
Date ……..
Chair ……

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/25/05/02iii	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	15 May 2025

1. ACTIONS ON AGENDA

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

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/23/11/66	09.11.23	Items requested by Governors - Questions	Observational visit to be organised for Governors to follow a typical patient pathway through ED.	Emma Painter & Patient Experience	TBA		Given the current ED pressures this is on hold, to be reviewed once einter pressures have decreased	

3. ACTIONS CLOSED SINCE LAST MEETING

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

RAG Key

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

NHS
North Cheshire and Mersey Healthcare Partnership
Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

Better Care Together

Update

May 2025

Lucy Gardner, Chief Strategy and Partnerships Officer

Key points of progress in last month (1)

NHS
North Cheshire and Mersey Healthcare Partnership
Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

- Exploring option to accelerate the transaction process – Case for Change in draft
- WHH & Bridgewater staff provided feedback/ideas regarding integration and specifically on services which should be provided closer to and in people's homes at joint Start of the Year Conference
- Workshops have taken place for Quality Academy and Tissue Viability Nursing to explore opportunities to and benefits of integration. Further dates are set for Clinical Governance/Risk/Patient experience/Complaints collectively and for Safeguarding.
- Approval granted to run separate procurement for Community Services Electronic Patient Record (EpR) – Bridgewater EpR Roadmap has been drafted.
- Launch of communications series outlining the benefits of the integration programme- e.g. AI dermatology service
- New priority pathways projects from Clinical Summits confirmed

Key points of progress in last month (2)

NHS
North Cheshire and Mersey Healthcare Partnership
Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

- Strategic People Committee-in-Common met in April for the first time
- Joint KPIs signed off at Strategic People Committee in Common and Trust Boards for people
- Joint Committee of the Boards terms of reference drafted and arrangements progressing
- Medical Engineering Task and Finish group established to identify way forward for below elements of delivery: Database contract; Bed maintenance contract; Medical Device Safety Officer role
- Site appraisal and case worked up for creation of integrated Grounds and Gardening service.
- Re-analysed base data to quantify growth in corporate WTE between 18/19 and 24/25 following amended national guidance.

Key priorities for month ahead

NHS
North Cheshire and Mersey Healthcare Partnership
Integrating Bridgewater Community Healthcare and Warrington and Halton Teaching Hospitals

- Work closely with Wirral Trusts, ICB and NHSE in relation to opportunity to accelerate transaction – finalise case for change and proposed timeline
- Outcomes from final summit (Children's Services) to be summarised and next steps confirmed
- A 4–6-week period for all Clinical Governance and Quality Workstream sub-streams to deeper review policies / identify policies for amendment or alignment
- Assess Electronic Patient Record roadmaps for both Trusts to identify any gaps, misalignments, or dependencies that may need to be addressed
- Explore options to expand WHH Charity to include a designated community fund
- Organisational Change Framework phase 2 to be reviewed to launch in line with other workstreams / Quarter one 2025/26 (e.g. Corporate Services)
- Aim to develop and finalise ToR and business cycle for joint Finance Committee in Common to start in June
- Delivery unit to commence in May
- Strategic assessment of estate portfolio aligned to NHS C&M / NHS England methodology
- Confirm forecast in year financial benefits

Highlight Report – Warrington and Halton Integration
Reporting Period-01.04.2025 to 30.04.2025
Director Lead – Carl Marsh/Lucy Gardner

Workstream	Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Overall Programme							
Corporate Governance							
Clinical Governance Quality							
Workforce							
Digital							
Communications and Engagement							
Clinical and Operational Services Integration							
Finance							
Corporate services							
Estates							

Highlight Report – Warrington and Halton Integration
Reporting Period- 01.04.25 – 30.04.25
Director Lead – Carl Marsh/Lucy Gardner

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Amber	Green	Amber	Green

Programme Description

NHS Cheshire and Merseyside wishes to support greater collaboration and integration opportunities across health and care in Warrington. The focus of this Programme will principally be on the opportunities for greater collaboration and integration between Bridgewater Community Health Foundation Trust (BCHFT) and Warrington and Halton NHS Foundation Trust (WHHFT). The aim of the programme is to support partners in building an appropriate system of delivery for health and care in Warrington and Halton that meets the needs of the population of the boroughs.

Key Achievements this period

- Exploring option to accelerate the transaction process – Case for Change in draft
- WHH & BCH staff provided feedback/ideas regarding integration at Start of the Year Conference
- Workshops have already taken place for Quality Academy and Tissue Viability Nursing. Further dates are set for Clinical Governance/Risk/Patient experience/Complaints collectively and for Safeguarding.
- FD approval to run separate procurement for Community Services – BCH EPR Roadmap has been drafted.
- Launch of communications series outlining the benefits of the integration programme- e.g. AI dermatology service
- New priority pathways projects from Clinical Summits confirmed
- Joint KPIs signed off at Strategic People Committee in Common and Trust Boards for people.
- Strategic People Committee-in-Common met in April for the first time.
- Joint Committee of the Boards terms of reference drafted and arrangements progressing
- Medical Engineering Task and Finish group established to identify way forward for below elements of delivery: Database contract; Bed maintenance contract; Medical Device Safety Officer role
- Site appraisal and case worked up for creation of integrated Grounds and Gardening service.
- Timescales for generation of future options and agreement around final service operating models agreed.
- Re-analysed base data to quantify growth in corporate WTE between 18/19 and 24/25 following amended national guidance.

Red and Amber Highlights

- Alignment of Ulysses and Datix systems – financial implication.
- Operational challenges for WHH Digital Services due to vacancy freeze - clarity on shared use/pooling of resources is being investigated
- Finalise legal advice required to firm up partnering agreement

Next Period (action/deliverables)

- Confirm forecast in year financial benefits
- A 4–6-week period for all Clinical Governance and Quality Workstream sub-streams to deeper review policies / identify policies for amendment or alignment.
- EPR Road Map WHH is now requested to overlay its own timeline onto the roadmap and assess for any gaps, misalignments, or dependencies that may need to be addressed.
- Exploring options to expand WHH Charity to include a designated community fund.
- Outcomes from final summit (Children's Services) to be summarised and next steps confirmed.
- Organisational Change Framework phase 2 to be reviewed to launch in line with other workstreams / Quarter one 2025/26 (e.g. Corporate Services).
- Aim to develop and finalise ToR and business cycle for joint Finance Committee in Common to start in June
- Work closely with Wirral Trusts in relation to accelerated integration – finalise case for change and timeline
- Delivery unit to commence in May
- Strategic assessment of estate portfolio aligned to NHS C&M / NHS England methodology
- High level appraisal of options for integration of BCH FM contract

Highlight Report – Warrington and Halton Integration: Corporate Governance
Reporting Period – 01.04.25 – 30.04.25
Director Lead – John Culshaw / Jan McCartney

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Amber	Green	Amber	Green

Programme Description

The programme is threefold;
1. To ensure both trusts continue to remain Well Led during the integration programme
2. To develop a strategy for greater collaboration between the trusts, focusing on joint / shared governance where appropriate, and
3. To safely guide the trusts towards the formal legal mechanism and ensure the governance is in place post transaction

Key Achievements this period	Red and Amber Highlights	Next Period (action/deliverables)
• Obtain legal advice to finalise drafting partnering agreement • Strategic People Committee-in-Common met in April for the first time. • Joint Committee of the Boards terms of reference drafted and arrangements progressing	• Finalise legal advice required to firm up partnering agreement	• Commence Joint Committee of the Boards • Sign off partnering agreement • Aim to develop and finalise ToR and business cycle for joint Finance Committee in Common to start in June • Work closely with Wirral Trusts in relation to accelerated integration • Delivery unit to commence in May

Highlight Report – Warrington and Halton Integration- Clinical Governance and Quality Workstream
Reporting Period – 01.04.25-30.04.25
Director Lead – Ali Kennah, Jeanette Hogan
Operational Lead – Hayley Heard, Carolyne Ward, Michelle Eybers

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Amber	Amber	Amber	Amber

Workstream description

The Clinical Governance and Quality workstream has been established to support the overall delivery of the Integration Programme, with particular focus on:

- Risk management, inclusive of complaints, incidents and investigations, litigation and associated documentation, guidance and assurances.
- Managing emerging risks of integration from a functional and operational standpoint.
- Integrating teams to create improved working models of care and safer outcomes for patients
- Developing aligned and sustainable services supporting patient experience such as bereavements, chaplaincy and medical examiners.
- Ensuring financial and clinical sustainability of services.

Key achievements this period

- The 16 services of the Clinical Governance and Quality workstream were grouped to form 6 sub-workstreams and initial scoping workshops have begun with each of the 6 to inform and involve service leads and set expectations of the work required..
- Workshops have already taken place for Quality Academy and Tissue Viability Nursing. Further dates are set for Clinical Governance/Risk/Patient experience/Complaints collectively and for Safeguarding. All initial workshops will have taken place by the end of May and will each be given a 2-week deadline following this to produce a Plan On A Page; Delivery plan; Terms of Reference and HLBR for their sub-stream.
- Priorities of these initial workshops include:

i. Relationship building between teams
ii. Identification of opportunities to align systems, processes and report formats for consistency.
iii. Sharing of good practice and identify related policies in common
iv. Shared invites for meetings for observation

Red and Amber highlights

- Alignment of Ulysses and Datix systems – financial implication.

Next period (action/deliverables)

- Review outcomes of scoping summit to identify sub-workstream leads and teams.
- A 4–6-week period for all sub-streams to deeper review policies / identify policies for amendment or alignment.
- Review of meeting templates/meeting structures and reporting pathways.
- Commence alignment of fields on systems and potential portals/pathways to align communications.
- Observe meetings across both organisations identifying the areas of best practice
- Share risk registers
- Begin to develop a proposal for an integrated service.

Items for escalation or support

- Alignment of Ulysses and Datix systems – financial implication.
- Escalation of the status of the Vac machine contract. Overdue renewal and at risk of cost if the matter is not resolved in May 25.

Highlight Report – Warrington and Halton integration: Workforce Workstream
Reporting Period – 01.04.2025 to 30.04.2025
Director Leads – Michelle Cloney & Paula Woods
Operational Lead – Adam Harrison-Moran

NHS Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Green	Green	Amber	Green

Workstream description

The Workforce Workstream has been implemented to support the overall delivery of the Warrington and Halton Integration Programme, specifically to:

- Enable staff from both organisations to work and behave as a single workforce.
- Establish the leadership and organisational structure.
- Align the vision and cultural behaviour.
- Support workforce transformation arising from integration workstreams.
- Develop effective change management and staff transition plans

Key achievements this period

- Delivered a Joint Vacancy Review and Management Framework since August 2024
- Continued with meetings to explore possibilities in terms of cost efficiencies and exploration of current service models – Occupational Health review.
- Collaborative partnership meetings in place between staff side chairs at BCH and WHH monthly – looking to integrate a partnership agreement for integration.
- Development of the Better Care Together Culture Plan 2025-2027 aligning organisational development support to the programme.
- Continued communication of the organisational development package to support teams with managing change with resilience. The package is being incorporated into a new Culture Plan to support efficiency across both organisations during the transaction process.
- Commencement of the Strategic People Committee – Committee in Common, including signed off governance and cycles of business.
- Joint People Directorate Event held focused on shared learning and best practice with a spotlight on organisational development and the managing change package.
- Risk analysis completed and further progression of new risks and mitigations outlined in the workforce tracker.
- Staff “networks in common” progressing with options for activity reporting to Executive Management Team in the following quarter.
- Reviewed the scope for implementing a shared working agreement to support staff movements as part of the Partnership Agreement.
- Joint KPIs signed off at Strategic People Committee in Common and Trust Boards for people.

Red and Amber highlights

- Work progressing to review workforce specific contracts (e.g. Occupational Health) based on procurement advice.

Next period (action/deliverables)

- Continue discussions about a single vacancy approach to understand the barriers/opportunities, including QIA oversight for vacancies.
- Further population of the SharePoint site – in line with the shared data agreement.
- Understanding and mapping of the governance processes for each organisation to support the implementation of a joint people committee from FY2025/26.
- Development of an options appraisal for contracts following / subject to updated procurement advice and opportunities.
- Development of a Joint Partnership Agreement in line with current staff side governance to support negotiation and involvement at BCH and WHH.
- Continue to monitor risks associated with workforce, with mitigations incorporated into the workstream governance.
- Organisational Change Framework phase 2 to be reviewed to launch in line with other workstreams / Quarter one 2025/26 (e.g. Corporate Services).

Items for escalation or support

- Unable to progress with contract alignment (Occupational Health and Resus), without the procurement designed template and business case to continue – awaiting template forms which has led to extension of contracts into 2025/26.
- Inability to enact a Workforce Sharing Agreement until the Partnership Agreement is finalised and signed off by Trust Boards.

Highlight Report – Warrington and Halton Integration: Digital Workstream
Reporting Period – 01.04.2025 to 30.04.25
Director Lead – Paul Fitzsimmons
Operational Lead – Tom Poulter and Dave Smith

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Amber	Amber	Green

Workstream description

This workstream will develop and deliver a strategy for Digital Integration of WHH & BW, ensuring the managed consolidation of systems and digital services to achieve quality improvements and efficiencies for both trusts.

Key achievements this period

- Sub-streams held workshops to start drafting detailed program plans and activities and identify opportunities. Workshops took place on 3 April for 2 sub-streams i.e. Service Management Desk and Infrastructure. A further workshops took place on 17 April for Cyber Security and IG.
- Digital Analytics BI workshop and Directorate Leadership workshops are planned for 23 April and 15 May respectively.
- Completion of PAM procurement and implementation started
- FD approval to run separate procurement for Community Services – BCH EPR Roadmap has been drafted.
- Infrastructure, Cyber Security and & IG sub-steams have started to map out MoSCoW enablers for prioritisation agreement.

Red and Amber highlights

- Operational challenges for WHH Digital Services due to vacancy freeze - clarity on shared use/pooling of resources is being investigated

Next period (action/deliverables)

- Workshops to be set up for the remaining sub-streams to agree approach, deliverables, timescales, resources.
- Regular sub-stream meetings to be set up following on from workshops.
- Investigate setting up ODS code and email address for new organisation.
- Develop detailed plan and costing to implement single service desk.
- To initiate discussions on potential shared use or pooling of resources under an SLA-type arrangement.
- EPR Road Map WHH is now requested to overlay its own timeline onto the roadmap and assess for any gaps, misalignments, or dependencies that may need to be addressed.

Highlight Report – Warrington and Halton Integration: Communications and Engagement Workstream
Highlight Report – 01.04.25 - 30.04.25
Director Lead – Kate Henry/ Mike Baker
Operational Lead – Megan Wainwright

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	Amber	Amber	Green

Programme Description

The project aims to develop a strategy for greater collaboration and integration across acute, community and primary care services in Warrington and Halton, with an initial focus on unscheduled care but also identifying any further areas of opportunity. The aim of the integration is to effectively address and optimise the use of resources and outcomes for patients.

Key Achievements this period

- Invite issued for the next 6 months staff engagement sessions and content being produced
- Communications being developed for the corporate services integration workstream
- Launch of communications series outlining the benefits of the integration programme- e.g. AI dermatology service
- Microsite stats (1 February to 1 April)
  - Total site visits: 2,101
  - Most viewed page after the home page: Frequently Asked Questions

Ongoing activity:

- Communication and Engagement Delivery Group continues to meet monthly.
- BCT microsite continues to be promoted via both Trusts' internal communications channels, with additional content being added on a regular basis as the programme progresses.
- Continue to keep staff and stakeholders informed (and involved where required) of progress.

Red and Amber Highlights

- Freeing up resource needed to deliver communication and engagement activity.
- Financial benefit opportunity limited.

Next Period (action/deliverables)

- Exploring options to expand WHH Charity to include a designated community fund.
- Continue to pursue opportunities to join up communications and engagement activity.
- Continue updating staff/public and promote mechanisms to feed back views and ask questions as required.
- Actively monitor and evaluate activity.
- Identify and collaborate on joint initiatives / campaigns
- Communications to go out regarding the outcomes of the clinical summits
- Workstream delivery plan is being developed and milestones for the programme are to be confirmed.

Highlight Report – Warrington and Halton Integration- Clinical and Operational Services Integration Workstream
Reporting Period – 01.04.25 – 30.04.25
Director Leads – Daniel Moore/Mark Charman
Operational Lead – Kath Roberts/Hayley Heard

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	Green	Green	Green	Green

Workstream description

The Clinical and Operational workstream has been established to support the overall delivery of the Integration Programme, with particular focus on:

- Managing emerging clinical and operational risks
- Integrating teams to create clinically improved models of care and better outcomes for patients
- Urgent and emergency care pathways and delivery of flow
- Developing sustainable services which are delivered in settings which are accessible, and which facilitate the delivery of optimum care
- Ensuring financial and clinical sustainability of services.

Key achievements this period	Red and Amber highlights	Next period (action/deliverables)
• Dermatology AI Skin Analytics Hub went live on 7/4/25, with first clinics held successfully on 11/4/25. • Monitoring of the benefits from AI Teledermatology One Stop Shop Hub commenced • Outcome presentations for Women's Service summit completed • New priority pathways projects from summits confirmed • Template sent out to capture other integration projects developed through the summits • Financial benefits status reviewed and updated • Non – financial benefit status reviewed and updated • Initial meeting ref CES and maintenance contracts held 24/4/25 • Initial meeting with BCH OCATS to explore Point of Care Ultrasound in the community		• Outcomes from final summit to be summarised and next steps confirmed. • Detailed delivery plans to be developed for the next phase of priority pathways projects and delivery of benefits from clinical summits • Task & Finish groups for the next priority pathways from 3 completed summits to develop and complete TR • Monitoring of benefits of from the AI Teledermatology service ongoing • CES meetings scheduled, both WHH and BCH to produce BC with options, costings and financial benefits to provide in-house servicing. • OCATS meetings scheduled with WHH/ BCH/ Finance

Highlight Report – Warrington and Halton Integration: Finance Workstream
Reporting Period – 01.04.25 – 30.04.25
Director Lead – Jane Hurst and Nick Gallagher
Operational Lead – Paula Brereton & Jess Phillips

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	Green	Green	Green	Green

Programme Description

Aim to make both Trusts more financially sustainable, create opportunities for efficiencies and productivity gains, and make the best use of our shared resources.

Key Achievements this period

- Options appraisal risks review.
- Update on Quick Wins.
- Update the action tracker.
- Review the FSD Accreditation process for BCH.
- Aligned budget setting processes.
- Agreed a process for reviewing and updating the action tracker going forward.

Red and Amber Highlights

- Finance resources to undertake the necessary actions towards integration of the Finance teams.

Next Period (action/deliverables)

- Develop an agenda and arrange guest speakers for the next joint WHH & BWC Finance Teams Away Day in June/July.
- Review Finance matched contracts.
- Share feedback from the first joint WHH & BWC Finance Teams Away Day with the teams.
- WHH's FSD Leads to share FSD learning and present to BCH colleagues on the process
- Combine charitable funds.
- Senior Finance Team to be briefed on the structure of the action tracker and advised of their responsibilities in reviewing and updating actions.

Highlight Report – Corporate Services Integration
Reporting Period – 01.04.2025 to 30.04.2025
Director Lead – Nick Gallagher, Jane Hurst, Paula Woods, Michelle Cloney
Operational Lead – Stephen Bennett

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Green	Green	Amber	Amber

Programme Description

Aims to develop and then implement plans to create single services for each corporate function serving a new integrated organisation between WHH and BCH.

Key Achievements this period

- Re-analysed base data to quantify growth in corporate WTE between 18/19 and 24/25 following amended national guidance.
- Agreement to utilise worked WTE as the measurable value for change in workforce numbers.
- Model Health System pro-formas for 24/25 received. Deadline for submission is June 2025.
- Timescales for generation of future options and agreement around final service operating models agreed. Dates aligned to overall programme plan and high-level milestones – to be completed in 2025/26.
- Pro-forma to be completed by each service discussed and agreed at Programme Delivery Group meeting.
- Initial discussions held with staff side representatives from both WHH and BCH.

Red and Amber Highlights

- Financial opportunities have been identified however detailed plans for each corporate service have not been completed and will be completed as per the timeline.
- Detailed plans will also include a quality impact assessment monitoring process to identify and record non-financial benefits.

Next Period (action/deliverables)

- Further work to update detailed action trackers for each sub-workstream to provide oversight and support production of highlight reports moving forwards.

Highlight Report – Warrington and Halton integration- Estates Workstream
Reporting Period – 01.04.25 – 30.04.25
Director Lead – Daniel Moore / Nick Gallagher
Operational Lead – Val Doyle / John Morris

NHS
Cheshire and Merseyside

Overall / Delivery Status	Milestone Status	Risk Status	Issue Status	Cost Status	Financial Benefit Status	Non-Financial Benefit status
Green	Green	Amber	Green	Green	Amber	Green

Programme Description

Integration of the estates department functions, contracts, and sites of Warrington and Halton Teaching Hospitals and Bridgewater Community Healthcare to appropriately serve the population of Warrington and Halton.

Key Achievements this period

- Continued due diligence on opportunity for an integrated transport / postage service
- Medical Engineering Task and Finish group established to identify way forward for below elements of delivery:
  - Database contract
  - Bed maintenance contract
  - Medical Device Safety Officer role
- Presentation of plans for development of an expanded transactional hub at Spencer House and potential future
- Site appraisal and case worked up for creation of integrated Grounds and Gardening service.

Red and Amber Highlights

- Development of risk management plans
- Understanding of current department CIP plans required to identify additional savings opportunities

Next Period (action/deliverables)

- Strategic assessment of estate portfolio aligned to NHS C&M / NHS England methodology
- Commence development of options appraisal for future delivery of integrated domestic service
- ECF submission for Grounds and Gardening integration
- Test of change around integrated transport service
- High level appraisal of options for integration of BCH FM contract
- Opportunity around WHH utilising BCH bed store to be investigated

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Non-Executive Director Committee Assurace Presentation

Council of Governors

15 May 2025

Quality Assurance Committee (QAC) – Cliff Richards, Non-Executive Director

QUALITY
We will always put our patients first, delivering safe and effective care and an excellent patient experience

Patient Safety and Clinical Effectiveness Fragile Services:

- Cardiology job planning aligning capacity with demand.
- ENT improvements due to insourcing.
- Increased waiting times for gall bladder disease pathway.
- Improved Urology waiting list position.
- Ongoing challenges with Fracture NOF theatre delays.

MIAA Theatre Safety:

- 7 key findings (3 Red, 4 Amber); limited assurance noted.
- Monthly reporting with executive oversight.

Urology Cancer:

- 6 PSIIs and 5 complaints noted.
- Reduced overdue flexible cystoscopies and biopsies.

Acute Kidney Injury Update:

- Mortality reduced by 22%.
- Readmission rate at 13% compared to national 26%.

Strategic People Committee (SPC) - Julie Jarman, Non-Executive Director

PEOPLE
We will be the best place to work, with a diverse and engaged workforce that is fit for now and the future

E-Rostering, Flexible Working:

- Summary of #WHHMyFlex programme; preference rostering pilots in Rapid Response, Ward B19, and Ward ACCU.
- Benefits demonstrated through reduced bank costs and improved discharge times

Strategic People Committee in Common (SPCiC):

- First SPCiC held with Bridgewater in April 2025

Staff Survey:

- Conducted September–November 2024 with a 52% response rate (7% improvement from 2023, 3% above national average of 49%)
- Improvements in two elements compared to 2023: “We are always learning” and “We work flexibly.”
- Slight deterioration in seven elements (max 0.07% decline), reflecting national trends amid operational and financial pressures.
- Key declines: satisfaction with care standards (-3.3%), recognition for good work (-3.0%), adequate materials/supplies (-3.9%), and increased burnout.
- Positives: improved appraisal helpfulness (+3.1%) and slight increase in incident reporting

Freedom to Speak Up Bi-Annual Report:

- Increase in disclosures compared to previous 12 months; main themes: culture, bullying, and relationships.
- Substantial assurance on delivery and governance

Finance and Sustainability Committee (FSC), John Somers, Non-Executive Director

SUSTAINABILITY
We will work in partnership with others to achieve social and economic wellbeing in our communities

Operational Plan *(See agenda item COG/25/05/17 Operational Planning for more information)*

- Compliant plan of £9.6m submitted
- Reduce current temporary staffing spend
- Reduce workforce growth since Covid
- Theatre Improvement Group aiming to increase utilisation to 85%.

Corporate Performance:

- ED performance (4 and 12 hours) remains a concern.
- DM01 performance achieved the national standard (95.05% in March, 96.65% in April).

Cash Support:

- £12.145m borrowed in 2024/25; cash required in 2025/26 but not in Q1.
- Support for up to £16.449m cash for Q1.

Capital Position:

- M12: Overall underspend of £22k; ringfencing of £464k in 2025/26 capital plan approved.

Pay Assurance:

- Nursing bank rates reduced from 1 May; NW group to look at bank and agency rates.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08c (i)	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	24 February 2025
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/25/02/253	**Hot Topic – Operational Plan Capacity Strategy Drivers of the deficit**	The Committee received the presentation noting:- • Underlying deficit for 2024/25 of £45.2m, additional impacts such as CNST increase, inflation, convergence, deficit repayment, etc taking the deficit before CIP to £68.8m. CIP of £20m reduces the deficit to £48.8m which has been submitted to the ICS and will be submitted to NHSE this week. • To meet control total CIP of £48.8m (12.3%) required. If all benchmarking achieved total CIP of £32m (8%), reality is two thirds of this therefore £20m (5%). PIDs in the process of being drafted so CIP can start to deliver from the beginning of the year. • Steps being taken to improve the run rate in 2024/25 which will improve the 2025/26 position (reduced NHSP rates, enhanced ECF process, forensic examination of budgets with each Care Group, etc.) • Governance structure to be set out clearly with PIOG being the meeting that feeds up to FSC and Trust Board. • Focus needs to be on the capacity of delivering the 2025/26 plan, who is going to deliver and how given current workload of the proposed team. Plans are being drawn up with detail to be brought back to next FSC.	The Committee received **limited** assurance based on the level of the deficit in the operational plan	The Committee **noted** and discussed the report receiving **limited** assurance until governance structure in place	**Trust Board March 2025**

		• Risk raised around taking WTEs out in nursing and midwifery when safer staffing is saying to increase. Safer staffing levels already in place through the use of bank and agency. Opportunity in nursing in non-ward areas as well as reducing agency and NHSP staffing / rates.			
FSC/25/02/254	**Deep Dive – Theatre Productivity**	The Committee received the presentation noting:- • Theatre Improvement Group established in May 2024 with an aim to increase capped utilisation to 85% (April 2024 72%, January 2025 performance 75.8% vs target of 81.9%) • Eight workstreams to be set up which will go through the whole patient journey as part of the future operating model • Job planning round taking place now, need to look across the full year • Cultural changes required as well as communication across all areas • The focus next year will be on the sessions that didn't happen at all despite there being staff budgeted to deliver them. If these sessions were used it would generate circa £1m additional income as well as improving elective recovery	The Committee received **limited** assurance given the targets not being met	The Committee **noted** and discussed the report receiving **limited** assurance	
FSC/25/02/255	**Corporate Performance Report**	The Committee received the report noting:- • Patients waiting over 12 hours in department deteriorated and is significantly worse than this time last year, additional escalation opened as a result as well as the Trust being on Opal 4. C&M as a region are under scrutiny. • 4 hour performance has decreased slightly in month following an increase in winter pressures	The Committee received **moderate** assurance given some metrics are not achieving	The Committee **noted** the report receiving **substantial** assurance around level of detail reported	**FSC March 2025**
FSC/25/02/256	**Monthly CIP Update**	The Committee received the report noting: • Month 10 CIP position is off plan by £1.2m • Forecast delivery is £16.9m excluding £2.5m of high risk CIP • £3m collaboration target also deemed high risk • Plans are being drawn up for 2025/26 with PIDs also being written. Phasing expected to be 40% in the first half of the year.	The Committee received **limited** assurance based on delivery of CIP plan	The Committee **noted** and discussed the report receiving **moderate** assurance	**FSC March 2025**
FSC/25/02/257	**Recovery Update M10**	The Committee received the report noting:- • £2.5m spend year to date which straight line would forecast a £3m spend compared to the £3.3m approved spend	The Committee received **moderate** assurance given the	The Committee received **substantial**	**FSC March 2025**

		• T&O cancellations due to ambulatory trauma and reduced spend in Pain due to a consultant being off sick • Based on forecast this would leave 100 65 week waiters at the end of March (30-40 likely to be capacity related), potential tiering system to be in place again next year linked to capacity breaches	progress that has been made	assurance given the plans in place	
FSC/25/02/259	**Monthly Productivity Improvement Update**	The Committee received the report noting:- • **Theatres** – Dip in performance for all metrics in January. • **Outpatients improvement –** Reduced performance for all metrics in January. Short notice cancellations failed the metric for the first time this year. • **UEC –** £2.6m was highlighted by Newton as a full year potential saving, work ongoing to determine how much can be included in the 2025/26 CIP plan	The Committee received **limited** assurance on the delivery of the improvement savings	The Committee **noted** and discussed the report receiving **substantial** assurance of the plans in place	**FSC March 2025**
FSC/25/02/264	**Monthly Finance position – month 10**	The Committee received the report noting:- • At M10 the Trust is reporting a year to date £17.1m deficit (adverse variance of £3.9m due to Industrial Action, pay award, under delivery of CIP, cost pressures not offset and PwC costs) • Revenue request supported by the Executive Team included • Additional capital of £1m requested and approved, £0.8m improvement on revenue position expected which brings the forecast deficit to £19.1m (£7.8m worse than plan)	The Committee received **moderate** assurance due to risks to the financial position.	The Committee **noted** the paper receiving **substantial** assurance	**FSC March 2025**
FSC/25/02/266	**Capital Position Month 10** **Schemes over £500k**	The Committee received the report noting:- • Increase in capital funding along with approval to use IFRS16 CDEL to purchase K25 and to overspend by £0.2m • Movement in capital contingency was approved • Supported the forecast position including the allowable overspend of £0.2m for Trust Board approval acknowledging that the risk of delivery is being monitored by CPG • TIF risk to year end delivery due to fire risk strategy and delay in build completion moving spend to 2025/26. This is to be mitigated through VAT recovery, an external bid for funding in 2025/26 and bringing spend forward where possible	The Committee received **moderate** assurance due to spend being behind plan.	The Committee **noted** the presentation receiving **substantial** assurance, **approved** the contingency changes and **supported** the forecast	**FSC March 2025**

Items for noting

FSC/25/02/258 *Cost Pressures M10*
FSC/25/02/260 *Pay Assurance*
FSC/25/02/261 *Benefits Realisation Q3 Update*
FSC/25/02/262 *Integration Update*
FSC/25/02/265 *Revenue Request – Drugs – To be circulated outside the meeting for support to go to Trust Board for approval*
FSC/25/02/267 *Digital Strategy Group Update*
FSC/25/02/268 *Update Event Planning Meeting*
FSC/25/02/269 *Medical Workforce Review Group Minutes*

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08c (ii)	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	24 March 2025
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/25/03/276	**Hot Topic – Transformation monitoring / governance and capacity**	The Committee received the presentation noting:- • The challenge the Trust is managing • The purpose, role and resourcing of the delivery unit • The Executive Team and Care Group and Service Leads are accountable for the execution of the finance and operational plan • The proposed governance noting the expectation that FSC is an assurance Committee • The change in culture towards finances	The Committee received **limited** assurance given that the delivery unit is not yet in place and delivering	The Committee **noted** and discussed the report receiving **moderate** assurance given plans in place	
FSC/25/03/277	**Deep Dive – CIP & Cost Pressures**	The Committee received the presentation noting:- • The progress of the CIP schemes for 2025/26 by care groups and corporate directorates with current gaps highlighted and RAG rating for delivery • The phasing of CIP Plans for 2025/26 with 40% in H1 • Further work to be undertaken to develop and deliver plans, ensure PIDs are completed with appropriate QIA, reduce the risk on CIP plans where possible and identify plans in excess of the target to mitigate against non-delivery • The increased grip and control of cost pressures during 2024/25 and the new approach to budget setting being based on outturn	The Committee received **limited** assurance given the targets not being met	The Committee **noted** and discussed the report receiving **moderate** assurance given improvement compared to the prior year	
FSC/25/03/279	**Operational plan and**	The Committee received the presentation noting:-	The Committee received **limited**	The Committee noted and discussed	**Trust Board**

	final capital plan	• The latest position had been shared at an extraordinary Board on 20 March 2025 • C&M system has a significant gap to achieve a £178m deficit and therefore it is expected the Trust will need to improve further • It has been suggested the Trust improves from £48.8m to £30.4m, the Board discussed this but thought it would be possible to get to £41.9m with the additional £2.9m income, increase in CIP £1.5m, review of run rate and UEC costs in the underlying position £2.5m • The presentation also included the assurance statement which was discussed at length amended and agreed • The Final Capital plan was presented and supported for Board approval	assurance given the plan has not yet been agreed by NHSE	the report receiving **limited** assurance	**April 2025**
FSC/25/03/280	**Corporate Performance Report**	The Committee received the report noting:- • DM01 performance achieved the national standard at 95.05% • ED performance 4 and 12 hours remain a concern	The Committee received **moderate** assurance given some metrics are not achieving	The Committee **noted** the report receiving **substantial** assurance around level of detail reported	**FSC April 2025**
FSC/25/03/281	**Monthly CIP Update**	The Committee received the report noting: • Month 11 CIP position is off plan by £1.4m • Forecast delivery is £16.9m excluding £2.5m of high risk CIP • £3m collaboration target also deemed high risk	The Committee received **limited** assurance based on delivery of CIP plan	The Committee **noted** and discussed the report receiving **moderate** assurance	**FSC April 2025**
FSC/25/03/282	**Recovery Update M11**	The Committee received the report noting:- • £2.7m spend year to date which straight line would forecast a £3m spend compared to the £3.3m approved spend • T&O reduced WLI pick up and reduced spend in Pain due to a consultant being off sick	The Committee received **moderate** assurance given the progress that has been made	The Committee received **substantial** assurance given the plans in place	**FSC April 2025**
FSC/25/03/284	**Monthly Productivity Improvement Update**	The Committee received the report noting:- • **Theatres** – continued dip in performance for some metrics in February, although theatre utilisation has seen an improvement into March. Three red metrics have turned to amber.	The Committee received **limited** assurance on the delivery of the	The Committee **noted** and discussed the report receiving **substantial**	**FSC April 2025**

		• **Outpatients improvement –** more confident in delivery into next year as this is expected to be delivered through improved recording / rectification of system issues • **UEC –** £2.6m was highlighted by Newton as a full year potential saving, work ongoing to determine how much can be included in the 2025/26 CIP plan	improvement savings	assurance of the plans in place	
FSC/25/03/286	**Cash Support**	The Committee received the report noting:- • Whilst the Board approved the request for cash support for March or April (up to the same value if not received) this was not required in March due to receipt of central funding. • The Trust has asked for cash support for April and awaits the outcome • Support for up to a maximum of £16.449m cash support for Q1	The Committee received **moderate** assurance on the monitoring of cash requirements	The Committee **noted** the report receiving **moderate** assurance and **supported** the Q1 cash request	**Trust Board April 2025**
FSC/25/03/291	**Monthly Finance position – month 11**	The Committee received the report noting:- • At M11 the Trust is reporting a year to date £19.3m deficit (adverse variance of £5.4m due to Industrial Action, pay award, under delivery of CIP, cost pressures not offset and PwC costs) • The Trust received notification of non recurrent surge funding in March 2025 of £2.3m improving the forecast deficit from £19.1m to £16.8m • Ongoing downward trend of combined bank and agency • The run rate indicating a reduction in running costs	The Committee received **moderate** assurance due to risks to the financial position.	The Committee **noted** the paper receiving **substantial** assurance	**FSC April 2025**
FSC/25/03/294	**Capital Position Month 11**	The Committee received the report noting:- • Confirmation of funding for DDCP £0.5m, increasing capital plan to £21.7m • Movement in capital contingency was approved • Supported the forecast position including the allowable overspend of £0.2m for Trust Board approval acknowledging that the risk of delivery is being monitored by CPG	The Committee received **moderate** assurance due to spend being behind plan.	The Committee **noted** the presentation receiving **substantial** assurance, **approved** the contingency changes and **supported** the forecast	**FSC April 2025**

Items for noting

FSC/25/03/278 Board Assurance Framework and Corporate Risk Register
FSC/25/03/283 Cost Pressures
FSC/25/03/285 Pay Assurance
FSC/25/03/287 Costing Update
FSC/25/03/288 Integration Update
FSC/25/03/289 EPR Procurement Update – deferred
FSC/25/03/290 Integrated Performance Report – supported to go to Trust Board for approval
FSC/25/03/292 Revenue Requests – none
FSC/25/03/293 A10 Winter Funding addendum – supported to go to Trust Board for approval
FSC/25/03/294 Schemes over £500k
FSC/25/03/295 ToR / Cycle of Business
FSC/25/03/296 Digital Strategy Group Update
FSC/25/03/297 Update Event Planning Meeting
FSC/25/03/298 Medical staffing resource Review Group Minutes

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/06aii**
AGENDA ITEM	**Governor Observation Report**
COMMITTEE MEETING ATTENDED	**Finance and Sustainability Committee**
DATE OF MEETING(s):	28 April 2025
GOVERNOR OBSERVER	Jack Roper, Public Governor
GOVERNOR COMMENTS	• **Please note the Observer (Jack) had connectivity issues and didn't manage to observe the full session. I have managed to capture the key headlines as follows:** **Financial Performance** • The Trust was given £16.5 million in extra funding to help with its finances. • This brought the planned deficit down from £27.8 million to £11.3 million. • However, the actual year-end deficit was £16.8 million – £5.5 million worse than planned. **Activity and Workforce Costs** • March 2025 activity targets were not met, mainly due to shortfalls in outpatient and day case activity. • Agency staff costs for the year totalled £3.7m, significantly lower than the previous year (£8.9m) and well below the 3.2% pay bill threshold, standing at just 1.3%. • Bank staff costs were £32.8m, slightly lower than last year's £35.0m. **Cost Improvement Programme (CIP)** • The Trust achieved £18.5m in savings against a £19.4m CIP target, with £12.6m of this delivered on a recurrent basis. **Cash, Debtors, and Creditors** • The cash balance at year-end (31 March 2025) was £16.3m, with £8.4m of this relating to capital creditors. • Debtors remained unchanged at £5.1m from the previous month. • Creditors rose slightly to £10.9m, a £0.1m increase from February. **Capital Spend** • Capital spending was £0.2m above the Trust's capital plan of £21.7m (including IFRS16), which was within agreed limits.

	• The Trust underspent by £5.2m against the NHSE capital plan of £27.1m, primarily due to an agreed reduction in spend on the EPCMS scheme.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08a (i)	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	11 February 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/02/231	**HOT Topic- Maternity Mortality and Governance**	The Committee received a presentation in response to the news report relating to a Leeds based Trust highlighting concerns relating to baby deaths The presentation included - • MBRRACE UK data 2019-2023 – noting WHH consistently below UK average since 2021 Noted improvements in intrapartum stillbirths with zero reported in 3 out of 5 years	Moderate Need to see improvements in intrapartum stillbirths sustain	Substantial: Monthly reporting with Non-Executive/ Executive oversight through Quality Assurance Committee	Monthly reporting via QAC Bimonthly oversight at Board of Directors
QAC/25/02/232	**Patient Safety and Clinical Effectiveness Fragile Services report**	The committee received the fragile service report noting • Cardiology Job Planning commenced aligning capacity with demand • Urology – Training underway for Nurse specialist cystoscopy • ENT – Position improving due to Insourcing. Mitigations in place for medical gaps • Fractured neck of femur- new model being trailed supporting patients on ward – GP supporting sessions • Gall bladder Disease Pathway -waiting times have increased for cholecystectomy. Job	Moderate Need to see further improvements in all fragile services	Substantial: Monthly reporting via Patient Safety and Clinical Effectiveness Sub Committee	Monthly reporting via Patient Safety and Clinical Effectiveness Sub Committee Escalations monthly to Quality Assurance

		planning changes being made to improve capacity of service.			Committee (QAC)
QAC/25/02/236	**Surveillance programmes backlogs**	The committee received an update following previous Deep Dive which was presented in October 2024- Key highlights note • Endoscopy – overdue numbers have reduced • Clinical Haematology – number reduced • Ophthalmology – numbers have increased. Biweekly overview now in place with the Service Lead with close monitoring from Waiting List Team	Moderate Need further reduction in backlogs to be seen	Substantive Oversight by Executives Directors and Non-Executives at QAC.	QAC Quarterly

The Committee also received the following items.

QAC/25/02/233 Quality IPR Metrics
QAC/25/02/234 Safer Staffing Update
QAC/25/02/235 Compliance Q3 update
QAC/25/02/237 Mental Health Update
QAC/25/02/238 Learning form Experience Q3 Update

QAC/25/02//239 Infection Prevention and Control Q3 update.
QAC/25/02/240 Post Partum Haemorrhage Audit update
QAC/25/02/241 Palliative and End of Life Biannual Report
QAC/25/02/242 ED Long Waits and Harm Profile
QAC/25/02/243 Maternity Update
QAC/25/02/244 Sepsis High Level Q3 update
QAC/25/02/246 High Level Enquiries Assessments/inspections

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes.*

Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description

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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/06b (ii)**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	11 March 2025
GOVERNOR OBSERVER	Diane Nield, Public Governor
GOVERNOR COMMENTS	There were 2 NED's in attendance at the meeting (including chair) The meeting had a full agenda with multiple detailed papers. The chair acknowledged and thanked attendees/presenters for getting papers in on time The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed. **Highlights:** **<u>Patient Story</u> –** Patient attended and shared story of attending ED recently following a dog bite. The patient has a history of high anxiety around medical professionals. She tried to explain this, but it wasn't received well. During attendance patient heart rate was 170bpm and was moved to majors. A cardiologist visited and the patient was put on drips. She expressed the issue was with her dog bite injury and was told the issue now is with her heart. The patient was admitted to a ward, discharged after 2 days on Bisoprolol 5mg with no titration advice/plan. The patient did not feel included in her treatment and felt the clinicians were talking about her rather than to her which increased her anxiety. The Chair thanked the patient for sharing her story and said that WHH will learn from this feedback moving forward. ▪ **<u>Hot Topic – MIAA Theatre Safety Audit</u>** Audit January 2025 – designed to assess implementation and effectiveness of WHO surgical safety checklist. **<u>Red Findings:</u>** **Governance Reporting** to exec level was not evident. Lots of talking but very little evidence of documentation **Audits –** inconsistencies in reporting now addressed and 'secret shopper' approach using organisation/ops colleagues **Training + Awareness –** No National E- learning module on surgical safety available. Designing own module and video following funding **<u>Amber Findings:</u>** **Steps to Safer Surgery SOP** – not aligned to National guidance **Roles + Responsibilities** – Lack of clarity with the '8 steps' as to who should lead handover/briefings

Debriefs – No debriefs observed on site visits but evidence of debrief forms being submitted
Undertaking Independent Tasks – 4/5 procedures found independent tasks undertaken
<u>Theatre Safety Culture</u> – larger programme of work underway
Work done around leadership development on theatre safety culture

NED's challenged current action log. Actions were being led by theatre staff and not clinicians – urged the team to engage clinicians more and make them more accountable

Further work is planned to include 'clinical ownership of safety' and 'Hierarchical work' for surgeons

Chair concluded that QAC would like a monthly report on progress

<u>ED long waits and harm profile</u>
Jan-Feb improvement
Ambulance handovers in Feb – improvement
Care in Corridor in Feb – improvement
Triage Times in Feb improvement
12-hour time in department –2.23% improvement in Feb
ED + Acuity remains stable whilst attendances are reducing. However, acuity remains an upward trend from Feb'23
Incident Profile
693 incidents – increase on previous 677
Pressure Ulcers increased
Decrease in incidents reported in CT scanner + waiting room
Nurse now on duty in waiting room 24/7
Reduction in anti-social behaviour in ED

Escalation to Board

Fragile services and Maternity (reviewed every meeting)

Patient Story

MIAA Theatre report

ED

Follow - ups

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08a (ii)	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	11 March 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/03/254	**Deep Dive – Critical Medication**	The Committee received a presentation - Deep Dive in relation to Critical Medication in the Emergency Department The presentation included • Overview of Incidents/themes and actions • Overview of rates and categories of incidents relating to omitted medicines Points to note include • No incidents causing moderate or above harm • Bi Dashboard data validation underway following data anomaly. • Dispensing time for critical meds reduced to an average of 30 minutes. • QI project planned to address the omission of critical medicines. - improvements delivered re Antiepileptic drugs.	Moderate Strong governance and senior oversight. harm profile is low/no Harm need to see further reduction in omitted medication incidents in a wider range of medicines. Assurance needs to be provided on quality of BI Dashboard data.	Substantial: Monthly chairs reporting with Executive oversight through Patient Safety and Clinical Effectiveness Sub Committee. (PSCESC) Escalated to through reporting to Quality Assurance Committee (QAC) as necessary.	Biannual reporting via QAC.
QAC/25/03255	**HOT Topic- MIAA Theatre Safety**	The Committee received a presentation - Deep Dive in relation to Critical Medication in the Emergency Department The presentation included -	Limited Following concerns increasing	Substantial: Monthly reporting with Executive oversight through	Monthly reporting via PSCESC and QAC

		• overview of 7 key findings 3 Red 4 Amber • Overall assurance was noted as limited assurance by MIAA • Overview of management responses • Areas of good practice noted • Overview of governance arrangements	governance and senior oversight. need to see delivery of actions outlined in the MIAA management responses	Patient Safety and Clinical Effectiveness Sub Committee. (PSCESC) Escalated reporting to Quality Assurance Committee (QAC) in Fragile Service Report.	Oversight also in Audit Committee
QAC/25/03/257	**Patient Safety and clinical Effectiveness Sub Committee Report.**	An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee. Key areas to note • Cardiology – improvements in recruitment – anticipating will be stepped down from fragile services in the coming months • Urology – P2 improved, Cystoscopy waits significantly reduced • Emerging risk re MDT in urology – no harm however focused work in this area • Fracture NOF – Theatre delays remain a challenge	Moderate Assurance received – regarding fragile services – further improvements required.	Substantial Monthly oversight at QAC Executive oversight monthly of all fragile services via PSCESC	March 2025 PSCESC
QAC/25/03/259	**Delay to Follow Up Backlogs**	The committee received an overview of • Backlog increased post pandemic • Operational guidance note focus on new patients increasing pressure on follow ups • Insourcing outsourcing – enabled further reduction • 1.5% increase noted • Focus on high-risk patients	Moderate Strong governance and senior oversight.	Substantive Oversight by Executives Directors and Non-Executives at QAC.	QAC Biannually

			Await external sign off for final accreditation		

The Committee also received the following items.

QAC/25/03/255 MIAA Theatre safety
QAC/25/03/256 Board Assurance framework
QAC/25/03/258 Learning from Deaths Q3 Update
QAC/25/03/260 Quality Priorities Report Q3
QAC/25//03/261Quality Priorities 2025/2026
QAC/25/03/262 Quality Strategy Update
QAC/25/03/263 Better Care Update
QAC/25/03/264 ED Long Waits and Harm Profile
QAC/25/03/265 Maternity Update
QAC/25/03/267 Information Governance and Corporate Records Q3
QAC/25/03/268 High Level Enquiries Assessments/inspections

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/ 25/05/06b (ii)**
COMMITTEE ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	8 April 2025
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	The meeting had a full agenda with detailed papers. The papers were circulated by Team Engine prior to the meeting. The meeting was chaired by Cliff Richards and there was another NED in attendance. The meeting had several attending via teams. The chair started the meeting on time and there were no declared interests. The minutes were reviewed, there were a number of typos that required amendment but otherwise the minutes were accepted. The action log was reviewed. The actions were either on the agenda or will be brought back next month. The presence of an action since 2019 was discussed and was still felt to be relevant. The hot topic –chronic Pain Service External Review was deferred to the May meeting **Highlights** **Deep dive:** - Urology Cancer Incidents and Harm. The review was undertaken by the Cancer lead. The review looked at cancer related DATIX, PSII, complaints, control and remedial work and the risk register over the last 2 years. Recurring theme re length of wait for appointment for biopsy. There has been remedial action taken in the last 24 months which includes additional sessions to reduce the backlog which is not sustainable. Cheshire and Merseyside looking where additional resource may be required and introducing improved training but there needs to be a capacity review. Complaints centred on communication and managing patient expectations. There was discussion around the impact of delays on patients and how this is measured. The NED challenged the process for assessing competency of locum doctors and they were assured that a process is in place. Following discussion it was suggested that, a risk register is completed for planned care, with development of work plans and high level improvement plans to be put in place. IPR: Falls remain low, need work on pressure ulcers although they have gone down in March. Sepsis still an issue due to blood cultures. Mixed sex breaches still occurring in ITU. NED requested a

	dashboard so that changes can be seen over time. The dashboard will be circulated after the meeting. The PSCESC , MIAA and AKI papers were taken as read. It was noted that the AI risk prediction tool reviews were not as good as expected. The backlog of clinical letters requires an improvement plan. Overall the discussion showed improvements being made. The Chair stated MAII report only gave limited assurance as better governance and staff engagement is required, the committee asked for development of an action plan. Documentation is not reflective and does not give assurance to the robustness of process. Need KPIs and observational audits to take place. The chair summarised: There is limited assurance there has been progress in the last month but there is a requirement to conduct observational audits. We need the outputs from the audits to update the risk register. CPR: High assurance given 9/10 measures. Overall pleased with outcome. Policy ready to be ratified. The Chair commended JR for positive improvements. Clinical audit plan the chair stated that there seems to be a detailed process and was assured that everything required was included. PESC improved way of working using volunteers on the ward to improve patient experience. WHH piloting Martha's rule. There was a comprehensive presentation on ED harm profile and long waits. It was noted that while there are no right to reside patients there will always be issues in ED. QIA paper presented with flow diagrams, a policy review going through Execs. Committee requested that the process fits with CIPs and that there is no duplication with BW. Approved as interim proposal across both organisations. Better care update to be discussed in next meeting. Ward accreditation biannual report completed. Wards that are struggling are to get corporate support. There are no wards in this position currently. The committee recognised the ED specific tool was a good piece of work. Claims - a number were withdrawn due to lack of evidence, the claims policy is currently under review to go to next QAC meeting. There were a large number of Maternity papers. The NED requested a dashboard or risk register to highlight important information moving forward. The minutes of the research oversight committee were taken as read.

	High level enquiries & External Inspections – there had been 3 CQC questions which had been answered. Still awaiting HSC position. Committee effectiveness review - All responses agreed or strongly agreed with statements The chair requested that the executive summaries of reports could be improved and should be 1 page of information. The papers need to be submitted in plenty of time to ensure they are circulated to give sufficient time for review before the meeting. Attendance should ideally be face to face. A question should be asked at the end of each meeting "should anything be added to the risk register?" Review of the meeting – it was good that time was spent on specific topics where we had challenges and that we have improved. Brief update on Martha's rule should be escalated to Board. Risk register to be updated with theatre information and cancer process. The meeting finished on time.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08b (i)	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	Wednesday 19th February 2025
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/25/02/182	**Deep Dive - Safer Nursing Care Tool**	**Chief Nurse: Ali Kennah** The Committee were given an overview of the Safer Nursing Care Tool and the results of the data collection review in November 2024. The review highlighted a need for increased WTE across 15 wards. Professional judgement was applied to the review which determined that 9 wards required extra staff with a total WTE uplift of 61.63. The Committee were advised that all wards are safely staffed with a mix of substantive and bank workers. Further work will be explored on impact of no criteria to reside patients and the Safer Nursing Care Tool and the impact on mental health patients within the organisation. Agreement for a further deep dive to explore this topic in Q1 2025/26	The Committee received **moderate assurance** on delivery due to outside influences such as the impact of mental health patients in acute settings.	The Committee received **substantial assurance** on the governance of the Safer Nursing Care Tool.	Q1 2025/26
SPC/25/02/188	**Better Care Together Update**	**Deputy Director of Strategy and Partnerships: Hayley Heard** **Head of Strategic Workforce Development: Adam Harrison-Moran**	The Committee received **substantial assurance** on	The Committee received **substantial assurance** on	March 2025

		The Committee received an update on the substantial progress made as part of the Better Together Programme including decisions communicated to the workforce. The update was specifically related to: Workforce Workstream; Communications and Engagement Workstream and Corporate Services Workstream and addressed progress against agreed milestones, and how benchmarking was being used to support WTE reduction and reflected BAU CiP plans within both Trusts. The Committee received an overview of the progress made including a joint OD package to support with a robust culture plan, joint policy development and planning for an organisational change framework.	delivery noting the progress against all corporate workstreams.	governance arrangements.	
SPC/25/02/189	**Guardian of Safe Working Q3 Update**	Rachel Wallis: Guardian of Safe Working The Committee received an update on Q3 escalations in line with the Guardian of Safe working guidelines. The Committee were advised that the report included an overview of rota gaps which will be a feature of the report moving forwards. The Committee noted that there is a concern regarding rota gaps nationally and this is intrinsically linked with workforce expectations shifting.	The Committee received **moderate assurance** on delivery relating to rota gaps which is reflected as an issue nationally	The Committee received **substantial assurance** on the governance to respond to escalations as appropriate.	Q1 2025/26

Other reports received by the Committee:

- SPC/25/02/180 – Minutes and action log of the meeting on 15th January 2025
- SPC/25/02/183 – Chief People Officer report
- SPC/02/25/184 – Workforce Brief on National, Regional ICB or Local Workforce Issues
- SPC/02/25/185 – Workforce Integrated Performance Recommendations 2025/26
- SPC/02/25/186 – Midwifery Safe Staffing Report
- SPC/02/25/187 – Safer Staffing Report
- SPC/02/25/190 – Equality Delivery System (EDS) 2025

Chairs Logs received by the Committee:

- SPC/25/02/191 – Workforce Inclusion and Culture Sub-Committee
- SPC/25/02/192 – Workforce Review Group

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed
Substantial	There is a good system of internal control designed to meet the system objectives, and that the controls are generally being applied consistently
Moderate	There is an adequate system of internal control; however, in some areas weaknesses in design and/ or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk
Limited	There is a compromised system of internal control as weaknesses in the design and/ or inconsistent application of controls puts the achievement of the system objectives at risk
No	There is an inadequate system of internal control as weaknesses in control, and/ or consistent non-compliance with controls should/ has resulted in failure to achieve the system objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08b (ii)	Meeting	Trust Board	Date Of Meeting	2nd April 2025

Date of Meeting	Wednesday 19th March 2025
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/25/03/199	**Hot Topic – PWC Final Report**	The Committee received an overview of the final PWC report, the 15 grip and control recommendations and progress against the 36 workforce actions.	The Committee received **substantial assurance** on delivery of the PWC final report.	The Committee received **substantial assurance** on the governance of the delivery of the PWC final report.	Q1 – 25/26
SPC/25/03/200	**Deep Dive – E-Rostering, Flexible Working with a focus on Preference Rostering**	The Committee received a summary of the #WHHMyFlex programme with a specific focus on the preference rostering pilots within Rapid Response, Ward B19 and Ward ACCU. The pilots have progressed well and the benefits for both employees and patients were demonstrated through metrics including bank costs which have reduced and discharge times, with work ongoing to review further quality and staffing metrics.	The Committee received **substantial assurance** on delivery of Flexible Working; Preference Rostering.	The Committee received **high assurance** on governance arrangements for of Flexible Working; Preference Rostering.	Q1 – 25/26
SPC/25/03/201	**Review of:** • **Terms of Reference**	The Committee received an update on the approach to the People Committee in common with Bridgewater NHS Healthcare Trust, the proposal was presented for approval to go live from April 2025.	The Committee received **moderate assurance** on the delivery of the	The Committee received **substantial assurance** on the	Apr-25

	• **Cycle of Business**		People committee in common approach.	governance relating to the People committee in common approach.	
SPC/25/03/202	**EDI Annual Report (Public Sector Equality Reporting – Patients and Workforce)**	The report included: • Equality Duty Assurance Report • Workforce Equality Assurance Report • Pay gap reporting (Race, Gender and Disability) • National EDI Improvement Plan • Staff Network activity and performance • Health inequalities reporting (patients, public and workforce) • Achievements made in order to meet the public sector equality duty general and specific requirements The Committee approved the report for publication on the Trust website by 30 March 2025 on behalf of the Trust Board. A full copy of the report can be found here.	The Committee received **high assurance** on the delivery of actions relating to the EDI Annual Report.	The Committee received **high assurance** on governance arrangements relating to the EDI Annual Report.	March 2026
SPC/25/03/208	**Freedom to Speak Up Bi-Annual Report**	The Committee received an update on the activity relating to Freedom to Speak up which highlighted an increase in disclosures when compared to the 12 months previous. The main themes remain; culture, bullying and relationships. Very little disclosures relating to patient safety, but where they have been made, actions were progressed quickly.	The Committee received **substantial assurance** on delivery arrangements relating to FTSU.	The Committee received **substantial assurance** on governance arrangements relating to FTSU.	

		Chair raised query regarding time allocated for the Guardian having reduced, Chair to discuss further with Executive lead.			

Other reports received by the Committee:

- SPC/25/03/203 – Board Assurance Framework
- SPC/25/03/204 - Chief People Officer report
- SPC/25/03/205 – Workforce Brief on National, Regional ICB or Local Workforce Issues
- SPC/25/03/206 – Workforce Integrated Performance Report
- SPC/25/03/209 - Safer Staffing Report
- SPC/25/03/210 - Better Care Together Update

Chairs Logs received by the Committee:

- SPC/25/03/211 - Operational People Committee
- SPC/25/03/212 - Workforce Review Group

Assurance Key:
Delivery Assurance: *Assurance in achieving outcomes*
Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/06c (iii)**
AGENDA REFERENCE:	Strategic People Committee in Common Governor Observation Report
COMMITTEE ATTENDED	Strategic People Committee in Common
DATE OF MEETING(s):	16 April 2025
AUTHOR(S):	Dr Carol Ann Kelly (Governor Observer), Public Governor, Warrington South
GOVERNOR COMMENTS	This was the inaugural committee meeting to be held 'in common'. To mark the occasion the Chair set out the aims and purpose regarding discussion and decisions across the two existing organisations. The meeting was recorded for the purpose of minutes. Four NEDs were in attendance (two from WHH and three from BCHT). It was noted that there was no Governor observer from BCHT but this will be rectified for the next meeting. The Chair formally thanked the out-going Governor Observer, Colin Jenkins for his past tenure. A staff story was presented regarding international recruitment experience - the presenter was thanked for her honest account of challenges and learning was highlighted from all stakeholders involved. The hot topic was the presentation of workforce plans highlighting current staffing and future targets. The Chair ensured that discussions featured progress against government (ICB) targets. Interesting discussion ensued regarding patient safety and quality in this regard and assurance was given regarding the process of quality impact assessments and how these are presented to the Execs. The committee was assured that QIAs involve balanced decisions and although quality is not always mitigated against, safety was non-negotiable and never compromised. WHH People Report flagged an issue of concern which the Chair requested be brought back to the committee as a deep dive. A further hot topic identified for future presentation was regarding a staff sickness pilot at BCHT, which is due to be analysed and reported following its initial year of implementation. This was a complex agenda and although the meeting overran slightly it was effectively Chaired with ample time given to discussion, challenge and clarification. The tension between allowing individuals sufficient time to present their papers and time keeping was recognised. Levels of assurance for governance and deliverables to reported up to Board was agreed for all necessary items. It was noted that currently the prescribed levels of assurance

	are different for the two organisations presenting some difficulty. Acknowledgment and thanks given to the teams for work on various projects and papers. All members present, including myself, were invited to give feedback on the conduct of the meeting. The inaugural 'in-common' meeting was highlighted as part of 'a journey' which will need to develop.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/06d (i)**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Audit Committee**
DATE OF MEETING(s):	24 April 2025
GOVERNOR OBSERVER	Margaret Bamforth, Public Governor
GOVERNOR COMMENTS	Audit Committee Observation report – 24th April 2025 The meeting was held Face to Face, with some attending online, and chaired by Michael O'Connor. NEDs contributed throughout the meeting. Cliff Richards was unable to attend and gave apologies. Jane Downey gave the Quality Committee report on his behalf. Throughout the meeting the NEDS flagged issues for further discussion, questioned and challenged appropriately. The meeting was well Chaired by Michael O'Connor who, as well as exploring the issues flagged by both fellow NEDs and within the papers, summed up and decided upon any further action needed. The minutes of the last meeting were accepted and there were no conflicts of interest declared. The action log had three actions, two RAG rated green and one amber, which was addressed in the meeting. The changes to the BAF were presented and discussed. NED Committee Chairs then presented updates flagging the areas they wanted considered by the Committee. The **SPC** updates were given by Julie Jarman. The first meeting in common had been held with Bridgewater. The SPC in Common had gone well and the plan is to continue, with alternating the Chair and venue. Aligning the committees will need work, for example the two Trusts were working on different levels of assurance. The trial of preference rostering has been very successful and may help staff retention. Other areas flagged were, a flexible working deep dive, PDRs and the ongoing work with organisational culture. Julie raised a concern about meeting management and the number of meetings that currently required attendance due to the acquisition. **FSC** updates were given by John Somers. CIP required will be 7%. The current deficit was discussed and the 25/26 plan. An issue flagged by John was the productivity in theatres. This had been flagged through an internal audit report and had been addressed at QAC and a deep dive carried out. An action was added to the action log by the Chair for this to be brought back to the next Audit Committee in June.

	QAC updates included, fragile services, an emergency medicine deep dive and maternity. Jane ended on positive feedback about end of life care as QAC had received an encouraging and positive report. The Internal Audit Progress Report and Draft Internal Audit plan were discussed and nothing highlighted. Nothing of note on the outstanding actions. The Internal audit plan was agreed and accepted. The External Audit Plan was reviewed and noted. The following items were received, discussed and noted: The Counter Fraud Annual Report. Review of Losses and Special Payments Review of Quotation and Tender Waivers Going Concern Annual Report Draft Annual Accounts Draft Annual Governance Statement Review of Trust Registers Changes to Standing Financial Instructions There were no items for escalation.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/06e**
AGENDA ITEM	**Committee Observation Report**
COMMITTEE MEETING ATTENDED	**Charitable Funds Committee**
DATE OF MEETING(s):	6 March 2025
GOVERNOR OBSERVER	Gem Leach – Staff Governor, Admin, Estates and Managerial
GOVERNOR COMMENTS	Meeting was chaired by Steve McGuirk with four NEDs in attendance. Full papers distributed via Team Engine in advance of the meeting. Meeting managed well with open discussion on areas identified by members as needing more in-depth conversation. Minutes of the previous meeting were reviewed and accepted with KH noting slight amends. A presentation was given by two members of staff from the Childrens Wards giving an impact story on how the charitable donations from the Making Waves appeal had made to our patients and their families. Thanks were given from KH to Jane and Jill for their presentation with comments from attendees on how impactful this was to hear. The agenda was worked through with challenge/questioning from the NEDs and Chair regarding: • Query re high reserves • Restricted funds, how these work and can they be released for other areas. It should be clear on what these are • Questions re the Delemere Centre funding • Can we have services donated such as hand massages for patients? • What should and shouldn't be funded from charitable funds Discussion re strategy development for the new financial year which will need sign off from CFC to agree the strategy. Question/discussion here on how big we aim. Donation stations were discussed and are they provided ROI? There were discussions on how we can link into local "celebrities" to support the charity and how we try and link into this to try and get them to act as a patreon/ambassador. The meeting finished 40mins early but all areas of the agenda covered with additional discussion where attendees felt was needed.

	Apologies from the staff governor re the shortness of this report, this is due to a fracture wrist and limited typing ability. However, I remain assured that the meeting was well chaired, appropriate challenge was in place on aspects of the agenda and good positive discussiom was had.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/04/08d	Meeting	Trust Board	Date Of Meeting	2 April 2025

Date of Meeting	6 March 2024
Name of Meeting & Chair	Charitable Funds Committee, Chaired by Steve McGuirk
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
CFC/25/03/35	**Charity Impact Story**	The committee heard an impact story detailing the benefit that charity funding brings, with a presentation from Children's Ward play specialists Jane Forber and Jill Holland on the impact of WHH Charity funding.	The Committee received high assurance as hearing first hand the positive impact the charity can make	The Committee received high assurance as committee members hear directly the positive impact	**June 2025**
CFC/25/03/36	**Fundraising Report and Quarterly Workplan**	CFC noted the quarterly fundraising report, including updates on key campaigns, discussions with community partners, plans for a new supporters' club, and progress against the charity's three-year strategy. **Lead:** Kate Henry / Helen Higginson	The Committee received substantial assurance as the Charity is on track for delivering against its strategy	The Committee received high assurance as performance is monitored at each meeting of the Committee and a Charity Leadership meeting has been established	**June 2025**
CFC/25/03/37	**Finance Report Q3 Update**	CFC noted the financial position for quarter 3 (1 October to 31 December 2024) and the period 1 April to 31 December 2024 is as follows: • Income is £63k above plan in quarter 3 and £89k above plan YTD.	The Committee received substantial assurance as income is ahead of plan	The Committee received high assurance as sufficient processes and	**June 2025**

		• Expenditure (overheads) is £26k (£1k below plan) in quarter 3 and £2k above plan YTD. • Expenditure (disbursements of funds) is £44k in quarter 3 and £105k YTD. • The net fund balance is £641k. • The balance after commitments for purchases, reserves and overheads is £206k. **Lead:** Tina Littler		reporting are in place	
CFC/25/03/39	**Bid Applications**	Two bids were approved by CFC: • Equipment purchases for Clinical Haematology/PIU - funded by CANsupport Charity • Delamere Cancer Information Centre complementary therapies and courses – funded by Pink Ribbon Foundation and departmental fundraising efforts An update was provided on bids under £5k approved since the last committee meeting, either by the director of comms and engagement (up to £1k) or by execs (up to £5k). **Lead:** Kate Henry	The Committee received high assurance that the approved bids will be delivered and any unspent funds returned	The Committee received high assurance as the application process is robust, proportionate, and aligned with the Governing Document	**June 2025**
CFC/25/03/40	**Annual Operational Plan**	CFC noted the Charity's annual plan for 2025/26, acknowledging increased sustainability the charity has seen in recent years and plans to develop a new strategy for the Charity for 2026-29. CFC discussed the future strategy being about continuation of the work done to date and accommodating the WHH / Bridgewater integration agenda. **Lead:** Hayley Smith	The Committee received substantial assurance	The Committee received high assurance	**Trust Board April 2025**
CFC/25/03/41	**Charity Budget for 2025/26**	CFC approved the annual budget for 2025/26, with planned income of £402k. The planned overheads to income ratio (28%) is lower than the average Acute Trust ratio (38% - taken from the Charities Together data 2022/23). **Lead:** Tina Littler	The Committee received substantial assurance as the budget has been stress tested and is	The Committee received high assurance as quarterly reports are received by CFC and annual accounts are	**June 2025**

			based on 24/25 performance.	independently audited	

The committee also received reports on:

- **CFC/25/03/38** - Investment Annual Update
- **CFC/25/03/42** - Overhead Policy Review
- **CFC/25/03/43** - Governing Document & Cycle of Business

Assurance Key:

Delivery Assurance: *Assurance in achieving outcomes*

Governance Assurance: *Assurance in the internal controls in place*

Level of Assurance	Description
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/07 i a**
COMMITTEE ATTENDED	**Trust Boards**
DATE OF MEETING(s):	5 February 2025
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	**Part 1 - Public Board** The papers for the Public Board were sent in advance of the meeting via Team Engine. Five NEDs, including the Chair, were present. The use of AI was utilised for taking the minutes. The meeting opened with an Engagement Story "Personalised care through reasonable adjustment and planning". The story was of an out of area maternity patient who is deaf and communicates with BSL. The feedback from the patient showed that the provision of the deafness resource card enhanced communication, as did arranging a preferred interpreter. The patient commented that all midwives were really lovely and put a lot of effort into communicating and accommodating her needs. The use of resource cards is not only for maternity but they can be used more widely and work is being undertaken with Health Watch to standardise the tools/ content of the cards. Many staff have basic BSL but more training could be provided to increase the numbers. Minutes were accepted and the action log was up to date. The CEO gave a verbal update and a report of his activities. The report was included in the Board papers. The Chair gave a verbal report outlining the progress around the Bridgewater integration. The Board Assurance Framework (BAF) was discussed. A new risk regarding the integration was added. The risk was agreed but it was identified that there is a requirement for an integration risk register. The register will need to include people and capacity risks relating to the integration. One or two of the risks may need rewording but all other aspects approved as per paper.

There was a presentation on the maternity incentive scheme Year 6 (MIS) compliance report. The external assurance was gained form LMNS for standards 3-9. Internal review of standards 1, 2 and 10 were given assurance by QAC and SPC. The report is to be signed off by the CEO and forwarded to the ICB. The Chair confirmed that the internal process gave sufficient assurance to the Board and would also give patients assurance.

The Board was asked to accept option 6 of the transaction. Acquisition is the least risky, best benefit for patients, staff and financially. The identical paper to go to Bridgewater Board 6th Feb. If both Boards give approval a draft milestone and timetable will go to NHSE.

The IPR reports were in the pack but the responsible Executive outlined the actions being taken to improve performance. The NEDs challenged and discussed the actions.

There were several reports, including those of the various committees that were taken as read.

There was a maternity and neonatal update summary report. The Chair acknowledged the “Walking with Mums” is a good community group that are active on social media and could provide a maternity voice on COG.

Board support was given to extend the strategy to 2026 to allow for integration with Bridgewater. The Chair confirmed that we align with Bridgewater timelines.

The supplementary papers were all noted.

The meeting was chaired well, and time was given to all contributors, the meeting overran slightly.

Review of the meeting – good discussion.

The use of AI to take the minutes continues to be assessed.

There was no additional business.

Part 2 – Private Board

Following Part 1 in the afternoon I observed the Private Board. Five NEDs, including the Chair, were present. The meeting started on time and was chaired by SMcG.

Again the meeting agenda was relatively small but contained items of significant importance. Following a few wording amendments the minutes from the last meetings were accepted and there were no outstanding actions.

There was a presentation on the operational plan. There followed a lengthy discussion. The NEDs challenged the Executives on aspects of the presentation. A number of scenarios were discussed. This was a very important discussion to push for future assurance.

The final presentation was an update on the integration.

The meeting was well chaired, each item was given ample time for explanation and in-depth questioning and scrutiny by NEDs, The meeting concluded on time.

I was reassured that all agenda items were given the appropriate level of scrutiny and time.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/07 i**
COMMITTEE ATTENDED	**Trust Boards**
DATE OF MEETING(s):	**2 April 2025**
AUTHOR(S):	**Sue Fitzpatrick, Lead Governor**
GOVERNOR COMMENTS	**Part 1 - Public Board** The papers for the Public Board were sent in advance of the meeting via Team Engine. Six NEDs, including the Chair, SMcG, were present. The meeting opened with an Engagement Story "Mark's Story". Mark's family went through his patient journey and experience at WHH. Initially Mark was in ICU where the care was excellent. He was then moved to ward B18. Mark's wife, a former nurse, prepared him for a step down in care in a ward setting compared to ICU. During his time on B18 the family became concerned about systemic safety and communication issues. The safety issue was around oxygen supply. This was not taken on board and even when alarms sounded the oxygen was not increased. The family had to point out other safety issues (falls alarm was disconnected) but staff did not seem to be able to communicate and take on board the information. Despite expressing concerns the safety issues persisted. It was a stressful time for the patient who had a lack of trust in the staff and Mark's mental health suffered while on the ward. Mark recovered and went home but relapsed and had to go back into hospital. He did not want to go to B18 but there was no alternative. He unfortunately passed away. The family felt that they needed the staff to be more compassionate and caring. They complained about the issues to try and prevent another family going through the same thing. The Chair suggested a meeting with the family, Chief Nurse, Medical Director and the staff of B18 to show the real impact on patients. He also asked for an update from the family in 6 months' time to reflect on how they were subsequently treated. Minutes were accepted and the action log was up to date. The action re health and equality has been on the log for some time. It had been deferred due to the integration. It was felt it has to remain. The CEO gave a verbal update and a report of his activities. The report was included in the Board papers. There are a number of changes in NHSE, ICB and CMAST and the CEO ran through the changes and the changes in personnel. Both Boards have approved the integration and the new name North Cheshire and Merseyside NHS Foundation Trust is to be introduced. The Chair gave a verbal

	report outlining the progress around the Bridgewater integration and the use of the new name. The Board Assurance Framework (BAF) was discussed. A new risk regarding estates standards was added but it replaced several other risks. Overall there are 10 risks on the BAF. It was agreed that the agenda items covered the BAF requirements. The IPR reports were in the pack but the responsible Executive outlined the actions being taken to improve performance. The NEDs challenged and discussed the actions. Topics highlighted for discussion; Mixed Sex Accommodation breaches, Sepsis, A&E waiting times, workforce and Finance. There were several reports, including those of the various committees, hat were taken as read. Some areas were highlighted. QAC: reported on the harm, deterioration of disease especially cancer, to patients due to prolonged waiting times. The MIAA audit on standardisation and the culture in theatres was also discussed. PSC: there was concern about rota gaps. It was felt that we should invest in a self-rostering scheme in the future. FSC: a deep dive into theatres revealed cultural issues with poor productivity. There is to be new leadership brought in to have difficult conversations re performance. There were a number of maternity and neonatal reports and also a summary report. The Chair acknowledged the amount of work put into the papers but challenged the need for all the data. LMNS stated that they must be there and must be minuted in the Board meeting. The full papers go before QAC, the chair asked if there was a way to present the data on a dashboard or risk register to highlight important aspects and risks and aid Board understanding. The chief nurse went through compliance update noting that we are on track with CQC requests/enquiries. The quality strategy 2025-26 (not 2027 due to integration) is aligned to IPR & risks. The report overlaps with the strategic strategy and the Board was asked to accept the report. EDI and “Freedom to Speak Up” papers were accepted. The staff survey significantly improved last year and is holding that position but work is needed in lessons learnt area and feedback responses to staff. The Strategic Bimonthly Highlight report, the key messages were discussed as per papers. PAF: minor changes were noted. IPR: the Board was asked to approve the proposed amendments to the dashboard for 2025/26. The supplementary papers were all noted.

	The meeting was chaired well, and time was given to all contributors, the meeting overran slightly. Review of the meeting – good discussion. There was no additional business. **Part 2 – Private Board** Following Part 1 in the afternoon I observed the Private Board. Six NEDs, including the Chair, were present. The meeting started on time and was chaired by SMcG. The minutes from the last meetings were accepted and there were no outstanding actions. There were no matters arising. There were a number of presentations: integration update; capital programme; A10 winter funding addendum and operational plan and Budget. There followed a lengthy discussion. The NEDs challenged the Executives on aspects of the presentations. The meeting was well chaired, each item was given ample time for explanation and in-depth questioning and scrutiny by NEDs, The meeting concluded on time. I was reassured that all agenda were discussed in full

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
Date: 03/02/2025 **Ward: Elective orthopaedic at CSTM**	**Department Manager:**	**Governors Present: S Fitzpatrick, D Neild and A Davies**		
Number of Patients: Capacity This is a 27 bedded ward Elective patients Total on day of visit: 3 patients in 5 due overnight 5 Theatres	**Staff on duty:**	**Days**	**Nights**	**CBU Manager:** **Sonia Griffin**
	Nurses	3		
	Medical Team	1 RMO 24/7		
	Healthcare Assistants	1		**Matron:** **Natalie Slater**
	AHP's	0		
	Students	1		**Lead Nurse:** **Nicola Milkins**
	Domestic Assistants	2		
	Administration	1		**Ward Manager:** **Kirsty Nikolaisen**
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	**FOR ROUTINE VISITS:** Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net

FIRST IMPRESSION	**First Impressions**	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	**0 / 1 / 2 / 3**
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* *Is information relevant, within date and displayed appropriately?* From the minute you walk through the door of CSTM we were made to feel welcome by the staff on the front desk, who then showed us to the orthopaedic reception and they showed us how to access the ward. The reception area was calm and on entering the ward the first impressions how calm, quiet and clean it looked. The notice boards were all neat and tidy and up to date. There was a “learning” poster that changes regularly - current topic related to anatomy. The attitude of the staff was very open and friendly.	3
WELLED	**Well Led**	Confidence Score

	How confident are you that this ward is WELL LED?	**0 / 1 / 2 / 3**
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?* All the staff said how much they enjoyed working in the department. There is a clear line management culture but they all believe that it is an open culture where each member respects each other. Staff feel developed and opportunities are available. Excellent team work proactive not reactive.	3
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?* There is a daily handover and safety briefing each morning. There are files in the nursing station to refer to if any information is required. There is a board which has the patients listed and they have a "traffic light" system of how the patients are doing against various items. Because it is an elective ward, staff are able to prepare for the patients coming in they are able to identify if any require PACU before they come in. QI project being undertaken looking at capacity problems and how they can learn from them	3
	Is there anything that you notice that could improve how the department is led? *(provide details)* The department is well led but sometimes staff are required to move to other wards sometimes in Warrington this is unsettling for the staff and does effect staff morale. Also it makes the leading of the word hard as the team is set up to make the ward safe and then someone is moved. The grade is reflective of the ward as the issue is not due to ward management but more about hospital management.	3
SAFE	**Safe**	Confidence Score

	How confident are you that this ward is SAFE?	**0 / 1 / 2 / 3**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?* The staff know to speak to their line manager if they have an issue. They knew about speak up champions.	3
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately? Good security with a camera ring entry and patients are escorted to their room. There is a second emergency entry.	3
	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)* There were no visible hazards on the ward. Store rooms all code button controlled. Patients' medical records locked away.	3
	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* There were no issues identified in talking to the 3 patients on the ward.	3
	Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? There is a second emergency entry.	3
CARING	**CARING**	Confidence Score
	How confident are you that the staff on this ward are CARING?	**0 / 1 / 2 / 3**

	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is …")* All the staff were friendly and had a smile. One patient said the staff were very good in listening to their needs. She was unable to go home that day due to pressures at home and she was able to stay until the next morning. The Joint school every Thursday is really good at preparing the patients before they come in and goes through anaesthetic options with the patient.	3
	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?* The patient all said the staff were very caring.	3
	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* Very quiet calm environment. Free TV provided.	3
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* Yes patients feel involved. One patient was feeling very vulnerable having had a biopsy done and although being reassured by the staff her anxiety regarding the wait for results could not be allayed. But the staff were very patient in explaining that it just takes time to do the tests.	3
FOOD and NUTR	**Food and Nutrition**	Confidence Score

	How confident are you with the standards and experience of patient food and nutrition on this ward?	**0 / 1 / 2 / 3**
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)* There is a choice of soup and sandwich for lunch there are gluten free and allergen options although there is a limited choice for these patients but they are not in for more than a few days. Hydration available. There are visual signs to put over the bed indicating allergies etc.	3
	Do patients feel there is enough choice at mealtimes? *(NOTICE / ASK PATIENT about options and presentation and help given if needed)* The patients get a choice of meals which are delivered on the heated trolleys.	3
	Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? The patients we spoke to were very happy with the meals.	3
	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) Staff try to ensure patients are up for meals,	3
RESPONSIVE	**Responsive**	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	**0 / 1 / 2 / 3**
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) The patient feels included from the time they are in joint school throughout their journey. There is the usual wait for medication on discharge which may be take 2-3 hours.	3

	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) There are daily checks of call bells and equipment and there is a log signed to say checks have been undertaken.	3
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) There were no issues identified at the visit.	3
	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Excellent support for patients with additional needs. 4 PACU beds with 1:2 or 1:4 nursing ratio depending upon comorbidities.	3
EFFECTIVE	**Effective**	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**0 / 1 / 2 / 3**

	Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Excellent this may be due to it is elective surgery and there is the ability to prepare for patients.	3
	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) The flow is managed well. There was a smooth handing over of a trauma patient from Warrington Hospital. There have been 9 transfers from Warrington in the last 6 months.	3
FURTHER FEEDBACK	**Please use this section to record any other observations / interactions.**	Confidence Score

	Spoke to a patient who had been on the ward recently. Overall her experience was really good staff were friendly and you can tell they like working there. She said she never was made to feel she was being a nuisance. She identified a couple of areas for improvement. At Joint school they are told they can take in their own earphones and music into theatre but it depends on the surgeon or staff as some are able to do this while others were not. Food was good although GF options limited. The medication to go home was questioned by the patient as they were prescribed a drug that was contraindicated with their normal medication. She felt that some patients especially elderly may not have questioned this in the same way. The change in meds necessitated an additional wait for discharge meds. She also reported that an incident occurred in theatre while she was there, not to her, but had caused anxiety in a patient. The staff on the ward were very caring and several people came to talk and check on the patient.	2
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	**Lasting Impressions**	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	**0 / 1 / 2 / 3**
	Provide reasons for any change, from first impressions to your confidence levels: The whole impression is of calm efficiency. There are monthly audits on cleanliness within the department and the staff also ensure that the staff areas are kept clean. The staff give off an air of pride working on this ward they work well as a team. The biggest observation is that there need to be more patients put through this ward. The staff feel that they could have more patients. Surgeons do not really have set days they respond to traumas but joint operation appear to be Thursday and Friday. Pre Covid number of patients was much higher. Not sure why the theatres and facilities are not fully utilised.	3

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 03 Feb 2025 2pm

Ward / Department: Elective Orthopaedics CSTM

Governors: S Fitzpatrick, D Nield, A Davies

First Impressions

Positives	Recommendations
Calm, quiet, safe and clean	Unit had the feeling of being underutilised
The attitude of the staff was very open and friendly	Staff said that they were able to accommodate and wanted more patients
Front door 'buzzer' enabling staff to meet and greet patients/visitors	

Well Led

Positives	Recommendations
All the staff said how much they enjoyed working in the department	
Staff feel developed and opportunities are available	Share 'best practice' with other wards/departments to enable learning and continuous improvement in order to enhance patient experience throughout the trust
Excellent team work proactive not reactive	
The department is well led but sometimes staff are required to move to other wards sometimes in Warrington this is unsettling for the staff and does effect staff morale	Limit the moving of staff if and when possible

Safe

Positives	Recommendations
There is a daily handover and safety briefing each morning	Review the discharge medication checking/prescribing procedure
Good security with a camera ring entry and patients are escorted to their room	
There were no issues identified in talking to the 3 patients on the ward.	
Anaesthetist on duty at all times to monitor PACU patients	

Caring

Positives	Recommendations
The patients all said the staff were very caring.	
Staff attitude was one of caring and a pride in their work	

Food and Nutrition

Positives	Recommendations
For day patients, there is a choice of soup and sandwich for lunch with gluten free and allergen options	If GF patients are in for more than 2 days maybe have more than 1 choice of sandwich?
There are visual signs to put over the bed indicating allergies etc	
The patients get a choice of meals which are delivered on the heated trolleys	
The patients we spoke to were very happy with the meals	

Responsive

Positives	Recommendations
The patient feels included from the time they attend 'Joint School' throughout their journey.	There is the usual wait for medication on discharge which may take 2-3 hours
	The wait for discharge medication applies thought the hospitals is there anything that can alleviate the wait?

Effective

Positives	Recommendations
Excellent this may be due to it is elective surgery ward and there is the ability to prepare for patients.	Review planning process regarding complex patients who require PACU post op to avoid late cancellations due to PACU capacity (4 beds)
There was a smooth handing over of a trauma patient from Warrington Hospital	

Lasting Impressions

Positives	Recommendations
The whole impression is of calm efficiency.	The biggest observation is that there needs to be increased patient throughput. Perhaps offer viewing of facility to patients when choosing where to have surgery?
There is a real positive culture in this team. The staff give off an air of pride working on this ward they work well as a team	Share best practice with other wards/departments
	Investigate why the theatres and facilities are not fully utilised and are not back to pre-Covid numbers

Further Feedback- Patient feedback gained 3rd Feb (after ward visit)

Feedback	Recommendations
Patient stated overall their experience was really good. Staff were friendly and you can tell they like working there	Check the process for patients using their own headphones + music
Food was good although GF options limited.	Clarify headphone/music process and agree with ALL ward/surgical team for consistency
	Provide more than 1 GF sandwich option?
The medication to go home was questioned by the patient they were prescribed a drug that was contraindicated with their normal medication which led to a long wait for discharge meds	Review process of checking contra-indicated medication when dispensing take home meds
An incident happened in Theatre which caused anxiety to the patient. The incident was talked through with the patient and had been escalated by the staff	Check with theatre staff about the incident and ensure lessons are learned

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GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
Date: 26/03/25 **Ward:** A9	**Department Manager:**	**Governors Present:** **Anne M Robinson** **Carol Kelly** **Mansimran Singh**		
Number of Patients: Capacity 34 Total on day of visit: 35	**Staff on duty:**	**Days**	**Nights**	**CBU Manager:** **Chris Barlow**
	Nurses	5		
	Medical Team			
	Healthcare Assistants	4/5 (sick)		**Matron:** **Fiona Flack**
	AHP's	-		
	Students	1		**Lead Nurse:** **Janet Pye**
	Domestic Assistants	2, should be 2.5		
	Administration	1		**Ward Manager:** **Wendy Jones**
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	**FOR ROUTINE VISITS:** Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net

FIRST IMPRESSION	**First Impressions**	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	**2**
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* *Is information relevant, within date and displayed appropriately?* **Welcome information boards good.** **Great staff photos (for patient/families ID) although not 100% up to date. Good metrics displayed** **Very busy environment**	

WELL LED	**Well Led**	Confidence Score
	How confident are you that this ward is WELL LED?	**3**
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?* **Good teamwork. Relaxed, friendly and professional.** **Physically ward needs updating – has a major impact on staff** .	
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?* **Well informed staff. Passionate ward manager.**	
	Is there anything that you notice that could improve how the department is led? No. Changes to physical surroundings would help as would extra staff etc.	

SAFE	**Safe**	Confidence Score
	How confident are you that this ward is SAFE?	**2**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?* **Yes**	
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately? **Yes – ward clerk at entrance, end door locked. Doors locked at night**	
	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)* **Domestic cupboard unlocked (bleach). Cluttered corridors.**	
	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* **Medical store cupboard unlocked with no staff oversight.**	
	Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? Yes – see comments on ward security	

CARING	**CARING**	Confidence Score
	How confident are you that the staff on this ward are CARING?	**3**
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is ….")* Yes	
	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?* **Yes. Good information on bed/wall with each patient. Busy periods obviously can affect some aspects.**	
	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* **Yes, not quiet during day but able to sleep at night**	
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* **Generally**	

FOOD and NUTRITION	**Food and Nutrition**	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	**2**
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)* **Small portions**	
	Do patients feel there is enough choice at mealtimes? Limited breakfast choice *(NOTICE / ASK PATIENT about options and presentation and help given if needed)*	
	Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? Yes	
	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) Not observed but accepted verbal confirmation	
RESPONSIVE	**Responsive**	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	**3**
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) **Yes, felt they were involved**	

	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) Noted delay with one but obviously just for a particular patient **Bathroom bell behind curtain**	
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) **Yes. Excellent**	
	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) No comments made	

EFFECTIVE	**Effective**	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**2**
	Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Clean – yes. Very cluttered and busy	
	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) Average – no undue difficulties	
FURTHER FEEDBACK	**Please use this section to record any other observations / interactions.**	
	2 x laptops + patient records open and unattended. (Doctors' rounds) Major failing is lack of Relatives room. End of life discussions are not easy and not helped by lack of available (quality + size) space. **Other area of concern is the location of 2 x 1 bed rooms behind ward clerks desk and not visible/in audible distance of on-duty staff, especially at night. Consideration is always given to individual patients (and their condition) who occupy those rooms but the situation is not ideal**	

LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	**Lasting Impressions**	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	**3**
	Provide reasons for any change, from first impressions to your confidence levels: **Despite obvious – staffing levels, very busy – there were no concerns re: care**	

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 26/03/25 10.00am

Ward / Department: **A9 – Acute Medical**

Governors: **Anne M Robinson, Carol Kelly, Mansimran Singh**

First Impressions

Positives	Recommendations
Information boards up to date and clear	

Well Led

Positives	Recommendations
Passionate Ward manager	Review staffing levels relative to number
Caring staff	and type of patients

Safe

Positives	Recommendations
Out of hours physical security	Attention to IT security and drug/domestic
	stores

Caring

Positives	Recommendations
All patients content but noisy environment	
during day	

Food and Nutrition

Positives	Recommendations
Usual diverse comments on food	
Hydration appears OK	

Responsive

Positives	Recommendations
Appears OK	

Effective

Positives	Recommendations
Considering throughput on ward	

Further Feedback

Positives	Recommendations
	Laptop and patient records security needs improvement, especially during ward rounds
	Relatives/quiet room needs urgent improvement

Lasting Impressions

Positives	Recommendations

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GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
Date: **03 April 2025** **Ward:** **C23**	**Department Manager:**	**Governors Present:** **S Fitzpatrick** **C Jenkins** **N Richardson**		
Number of Patients: Capacity 22 beds Total on day of visit: 20	**Staff on duty:**	**Days**	**Nights**	**CBU Manager:**
	Nurses	4* only 3 on	2	
	Medical Team	1 (24 hour if review need at night)		
	Healthcare Assistants	N/A		**Matron:** **Leanne Lawrenson**
	AHP's			
	Students			**Lead Nurse: Midwife in charge:** **A Shelly**
	Domestic Assistants			
	Administration			**Ward Manager:** **Nikki Webb**
	Housekeepers			
	Support workers	2	2	

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	**FOR ROUTINE VISITS:** Once visit is completed send copy of document within 5 working days to Tracy Fernell, Deputy Chief Nurse tracy.fernell@nhs.net Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net

FIRST IMPRESSION	**First Impressions**	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	**0 / 1 / 2 / 3**
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* *Is information relevant, within date and displayed appropriately?* On entering the hospital from the main entrance we did encounter signage issue it was not obvious where C23 is. The ward notice boards were well displayed with a good balance between information and layout. Excellent uniform policy clear pictures and all staff smartly adhered to requirements The impression of the ward is one on calmness and the staff are in control. The patients commented that they appreciated the light and airy atmosphere. Although it was pointed out that windows have been nailed shut.	3

WELL LED	**Well Led**	Confidence Score
	How confident are you that this ward is WELL LED?	**0 / 1 / 2 / 3**
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?* Well led ward and the enthusiasm from Nikki is reflected in the team. They are very much a team and participate in out of work activities together. The staff were happy and confident to talk to us of their concerns which centred on staffing at night time. There are 2 midwives on duty but if one is on a break then there is single person we felt that this was an opportunity for crisis, there have been near missed that have been reported to managers. There is no emergency button at night and they would have to page for assistance. The website states 2 midwives and 2 support workers should be on during the nights. The staff feel well supported and they have employees of the week to recognise their achievement... They do not single out a single employee but groups who have excelled that week.. Scope to put staff on short courses with the proviso they apply their learning back on the ward.	2* Reduced due to the possible issues re night staffing
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?* Yes all know the process of escalation and the existence of the speak up champions.	3

	Is there anything that you notice that could improve how the department is led? *(provide details)* Nothing really stood out that requires improvement. The ward manager is proactive and brings experiences from her management apprentiships to the ward. She is very much digitising her ward bring the new QR codes to posters and the poster on Dad bonding was really good.	3
SAFE	**Safe**	Confidence Score
	How confident are you that this ward is SAFE?	**0 / 1 / 2 / 3**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?* Yes and clearly know how to escalate things.	3
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately? Yes ring bell entrance. Paper information locked away but trying to digitise as much as possible.	3

	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked, medicines left on the side? etc.)* The only hazard related to the additional area of the ward/induction bay which was in a poor state of repair. The ceiling had fallen in and the flooring was in a poor state of repair. The bays were also very small. The area is not being fully utilised because of these issues. A gap in safety protocol was identified on this ward, when a CTG is applied to monitor the foetal heart rate it has to be monitored bed side, when they have a large number of patients to deal with at once could the IT department introduce a centralised system which allows one person to monitor several CTG monitors in one place? There is often an issue with the temperature of the ward often it is reported that the ward is cold. Ward manager continues to follow up with estates re refurbishment.	2* additional area which was not safe
	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* None observed. On the notice board there was" a you said we did". You said about the wait for medication on discharge and they have no a pharmacist aligned with C23.	3
	Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? The ward has a single entrance (ring bell) but does have an emergency entrance. They do have drills to see how effective the evacuation protocols are.	3
CARING	**CARING**	Confidence Score
	How confident are you that the staff on this ward are CARING?	**0 / 1 / 2 / 3**
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is ….")* Exemplary. Two patients confirmed how well the staff communicate. Both patients spoke highly of their experience. They were addressed by their names.	3

	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?* Yes. There was however an issue with visiting times the posters and information above the beds say from 6 pm as does the website. It is actually from 6.30 just need to ensure a consistent message is being given.	3
	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* No Issues with noise.	3
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* Yes patients were told what will happen they were also told what would happen if something had to be changed. Used patients names and all stated they had a lovely experience.	3
FOOD and NUTRITION	**Food and Nutrition**	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	**0 / 1 / 2 / 3**
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)* Patients felt there was a good choice of meal and could not complain.	3

	Do patients feel there is enough choice at mealtimes? *(NOTICE / ASK PATIENT about options and presentation and help given if needed)* Yes no issues	3
	Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? *No issues were reported and there was a hydration station.*	3
	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) We did not observe this at our visit. But one patient stated that some ethnic minority patients like to bring in their own food but there was no facility (microwave) to heat their meals up.	3

RESPONSIVE	**Responsive**	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	**0 / 1 / 2 / 3**
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) Very responsive	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) Yes	3
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Patients felt very well informed and the QR coded information much appreciated.	3

	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Yes reasonable adjustments were made for a specific patient.	3
EFFECTIVE	**Effective**	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**0 / 1 / 2 / 3**
	Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) Ward was well organised and the staff room was very pleasant with book shelves etc.	3
	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) Patient flow managed very well. The usual issue re medication on discharge (National problem)	3

FURTHER FEEDBACK	**Please use this section to record any other observations / interactions.**	
	The practice of birth reflection was excellent it was very patient focussed. Do we think that aspects of reflection could be introduced on other wards?	N/A
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	**Lasting Impressions**	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	**0 / 1 / 2 / 3**
	Provide reasons for any change, from first impressions to your confidence levels: A well led supportive environment where staff feel supported and therefore patients feel supported. The ward manager was very enthusiastic and passionate about her ward. Her experience of an apprenticeship was brought back and put to good effect on the ward. She was also seconded to compliance and again this helped with her leadership and innovative approach to her role. Is this practice i.e. apprenticeships or short courses something that other managers follow?	3

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 12.30pm 3 April 2025

Ward / Department: C23

Governors: S Fitzpatrick, C Jenkins and N Richardson

First Impressions

Positives	Recommendations
Good balance of information and layout of notice boards	Issues re signage from main entrance
Good uniform policy	Some issues need attention from estates
Impression of a calm controlled environment	a) Addressing the nailed windows
Patients appreciated natural light	b) Temperature management requires a mechanism for control
	c) The induction bay area requires attention re ceiling and flooring
	d) Cosmetic changes were made re the mould in bathrooms (first reported in 2022) but the problem still exists with black mould returning

Well Led

Positives	Recommendations
Well led all staff happy and confident to talk to us	Extend the apprenticeship scheme as the benefits of the Manager putting her acquired skill to good use could be replicated on other wards
Handovers done in a positive way	The skills acquired by the manager's secondment to compliance also was well utilised is there scope to introduce a scheme to allow this for others?
All aware of escalation process and speak up champions	
Great QR code and Dad bonding information board	

Safe

Positives	Recommendations
Bell entry 1 main entrance with an emergency exit	Staffing levels at night gives an opportunity for crisis, there has been near misses. This is a resource issue which everyone is facing at this moment

	Can we confirm if there are 2 support workers at night
	Could the IT department introduce a centralised system which allows one person to monitor several CTG monitors in one place

Caring

Positives	Recommendations
Very caring staff confirmed by patients	Wonderful caring staff we particularly liked the birth reflection with patients and wondered if there was scope to do reflections on other wards.
Patients' fully informed of what is going to happen to them and alternatives if things have to change	

Food and Nutrition

Positives	Recommendations
Patient happy with the food and the fact they have a choice.	Look in to the possibility of a microwave for use of the ethnic minority patients who wish to eat their own meals.
Hydration stations	
Allow for patient adjustments	

Responsive

Positives	Recommendations
Patients very well informed	None
Call bells answered	

Effective

Positives	Recommendations
Patients well managed	None

Further Feedback

Positives	Recommendations
\The practice of birth reflection was good as it was patient focussed	Visiting times - 'Consistent and correct' on all notifications (ward and web)

Lasting Impressions

Positives	Recommendations
Well led and supportive ward	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
15 May 2025

SUBJECT	Governor Questions	AGENDA REF	COG/25/

QUESTION 1	The Trust requires a radical change to its operating systems. What is the long-term strategy regarding AI and Technology to help with the patient flow, efficiency and improve the overall patient experience	**Proposer:** Jack Roper, Public Governor
QUESTION 2	Can we be assured that the resources across both sites, Warrington and Halton, are being utilised to their full potential	**Proposer:** Catherine Ardern, Public Governor
QUESTION 3	Having seen the success of the Easter MADE event the question is why can't we have MADE events every day? What can we learn from the events and what stops us liaising and communicating in this way every day?	**Proposer:** Diane Nield, Deputy Lead Governor/Public Governor
QUESTION 4	As public governors we think that it is imperative that we have the rationale and estimated figures and job losses to explain to our constituents the reasoning and rationale behind the acquisition and long-term vision.	**Proposer:** Alan Davies, Public Governor
QUESTION 5	With radical system transformation required to address an increasing deficit, how are citizen and patient data analytics being used to drive service efficiency improvements?	**Proposer:** Nigel Richardson, Public Governor
QUESTION 6	With a growing deficit, how are appropriate funds allocated to the trust considering the variable 'cost to treat' of different patient conditions presented?	**Proposer:** Nigel Richardson and Catherine Ardern, Public Governors

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/10**			
SUBJECT:	Communications and Engagement Update (bi monthly) January to February 2025			
DATE OF MEETING:	15 May 2025			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Alison Aspinall, Head of Communications and Engagement & Esstta Griffiths, Engagement and Involvement Officer			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications and Engagement			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No** ✓	**N/A**
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This report updates on communications and engagement activity during January to February 2025. Please note this report is now covering a two-month period (rather than quarterly) to ensure alignment of communications and engagement activity reporting with the Board meeting cycle. It incorporates reporting on the Working with People and Communities Strategy and elements of the previous Communications and Engagement Dashboard into one report. The report consists of: • Overview of communications and engagement activity from January and February 2025 • Updates on Experts by Experience activity and involvement • Key communications campaigns and highlights from the period • Working with People and Communities Strategy January and February 2025 update • Details of the current plan of upcoming engagement events which the Trust is hosting or planning to attend.			
PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	

RECOMMENDATION:	The Council of Governors is asked to note the contents of this update on communications and engagement activity during the quarter.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group
	Agenda Ref.	GEG/25/05/04
	Date of meeting	Thursday 1 May 2025
	Summary of Outcome	To note
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Communications and engagement update

Bi-monthly report (January to February 2025)

Council of Governors

15 May 2025

Our role within WHH

The Communications and Engagement Team remit covers:

- Communications and Engagement Strategy development
- Communications planning and evaluation to support strategic projects
- Internal communications including content production for The Week and Team Brief
- External communications including media relations and stakeholder updates
- Digital communications including content development for the Trust's corporate social media channels and updates to the website
- Identity, branding and design
- Engagement in our communities
- Experts by Experience programme
- Processing and review of clinical patient information

During the period (January to February 2025) the Communications and Engagement Team…

- processed and allocated **30** communications 'job requests' for design, film, photography and communications campaign support
- issued **4** media releases (including **1** for WHH charity)
- published **9** additional news items across our websites
- Prepared / issued **7** media statements
- handled **11** enquiries from local, regional and national print and broadcast media
- Issued **1** Trust editorial for local media

January / February activity and achievements overview

- Continued with planning and promotion of WHH's annual Thank You Awards 2024-25 including announcing the shortlisted teams and individuals in each category
- Communications and Engagement Team named finalists in the Corporate Services Team of the Year award category
- Promoted the one year anniversary of the opening of Warrington's Living Well Hub
- Continued to deliver communications and engagement support for the Better Care Together integration programme including providing regular communications to staff and stakeholders and running a partnership naming engagement survey
- Promoted activities for Apprenticeship Week (10 to 16 February)
- Supported the development of the Living Well Warrington website through providing Experts by Experience to input into the development and supporting paid for social media promotion
- Supported teams with preparing activities for the five-year anniversary of the start of the COVID-19 pandemic
- Continued to work on the development of a new charity website – to be launched in early summer

Details of other communications and engagement activity is included in the highlights section of this update.

Media

The Trust issued **4** media releases from January to February 2025 plus an editorial piece on the Chief Executive's first 100 days in post

WHH celebrates art group supporting stroke patients' rehabilitation

Read the release

Dedicated WHH volunteer marks 1,500 hours of service

Read the release

Outstanding NHS staff shortlisted for annual WHH Thank You Awards

Read the release

Limber up for Warrington Running Festival and raise funds for WHH Charity

Read the release

All media releases / news items can be viewed on our website.

Engagement, involvement and insight

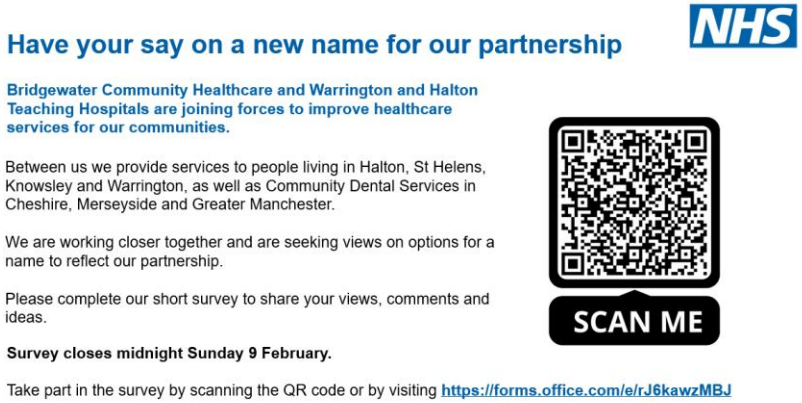
During January to February 2025 we recruited 6 Experts by Experience (EbyEs)

We received requests for engagement support for the following projects:

- Shuttle bus timetable designs
- Estates development

We also facilitated participation within local and national engagement opportunities:

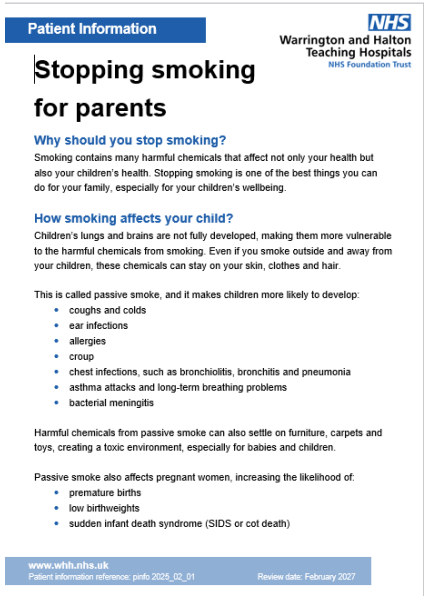
- WHH / BCH partnership naming survey (see slide 8)
- NHS Change engagement workshops (see slide 9)



Production of Patient Information (PINFO)

During January to February the Communications and Engagement Team:

- Supported clinical teams in putting **9** new leaflets through the PINFO process
- Reviewed and edited **18** existing leaflets to ensure clinically up-to-date and to reflect WHH style guidelines
- Identified **264** expired leaflets (including 184 which have been temporarily archived pending updates from authors)
- Updated author and CBU contact list to aid communication regarding soon to expire / expired leaflets
- Agreed regular reporting on PINFO status to Quality Compliance Oversight Group


Patient Information

NHS
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Stopping smoking for parents

Why should you stop smoking?

Smoking contains many harmful chemicals that affect not only your health but also your children's health. Stopping smoking is one of the best things you can do for your family, especially for your children's wellbeing.

How smoking affects your child?

Children's lungs and brains are not fully developed, making them more vulnerable to the harmful chemicals from smoking. Even if you smoke outside and away from your children, these chemicals can stay on your skin, clothes and hair.

This is called passive smoke, and it makes children more likely to develop:

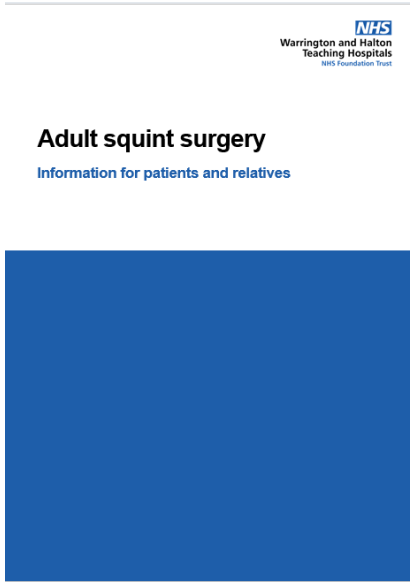
- coughs and colds
- ear infections
- allergies
- croup
- chest infections, such as bronchiolitis, bronchitis and pneumonia
- asthma attacks and long-term breathing problems
- bacterial meningitis

Harmful chemicals from passive smoke can also settle on furniture, carpets and toys, creating a toxic environment, especially for babies and children.

Passive smoke also affects pregnant women, increasing the likelihood of:

- premature births
- low birthweights
- sudden infant death syndrome (SIDS or cot death)

www.whh.nhs.uk
Patient information reference: pinfo 2025_02_01
Review date: February 2027


NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Adult squint surgery

Information for patients and relatives

Experts by Experience (EbyE) projects

Project Name	Overview	No of EbyEs requested	Outcomes
Shuttle bus timetable designs	Request for feedback on three proposed timetable designs and survey participation of feedback	16	• 16 survey responses • Feedback highlighted the need for accessible text with a simple design • Timetable designs updated accordingly and installed at bus stops
Estate Strategy - developing our estate to support quality healthcare	Request for EbyE and patient feedback re: barriers, preferences and priorities when booking outpatient appointments	38	• 38 EbyE survey responses • 105 OPD patient / carer responses • Feedback to be shared with project leads

Local / national campaigns shared with EbyEs: 3

- Healthwatch 2025 workplan (Healthwatch Warrington)
- Proposed changes to gluten free prescribing (NHS Cheshire and Merseyside)
- Aligning 25 clinical policies for treatments and procedures (NHS Cheshire and Merseyside)

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Key campaigns / highlights from January to February 2025

Partnership naming survey

Launched on 10 January, the BCH / WHH partnership naming survey ran for four weeks and asked for feedback on five potential partnership names, with respondents also invited to suggest alternative options.
The survey was shared via email, posters (with a QR code) and printed copy.

370 responses were received in total:

- 77% from Bridgewater / WHH staff
- 19% from patient / carers / members of the public
- 10% from representatives of community groups / partner organisations
- 6% responded as ‘other’ (including NEDs, Governors, FT members and unspecified respondents)

Evaluation of results was done via sentiment analysis, theme identification and a review of alternative suggestions against NHS Identity Guidelines.

Overall feedback reflected the challenge of creating a recognisable name that also reflects something new. It confirmed a need for different trade-offs between geographical specificity, public recognition and inclusivity.

Outcomes:

- A partnership name: ‘North Cheshire and Mersey Healthcare Partnership’
- A future organisation name: ‘North Cheshire and Mersey NHS Foundation Trust’ and
- Specific dental service branding: ‘North West Community Dental Service’.

Change NHS public engagement

The team supported the Change NHS national conversation by holding three local events during January in Warrington, Halton and online.

The sessions gathered feedback, experiences and ideas from our patients, public and partners which will be used to help develop a new 10-Year Health Plan for England.

Across the public sessions 37 individuals joined and shared their thoughts on three key shifts: improved use of technology, moving care from hospitals to communities and sickness prevention rather than treatment.

Attendees included EbyEs, foundation trust members, governors and community sector partners; Warrington Voluntary Action, Deafness Resource Centre, Warrington Moving On Stroke group, Warrington Disability Partnership, Halton Haven Hospice, Cheshire and Merseyside Neuro Alliance, NW Stroke Voices, Healthwatch Halton, Healthwatch Warrington, NW HIV Support CIC, St Rocco's Hospice and Down Syndrome Cheshire.

Comments have been collated and submitted to the Change NHS team plus within WHH and NHS Cheshire and Merseyside.

Staff events were co-ordinated by colleagues in Staff Engagement.

National engagement will conclude with a full-day summit, bringing public and staff together to shape the final stages of the 10-Year Health Plan.

Respiratory Syncytial Virus (RSV) vaccination campaign

The team developed and delivered a localised RSV maternity vaccination communications campaign.

The campaign featured an article sharing a local mums' experience of RSV, along with graphics to highlight the benefits of receiving the vaccine.

The multi-channel campaign was delivered across social media on the Trust channels and Warrington Guardian, digital display advertising via Warrington Guardian, print and editorial advertising via Warrington Worldwide and on the side of 18 Warrington's Own Buses.

The campaign was well received, with more than 50,000 views on both social media and display advertising.

The campaign will conclude next month with a maternity information event, delivered in collaboration with Walking Mums, a local parent group. The event will focus on sharing information on maternal vaccinations, highlighting RSV, along with other maternity services and local support offerings.

The campaign was funded externally through NHS England.

WHH Charity

Highlights:

In January, promotion for the **Warrington Running Festival** launched across multiple media channels, including social media, editorials, and internal communications, to encourage participants to join the event on Sunday 21 September. So far, 18 individuals have signed up, each pledging to raise more than £200 for WHH Charity.

The **Sacred Heart School videos** received more than **500 interactions** across all social media platforms.

Another **top post** featured primary pupils delivering **courage packs** to Warrington Hospital's Children's Ward and Neonatal Unit.

Editorials:

1. Raising community spirit: Local primary school supports hospital charity
2. On your marks, get set, go! Limber up for Warrington Running Festival…
3. Step into the Giant Walk 2025 and raise vital funds for WHH Charity

Newsletters:

Two newsletters published - view them here.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Working with People and Communities Strategy
January to February 2025

Pillar 1: Co-production in Service Change/ Development

Recruit, train, deploy, maintain, recognise and reward patients and public who are 'Experts by Experience' to specific estate and service change programmes

1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH	• 47 Experts by Experience recruited during 24/25 (6 from January to February). • 174 Experts by Experience total (cumulatively to date). • Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople).	• Ongoing
2. Support EbyE recruitment and retention	• 15 EbyE Projects delivered in 24/25 (plus 4 extended projects – Breast Screening Services website redevelopment, PEP, Trust website redevelopment and Warrington Living Well). • 54 EbyEs participating in January and February projects.	• Ongoing
3. Enhance our programme for involvement	• Annual involvement timetable for awareness days and events informs engagement plan – dependent on team availability (see slide 18). • Ongoing discussions with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement / representation.	• Ongoing
4. Undertake consultation and engagement to enable effective support for services	• Inclusion of EbyE engagement from beginning of significant projects e.g. Estates Strategy development, has continued. • Ongoing EbyE participation to be included in future Q4 projects including Better Care Together engagement and workstreams for clinical and operational services integration.	• Ongoing
5. Ensure representation to support Place-Based integrated care delivery	• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy / equality groups. • Better Care Together continues to be supported in partnership with Bridgewater colleagues, with activity including engagement on a partnership and future Trust name.	• Ongoing

Pillar 2: Accessible Information Standard (AIS)

Launch WHH AIS policy to support those with sensory impairments, learning disabilities and non-English speakers to access our services and participate equally in their care

1. Patient Letters	• Working with Patient Experience and Inclusion and Digital Services to ensure accessibility functionality in the PEP /EPR is maximised before launching the 5 Rights campaign. • Work continues on tendering for a new Electronic Patient Record (EPR) with functionality to support accessible information and communication needs.	• 2025-26
2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards	• Currently responding a Government Digital Service audit of our Trust website against The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. Actions include reviewing accessibility of PDFs, aspects of the carousels and updating our website accessibility statement. We are also procuring additional website accessibility tools from Silktide to assist with this. • The Trust website has continued to improve in the Silktide index for accessibility rankings improving from the December rating of 'Great' at 84% (85th place in the rankings) to being rated 'Great' at 88% compliant and in 60th place in the NHS (February 2025).	• Ongoing
3. Accessible content creation	• Working with the Patient Experience Team and Digital Services ahead of launching the 5 Rights campaign, to promote the AIS to support patient's rights. The AIS staff animation has been refreshed to educate staff on their AIS responsibilities.	• Ongoing
5. Patient Information	• The Production of Patient Information Policy includes references to making information accessible.	• Ongoing
7. Signage/Wayfinding	• Delivered via Wayfinding and First Impressions Task and Finish Group. New maps are in development and a signage specification developed.	• Ongoing

Pillar 3: Reducing Health Inequalities

Using WHH engagement and understanding health inequalities to geographical areas of Warrington North, Warrington South, Widnes and Runcorn

1. Strengthen WHH engagement programme	• Work ongoing with collective WHH teams (Patient Experience and Inclusion, Workforce EDI / Culture and Inclusion, Membership and Governance, Children / Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set / link events calendars and activities for 2025 / 26. • Planning an updated events plan and schedule in partnership with Bridgewater Community Healthcare for 2025 / 26.	• Ongoing
2. Provide opportunities for governors to engage in their communities	• Promotion and encouragement of governor event engagement opportunities i.e. showcasing their roles, sharing info, speaking with visitors about the constituencies they represent, collecting details of visitors interested in becoming WHH Foundation Trust Members. Events undertaken from January to February were: ✓ Change NHS engagement sessions x 3 ✓ Outpatients Department engagement sessions x 1	• Ongoing
3. Support Place Based activity and other key local events	• Ongoing promotion of Warrington Living Well Hub and Living Well Warrington via WHH social media.	• Ongoing

Pillar 4: Anchor Institution/Building Social Value

Use Trust estate and resources in partnership with others for the benefit of the wider community

1. Establish WHH's position as an anchor institution in our communities	• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key campaigns, health improvement and economic wellbeing initiatives. • Promotion of WHH volunteering opportunities with the EbyE membership and via social media. • Promoted Apprenticeship Week (10 to 16 February) • Ongoing sharing of '350 Careers, One NHS, Your Future' booklet and online link to information.	• Ongoing
2. Promote opportunities for work, training or volunteering	• Promote WHH as a great place to work, train or volunteer to enhance the aspirations and life chances of local people. • Job of the Week highlighted every Friday via social media. • Level of engagement with social media and websites. • Promoted recruitment events including a Healthcare support worker event (Warrington) and a Midwifery Open Day (Warrington) held in January 25.	• Ongoing
3. To utilise local suppliers and venues	• Use local suppliers and venues to support engagement and involvement programmes, where possible.	• Ongoing
4. Support the work of the WHH Charity	• Continue work with the charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at the combined Patient Experience Sub Committee and Patient Equality, Diversity and Inclusion Sub-Committee (PE&ISC). • Charity stakeholder newsletters shared monthly.	• Ongoing

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Upcoming engagement events

Upcoming engagement events: 2025

Date	Event	Time	Venue	Event purpose
20 May 2025	WHH International Clinical Trials Day	10am to 2pm	Main entrance, Warrington Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health / medicine and their efforts in clinical trials.
14 June 2025	Warrington Pride	9am to 3pm	Warrington town centre / Golden Square	Annual partnership event celebrating the LGBTQIA+ community in the town.
28 June 2025	Warrington Armed Forces Day	10am to 6pm	Crosfields Rugby Club, 131 Hood Lane North, Great Sankey, Warrington, WA5 1XU	Annual partnership event including Armed Forces Rugby League games, military vehicle displays, stands and activities.
13 July 2025	Disability Awareness Day	10pm to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.
31 Aug 2025	Warrington Mela	11am to 4pm	Queen's Gardens, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion.
Oct 2025	Annual Members' Meeting	TBC	Post Grad Centre, Warrington	Annual Trust membership event, bringing together foundation trust members, governors and the Trust Board.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/11**			
SUBJECT:	**Membership Strategy Implementation and Progress Report – Q4 2024/25**			
DATE OF MEETING:	**Thursday 15 May 2025**			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso Corporate Governance and Membership Manager & Gina Coldrick. Corporate Information Specialist			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		✓	✓	✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives: **Strategic Objective 1: High Quality Information** Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust. **Strategic Objective 2: Inclusivity** Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented. **Strategic Objective 3: Sustainability** Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities**.** The report consists of: • Overview of Q4 activity • Details of the plan of engagement events for 2025/26.			
PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	

RECOMMENDATION:	The Council of Governors is asked to note the progress made on the strategy objectives.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group
	Agenda Ref.	**GEG/25/05/06**
	Date of meeting	01 May 2025
	Summary of Outcome	noted
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Membership Strategy Update

Quarter 4
2024/25

Strategic Objective 1: High Quality Information (1)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 4	Expected Completion
Educate current and prospective members on the membership offer at WHH.	• Members Newsletters – March edition circulated 3 March 2025, 43% open rate. • Engagement Stand dates agreed with Governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after Governor Engagement Group meetings: before the meeting at Warrington on 3 February 2025. This will continue into 2025 and be scheduled around the meetings, next one Halton Hospital – 01/05/2025 • The 7 August 2025 Governor Engagement Group Meeting and Engagement Stand will be facilitated at the Living Well Hub – Warrington • Welcome letter – to go to members who joined from 1 October 2024 and then will be issued monthly to capture all new members who join between newsletters.	Ongoing Ongoing Ongoing
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	• Members Newsletter – Next edition set for circulation 12 May 2025 • Experts by Experience (EbyE) programme is promoted via member newsletters. • Outpatients Outreach, March 2025 - Diane Nield, Margaret Bamforth, and Carol Ann Kelly attended • EbyE project re: map navigation and location finding – Anne Robinson attended • EbyE project re: updating WHH's shuttle bus timetable design - Sue Fitzpatrick, Diane Nield and Linda Mills involved • EbyE project re: improving wall signage within Outpatients phlebotomy clinics - Colin Jenkins and Anne Robinson involved • NHS Change engagement events - Carol Ann Kelly, Sue Fitzpatrick, Catherine Ardern, Paula Jones, Linda Mills, Nigel Richardson, Diane Nield, Alan Davies, Colin McKenzie and Colin Jenkins and Margaret Bamforth involved • Governors participated in the partnership naming survey	12 May 2025 Ongoing Complete Complete Complete Complete Complete Complete

Strategic Objective 1: High Quality Information (2)

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 4	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	• Members Newsletter provides details on upcoming Trust and community events. • Engagement stands (as on previous slide). • As mentioned above new members updates issued via Civica as and when required	Next edition 12 May Ongoing Ongoing
Retention of active members and recruitment of new Members.	• Governor engagement and recruitment stands (as above) • Local community and internal WHH engagement events being utilised to recruit new members and engage with current members.	Ongoing Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	• Governor Induction Day took place on 9 January 2025 at Bridgewater Community Healthcare NHS headquarters, BCH Governors were invited to attend. • Governor's tour of Warrington Hospital – planned for 28 January 2025 – Pharmacy, Pathology, Kitchens, Outpatients, Charity, Urology Investigations Suite, Maternity and SDEC. To be rescheduled due to clinical pressures tour was cancelled.	January 2025 TBC

Strategic Objective 2 : Inclusivity

Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Priorities	Activities in Quarter 4	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	• Upcoming Engagement Events to be utilised to recruit members from underrepresented groups. Recruitment/Engagement Packs produced for Governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience. • Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend.	Ongoing Ongoing
Simplifying our communications so that the message is clear and accessible.	• Civica Engage is being used with new Trust branding to circulate Members Newsletters. • Members updates via Civica Engage – plans to send out updates on integration between WHH and BCH as required following briefing from the Communications Team • Welcome letter to new members via Civica Engage – informing them of the benefits of being a member and links to important information on the WHH website	Ongoing Ongoing

Strategic Objective 3: Sustainability

Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

Priorities	Activities in Quarter 4	Completion Deadline
Being environmentally conscious in production of our marketing material.	• Membership stands will primarily use digital membership application rather than paper forms. • QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available.	Ongoing Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	**Reduced printing** • Members Newsletter now circulated via email only March newsletter an open rate of 43% was achieved, an increase on the December edition which achieved a 42% open rate. • All future Governor elections communications including voting to be electronic unless specifically requested to be via post. • All new members are asked to add their email address via the application form, engagement stands will encourage current members to provide their email addresses if we do not have on file.	Ongoing Ongoing Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	• Database cleanse completed • The Trust currently has 3,096 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers. • Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees confirmed.	October 2023 November 2024 Ongoing

Governor Engagement Activities – Q4

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

NHS Change workshop – January 2025

Members stand – Warrington, 3 February 2025

Forthcoming Engagement Events: 2025

Date	Event	Time	Venue	Event Purpose	Governors Attending
1 May 25	Member Engagement & Recruitment Stand - Halton	12.30-1.30pm	Halton Hospital Main Entrance corridor before Outpatients	Governors hosting a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
20 May 25	WHH International Clinical Trials Day	10am to 2pm	Atrium / Main entrance, Warrington Hospital	An annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.	Diane Nield, Sue Fitzpatrick
13 May 25	WHH Shared Learning Forum	1pm-3.30pm	MS Teams – register here	The Shared Learning Forum is aimed to create a Trust wide learning event for us to listen, share and learn from different quality and safety-related initiatives, improvement and innovation projects, patients, and staff feedback, highlight success stories of collaborative working and to celebrate outstanding practices as learning from excellence. The theme of this session will be 'Learning from Communication and Engagement (patients and staff)'	TBC
14 June 25	Warrington Pride	10am to 3pm	Golden Square Shopping Centre and Time Square, Warrington	Annual open event celebrating the LGBTQ+ community.	TBC
28 June 25	Warrington Armed Forces Day	10am to 6pm	Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual open event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.	TBC
7 August 25	Member Engagement & Recruitment Stand	9am to 10am	Living Well Hub, Horsemarket Street, Warrington, WA1 1XL	Governors hosting a member engagement and recruitment stand at Warrington Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
13 July 25	Disability Awareness Day	10am to 4.00pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.	TBC
31 August 25	Warrington Mela	11am to 4pm	Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC
Oct 25	Annual Members Meeting	3.30pm to 5pm	Post Grad Centre, Warrington	Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.	TBC
Oct 25	Member Engagement & Recruitment Stand	TBC	TBC	Governors facilitating a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/05/25**			
SUBJECT:	**Governor Elections Bi-Annual Update**			
DATE OF MEETING:	**15 May 2025**			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso, Corporate Governance Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A** ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	In accordance with the Foundation Trust's Constitution, the Trust holds Governor Elections each year to fill any vacant seats on our Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending. Elected Governors represent members in our public and staff constituencies. The Trust will commission an election services provider to carry out the election and act as the returning officer. For the 2025/26 Governor Elections there are 7 seats to be elected, these are: **Staff** - Nursing and midwifery – 1 seat - Estates, Administration, Managerial – 1 seat **Public** - Warrington and Halton – 4 seats - Rest of England – 1 seat Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total). Annex 4 of the Trust Constitution states the Model rules for elections, these rules have been followed to propose a timetable for the 2025/26 Governor elections.			
PURPOSE: (please select as appropriate)	**Approval** ✓	**To note** ✓	**Decision** ✓	
RECOMMENDATION:	The Council of Governors is asked to note:			

	• Those seats to be elected to in the 2025/26 Governor elections (7 in total) The election timetable	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

COUNCIL OF GOVERNORS

SUBJECT	Governor Elections Bi-Annual Update	AGENDA REF:	COG/25/05/12

1. BACKGROUND/CONTEXT

In accordance with the Foundation Trust's Constitution, the Trust holds Governor Elections each year to fill any vacant seats on our Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending. Elected Governors represent members in our public and staff constituencies.

The Trust will commission an election services provider to carry out the election and act as the returning officer. In the past this has been Civica Election Services, who also provide secure database management for the Trusts public members.

For the 2025/26 Governor Elections there are 7 seats to be elected, these are:

Staff

- Nursing and midwifery – 1 seat
- Estates, Administration, Managerial – 1 seat

Public

- Warrington and Halton – 4 seats
- Rest of England – 1 seat

Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total).

See **Appendix 1** for a breakdown of those governors whose term is ending including details of those who are eligible for re-election and those positions currently vacant.

Two of the Trusts current Governors will not be eligible to submit a nomination as the will complete there third and final term as Governor at the Trust on 30 November 2025, these Governors are:

- AnnE Robinson, Public Governor Warrington and Halton
- Keith Bland, Public Governor Warrington and Halton

3. ELECTION TIMETABLE 2025/26

The Trust's Constitution states:

ANNEX 4: THE MODEL RULES FOR ELECTIONS

PART 2 - TIMETABLE FOR ELECTION

2. **Timetable**

The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election.	Not later than the fortieth day before the day of the close of the poll.
Final day for delivery of nomination papers to Returning Officer.	Not later than the twenty eighth day before the day of the close of the poll.
Publication of statement of nominated candidates.	Not later than the twenty seventh day before the day of the close of the poll.
Final day for delivery of notices of withdrawals by candidates from election.	Not later than the twenty fifth day before the day of the close of the poll.
Notice of the poll	Not later than the fifteenth day before

Proceeding	Time
	the day of the close of the poll.
Close of the poll.	By 5.00pm on the final day of the election.

Taking this into account the timetable for the 2025/26 elections, is proposed as:

ELECTION STAGE	OPTION 1
Trust to send nomination material and data to CES	Thursday, 28 Aug 2025
Notice of Election / nomination open	Thursday, 11 Sep 2025
Nominations deadline	Thursday, 9 Oct 2025
Summary of valid nominated candidates published	Friday, 10 Oct 2025
Final date for candidate withdrawal	Tuesday, 14 Oct 2025
Electoral data to be provided by Trust	Friday, 17 Oct 2025
Notice of Poll published	Thursday, 30 Oct 2025
Voting packs despatched	Friday, 31 Oct 2025
Close of election	Tuesday, 25 Nov 2025
Declaration of results	**Wednesday, 26 Nov 2025**

Those members who are successful in being elected to the WHH Council of Governors will begin their term on the 1st December 2025.

4. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to note:

- Those seats to be elected to in the 2025/26 Governor elections (7 in total)
- The election timetable

Warrington and Halton Teaching Hospitals NHS Foundation Trust

WHH Council of Governors from – 1 December 2024

Constituency	Governor	Term (of 3)	Term Ends
Warrington and Halton	Sue Fitzpatrick	2	30/11/2026
	Diane Nield	1	30/11/2025
	Margaret Bamforth	1	30/11/2027
	Keith Bland	3	30/11/2025
	Colin Jenkins	3	30/11/2026
	Anne Robinson	3	30/11/2025
	Catherine Ardern	1	30/11/2027
	Carol Ann Kelly	1	30/11/2026
	Jack Roper	1	30/11/2027
	Nigel Richardson	2	30/11/2027
	Linda Mills	3	30/11/2027
	Edward Rawlinson	1	30/11/2025
	Paula Jones	1	30/11/2027
	Alan Davies	1	30/11/2027
	Colin McKenzie	2	30/11/2025
Rest of England – 2 seats	Kevin Keith	2	30/11/2026
	VACANT		
STAFF (5)		**Term (of 3)**	**Term Ends**
Medical and Dental	Akash Ganguly	2	30/11/2027
Nursing and Midwifery	Jonathan Cliffe	1	30/11/2025
Staff - Support	Erwin Tuballes	1	30/11/2027
Clinical Scientist or Allied Health Professionals	Rachel Bold	1	30/11/2026
Estates, Administration, Managerial	Gemma Leach	1	30/11/2025
Constituency (Partners – APPOINTED BY TRUST - 6)		**DATE**	**N/A**
Halton Borough Council	TBC		Chris Loftus left – May 2024
Warrington Borough Council	Cllr Maureen McLaughlin	06/2024	Paul Warburton left May 2024
Warrington Sikh Gurdwara	Mansimran Singh	08/2024	Kuldeep Singh Dhillon left July 2024
Warrington + Vale Royal College	Nichola Newton	06/2019	-
Education Sector	**VACANT**		
Private Sector	**VACANT**		

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/13**			
SUBJECT:	**Governor Training and Development Programme**			
DATE OF MEETING:	**15 May 2025**			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
				✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	NHS FTs are required to make annual self-certification declarations to NHS England (NHSE) that they can meet the obligations set out in the NHS provider licence. This license includes requirements to comply with the NHS Act and Constitution, and with governance requirements. Four self-certifications are required including one in relation to the corporate governance statement FT4 (which is around systems and processes for good governance). As part of the overall corporate governance statement the Board must review whether Governors have received the appropriate training and guidance to carry out their roles: This paper provides evidence of the training and development opportunities provided to equip Governors with the skills and knowledge needed to undertake their role.			
PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	
RECOMMENDATION:	Governors are asked to:			

	• Note the Governor training and development programme. • Discuss and suggest future training and development requirements/preferences to be include in the 2025/26 programme.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

COUNCIL OF GOVERNORS

SUBJECT	Governor Training and Development Programme	AGENDA REF:	COG/25/05/13

1. BACKGROUND/CONTEXT

NHS FTs are required to make annual self-certification declarations to NHS England (NHSE) that they can meet the obligations set out in the NHS provider licence. This license includes requirements to comply with the NHS Act and Constitution, and with governance requirements.

Four self-certifications are required including one in relation to the corporate governance statement FT4 (which is around systems and processes for good governance).

As part of the overall corporate governance statement the Board must review whether Governors have received the appropriate training and guidance to carry out their roles:

> *The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors as required in s151(5) of the Health and Social Care Act to ensure they are equipped with the skills and knowledge they need to undertake their role.*

The FT4 declaration is signed by the Chair and CEO on behalf of the Board of Directors and having regard to the views of Governors.

This paper provides evidence of the training and development opportunities provided to equip Governors with the skills and knowledge needed to undertake their role.

2. KEY ELEMENTS

Training skills and knowledge development opportunities made available to WHH Governors during 2024/25

Governors at WHH are supported in discharging their responsibilities through training and development delivered by the Trust. Opportunities for external training and networking are also provided to Governors on a regular basis and are factored into the training and development programme.

Governor Focus Conference 9 June 2024 - facilitated digitally via Zoom.

The Governor Focus Conference is an annual event facilitated by NHS Providers. The event provides an opportunity for Governors from across the country to meet with colleague Governors to share best practice and compare ways of working. Different to previous years, the conference was held digitally rather than in person.
Topics covered included:

- National policy update
- Governor support in a difficult climate
- Effective participation and engagement with our members

WHH Governor Induction Day – 9 January 2025

Took place at Bridgewater Headquarters, Spencer House. Led by the Chair, Lead Governor and Company Secretary to welcome newly appointed Governors to their new role and provide training on the responsibilities and duties of NHS FT Governors. Existing Governors were also invited to attend to receive refresher training, invitations were extended to Bridgewater Community Healthcare NHS FT governors.

Training topics covered included:

- Introduction to the Board
- WHH Vision, Values and Aims
- Partnership Working - ICS
- An Introduction to Foundation Trusts
- The Role of the Board of Directors
- Governance Structure at WHH
- The role of the Council of Governors
- Role of the Lead Governor & Deputy Lead Governor

Governor Development Day 2024 – 10 July 2024

Governors took part in a development session to enhance their knowledge and skills in areas requested by Governors throughout the year. The training topics covered were:

- Governors Duties and Responsibilities, Company Secretray
- NHS Foundation Trust Finance Explained, Chief Finance Officer
- System Update
    - Integration – The journey so far, Director of Strategy and Partnerships
    - Governors Role in Significant Transactions, Director of Strategy and Partnerships and Company Secretary

Quality Priorities Session – Governors, 13 March 2025.

The session was facilitated by Tracy Fennell Deputy Chief Nurse/Director of Clinical Governance to present the draft Quality Priorities for Governor comment and discussion.

Chairs Briefings

The Chair's briefings take place monthly via MS Teams on those months where a Council of Governors meeting is not scheduled. Non-Executive Directors are invited to attend the briefings.

The briefings cover a range of topics identified by the Chair as well and in response to Governor queries to support them in understanding their role in the changing environment and context within which the Trust is operating, particularly in respect of collaborative working and the Integrated Care System. Governors have the opportunity to raise questions at each briefing.

PLACE – Patient-Led Assessments of the Care Environment

Governors take part in PLACE annually. The assessments involve local people (known as patient assessors) going into hospitals as part of teams (including Governors) to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia or with a disability. Training and guidance is provided to all participants including Governors prior to assessments, this training is led by the Head of Facilities.

Cheshire and Merseyside Governors Symposium

Cheshire and Merseyside Governor's Symposium has been established, led by the Lead Governor for Liverpool University Hospitals NHS FT. Events are being organised to bring together governors from Cheshire and Merseyside to inform and update on the latest governance arrangements and developments across the NHS. In addition, the symposium will help governors gain further knowledge and share learning whilst developing and networking with colleagues within the ICS.

Additional sources of Information and activities made available to Governors to support in discharging their responsibilities are detailed below.

New Governors Induction Pack	The induction pack is provided to newly appointed/elected Governors, the pack includes: **1.** Contact list for Governors **2.** Constituency and contact list **3.** Corporate Meeting Calendar **4.** Governor Council Code of Conduct (for signing and returning) including: • Standing order Council of Governors • Fit and & Proper Persons/Personal Declarations forms **5.** Declaration of Interest Process, and link to the declaration portal site Civica Declare **6.** Governor Expenses Process **7.** WHH Governance Structure **8.** Mandatory Training Safeguarding Core Skills • Safeguarding Children Level 1 • Safeguarding Adults Level 1
Prospective Governor Information Stand	Governors facilitated a prospective governors information stand during Governor elections and prior to the Trust Annual Members meeting 2 October 2024. Experienced governors shared their experience of being a WHH Governor with members who were considering submitting a nomination form. The session was well attended with all members/prospective governors who attended on the day submitting a nomination form for the elections.
Being a Governor	The handbook was developed by the Trust and Governors, to provide current Governors and prospective Governors/members with an easy-to-read guide on

Handbook for FT Governors	the role of NHS FT Governors at WHH. The handbook was reviewed and refreshed during 2023/24
Governor Video	The Governor Video was developed during Q3 2023.24 by the Trust and Governors, to provide current Governors and prospective Governors/members with a short video explaining the role of NHS FT Governors at WHH by current Governors. This was particularly useful during the nomination stage of Governor elections.
National Lead Governors Association **Cheshire and Merseyside Lead Governors Group**	The Lead Governor is part of the Lead Governors Association and Cheshire and Merseyside Lead Governors Group (who meet once per month). Both provide lead governors with a network to share best practice or raise any queries/concerns. Any notable updates are shared with the Council of Governors quarterly via Lead Governor reports.
Governor Committees	Governors participate in committees which help to improve their knowledge of the Trust including: - Governors Nominations and Remunerations Committee - Governors' Engagement Committee Each Committee has a term of reference and cycle of business which is reviewed and approved by Governors on an annual basis.
Governor Observational Visits	Governors participate in monthly observational visits across trust sites in both clinical and non-clinical areas. These visits enable Governors to interact with Trust staff and patients, they are key in triangulating information presented at Committee and Council of Governors (CoG) meetings. Observation reports are presented by the Lead Governor at quarterly CoG meetings.
Governor Observers at Committees & Private Board	The Trust encourages Governors to observe each of the Board Committees and Private Board meetings, promoting openness and transparency. The meetings observed are: - Finance & Sustainability Committee - Quality Assurance Committee - Audit Committee - Strategic People Committee - Charitable Funds Committee - Nominations and Remuneration Committee (Lead Governor) - Trust Board Part 1 and Part 2 Private (Lead Governor) Expressions of interest are sought from Governors at the beginning of each financial year for the positions of Lead and Deputy Lead Observers for Committees.

	Observation reports are produced by the Governor observer which are presented at quarterly Council of Governors meetings.
Governor Participation in Trust Groups/Sub Committees	Governors are involved in the following Trust Groups/Networks/Sub-committees: - Wayfinding and First Impressions Group - Patient Experience and Inclusion Sub-Committee' - Nutrition & Hydration Steering Group - Disability Awareness Network - Armed Forces Network By participating in such groups Governors receive information, views and comments directly from patients and staff.
NHS Change	Governors supported the Change NHS national conversation by participating in three local events during January in Warrington, Halton and online. The sessions gathered feedback, experiences and ideas from our patients, public and partners which will be used to help develop a new 10-Year Health Plan for England. National engagement will conclude with a full-day summit, bringing public and staff together to shape the final stages of the 10-Year Health Plan.

Training, skills and knowledge development programme for 2025/26

Governor Focus Conference 5 June 2025 - to be facilitated digitally via Zoom.

This year's conference will be held digitally. The Trust is limited to 3 spaces for Governors, the conference will be attended by the Lead and Deputy Lead Governors and Nigel Richardson, Public Governor for Warrington and Halton. The conference will provide governors with an opportunity to:

- **Stay informed –** Access to the latest updates on health policy to better understand the challenges facing NHS Trusts
- **Learn from experts –** Hear from speakers dedicated to maximising the impact of volunteers, including the vital role of governors.
- **Connect and share –** Join interactive breakout sessions to network and discuss challenges with fellow governors from across the country.

Governor Development Day 2025 – 10 July 2025

The agenda for the Governor development day is currently being drafted. Governors have put forward a number of topics that they would like some further training on, these are:

- Understanding NHS FT Finance and Funding to be delivered by the Chief Finance Officer
- Digital Strategy Update to be delivered by the Chief Information Officer

Other agenda items to be covered include:

- Site tour of the Warrington Hospital site
- A refresh on the statutory duties and responsibilities of Governors
- Committee Observation – Report Writing

Improving Governor engagement with members and the public

Quarterly engagement stands have been taking place across Trust sites to build Governors understanding and knowledge of the needs and wants of their constituents along with members of the public. As requested by Governors, supportive material has been produced to help Governors engage more effectively.

Member Engagement and Recruitment stands have taken place at both Warrington and Halton sites before or after Governor Engagement Group meetings.

As requested by Governors, the 7 August 2025 Governor Engagement Group meeting will take place in the Living Well Hub, part of the borough-wide **Living Well programme**, which aims to connect people, communities and services and enable residents to take greater control of their own health, wellbeing and resilience. A tour of the hub has been organised for Governors to familiarise themselves with the services offered at the Hub.

The engagement stand will be facilitated from the Hub to drive to engagement members of the community and recruit to new members.

Quarterly Membership Strategy updates are presented to Governors at Governor Engagement Group meetings and Council of Governor meetings. Each update includes a list of community and Trust wide engagement events available for Governors to attend, supported by the Engagement and Involvement Officer. During 2024/25 the following events were attended by Governors:

- Day case unit and theatre Opening Event – 3 April 2024
- International Clinical Trials Day - 20 May 24
- Warrington Pride – 8 June 2024
- Armed Forces Day – 29 June 2024
- Disability Awareness Day – 14 July 2024
- Warrington Mela – 15 September 2024

3. RECOMMENDATIONS

Governors are asked to:

- Note the Governor training and development programme.
- Discuss and suggest future training and development requirements/preferences to be include in the 2025/26 programme.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/14**			
SUBJECT:	**Amendments to the Constitution – Removal of Condition 21.6 & appointment of new Partnership Governor**			
DATE OF MEETING:	15 May 2025			
ACTION REQUIRED:	**To approve**			
AUTHOR(S):	John Culshaw, Company Secretary			
EXECUTIVE DIRECTOR SPONSOR:	Nikhil Khashu, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		✓	✓	✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The Trust's Constitution states: *45. Amendment of the constitution* *45.1. The Trust may make amendments to its constitution if:* *45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments; and* *45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.* The report proposes two key amendments to Trust's Constitution. Firstly, it recommends the removal of Condition 21.6, which mandates the appointment of a Non-Executive Director from the University of Chester's Senior Management Team. This change is driven by the Trust's realigned strategic priorities following the agreement to acquire Bridgewater Community Healthcare NHS Foundation Trust, a focus on flexibility for future board appointments, and challenges faced by previous appointees in meeting statutory obligations due to time constraints. Secondly, the report proposes appointing Rachael Bagshaw, founder of Walking Mums Cheshire, as a new Partnership Governor. This community group, with significant local engagement, supports mothers through walks and events, addressing mental health and social isolation. The appointment aims to enhance governance by bringing diverse perspectives, facilitating community-focused campaigns, and improving access to the group's membership for Trust			

	initiatives. The Council is recommended to approve both amendments to align with the Trust's strategic objectives and strengthen community engagement.		
PURPOSE: (please select as appropriate)	**Approval** ✓	**To note**	**Decision**
RECOMMENDATION:	It is recommended that the Council of Governors: • Approve the proposal to remove Condition 21.6 form the Trust's Constitution, as outlined in the report • Approve the appointment of Rachael Bagshaw, Founder of 'Walking Mums Cheshire. As outlined in the report		
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***Submit to Trust Board***		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None		

COUNCIL OF GOVERNORS

SUBJECT	Amendments to the Constitution – Removal of Condition 21.6 & appointment of new Partnership Governor	AGENDA REF:	COG/25/05/14

1. Background/Context

In regard to amendments to the Trust's Constitution, the current WHH 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.*

Once approved the Trust must ensure that the amended Constitution is properly published and made available to the public.

This report outlines the process and justification for he recommendations being made to amend the Trust's Constitution; the two proposed changes are:

1. Removal of condition 21.6
2. Appointment of new Partnership Governor.

2. Removal of condition 21.6

2.1 Background

To support the Trust's wish to have diversity of experience amongst Non-Executive Directors and support the Trust's ambition to achieve 'University Teaching Hospitals' status, in January 2021 the Council of Governors and Trust Board supported the addition of Condition 21.6 to the Trust's Constitution.

Condition 21.6 of the Trust's constitution (version 4.4) stipulates:

"One Non-Executive Director will be appointed from the Senior Management Team of the University of Chester in line with the Trust's strategy. The appointment would form part of a Memorandum of Understanding (MOU) with the University of Chester. In the event the MOU is disestablished, the role of the Non-Executive Director would also be disestablished."

This condition, located within paragraph 21, governs the composition of the Board of Directors. The proposed removal of condition 21.6 aims to remove the requirement for a specific Non-Executive Director from the University of Chester, potentially broadening the pool of candidates for future board appointments.

2.2 Rationale for removal

It is proposed to remove Condition 21.6 for the following reasons:

- Following the Board's approval to acquire Bridgewater Community Healthcare NHS Foundation Trust and the NHS's shifting focus towards strengthening local healthcare delivery, optimising resource allocation, and digital transformation; the Trust has realigned its strategic priorities.
- Provides flexibility for potential future appointments, for example the appointment of a Non-Executive Director with a specific skillset or experience.
- Although the appointed individuals from the University of Chester had streamlined responsibilities compared to other Non-Executive Directors, their statutory obligations remained unchanged. Furthermore, those who took on the role struggled to dedicate sufficient time to fulfil the position's demands, resulting in limited participation in the Trust Board.

3. Appoinment of new Partnership Governor

3.1 **Background**

Partner governors play a valuable role in NHS Foundation Trusts by supporting enhanced governance, accountability, and community engagement. They are typically appointed from key stakeholder organisations, such as local authorities, universities, or community groups, bringing diverse perspectives and expertise to the Trust's Council of Governors.

Partner governors play a role in holding the Trust's Board of Directors accountable by scrutinising performance and ensuring decisions reflect the interests of the wider community. Their external perspective helps maintain transparency and public trust. They also act as a bridge between the Trust and the communities it serves, ensuring local needs and priorities are considered in decision-making. This helps the Trust remain responsive to its population's health and wellbeing requirements.

Currently the Trust's Partnership Governors Consist of representatives from:

- Warrington Borough Council
- Halton Borough Council
- Warrington & Weaver Vale Colleges
- Warrington Sikh Gurdwara

Following discussion at the Governor Engagement Group on 1 May 2025, it is proposed that Rachael Bagshaw, Founder of 'Walking Mums Cheshire' is appointed as an additional Partnership Governor.

Walking Mums Cheshire is a community group founded by Rachael Bagshaw, a mum-of-two from Higher Walton, Warrington. Launched in September 2024 during her maternity leave, the group connects mothers through regular walks, meetups, and events across Warrington and Cheshire. It has grown rapidly, attracting over 2,400 social media followers and 850 Facebook group members within weeks. The group organises pram-friendly, 3-to-4-mile walks in locations like Walton Gardens, Knutsford, and Bents Garden Centre, fostering friendships, mental health support, and outdoor activity. Walking Mums provides a supportive network for mums, addressing issues like postpartum anxiety and isolation, and has become a vital community hub: https://walkingmums.com/

3.2 Rationale for appointment

In addition to providing a valuable and further diverse perspective to the existing Partnership Governors, appointing a representative from Walking Mums Cheshire will support the Trust to

access it’s the group’s membership for such things as surveys and support for important ad hoc campaigns and communications such as RSV Vaccinations.

4. Recommendations

It is recommended that the Council of Governors:

- Approve the proposal to remove Condition 21.6 form the Trust’s Constitution, as outlined in the report
- Approve the appointment of Rachael Bagshaw, Founder of ‘Walking Mums Cheshire. As outlined in the report

If approved, the proposals will be presented to the Trust Board for consideration on June 4, 2025. Upon approval by the Trust Board, they will take effect immediately.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/16**			
SUBJECT:	**Proposal for an extension of office for Dr Cliff Richards MBE as a Non-Executive Director**			
DATE OF MEETING:	15 May 2025			
ACTION REQUIRED:	**Approval**			
AUTHOR(S):	John Culshaw, Company Secretary			
LINK TO STRATEGIC OBJECTIVE	All			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Non-Executive Directors within the NHS play a critical role in providing independent oversight, strategic direction, and accountability to ensure the organisation meets its statutory obligations and delivers on its commitment to patient care. Cliff Richards was appointed to the Board of WHH on 10 June 2019, for an initial term of 3 years and was appointed for a second 3-year term from 10 June 2022 which will shortly come to an end on 9 June 2025. The Code of Governance for NHS Provider Trusts states that Chairs or Non-executive Directors should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. The proposed appointment of Cliff Richards as Non-Executive Director (NED) beyond six years for a time third term is an exceptional decision that requires careful justification. This report outlines the rationale for reappointing Cliff for a third term, emphasising the need for continuity in leadership, expertise, and oversight during a period of significant challenge and transformation for the Trust. Under the Terms of Reference, the Governors' Nominations and Remuneration Committee is responsible: *"…for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the*			

	remuneration and allowances and other terms and conditions of office of the Non-Executive Directors." Furthermore, need for all extensions should be clearly explained and be agreed with NHS England. Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 8 May 2025, the Committee has recommended that both Cliff be appointed for a third term, effective from 10 June 2025 – 31 March 2026.		
PURPOSE: (please select as appropriate)	Approval ✓	To note	Decision
RECOMMENDATION:	The Council of Governors is asked to approve the recommendation from the GNARC for a third term of office for Cliff Richards		
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Nomination & Remuneration Committee	
	Agenda Ref.	GNARC/25/05/05	
	Date of meeting	8 May 2025	
	Summary of Outcome	Supported	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None		

COUNCIL OF GOVERNORS

SUBJECT	Proposal for an extension of office for Dr Cliff Richards MBE as a Non-Executive Director	AGENDA REF:	COG/25/05/16

1. BACKGROUND/CONTEXT

Non-Executive Directors within the NHS play a critical role in providing independent oversight, strategic direction, and accountability to ensure the organisation meets its statutory obligations and delivers on its commitment to patient care. Cliff Richards was appointed to the Board of WHH on 10 June 2019, for an initial term of 3 years and was appointed for a second 3-year term from 10 June 2022 which will shortly come to an end on 9 June 2025.

The Code of Governance for NHS Provider Trusts states that Chairs or Non-executive Directors should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review.

The proposed appointment of Cliff Richards as Non-Executive Director (NED) beyond six years for a time third term is an exceptional decision that requires careful justification. This report outlines the rationale for reappointing Cliff for a third term, emphasising the need for continuity in leadership, expertise, and oversight during a period of significant challenge and transformation for the Trust.

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

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

Furthermore, need for all extensions should be clearly explained and be agreed with NHS England.

Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 8 May 2025, the Committee has recommended that both Cliff be appointed for a third term, effective from 10 June 2025 – 31 March 2026.

2. KEY ELEMENTS

Proposal for new Term of Office for Cliff Richards

Cliff has made significant contributions to the organisation during throughout his tenure, not least as Deputy Chair of the Trust but also as Chair of the Trust's Quality Assurance Committee. His background as a GP and long-standing Chair of a Clinical Commissioning Group (CCG) has been invaluable. He was the inaugural Chair of the Merseyside CCG Network and also chaired the Cheshire and Merseyside Urgent and Emergency Care Network. His leadership and expertise have made a significant contribution to assurance in this vital area of quality, and the fact that he was awarded an MBE for his contribution adds further weight to the significance of his expertise.

During the last financial year Cliff attended 8/10 Board & Extraordinary Board meetings and all of the Board Development meetings. As Chair of the Quality Assurance Committee (QAC), Cliff also attended 11/13 meetings held in 2024/25, in addition to all 4/5 meetings of the Audit Committee. Cliff has also attended the majority of Council of Governor Meetings.

Cliff is also the Trust's NED Health & Wellbeing Champion, a role that includes oversight and leadership that focuses on promoting and advocating for health and wellbeing initiatives and advocating for policies and strategies that address the wider determinants of health, such as social, economic, and environmental factors. Cliff has demonstrated leadership and passion to influence decisions that improve health outcomes.

3. RATIONALE FOR SECOND TERM

The recommendation for reappointment of Cliff is based on the following factors:

Continuity and Stability

- The NHS generally, but WHH especially, faces huge ongoing challenges, but in particular funding pressures and workforce shortages. Cliff's experience - as well as his composure having experienced several similalryl challenging periods over his career - ensures continuity of (quality) leadership during this critical period.
- Cliff's understanding of the Trust's operations and culture - as well as his understanding of the local communities covered by the Trust's operations - reduces the learning curve associated with onboarding a new NED.
- As the Trust is currently in the process of integrating with Bridgewater Community Healthcare NHS Foundation Trust, maintaining Non-Executive Director continuity offers other key benefits. NEDs ensure stable governance, preserve institutional knowledge, and maintain strategic focus, helping align the integration with the Trust's mission. They also provide steady support to executives.
- The Trust will soon begin recruiting a new independent chair to lead from 1 April 2026. Extending Cliff's term until then enables the new chair to assess future board needs.

. **Positive Performance Evaluation**

Annual appraisals and feedback from Board members, executives, and stakeholders consistently highlight Cliff's effectiveness, impartiality, and collaborative approach

4. PROPOSED TERMS & CONDITIONS

Duration: A third term commencing and concluding on the following dates, subject to annual performance reviews.

Commence: 10 June 2025
Conclude: 31 March 2026

Time Commitment: Continuation of current commitment of a minimum 3 days per month, including Board meetings, committee responsibilities, and additional engagements as required.

Remuneration: In line with NHS NED standard rates, currently £13,000 per annum, subject annual review.

Conditions: Reappointment is contingent upon Governor approval, compliance with NHS England's Fit and Proper Persons Test, and no material conflicts of interest

5. GOVERNANCE CONSIDERATIONS

The decision to appoint Cliff for a third term aligns with NHS governance guidelines, which allow extensions in exceptional circumstances where continuity is deemed essential. The Trust is following due process, including proposed consultation with the Council of Governors, review by the Governor Nominations & Remuneration Committee, and approval by NHS England.

6. RECOMMENDATIONS

The Council of Governors is asked to approve the recommendation from the GNARC for a third term of office for Cliff Richards effective from 10 June 2025 – 31 March 2026.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Operational Plan
Council of Governors
15 May 2025

Jane Hurst
Chief Finance Officer

Operational Plan 2025/26

The operational plan includes activity, workforce and financial plans for the following year

NHS England requires compliance to the operational guidance as follows

We have submitted a compliant plan with a £10.4m deficit

- Reduce current temporary staffing spend (2024/25 spend on bank and agency £36m)
  - 30% reduction in agency (temporary staff)
  - 10% reduction in bank (temporary in-house staff)
- Reduce workforce growth since Covid - Workforce plans assume a 4.6% reduction (219 staff), this is partial offset by an increase in 48 staff for investments such as virtual wards, CDC, theatres and Endo TIF
- Reduce the time people wait for elective care 5% improvement by March 26
- The current plan assumes an increase in activity / number of patient we see
- 78% patients seen within 4 hours in A&E by March 26

To achieve the £10.4m deficit, it is assumed we will receive deficit support funding of £18.3m from the ICS and we aim to save £33.5m through efficiency plans (about 8% of our expenditure). As a deficit Trust we will require cash support from NHSE

As at the 8th May the ICS operational plan has not been approved by NHSE and therefore WHH plan is not yet approved

Layers of expenditure reduction

Level 1 Trust BAU CIP	£19.4m	5%
Level 2 Trust BAU Integration	£2.1m	
Level 3 System CIP Urgent & Emergency Care (UEC) Risk share Revenue to Capital Share **Level 3**	 £2.78m £6.41m £2.81m **£12.0m**	2.8%
Total	**£33.5m**	**7.8%**

Level 1 and Level 2 in Trust control

- **Productivity** – starting theatres on time, reducing length of stay
- **Efficiency** - reduction in non-clinical workforce, reduction in premium rates more in core hours, reduce waste

Level 3 is system level whilst in our numbers if the system doesn't work differently this is partly out of our control.

Examples include:-

- System working to get patients home quicker and reduce patients who need to come to UEC.
- Revenue to capital is thinking of capital spend which could reduce our bills (capital investment on solar panels would reduce our electricity bill)

Summary

The Trust has submitted a compliant plan in terms of workforce and performance targets

The financial deficit position will result in further external scrutiny and the requirement of cash support

2025/26 CIPs will be very challenging, even with the system support for the level 3 CIPs

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/18**			
SUBJECT:	**Council of Governors Terms of Reference and Cycle of Business**			
DATE OF MEETING:	15 May 2025			
ACTION REQUIRED:	**To approve**			
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A** ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	**Terms of Reference** The Council of Governors is asked to review to and approve its Terms of Reference annually. For 2025/26 there are no changes being proposed to the Council of Governors Terms of Reference. It is proposed that the Terms of reference for 2025/26 remain consistent with 2024/25. **Cycle of Business** In accordance with the Foundation Trust's Constitution 'Board of Directors – Standing Orders', the Council of Governors is required to review their Cycle of Business on an annual basis. The one notable update to the Cycle of Business for 2025/26 is the addition of a quarterly update on Integration, to be presented at all scheduled Council of Governor meetings. The revised Council of Governors Cycle of Business is included in full as **Appendix 2**, with all changes are marked in red.			
PURPOSE: (please select as appropriate)	**Approval** ✓	**To note**	**Decision**	
RECOMMENDATION:	The Council of Governors is asked to approve. - The Council of Governors Terms of Reference for 2025/26 - The Council of Governors Cycle of Business for 2025/26			
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable		
	Agenda Ref.			

	Date of meeting	
	Summary of Outcome	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***Submit to Trust Board***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on 15.05.2025

Council of Governors - Terms of Reference

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

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

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

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

- Nomination & Remuneration Committee
- Governor Engagement Group
- Such other committees as may be required from time to time
- Task & Finish Working Groups as necessary

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

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

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

- Provide feedback on the development of the strategic direction of the Trust to the Board of Directors as appropriate.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Act as a critical partner to the Board of Directors in the development of the forward plan.
- Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the Board of its determination.
- Approve or not approve increases to the proportion of the Trusts income earned from non-NHS work by 5% a year or more. The Trust may implement the proposal only if more than half of the Governors vote to approve.
- Approve or not approve proposals from the Board of Directors for mergers, acquisitions, separations and dissolutions. More than half of the total number of Governors needs to approve such a proposal.
- Approve or not approve proposals for significant transactions, where defined in the Constitution or such other transactions as the Board may submit for the approval of Governors from time to time. The Trust may enter a significant transaction only if more than half of the members of the Council of Governors of the Trust approve entering into the transaction. A Council may disagree with the merits of a particular decision of the Board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the Council of Governors would need to provide evidence that due diligence was not undertaken.

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

- The Council of Governors must hold the Non-Executive Directors individually and collectively to account for the performance of the Board. It must agree a process and dialogue with the Board that will enable them to fulfil this duty.

- As part of this a good working relationship between the Board of Directors and Council of Governors is critical; it can be fostered by meeting regularly and with sufficient frequency to establish appropriate channels of communication and constructive challenge.

Some of the following may support this process and dialogue:

- Receive the agenda of the meetings of the Board of Directors before the meeting takes place.
- Be equipped by the Trust with the skills and knowledge they require in their capacity as governors.
- Receive the Annual Report of the Audit Committee on the work, fees and performance of the auditor.
- Receive the Annual Report and Accounts (including quality accounts).
- Receive the quarterly report of the Board of Directors on the performance of the Foundation Trust against agreed key financial, operational, quality and regulatory compliance indicators and stated objectives.
- Participate in opportunities to review services and environments such as PLACE inspections/quality reviews/ local activities and evaluation of user/carer experience.
- Receive and review quarterly assurance reports.
- Receive reports from the Board on important sectoral or strategic issues including progress of the Integrated Care Systems' Integrated Care Strategy & the Integrated Care Board's five-year joint plan.
- Use information obtained through the above sources to monitor performance and progress against the key milestones in the strategic and annual plans and to hold the Non-Executive Directors to account for the performance of the Board of Directors.
- If considered necessary (as a last resort), in the fulfilment of this duty, obtain information about the Trust's performance or the Directors' performance by requiring one or more Directors to attend a Council of Governor meeting.

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

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

10. MINUTES

The Council of Governors will be supported by the Company Secretary and the Corporate Governance & Membership Manager who will agree the agenda with the Chair and produce all necessary papers. Minutes will be circulated promptly to all members as soon as reasonably practical.

11. REVIEW

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

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	V9
Implementation Date	May 2025
Review Date	May 2025
Approved By	Council of Governors
Approval Date	15.05.2025

REVISION			
Date	**Section**	**Reason for Change**	**Approved By**
V3 19.01.2017	5	Changes to section 5 for clarity on quorum – item as described in the Trust's Constitution	CoG 19.01.2017
V3 19.01.2017	6	To include the named Committees established as Quality in Care and Governors Engagement Group	CoG 19.01.2017
V3 19.01.2017	10	The Council of Governors will be supported by the Secretary to the Trust Board.	CoG 19.01.2017
V3 17.05.2018	9	Changes to section 9 to provide clarity on the expectations relating to attendance.	CoG 17.05.2018
V3 17.05.2018	10	The Council of Governors will also be supported by the Head of Corporate Affairs.	CoG 17.05.2018
V3 13.08.2019		No changes to the ToR approved on 17 May 2019	CoG 13.08.2019
V4 13.08.2020	10	Change in title from Head of Corporate Affairs to Trust Secretary	CoG 13.08.2020
V5 12.08.2021	6	To remove the Quality in Care Group	CoG 12.08.2021
V6 11.08.2022	7	To add approval of the appointment of the Deputy Lead Governor	CoG 11.08.2022

V7 10.08.2023	8	Approve the Membership Strategy updated from membership & engagement strategy. Role titles updated Company Secretary Corporate Governance & Membership Manager Addition of updates progress on the Integrated Care Systems' Integrated Care Strategy & the Integrated Care Board's five-year joint plan. In line with addendum to Governors statutory duties	CoG 1-.08.2023
V8 16.05.2024	7	Revised wording around • Trusts income earned from non-NHS work by 5% • Significant transactions In line with constitutional changes as per the Code of Governance for NHS providers trusts	TBA

TERMS OF REFERENCE OBSOLETE		
Date	**Reason**	**Approved By**
13.08.2020	V3 replaced by V4	COG 13.08.2020
14.08.2021	V4 replaced by V5	COG 14.08.2021
11.08.2022	V5 replaced by V6	CoG 11.08.2022
10.08.2023	V6 replaced by V7	CoG 10.08.2023
10.08.2024	V7 replaced by V8	CoG 16.05.2024
15.05.2025	V8 replaced by V9	CoG 15.05.2025

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS CYCLE OF BUSINESS APRIL 2025 - March 2026						
	Lead	**May-25**	**Aug-25**	**AMM 01.10.25**	**Nov-25**	**Feb-26**
FORMAL BUSINESS						
Chairman's Opening Remarks & Welcome	**Chairman**	**X**	**X**		**X**	**X**
Apologies & Declarations of Interest	**Chairman**	**X**	**X**		**X**	**X**
Minutes of Previous Meeting	**Chairman**	**X**	**X**		**X**	**X**
Action Log	**Chairman**	**X**	**X**		**X**	**X**
GOVERNOR BUSINESS						
Lead Governor Update	**Lead Governor**	**X**	**X**		**X**	**X**
Items Requested by Governors - Governor Questions	**Lead Governor**	**X**	**X**		**X**	**X**
Annual Appraisal of Non-Executive Directors	**Lead Governor**	**X**				
Annual Appraisal of Trust Chairman	**Lead Governor**	**X**				
GNARC Ratification of NED Appointments (as required)	**Lead Governor**					
Governor Engagement Group - Chair's Report	**Chair GEG**	**X**	**X**		**X**	**X**
Board Committee Observations, Trust Board/SPC/CFC/Audit/FSC/QAC/CROC	**Nominated Govs**	**X**	**X**		**X**	**X**
Board Committee Assurance Reports	**NEDs**	**X**	**X**		**X**	**X**
Membership Strategy Progress Quarterly Report	**Corporate Governance and Membership Manager**	**Q4**	**Q1**		**Q2**	**Q3**
Governor Engagement Group Terms of Reference & Cycle of Business	**Chair GEG**				**X CoB & ToR**	
TRUST BUSINESS						
Chief Executives Report	**CEO**	**X**	**X**		**X**	**X**
Chair's Update	**Chair**	**X**	**X**		**X**	**X**
Trust Operational Plan	**CFO**	**X**				
Annual Reports & Accounts including Auditors Letter and Report on Quality Account	**GT Auditors**		**X**			
Quality Account	**Deputy Chief Nurse Director of Clinical Governance**		**X**			
Quality Strategy Update (Annual)	**Deputy Chief Nurse Director of Clinical Governance**		**X**			
Communications & Engagement Update	**Dir Comms & Engagement**	**X Q4**			**X Q2**	**X Q3**
Bi-monthly Strategy Programme Highlight Report	**Chief Strategy & Partnerships Officer**	**X**	**X**		**X**	**X**

Integration Update	**Chief Strategy & Partnerships Officer**	**X**	**X**		**X**	**X**
GOVERNANCE						
Council of Governors Cycle of Business + ToR	**Company Secretary**	**X**				
Appointment of External Auditors (as required)	**Company Secretary**					
Compliance Trust Provider Licence (bi-annually)	**Company Secretary**				**X**	
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office as rq'd	**Company Secretary**	**X**			**X**	
Governor Training & Development Programme	**Company Secretary**	**X**				
Audit Committee Chairs Annual Report & review of Audit Committee Terms of Reference	**Chair Audit Cte**				**X**	
Annual Council of Governors Effectiveness Survey	**Company Secretary**				**X**	
Fit and Proper Person Requirements for Board members - Compliance Report (Audit Committee in June)	**Company Secretary**		**X**			
Lead Governor role (every two years, last done Feb 2024)	**Company Secretary**					
SUPPLEMENTARY PAPERS						
Workforce Race Equality Standard (WRES) Update (legislative requirement) & WDES Workforce Disability Equality Standard - 6 month update report	**Chief People Officer**		**X**			**X**
WHH People Strategy Bi-annual Update (s)	**Chief People Officer**		**X**		**X**	
Learning From Experience Update	**Chief Nurse**	**X Q3**	**X Q4**		**X Q1**	**X Q2**
OTHER BUSINESS / CLOSING						
Annual Members Meeting	**Company Secretary**			**X**		

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/25/05/21 - COG/25/05/22**			
SUBJECT:	**Supplementary Papers**			
DATE OF MEETING:	15 May 2025			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	John Culshaw, Company Secretary			
EXECUTIVE DIRECTOR SPONSOR:	Nikhil Khashu, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients** ✓	**Workforce** ✓	**Public** ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A** ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	In following best NHS corporate governance practice, and to support WHHs commitment to openness and transparency, the papers listed below are provided as supplementary papers for the Council of Governors meeting 20 February 2025 • **COG/25/05/21** Chief Executive's Report – 2 April 2025 • **COG/25/05/22** Learning From Experience Q3 Update			
PURPOSE: (please select as appropriate)	**Approval**	**To note** ✓	**Decision**	
RECOMMENDATION:	The Council of Governors is asked to note the supplementary papers provided for information.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Multiple Committees, as listed above		
	Agenda Ref.	As listed above		
	Date of meeting	As noted above		
	Summary of Outcome	Noted		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED:	None			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

REPORT TO TRUST BOARD

AGENDA REFERENCE:	**BM/25/04/05**			
SUBJECT:	**Chief Executive's Report**			
DATE OF MEETING:	2 April 2025			
AUTHOR(S):	Nikhil Khashu, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: ***(Please select as appropriate)***	SO1 We will always put our patients first delivering safe and effective care and an excellent patient experience.	✓		
	SO2 We will be the best place to work with a diverse and engaged workforce that is fit for now and the future.	✓		
	SO3 We will work in partnership with others to achieve social and economic wellbeing in our communities.	✓		
LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF):	**All**			
LINK TO PUBLIC SECTOR EQUALITY DUTIES	***Please indicate below the Equality considerations for Patients & Service Users and/or Workforce as appropriate:***			
	1. Eliminate unlawful discrimination, harassment and victimisation, and other prohibited conduct	**Yes**	**No**	**N/A**
				✓
	Further Information:			
	2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	**Yes**	**No**	***N/A***
				✓
	Further Information:			
	3. Foster good relations between people who share a protected characteristic and those who do not	**Yes**	**No**	**N/A**
				✓
	Further Information:			
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)*	Approval	To note ✓	Decision	
RECOMMENDATION:	The Trust 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			

REPORT TO BOARD OF DIRECTORS

SUBJECT	Chief Executive's Report	AGENDA REF:	BM/25/04/05

1. BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of a range of strategic and operational issues since the last meeting on 5 February 2025, some of which are not covered elsewhere on the agenda for this meeting.

2. KEY ELEMENTS

2.1 National News

Recently, Prime Minister Sir Keir Starmer announced plans to abolish NHS England and take its functions back into the Department of Health and Social Care (DHSC). In doing so, it is expected there will be a 50 per cent reduction in staffing numbers (around 9,000 posts). It has also been confirmed that Integrated Care Boards (such as NHS Cheshire and Merseyside) are expected to reduce their running costs by 50 per cent by Quarter 3 of the upcoming financial year. The desire to ensure every NHS pound is optimised so we can give our patients the best care within the resources available.

The goal is to eliminate bureaucracy, save hundreds of millions, and optimise NHS resources for better patient care. While the NHS will remain free and maintain current services, the transition will begin immediately but could take up to two years due to legislative changes.

Locally, Warrington and Halton Teaching Hospitals (WHH) and Bridgewater Community Healthcare (BCH) face existing financial deficits and must achieve significant savings respectively in the next financial year. Plans to meet these targets are being finalised, necessitating changes to the organisations' size and structure while prioritising safe, quality care.

Whilst all this is taking place, the focus remains on valuing staff and improving care amidst these reforms.

2.2 Local Leadership News

Bridgewater Community Healthcare NHS FT - Back in December 2024, it was announced that Karen Bliss, Bridgewater's Chair, would be stepping down at the end of March.

Following a competitive selection process, interviews took place in February 2025,, and a candidate was chosen, with formal approval granted yesterday by Bridgewater's Council of Governors.

I'm delighted to announce that Martyn Taylor assumed the role of Bridgewater's Chair starting 1 April 2025, for a 12-month term. Martyn has served as a non-executive director and senior independent director at Bridgewater for the past three years.

NHS Cheshire & Merseyside - After a thorough national recruitment effort, Cathy Elliott has been named Chief Executive of NHS Cheshire and Merseyside. Throughout the recently concluded selection process. Currently serving as Chair of NHS West Yorkshire Integrated Care Board and Deputy Chair of West Yorkshire Health and Care Partnership, Cathy brings a

diverse and extensive skill set to Cheshire and Merseyside, developed through senior leadership roles across multiple systems and industries

Countess of Chester Hospital NHS Foundation Trust - The Countess of Chester Hospital NHS Foundation Trust has appointed Neil Large MBE as Interim Chair of its Board of Directors, effective 1 March 2025, for six months. This follows collaboration with Cheshire and Merseyside Integrated Care Board (ICB), where Neil currently serves as a Non-Executive Director, a role he will temporarily leave. The interim arrangement ensures stability while a thorough recruitment process for a permanent Chair begins soon.

2.3 Integration

Previously, I outlined the options appraisal process we conducted to determine the best legal approach for merging Warrington & Halton Teaching Hospitals NHS Foundation Trust (WHH) and Bridgewater Community Healthcare NHS Foundation Trust (BCHT). The goal is to enhance our ability to improve services and care pathways for the benefit of our patients and local communities.

The options appraisal panel unanimously recommended that WHH acquire BCHT. This proposal was submitted to both Trust Boards in February, and pleasingly that it has been ratified and agreed this is the best path forward for us as a collective.

As I've mentioned previously, uniting our organisations in this manner won't alter our current efforts to collaborate closely as a single team, guided by our shared values and policies. Rather, it will allow us to officially become one entity, pooling our skills and resources effectively to address today's healthcare challenges and those of the future.

What's Next? While we continue advancing our integration efforts, which are already in progress, we will now also begin the 'transaction' phase of this journey. Pending all necessary approvals, our aim is to operate as a single organisation by April 2027, if not before. This transaction process is intricate and time-consuming, but we believe this timeline is both ambitious and realistic.

We intend to merge some services ahead of this date, as uniting sooner offers clear advantages for staff and patients alike. Ongoing efforts within the Better Care Together program—spanning clinical services, corporate functions, estates, and workforce—will be critical to achieving this.

We will be seeking staff perspectives throughout this process on how we can improve as a unified organisation for our patients, services, and communities.

What's in a name? Next steps following our partnership name survey

Thank you to everyone who shared their views in the partnership name survey in January and February. We've pored over the feedback and agreed a way forward at both organisations' Boards earlier this month. To recap, we asked for thoughts on five suggested names to reflect the partnership of our organisations over the next two years, and to inform our future unified organisation's name from April 2027. We also asked for any other suggestions people might have.

We received 370 responses – 77% from staff, 19% from patients, carers and members of the public, and 10% from community groups and partner organisations. In these responses, we

received 178 suggestions for alternative names to consider – most were sensible, a few were definitely amusing! (No, we won't be calling our partnership Warry McHaltface!)

The feedback we received can be summarised as:

- A preference for more geographically specific locations such as North Cheshire, Warrington and Halton
- A dislike for the term 'Mid Mersey'
- A clear desire for the name to feel different that our two existing organisation names, to reflect that we are creating something new together
- A challenge finding a name that works for all of our services, across all of our geographies (for example dental services in Greater Manchester, children's audiology services in Knowsley, and community equipment services in St Helens)

Ultimately, the feedback confirmed that a perfect solution doesn't exist!

So, after careful consideration, taking all the feedback into account and trying to find the most suitable option, our two Boards agreed to go with a name derived from an alternative suggestion: '**North Cheshire and Mersey Healthcare Partnership**'. This will evolve into our future organisational name in April 2027 when we plan to become 'North Cheshire and Mersey NHS Foundation Trust', subject to approval as part of the NHS transaction process required.

2.4 Cheshire & Mersey Devolution

After the Deputy Prime Minister announced six new devolution regions, with plans for mayoral elections by May 2026, a government-led consultation was launched on 5 February 2025, to explore establishing a Mayoral Combined Authority for Cheshire East Council, Cheshire West and Chester Council, and Warrington Borough Council under the Devolution Priority Programme. The consultation began on 17 February 2025 and will run until 13 April 2025. It seeks input from the public and stakeholders on topics such as geography, governance, economic development, social benefits, local services, environmental progress, and community priorities. The process is available online through GOV.UK and the Citizenspace platform.

2.5 Cheshire and Merseyside Acute and Specialist Trust (CMAST) Leadership Board

On March 7th, the CMAST Leadership Board convened to tackle significant system-wide matters. They evaluated advancements made by the CMAST Cardiology Alliance, which is working toward a sustainable cardiology framework. The emphasis is on improving access to diagnostic services and maximising the efficiency of Cardiac Catheterisation Laboratories.

The Board also explored Medicines Optimisation, focusing on high-cost medications, and highlighted a £10.2m saving—exceeding expectations by 40%—driven by NHSE and ICB investments in homecare teams and medication adjustments.

Financial planning was another key topic, with conversations centered on aiding providers, promoting uniformity, and pinpointing creative, forward-thinking solutions for long-term service design in C&M.

Updates were also shared on system finances and operational performance.

2.6 Overview of Trust Performance

Appendix 1 is a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete reported datasets. In this case, this is month 11 – February 2025. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

2.7 Going further, faster – Gynaecology Super Clinics

If you tuned into BBC Breakfast on Sunday 16 March 2025, you may have seen some familiar faces from our Gynaecology Department at Warrington Hospital.

The interview shared insight into our Gynaecology Super Clinics, as part of national media coverage focused on the success of 'Further Faster 20' - an initiative that is part of the national Getting It Right First Time (GIRFT) programme. WHH is one of 20 trusts taking part in the initiative to transform patient pathways and improve access to treatment.

The coverage not only highlighted what a fantastic job the team are doing, but our commitment to innovative clinical transformation to reduce waiting lists and give patients the treatment they need quicker.

A big thank you to all the team who gave up their time to take part in the coverage and to the wider team who have made the Super Clinics such a success.

2.8 Staff Survey 2024

Every one of us has a voice that matters, and each year, the NHS Staff Survey offers us all a chance to share it.

The survey helps us gain insight into staff experiences, highlighting what we're doing right and where we can do better. By learning staff you feel about our part of the NHS, we can foster an inclusive, safe environment where everyone feels valued, ultimately improving patient care and experiences.

On 13 March 2025, the 2024 Staff Survey results were released. I'm delighted to report that WHH achieved a 52% response rate, our highest ever. This reflects how much we all appreciate the chance to have our say.

Later on today's agenda, details of analysis have been provided noting common themes and areas for growth.

We're dedicated to listening and acting on what the Staff Survey reveals, and we'll use these latest findings to keep making our workplaces somewhere you can all flourish.

2.9 Special Days/Weeks for professional groups

Since our last Board meeting, several topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. These have included:

February

- LGBT+ History Month
- National Apprenticeship Week
- Ramadan EID al Fitr

March

- Ramadan EID al Fitr
- National No Smoking Day
- Nutrition & Hydration Week
- World Tuberculosis (TB) Day
- World Down Syndrome Day
- International Women's Day
- World Hearing Day

2.10 Employee Recognition

Our *You Made a Difference Awards* are in their third year of operation. Nominations are reviewed and awards are made by a multi-professional panel.

You Made A Difference Award (February 2025): Claerwen Snell and Bethany Millington, Speech and Language Therapy.

WHH Thank You Awards – meet your 2024-25 finalists

Since the last meeting, I've had the honour of announcing the finalists of our Warrington and Halton Teaching Hospitals Thank You Awards 2024-25.

It is testament to the positive culture we are continuing to build across both our Trust that we receive so many brilliant submissions for our staff recognition events. Our judging panels at WHH had the task of attempting to whittle down more than 300 nominations to get to our final shortlist of 36 nominees. Having read some of the nominations myself I know this has been no easy feat.

Thank you once again to everyone who took the time to submit a nomination; like last year we will be acknowledging all of them and sharing with individual nominees once the awards ceremony has taken place.

I want to congratulate all of our very worthy finalists featured below. Despite our ongoing pressures and financial challenges, it remains vitally important that we take the time to reflect on our achievements and successes, and it's clear from the record number of entries we received that so many of you have made a significant and lasting impression on your colleagues and teams.

So please join me in congratulating our 2024-25 finalists (listed in alphabetical order within each category):

Planned Care Team of the Year

1. Birth Suite Team
2. Gynaecology Team
3. Team River (Enhanced Midwifery Care Team)

Unplanned Care Team of the Year

1. Forget Me Not Unit (Ward B12)
2. Transfer of Care Hub
3. Ward A8, General Medicine

Clinical Support Services Team of the Year

1. Musculoskeletal Clinical Assessment and Triage Service
2. Outpatients Department
3. Outpatient Neurological Rehabilitation Team

Corporate Services Team of the Year

1. Communications and Engagement Team
2. Culture, Inclusion and Staff Engagement Team
3. Procurement Team

Living Our Values Award: Colleague of the Year (Clinical)

1. Kaley Whelan, Trainee Advanced Clinical Practitioner (UEC, Acute Medicine)
2. Dr Lesley Moore, Specialty Doctor (IMC Care of the Elderly, Stroke Medicine)
3. Mark Fitzpatrick, Theatre Practitioner (Warrington Theatres)

Living Our Values Award: Colleague of the Year (Non-Clinical)

1. Janet Parker, Deputy Director (Finance)
2. Samantha Durcan, Medical Secretary (Palliative Care Team)
3. Paula Butterworth, Assistant CBU manager (Intermediate Care)

Innovation and Improvement Award

1. Gynaecology Super Clinic Team
2. Virtual Wards Pharmacy Team
3. Paediatric Diabetes Team

Culture and Inclusion Award

1. Clare Fairhurst, Clinical Team Manager (Acute Medical Therapies)
2. Organisational Development Team
3. Digital Analytics Team

Rising Star Award

1. Babu Dharmarajan, Clinical Educator (Integrated Medicine and Community)
2. Erin Tighe, Financial Accounts Assistant (Management Accounts)
3. Pam Aldred, Midwife (Maternity)

Leadership Award

1. Kate Davidson, Medical Education Manager (Medical Education)
2. Lydia Davies, Lead Radiographer (Breast Screening Services)
3. Nancy Harrington, Speech and Language Manager (Therapies)

You Made A Difference Award

1. Felicity Lewis, Specialist Physiotherapist, Rapid Response Team – September 2024 recipient
2. Sandra Millington, Sister, Early Pregnancy Unit, Women's Day Care – March 2024 recipient
3. Wards A3 (Acute Cardiac Care Unit) and B18 (Respiratory Care) – October 2024 recipient

People's Choice Award

1. Jonathan Cliffe, Midwifery Team Leader (Team River)
2. Louise Foley, Specialist Nurse (Colorectal Team)

3. Sue Jones, Specialist Nurse (Children's Epilepsy Team)

The winners will be announced at our WHH Thank You Awards ceremony on Friday 16 May at the Titanic Hotel in Liverpool, where we will be celebrating the contribution made by all of our colleagues and volunteers over the past 12 months. A special Outstanding Achievement Award will also be presented on the night.

2.11 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under seal:

- Upgrading of the roof of Halton 'C' Block
- Upgrading of Corridor Roof

2 RECOMMENDATIONS

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

3 APPENDICES

Appendix 1: CEO Dashboard – Month 11 (February 2024)

Appendix 1 - CEO Dashboard Month 11 – February 2025

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality

Operational Performance

Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	95.00%	95.05%	
RTT 18 Weeks	92.00%	57.86%	
RTT 65+ Weeks	0	1455	
A&E % patients seen within 4 hours	> 75.00%	62.42%	
A&E % waiting longer than 12 hours	< 2.00%	24.08%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	70.30%	
Cancer 62 Day Wait	85.00%	73.70%	
Ambulance Handovers within 60 mins	100%	83.90%	
Discharge Summaries 24 hours	95.00%	89.77%	
Cancelled Operations – 28 days	0	3	
Super Stranded Patients	Trajectory	155	No SPC
Uncapped Theatre Utilisation	85.00%	78.40%	
Capped Theatre Utilisation	85.00%	73.40%	

Quality of Care

Indicator	Target	Actual	SPC
Incidents open over 40 days	0	9	
Sepsis Screening Emergency	90.00%	36.00%	
Sepsis Screening Inpatients	90.00%	72.00%	
Sepsis Antibiotics Emergency	90.00%	52.00%	
Sepsis Antibiotics Inpatient	90.00%	68.00%	
Inpatient Falls	20.00% reduction	20	
VTE	95.49%	92.77%	
Pressure Ulcers	10.00% reduction	19	
Medication Reconciliation (24 hrs)	80.00%	50.00%	
Complaints over 6 months	0	2	No SPC
Healthcare Infections - MRSA	0	3 YTD	
Healthcare Infections - MSSA	N/A	34 YTD	No SPC
Healthcare Infections – CDI (cumulative)	Less than 36 (2023/24)	83 YTD	
Healthcare Infections - E. coli (cumulative)	Less than 54 (2023/24)	82 YTD	
Healthcare Infections – Klebsiella (cumulative)	Less than 18 (2023/24)	26 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	Less than 2 (2023/24)	8 YTD	
Maternity Postpartum Haemorrhage >1500ml	Less than 3.7%	5.20%	
MUST nutritional assessment completion	85%	62.90%	

Sustainability

Finance

Indicator	Target	Actual	SPC
Income & Expenditure (£m)	-£0.71	-£2.14	No SPC
Capital Spend (£m)	£18.85	£12.07	
Cash Balance (£m)	£6.65	£12.54	No SPC
Better Practice Payment Code (£m)	95%	89%	
CIP In Year Delivered in relation to plan	90%	92%	
CIP In Year Delivered in relation to plan (Recurrent)	90%	70%	
Agency Ceiling	Less than 3.7%	1.9%	

People

Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.93%	
Retention	85.00%	87.28%	
Core/Mandatory Training	85.00%	90.22%	
PDR Compliance	85.00%	78.24%	

Strategy

- **WHH and BCH's respective Trust Boards have now approved the intention for WHH to formally acquire BCH and become one single integrated organisation.** These approvals trigger the start of a transaction process, and it is anticipated that the single organisation will take effect from 1st April 2027, pending approvals. Work continues across all ten workstreams and the process of developing the strategic business case has commenced. The Clinical and Operational services group have facilitated two clinical summits to consider pathways within services identified as priorities for integration

- **The Living Well Hub has recently celebrated its first full year in operation.** During that time, over 15,200 visitors have been through the doors with around 50% of these attendances from people "dropping in" to access a service, and the other 50% attending for pre-booked appointments.

- **Over 89,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre** (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023.

- **The brand-new Living Well on-line in Warrington (virtual health and wellbeing hub) is due to go-live in March.** The new digital platform continues the pioneering collaborative work across Warrington place under the Living Well programme.

- **The new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) is embedded** and **work continues to implement the new post menopausal bleeding pathway within the CDC in Halton.** This will enable women to access a one stop clinic for diagnosis of gynaecological cancers.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

QUALITY ASSURANCE COMMITTEE

AGENDA REFERENCE:	**QAC/25/02/238**			
SUBJECT:	**Learning from Experience, Quarter 3 2024/25**			
DATE OF MEETING:	11 February 2025			
ACTION REQUIRED:	The Quality Assurance Committee is asked to note the contents of this paper and support the recommendation to introduce a Sustained Learning Group.			
AUTHOR(S):	Nicola Edmondson, Associate Director of Governance, with input from Care Group and Corporate Leads.			
EXECUTIVE DIRECTOR SPONSOR:	Alison Kennah, Chief Nurse			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		√		
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				√
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The Learning from Experience Report Quarter 3 (Q3) 2024/25 demonstrates where effective learning from experience has taken place across the organisation and areas where further focus is required. The information within the report is a direct reflection of the information available on the Datix Risk Management System at the time of reporting and other relevant governance sources. The report relates to data reviewed during the period from 1 October 2024 to 31 December 2024 with reference to the previous quarter (Quarter 2 (Q2) 2024/25), where relevant. The report contains both quantitative and qualitative data analysis, triangulated to demonstrate learning from Incidents, Complaints, Claims, Health and Safety, Clinical Audit, Inquests, Quality Improvement and Research, Compliance and Patient Experience.			
PURPOSE: (please select as appropriate)	Approval	To note √	Decision	
RECOMMENDATION:	The Quality Assurance Committee is asked to note the contents of this paper.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***Submit to Trust Board***			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: ***(If relevant)***	Section 41 – confidentiality			

Warrington and Halton Teaching Hospitals NHS Foundation Trust

QUALITY ASSURANCE COMMITTEE

SUBJECT	Learning from Experience, Quarter 3 2024/25	AGENDA REF	QAC/25/02/238

1. Background / Context

The purpose of this report is to assure the Quality Assurance Committee that Warrington and Halton Hospitals Trust (WHH) is managing Incidents, Complaints, Claims, Health and Safety, Clinical Audit, Inquests, Quality Improvement and Research, Compliance and Patient Experience effectively and demonstrating the focus on learning and improvement to minimise risk to our patients, staff and the organisation.

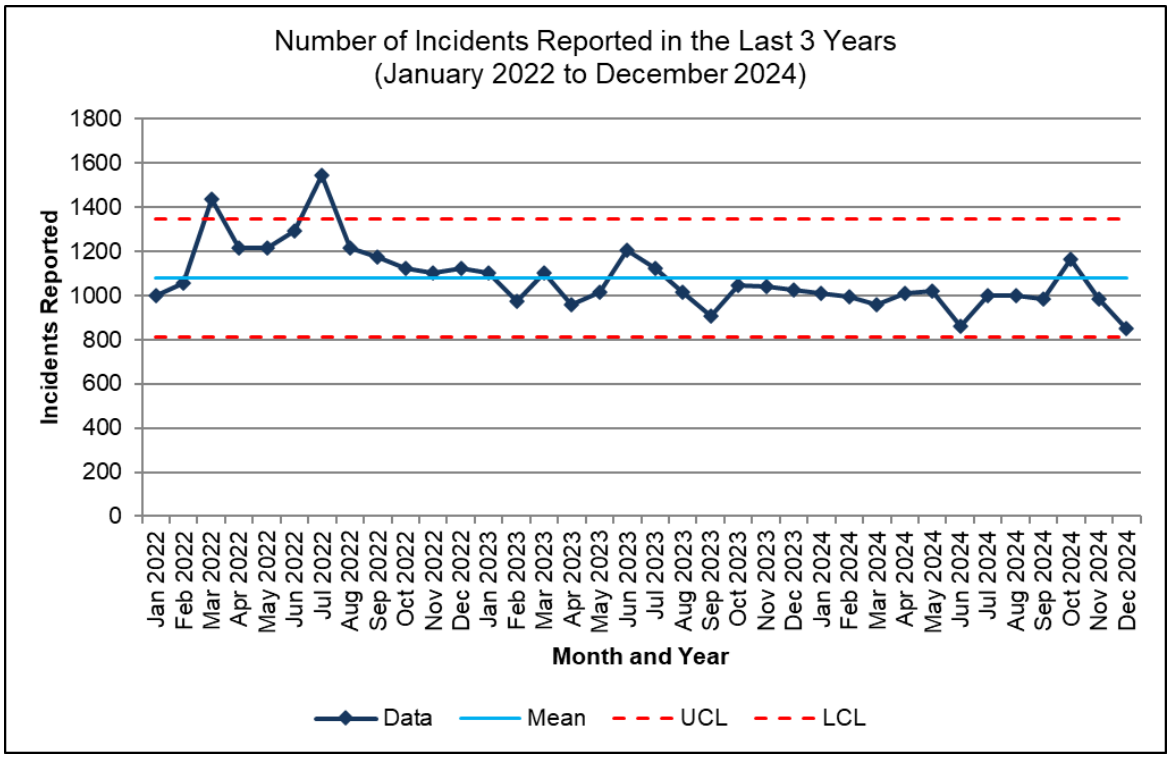
The Learning from Experience Report Quarter 3 (Q3) 2024/25, informs findings about the data reviewed during the period from 1 October 2024 to 31 December 2024, with comparison to Quarter 2 (Q2) 2024/25 where relevant. The report includes both quantitative and qualitative data analysis, using information obtained from the Datix Risk Management System and other relevant Trust governance sources. This methodology has enabled triangulation of the data to demonstrate learning for the key workstreams cited above the report includes a summary of themes, trends and key findings, that have supported learning and action for sustained improvement.

2. Learning from Incidents

2.1 Incident Reporting Position

In Q3, a total of 2998 incidents were reported compared to Q2, where 2977 incidents were reported. This is an increase of 21 incidents (0.7%).

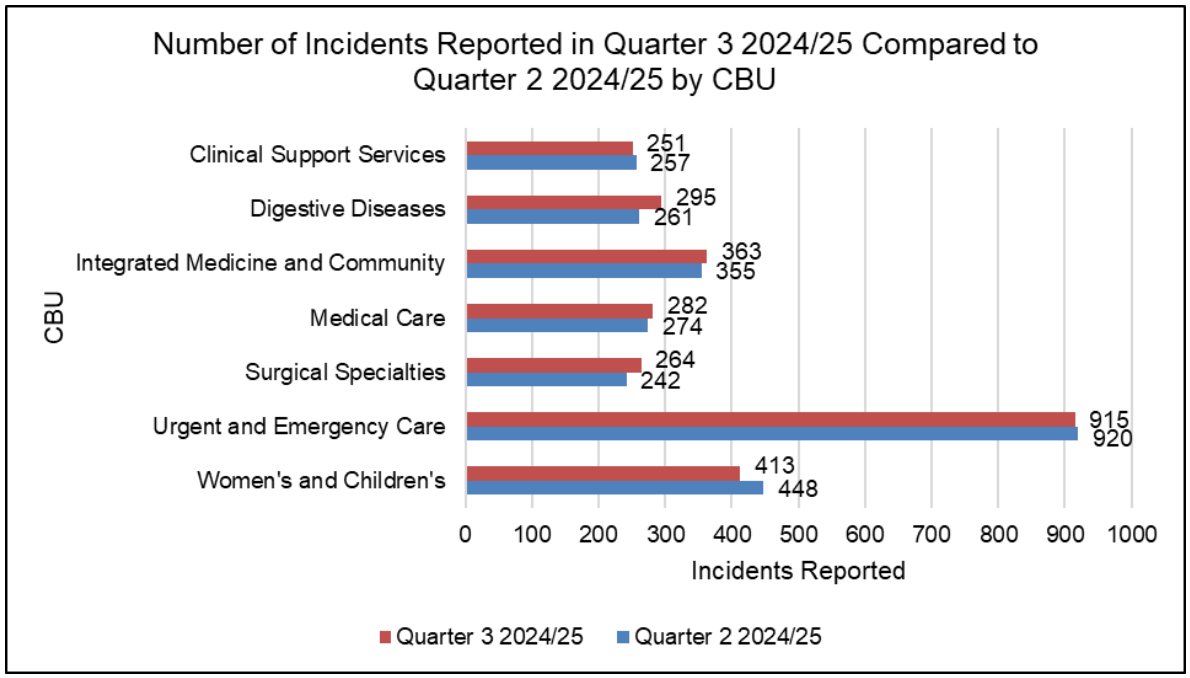
Graph 1



2.2 Incident Reporting Position per Clinical Business Unit (CBU)

In Q3, a total of 2783 incidents were reported across the Clinical Business Units and Clinical Support Services, as shown in Graph 2. The remaining 215 incidents were reported under Corporate Support Services (140) and External Sites/Organisations (75). The top three Corporate Support Services incident reporting specialties were: Estates and Facilities (101), Digital Services (20) and Human Resources (7).

Graph 2



The area with the largest decrease in the number of incidents reported was Women and Children's services, with a decrease of 35 incidents (7.8%). The breakdown in the severity of incidents reported by Women's and Children's across the quarters is as below, see further analysis in 2.3.4.

Severity	Q3	Q2
No Harm	298	315
Low Harm	93	117
Moderate Harm	22	15
Severe Harm	0	1
Fatal	0	0

The area with the largest increase in the number of incidents reported was Digestive Diseases, with an increase of 34 incidents (13%). The breakdown in the severity of incidents reported by Digestive Diseases across the quarters is as below, see further analysis in 2.3.2.

Severity	Q3	Q2
No Harm	251	208
Low Harm	38	51
Moderate Harm	6	2
Severe Harm	0	0
Fatal	0	0

2.3 Themes and Learning from Incidents by Clinical Business Unit (CBU)

2.3.1 Clinical Support Services

There were 251 incidents reported in Q3 compared to 257 in Q2. This is a decrease in 6 incidents (2.3%). The top 3 reporting specialties in Q3 were Radiology (103), Pharmacy (58) and Outpatients (28). This is consistent with the top 3 specialties in Q2. Medication was the top reporting category in both Q3 (54) and Q2 (55). In Q3, this was followed by Treatment and Procedure (38) and Diagnostic Imaging Issues (38). Most incidents reported in Q3 were no harm (181, 72.1%). There were 3 moderate harm incidents reported in Q3 and no severe or fatal harms. The 3 moderate harm incidents related to a treatment delay, diagnostic imaging referral documentation issue and a fall. These have progressed to further investigation in the form of an MDT.

Medication dispensing error learning example

A requisition for a further inpatient supply of Novorapid Flexpen (a short-acting insulin) was received in Pharmacy, however the Pharmacy staff dispensed a Novomix 30 Flexpen (a biphasic insulin containing rapid and intermediate acting insulin). This was identified by the patient's Nurse prior to administration of the prescribed morning dose. As the insulin had been ordered as a "top up" to ensure the patient did not run out of insulin, the Nurse was able to administer the correct insulin from the Flexpen, which was currently in use and there was therefore no delay in administration. The ward informed Pharmacy and the correct medication was dispensed.

Learning and Improvement

- Novorapid and Novomix insulins and are now stored in separate fridges within different areas of the Pharmacy, providing a physical barrier for selection error of the similar sounding medicines.
- "Warning, stop check your insulin" signage has been displayed on all fridges containing insulin.
- A learning from medication incidents focused on NovoMIX and Novorapid insulins was provided for staff in August 2024, the presentation remains available on the Pharmacy Education and Teams channel.
- In December 2024, "wrong insulin" was included within the 12 days of Christmas of Medicines Safety, which was shared with the Pharmacy department and the Trust.
- Novomix and Novorapid products have been changed to utilise Tallman lettering (writing part of a drug's name in upper case letters to help distinguish sound-alike, look-alike drugs from one another) on the Pharmacy dispensing system and are now displayed as NovoMIX and NovoRAPID.

Treatment and procedure (learning example)

A patient attended for an ENT appointment. The patient was waiting for 50 minutes past his appointment time, due to his referral paperwork not being within his notes, or accessible upon Lorenzo. The patient was reviewed by a consultant and required a nasal endoscopy. Upon taking the patient into the endoscopy room, it was noted that endoscope was not clean and ready for use. The On-call Doctor, noting the room was free, had taken a patient from the Emergency Department into the endoscope room and used the scope without communicating to the nurses, hence the scope had not been cleaned and was not ready for use. This caused a further delay in the patient's treatment.

Learning and improvements

- All staff prior to commencement of clinics a ensure that referral paperwork is accessible for doctors to prevent delays.
- For clinic delays over 15 minutes, a member of staff speaks to the patient to advise them of the delay. Reception staff advise patients of delays at the time of booking in for clinic appointments to help manage their expectations.
- It is now ensured all scopes when cleaned now have a green 'I am clean sticker' placed upon them, with the date and time included on the equipment.
- All doctors are now fully aware of the cleaning regime required after each use and the importance of informing staff when the scope has been used for out of hours/ED patients.
- All scope users are required to complete the register with the date and time that the scope has been used.
- All of the above learning outcomes will be monitored via audit processes to ensure that the best practice standards identified are maintained and minimise risk to our patients.

Diagnostic Imaging learning example

A theme emerged within the Breast Screening Service, whereby 3 patients within a short time were screened too early in relation to the recommended time frame. During the investigation it became clear that when asked, the patients involved were confused by the difference in screening and symptomatic imaging, both of which are the same. Investigations were undertaken with all three cases, all of which were reported to Public Health England (PHE) and the Quality Assurance (QA) Teams in line with guidance.

Learning and improvement.

- The three cases were shared at staff meetings as part of learning discussions, to ensure all staff understand the issues and risks and improvement initiatives were agreed to minimise risk to patients.

- Consequently, staff now focus on questions about breast imaging history instead of screening or screened 'to minimise risk of confusion for patients.

- In addition, at the time of booking the Administrative Team complete a a full history taking checklist including planned date for screening/symptomatic imaging, to prevent repeat of incidents, and there is a monitoring process in place to ensure the improvement is sustained.

2.3.2 Digestive Diseases

There were 295 incidents reported in Q3 compared to 261 in Q2. This is an increase of 34 incidents (13%). The top three themes in Q3 were Access, Transfer & Discharge (39), Medication (28) and staffing levels (24). Most incidents reporting in Q3 were no harm (251, 85.1%). There were 6 moderate harm incidents reported. There were 18 Initial Safety Reviews, 1 After Action Review and 2 Multi-Disciplinary Reviews completed. There were no events requiring a PSSI.

Learning and improvement

Access Transfer & discharge:
The most frequently reported subcategory within the Datix incident module is in relation to unexpected transfer (19). These incidents are in relation to 13 patients who were identified as being unwell on the Planned Investigation Unit (PIU) at Halton Hospital. 2 Day case patients who have required an overnight stay either at Captain Sir Tom Moore (CSTM) ward or Post Anaesthetic Care

Unit (PACU) .4 patients on PACU who have deteriorated requiring transfer back to Warrington site or admission to the Critical Care Unit. In Q4 the Senior Nursing Team will complete a retrospective review of the data for PIU transfers using a systems (SEIPS) approach to identify themes and learning. The aim is for a reduction in the number of patients transferred from PIU with the expected outcome being to minimise risks to patients, improve patient experience

Medications:

The in-patient wards complete an omitted medicines report from the LiON database. This report is run twice a week reviewing the subsequent 24 hours. This report is then reviewed by the Matron/Senior Nursing Team who ensure any learning and associated actions for improvement actions are required and implemented at pace. This is to ensure that medications are not being omitted for non-clinical reasons.

Evidence of learning – Improvement seen

The CBU identified issues relating to multiple incidents surrounding the use, monitoring and setting up of the patient-controlled analgesia (PCA) 15 incidents in total have been reported. 9 incidents in Q1 with the primary reason about incorrect setup. 4 incidents in Q2 relating to the level or quality of the PCA observations and 4 in Q3 2 of these relate to failure to change the morphine syringe every 24 hours and 2 relate to the quality of observations. Extensive work has been undertaken by the Pain Team and Senior Nursing Team to improve training regarding the setup of the pumps and due to issues identified with the pump design that can contribute to this error a risk has been added to the corporate risk register. Due to the high number of setup issues the training was revisited, a ward resource file was created with step-by-step instructions and photographs. Labelling on the pump was also improved. A reduction in incidents related to this has been seen with no Datix's relating to setup submitted in Q3. Regarding the need to change the syringe every 24 hours this is a relatively new requirement and alongside ward level teaching a safety alert was issued by the pain team. The requirements of the PCA observations are monitored daily as part of the Matron daily checks Monday-Friday. All PCA documentation is audited by the Matron Team each month with any discrepancies or concerns discussed with the appropriate team member.

The Nursing Team attend the Trust staffing meeting twice daily where staffing levels are discussed. The team constantly review the utilisation of staff and will move/redeploy staff to support wards to reduce the risk if an area has a staffing below establishment or increased acuity/dependency requiring additional staff. NHS Professionals (NHSP) or agency staff are used when required to back fill vacancy and to maintain safety and this is scrutinised by the Senior Team. A revenue request has been submitted to increase the establishment on a number of wards in recognition of an increase in the number of patients requiring enhanced care. This need is currently met by using bank or moving staff from other areas to support where possible. The staff utilise the Safer Nursing Care Tool to input the level and category of patient which gives an indication of the number of staff required to deliver care. This is also reviewed by the Senior Nursing Team who can add in a "professional Judgement" and indicate after their professional and experienced review if the ward is safe with the level of staff provided.

Wrong Prosthesis (Never Event, Q2) update

The wrong sided implant was presented to the surgeon to be cemented into the knee. The surgeon realised it was the wrong implant and removed it before it was cemented in. The Co-ordinator and theatre manager were informed.

The implant was removed, the Theatre Team were all aware, the correct sided implant was brought in, checked, and the procedure was completed. A debrief was undertaken with the Theatre Team, Theatre Coordinator and Theatre Manager

Evidence of Learning and actions for improvement

- Size and expiry date of the prosthesis was checked, but not laterality
- No Formal checklist for prosthesis pause was used.
- A new checklist has now been implemented which includes checking the laterality of the implant being used. This will be included as a regular monthly audit, commencing in Q4.

Note: Review of the lessons learnt during Q2, presented in the previous reporting period show that all actions identified have been completed within identified timeframes Moreover, in Q2 Learning from Experience Report (LFE) learning examples were highlighted relating to cataract surgery and the management of Flexi-seals, no further incidents have been identified during this reporting period, indicating learning and actions for improvement have been effective. These actions included training for staff on Ward A4 and the development of a Flexi Seal SOP to support safe practice and minimise risk.

Surgical Specialties

The number of incidents reported in Surgical Specialities has increased from 215 in Q2, to 240 in Q3. The evidence shows that the increase is due to incidents relating to Access, Transfer and Discharge within areas across Surgical Specialties. Patient activity is being spread across other ward areas (in July 2024 80% of patient's went to the Orthopaedic Ward from ED, compared to August when this was 54% and in September, 48%). The speciality is currently working with ED to develop a pathway, including transferring patients to an Orthopaedic Ward in a timelier way. This data is reviewed monthly and is presented at the 6 weekly Hip Fracture Meeting, with reporting through to the Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC).

The top three themes in Q3 were Access, Transfer and Discharge (46), Treatment and Procedure (21) and Staffing Levels (18). There were 12 moderate harm incidents, and no fatal incidents reported. There were 18 Initial Safety Reviews completed, which progressed into 10 Multi-Disciplinary Team Reviews. In Q2 242 incidents were reported, which was a decrease by 9.1%, with the same top 3 categories and themes.

The top three themes in Q3 remained unchanged from Q2 including Access, Transfer and Discharge (46), Treatment and Procedure (21) and Staffing Levels (18). There were 12 moderate harm incidents, and no fatal incidents reported. There were 18 Initial Safety Reviews completed, which progressed to 10 Multi-Disciplinary Team Reviews. It is acknowledged until the backlog of waiting lists reduces it will remain a challenge to reduce the number of incidents relating to Access, Transfer and Discharge as a category. Although focused improvement work relating to discharge is expected to reduce the number of incidents relating solely to discharge.

Learning and improvement (example)

A patient with a learning disability who was unable to read and write arrived at an Outpatient Urology appointment with their next of kin and keyworker and were informed that the appointment had been cancelled. The patient was subsequently sent a cancellation and further telephone appointment in writing. The patient required a face-to-face appointment due to their communication needs.

Immediate actions followed

- The patient has had a note added to his access plan to ensure face-to-face appointments only, **action completed**.
- Alerts on Lorenzo are read and followed, to support clinical appointments, action completed

- No appointment letters are sent out via written format, due to not being able to read or write, **action actioned**
- Appointments are linked with patient's key worker for support via text message, **action completed**

Evidence of Learning and improvement

- To ensure booking staff are aware that specific patients with special needs may need face-to-face appointments.
- For booking staff to read the notes and alerts added to Lorenzo regarding patient's requirements to support appointments.
- NHS Digital reasonable adjustments flag care plan, from primary care is to be made for each patient and will be introduced as soon as the technology is available. Timeframe being finalised.

No further incidents with similar themes have been noted since.

2.3.3 Women's and Children's – Evidence of reduction of incidents

Themes within the Maternity Service in Q3 include term admissions to the Neonatal Unit (32 cases), postnatal readmissions (23 cases), postpartum haemorrhage (PPH) 1000-1500ml (42 cases) and PPH ≥1500ml (25 cases). 32 cases of term admission to the NNU were reported in Q3. This is a reduction from Q2 when there were 45 cases of term admission. All cases of term admissions are reviewed through the Avoiding Term Admissions into Neonatal (ATAIN) Working Group, and this process identifies both good practice and learning. This is shared via the 'Learning from ATAIN' Newsletter, a formal ATAIN Action Plan is in place to ensure continuous improvement. The Q3 audit of term admissions is currently underway and will report to QAC in March 2025.

23 postnatal readmissions were reported in Q3. This is an improvement from Q2 when there were 27 postnatal readmissions. A quarterly cluster review process of readmissions has been implemented and an action plan is in place. Areas of particular focus are readmission due to wound infections and due to hypertension. Readmission due to wound infections had been identified in Q1 with a comprehensive programme of work implemented. As part of this, a Wound Surveillance Working Group has been established to further explore the issue of wound infections. In addition, further actions are underway as follows:

- Review literature search into 'QI projects to reduce c-section Surgical Site Infection (SSI) at next Wound Surveillance Meeting
- Ongoing audit by Maternity Theatre lead of women readmitted postnatally with wound infection- includes holistic review of care to review if admission avoidable/unavoidable
- Review of health surveillance questionnaire responses when available
- Change in practice to include metronidazole, alongside cefuroxime, as prophylactic antibiotic prior to knife to skin

The Q3 cluster review of post-natal readmissions is underway and will enable the service to assess the impact of the changes implemented to date in relation to wound infections. This will be reported to QAC in March 2025.

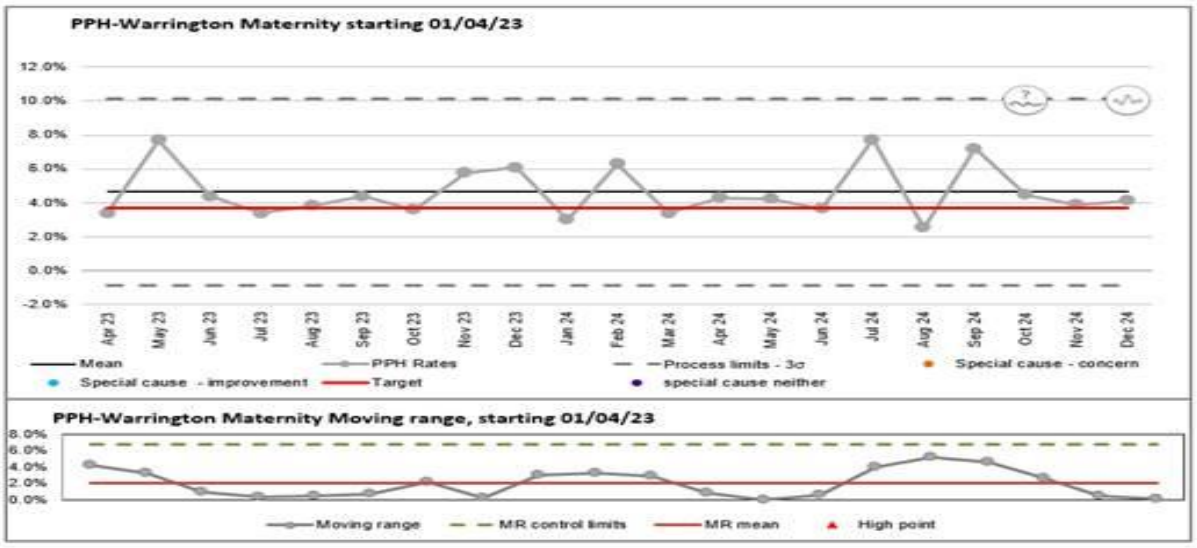
The Q2 review of postnatal readmissions identified several avoidable cases of readmission related to blood pressure management not being optimised prior to discharge home. To further explore this, a cluster review has been completed and further learning identified, and actions agreed

Learning and Improvement

- Theme of increased incidence of postnatal readmissions escalated to Labour Ward Lead Midwife.
- Plan to develop discharge checklist with labour ward lead Midwife for women with known hypertension antenatally or in labour.
- Education around the importance of regular BP monitoring shared with Maternity Ward Team.
- Review of Badger Net system and early warning score to be undertaken by Digital Midwife and Maternity Ward Manager.
- Education to be shared with Maternity Ward Team about 'red/yellow' score and appropriate escalation and monitoring.
- Regional guideline for pre-eclampsia and gestational hypertension in progress which will further inform pathways within the service.

There were 25 PPH ≥1500ml incidents in Q3. This is a reduction from Q2 when there were 35. All cases of PPH ≥1500ml are reviewed via the MDT Intrapartum Review Group (IRG), to ensure any urgent learning is enacted, as well as linking into the PPH QI Project.
The SPC chart for PPH ≥1500mls continues to show common cause variation, with stability over the last 3 months.

Figure 1



Learning and improvement

- The new regional PPH Guideline is anticipated to be launched in February 2025. WHH have contributed to the development of this guideline which will, as a result incorporate change ideas identified as part of the WHH QI project. Rates of PPH ≥1500ml are also reported via the Maternity Dashboard to CBU Governance Meetings, Patient Safety and Clinical Effectiveness, Quality Assurance Committee and the Board of Directors.
- There were 42 PPH 1000-1500ml in Q3. These cases have all been reviewed locally utilising the standardised proforma. Work in relation to reduction of PPH is a key WHH workstream, with reduction in PPH ≥1500ml being a formal QI Project. Alongside the QI project, all cases of PPH ≥1500ml are reviewed via the MDT IRG. Learning identified as part of the local review of PPH 1000-1500ml reflects the learning identified through the more formal IRG process.
- In addition to the learning from patient safety events, the Midwifery Team also work closely with the Maternity & Neonatal Voices Partnership (MNVP) to ensure coproduction of service

development. An MNVP led 15 Steps Challenge took place in November 2024. The challenge group visited all maternity clinical areas and the Neonatal Unit (NNU). Feedback has been shared as follows:

- Positive feedback regarding the attitude of staff including team members being knowledgeable and welcoming. The visiting group had great reflections on the calming feeling of the Nest and Butterfly Suite.
- The group noted the different feelings in each of the areas, some areas with warm welcoming colours, a modern calm feeling, bright, positive and beautiful, whilst other areas felt outdated and clinical. A significant theme throughout the feedback related to signage and direction between the different maternity areas. The possibility of floor arrows or clearer corridor signage was suggested.

Note: Overall, the feedback was very positive. The group highlighted the design, welcome and feel of both the Nest and new induction of labour area and would be keen for other areas to be developed in this.

2.3.4 Integrated Medicine and Community (IMC)

There were 363 incidents reported in Q3 compared to 355 in Q2. This is an increase of 8 incidents (2.3%). There were no fatal or severe harm incidents reported, and 7 moderate harm incidents were reported. The top subcategory within Antisocial/Abusive/Violent Behaviour for Q3 was Physical Assault Patient on Staff (36). This was also the top reporting Antisocial/Abusive/Violent Behaviour subcategory in Q2 The top three themes in Q3 were, Antisocial/Abusive/Violent Behavior (71), Slips, Trips and Falls (61) and Infection Prevention and Control (44). These were the same three themes as Q2. Antisocial/Abusive/Violent Behaviour and Slips, Trips and Falls incidents have decreased in Q3 from Q2, however Infection Prevention Control incidents have increased by 23, this is due to the number of Flu positive patients in the hospital.

Antisocial/Abusive/Violent Behavior

Antisocial/Abusive/Violent Behavior incidents were reported on 71 occasions during Q3, this is a decrease of 8 from Q2. The top three reporting areas within this category were Ward A8 General Medicine, (32), Ward K25 General Medicine (11) and Ward B12 Dementia Ward (11). The reported incidents are a combination of antisocial behaviour by patients and physical assault by patients on staff. Most cases involved a patient who lacked capacity, and therefore use of the Trust's Unacceptable Behaviour Policy was limited, as the stated sanctions in policy would not have been appropriate. All staff are required to complete Conflict Resolution Training, and compliance for IMC is 94.30%.

Learning and Improvement

- The Trust has a considerable number of supportive initiatives to ensure staff safety is maintained and that they feel safe in the workplace. Staff are supported to complete their de-escalation training to facilitate the management of these situations, current compliance for this training for the CBU is 64.38% against a target compliance of 85%. This has been discussed in the Health and Safety Sub Committee and WHH plan to introduce Trauma Based Training. The aim will be to utilise a trauma informed approach to support Violence and Abuse Prevention and Reduction. Staff affected by these incidents are supported by their line manager and CBU Team, with input from Occupational Health and/or the Wellbeing Hub, as required.

Infection Prevention and Control- Decrease in COVID incidents noted.

12 of the 44 Infection, Prevention and Control incidents were related to Covid-19 cases in Q3. During Q1 and Q2, there has been a noted decrease in the total numbers of inpatients

with a positive Covid-19 evaluate. There was no harm to patients, however, there has been an increase in Flu Positive incidents. No learning needs have currently been identified.

Learning and Improvement

- During Q3, there were 4 reported cases of Clostridium Difficile (CDI), 3 of these were hospital onset. Ward B19 has a dedicated individual cubicle accommodation for 4 patients with C difficile. A learning theme is to ensure Intravenous (IV) antibiotics are reviewed and discontinued in a timely manner. There is a Trust wide CDI Prevention Action Plan in place. The Brilliant Basics Action Plan has been coproduced with the Senior Nursing Team and a project implementation plan devised. A communication strategy has been implemented which includes education across all staff groups. A plan is to host a system-wide seminar on CDI, the agenda is being finalised

Slips Trips and Falls- Small reduction in incidents noted.

There were 61 Slips, Trips and Falls reported in Q3 compared to 66 in Q2. 7 of these were moderate harm incidents. Identified themes of learning relate an increased number of unwitnessed falls.

Improvements

- Actions include, a Health Care Assistant (HCA) being allocated to each bay on the wards to provide enhanced care. All ward areas have individualised falls action plans to support learning and improvement in place and minimise risk to patients.

Trust, I Bleep system.

There has been an emerging theme of no harm incident's relating to or referring to the use of the Trust's I Bleep system. A triangulation review of these incidents has shown that the issues are multifaceted, and include the design of the electronic system, the current operational processes being used on the system and the processes surrounding the inputting and reviewing of the tasks put on the I Bleep system The system used is Trust wide, and the issues identified are complex. A full review of the system is currently being undertaken, with any highlighted issues raised at the Deteriorating Patient Group and escalated and actioned accordingly.

2.3.5 Medical Care

There were 282 incidents reported in Q3 compared to 274 in Q2. This is an increase of 8 incidents (3%). Most incidents reported in each quarter were patient incidents. The top 3 reporting specialties in Q3 were Critical Care (117), General Medicine (55) and Cardiology (49). This is consistent with the top 3 specialties in Q2. Most incidents reported in Q3 were no harm (224, 79.4%). There were 5 moderate harm incidents reported in Q3 and 1 severe harm incident. There were no fatal harms.

The severe harm incident relates to a Medical Emergency Team (MET) call referring to a patient with a reduced Glasgow Coma Score (GCS). When the Acute Care Team (ACT) arrived on the ward, this patient had been handed over to the ACT who did not handover an update at the change of their shift to fellow colleagues. An After-Action Review was conducted, learning and actions for improvement have been identified relating to a full review of the Acute Care Team (ACT) handover tool to ensure all information is cascaded between shifts.

The top three themes in Q3 were Access, Transfer and Discharge (72), Antisocial, abusive behavior (37), and Slips, Trips and Falls (25) In Q3 24 Slips, Trips and Falls incidents were reported, which was an increase of 1 incident compared to 24 reported in Q2. The way people are treated in a calm, group setting to facilitate settlement is one of the learning themes found in Anti-

Social Abusive Behavior. This will be supported by the plan to introduce Trauma informed Care as part of the Violence and Reduction Strategy.

Falls - Learning and Improvement

Following earlier efforts to improve quality, WHH is still making progress in reducing the number of falls. WHH has launched the "Think Yellow" campaign to draw attention to patients who are at risk of falling. To ascertain if a patient poses a falls risk, a falls risk assessment must be done within six hours of admission to the Trust. After confirmation, the patient is given a pair of falls socks and a yellow wrist bracelet. Every week, the risk assessment is revisited, or it may be reevaluated if the patient's condition worsens. In addition, the importance of following best practice as described is emphasised in the morning Safety Brief and covered during patient handover. All falls are also presented at the Weekly Harm Free Meeting with the Patient Safety Improvement Nurses to monitor any learning themes and action accordingly.

Single Sex Accommodation – Learning and Improvement

Staff are expected to adhere to the Single Sex Accommodation Guidelines for all patient receiving level 1 care in respect of in respect of Access, Transfer and Discharge, however, mixed sex breaches do happen on the Intensive Care Unit (ICU) due to prolonged stays; in Q3, there were 56 occurrences, which is more than in Q2 (42). "A shortage of beds" and "predictable fluctuation in activity is an exception, which are classed as a clinically justified breach," according to the Trust Policy Eliminating Mixed Sex Accommodation in Critical Care and ICU. The ICU Team cohort level 1 patients whenever feasible, comply with Single Sex Accommodation Guidance, with early escalation to the Patient Flow Team to specify the need for a ward bed.

Identified themes from this is due to a delay in transferring level 1 patients from ICU to ward-based areas due to an increase in capacity and demand within the Trust.

2.3.6 Urgent and Emergency Care (UEC)

There were 917 incidents reported in Q3 compared to 920 in Q2. This is a decrease of 3 incidents (0.3%). The top 3 reporting specialties in Q3 were Emergency Medicine (713), Acute Medicine (200) and Patient Flow (2). This is consistent with the top 3 specialties in Q2. Most incidents reported in Q3 were no harm (762, 83.1%). There were 16 moderate harm and 3 severe harm incidents in Q3. There were no fatal incidents. 2 of the severe harm incidents were external incidents and 1 related to the inadequate handover of care. An MDT was undertaken with learning relating to communication between shifts. This learning has led to an improved handover from the nurse in charge between shifts.

The top three themes in Q3 were Pressure Ulcer - Present on Admission (146), Medication (104) and Access, Transfer and Discharge (94). Medication consistently appears in the top three reported categories in UEC, although the majority are ‘no harm’ incidents, this has increased from 92 in Q2 to 104 in Q3.

skin damage

There has been an increase in the number of patients admitted with Moisture Associated Skin Damage or Other Wound to Skin incidents in comparison to Q2, in Q2 there were 67 incidents compared to 84 incidents in Q3.

Learning and improvement

- ED staff are completing body maps as part of undertaking initial risk assessments for patients arriving to the department, which is highlighting this as an issue. Incidents are

subsequently reported on Datix and shared as interface incidents to the community/other providers for awareness.

Medications

Learning and improvement

- The Trusts Medication Safety Improvement Nurse reviews and monitors any recurring patterns. One such theme is medications that are prescribed frequently combined with PRN, which puts patients at risk of receiving additional doses of medication. This emergent theme is currently being reviewed to identify causes and learning for improvement.

- Within UEC there is a theme of omitted medicines, therefore the Associate Chief Nurse liaised with the Chief Pharmacist and the lead for the Trust in relation to omitted medicines to enable collaborative work to be undertaken, to review and identify actions for improvement which will be reported at future Quality Assurance Committee Meetings.

- There is emergent theme relating to medications that are prescribed frequently combined with as required (PRN) medicines, which puts patients at risk of receiving additional doses of medication through Lorenzo. This is currently under review by the Trust's Medication Safety Nurse and will be reported further at future Quality Assurance Committee Meetings.

- Within UEC there is theme of omitted medicines, therefore the Associate Chief Nurse is in discussion with the Chief Pharmacist and the lead for the Trust to review and develop plan for elimination of this issue.

Antisocial, Abusive, and Violent Behavior

There were 71 Antisocial, Abusive, and Violent Behavior incidents reported in Q3 compared to 66 reported in Q2. 32% were reported as physical abuse which involve a patient, whereby their behaviour was a result of their clinical presentation, for example, a patient with delirium or psychosis. Urgent and Emergency Care (UEC) is the clinical area where most of these types of incidents take place in the Trust. Notably the use of bodycams worn by staff, and the implementation of the Trust's 'Unacceptable Behaviour Policy' are embedded, allowing the 3 strikes policy along with the behaviour warning letter. Security Teams and Police presence is requested when required in line with policy standards.

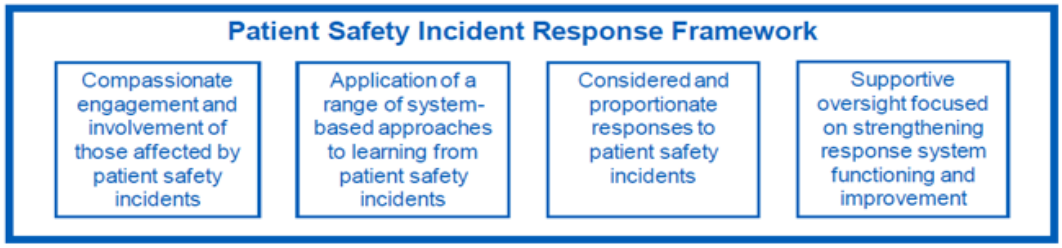
Learning and improvement

A new initiative commenced in January 2024 "Right Care Right Person (RCRP)." This initiative is for police to determine those patients who have absconded and could be at risk. Phase 1 and Phase 2 went live on the 13 May 2024. Cheshire Police, together with UEC staff and the Trust completed the initial 4-week trial of monitoring and feeding back of any issues. Phase 3 roll out commenced in November 2024. Themes identified from these is that since the utilisation of the SBAR Tool staff are sharing the relevant information with Cheshire Police which enables them to make a next step decision promptly, reducing further delays. Cheshire Police have since initiated the utilisation of the SBAR template to other Trusts within the Northwest.

The evidence shows that during Q3, Warrington Hospital made 16 calls to Cheshire Police, for patients who absconded from the hospital site, the Police responded to 7 of these calls and did not respond to the remaining 9, from October 2024 to December 2024. An Engagement Meeting is held monthly to undertake a review of all cases to determine if anything could have been done differently, to support shared learning across the Trust in line with Cheshire Police.

2.4 Patient Safety Incident Response Framework (PSIRF) – Learning and Improving Patient Safety

Figure 2



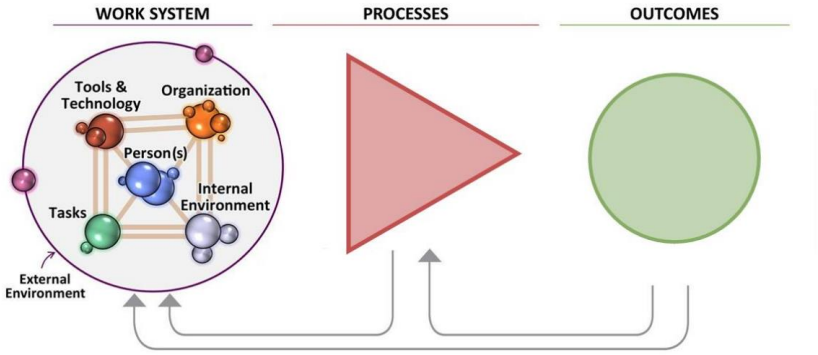
The Patient Safety Syllabus Training is available to staff via the ESR platform and is mandated for staff who have been assessed as part of the Training Needs Analysis. Compliance is monitored weekly by senior managers and Executive Leads and is currently 97.59% for level 1, 84.67% for level 2 and 100% for senior leaders.

Patient Safety Specialists within the organisation have undertaken the level 3 and 4 Patient Safety Training Syllabus, with Loughborough University. Evaluation will take place during Q4 to understand the opportunities for wider sharing of the learning.

Learning and Improvement

- Continue to monitor training figures and support CBU's with new investigation methodologies.
- The Patient Safety Incident Response Framework Policy and Plan has been revised to reflect the new meeting/assurance structures. This being the combined functions of the Weekly Patient Safety Summit (WPSS) and Safety Oversight Meeting (SOM) and the introduction of a Daily Triage Meeting, continuation of Executive Led SOM Meeting and Executive Led PSIRF Group Meetings.
- The Trust has considered the national and local priorities and determined they should remain the same, the executive led decision making to maintain the same local priorities was based on findings from last 12 months data review. However, consultation sessions have been set up and are to take place in Q4 with internal staff and external partners to discuss and determine if they agree with the plan or wish for any changes and the plan will then be finalised accordingly.
- A central record of the compliance for HSSIB Level 2 training is held, to enable appropriate allocation of investigation leads.
- Training Needs Analysis was completed in Q2. PSIRF Training provider (Gateway Training) meeting was held in December 2024 to begin planning training. PSIRF Training dates are currently being finalised with Gateway Training and will take place during Q1 of 2025. Training will be undertaken in line with the TNA, which includes Trust Board of Directors and Senior Leadership Team Training.
- An evaluation of Datix drop in sessions has been undertaken during Q3. Datix drop-in sessions will be replaced with a rolling programme on various workstreams across the governance portfolio, including incident reporting and management. This will commence in Q4.
- A questionnaire has been developed and is being shared across the Trust to enable an evaluation of incident reporting. Questionnaire feedback will be collated during Q4, to give opportunity for focused improvement work

Figure 3



WHH continues to participate with PLACE and Integrated Care Board (ICB) partners across Cheshire and Mersey to share learning to further support embedding of PSIRF and Learning from Patient Safety Events (LFPSE).

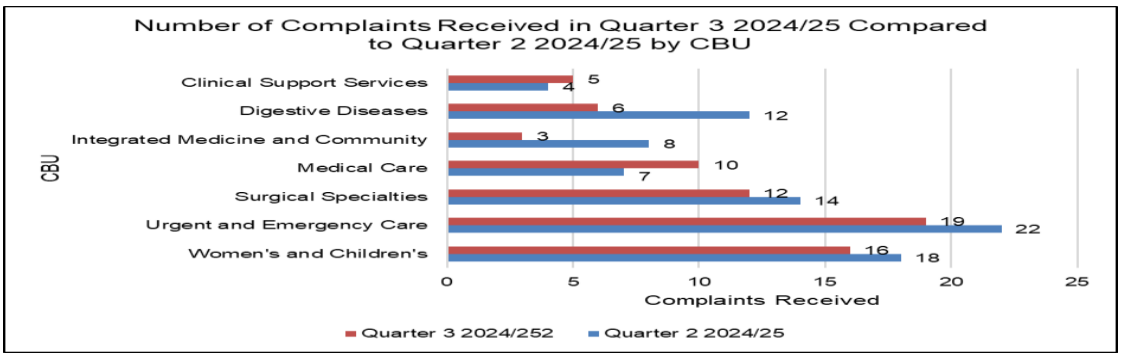
3. Learning from Complaints and PALS

3.1 Complaints

3.1.1 Complaints Received

In Q3, a total of 71 complaints were received compared to Q2, where 85 complaints were received. This is a decrease of 14 complaints (16.5%). This differs to the previous financial year 2023/24, where there was an increase in the number of complaints received in Q3 (54) compared to Q2 (48) by 6 complaints (12.5%). There has been an increase (17 complaints, 31.5%) in the complaints received in Q3 2024/25 compared to Q3 2023/24.

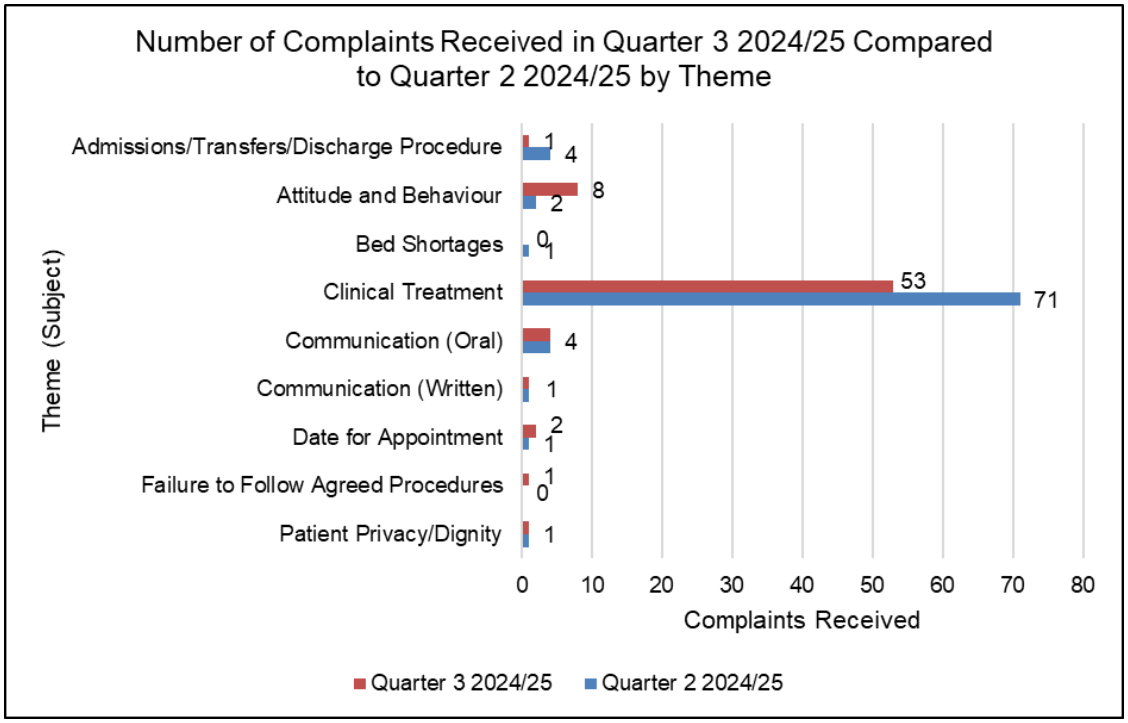
Graph 3



Clinical Treatment remains the most common theme of complaints received, totalling 53 complaints in Q3, which is a decrease of 18 complaints (25.4%) compared to Q2. The top 3 sub-themes of Clinical Treatment in Q3 were: Coordination of Medical Treatment (27), Delay in Treatment (8) and Wrong Diagnosis (7).

The complaints received within the theme Clinical Treatment are present across all the CBUs. In Q3, Urgent and Emergency Care have the highest received at 17 complaints which is 32.1% of all Clinical Treatment complaints received in Q3. This is followed by Women's and Children's and Surgical Specialties, both at 11 complaints (20.8%). These are the same top 3 CBUs as in Q2.

Graph 4



3.1.2 Complaints Closed

In Q3, a total of 91 complaints were closed compared to Q2, where 82 complaints were closed. This is an increase of 9 complaints (11%).

The following table demonstrates the outcomes for the complaints closed in Q3 compared to Q2.

***Partially upheld complaints are those where aspects of the complaint are upheld, but the main issues are not.

Outcome of Complaint	Q2	Q3
Not Upheld	38	42
Partially Upheld	36	41
Upheld	8	8
Total	**82**	**91**

3.1.3 Learning examples resulting from Complaint Investigations

The following table provides examples of complaints raised in Q3, with the learning and actions taken to address the concerns raised.

You Said….	We Did….
Urgent and Emergency Care: Patient attended ED who had Learning Disabilities and Autism. Mum felt that the patient's needs were not met and more	Discussions with Staff within the Emergency Department regarding the importance of scanning health passports onto patients' electronic records.

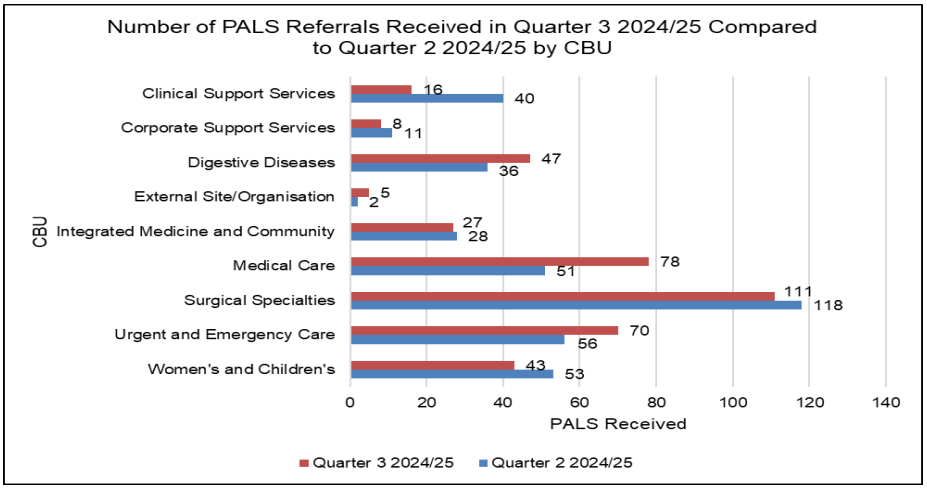
should have been done to make reasonable adjustments.	The family of the patient have been invited to join in consultation pathways regarding hospital passports for patients with Learning Disabilities.
Digestive Diseases: Patient was discharged from Ward A5 (elective) without pain relief medications being administered to relieve pain on discharge.	The concerns have been shared with the Nursing Team, to ensure that patients who are due a further dose of pain medication prior to discharge are provided with this in a timely way, this ensuring effective pain management until patients are at home and able to administer their own medications.
Clinical Support Services: Patient was prescribed Dexamethasone tablets however, no patient information leaflet was included within the medication box. This therefore meant that the patient did not have any information on the possible side effects of the medication	The concerns were discussed during the Pharmacy daily meeting to reiterate the importance of supplying patients with information leaflets for all medications. This includes any medications that are for short courses and single dose prescriptions. Staff were advised to not assume that the information has been provided to patients on the ward.
Women's and Children's Patient raised concerns that she was unable to identify who each staff member was from their uniform and that she had been led to believe that a Maternity Support Worker was a Qualified Midwife.	The Community Midwifery Team are working to develop a new patient information leaflet, which includes information on all staff members within the team and what their roles entail. This is intended to be in place by the end of February 2025.

3.2 Patient Advice and Liaison Service (PALS)

3.2.1 PALS Received

In Q3, a total of 405 PALS concerns were received compared to Q2, where 395 PALS concerns were received. This is an increase of 10 PALS concerns (2.5%). This differs to the previous financial year 2023/24, where there was a decrease in the number of PALS concerns received in Q3 (393) compared to Q2 (436) by 43 PALS concerns (9.9%).

Graph 5

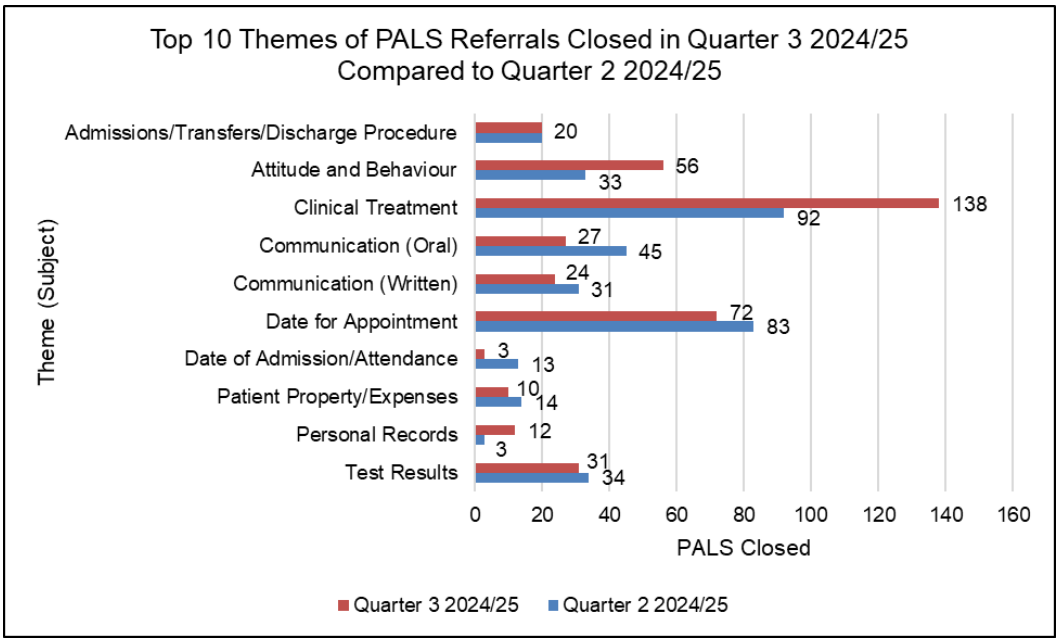


3.2.2 PALS Closed

In Q3, a total of 412 PALS referrals were closed compared to Q2, where 385 PALS referrals were closed. This is an increase of 27 PALS referrals (7%) and is consistent with the increase in PALS referrals received.

The top 2 themes for PALS referrals closed are consistent across both quarters; Clinical Treatment (138 in Q3 compared to 92 in Q2) and Date for Appointment (72 in Q3 compared to 83 in Q2). In Q3, the third highest reporting theme for closed PALS referrals was Attitude and Behaviour (56) compared to Q2 where the third highest reporting theme as Communication (Oral) (45).

Graph 6



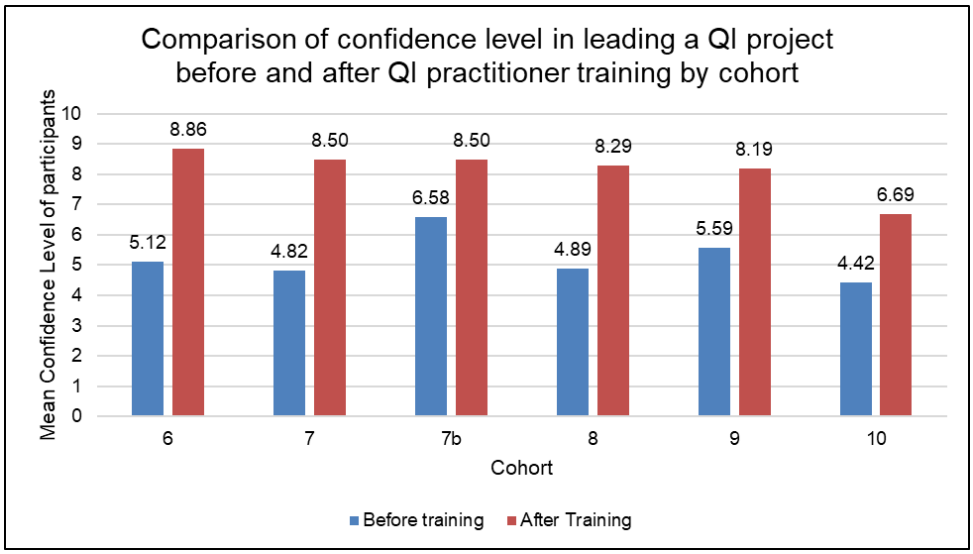
4. Learning from Quality Improvement (QI) and Knowledge and Evidence

4.1 Learning from QI Training Evaluation

Feedback is reviewed following each training session delivered by the Quality Improvement (QI) Team to enable the team to continuously learn and improve the training provided and support the delivery of impactful QI.

Cohort 10 of Level 3 QI Practitioner training took place during Q3. To measure the impact of the training, participants are asked on a scale of 1 – 10 how confident they were to lead a QI project, both before and after the training. The data demonstrates a significant increase in confidence on completion of the training as illustrated by the below figure.

Graph 7



4.2 Further Opportunities for Learning from QI Experience

4.2.1 Quality Improvement Practitioner Community (QIPC)

The aim of QIPC is to offer group coaching and support, provide an avenue for sharing learning, and developing the skills to support QI further within the practitioners' field of work. Our latest QIPC event was held in October 2024, and was attended by 11 staff, focussing on overcoming barriers to QI project progression. Three practitioners presented their challenges to the group, and the coaching circle format was used to consult and advise the coachee to generate several potential solutions. Some of the issues identified benefited from creative thinking generated by the wider group, others required a better understanding of the tools or methodology and therefore on the spot training was provided by the QI faculty. Based on feedback, the next event, in February 2025, will include an option to attend virtually via Teams to make a 'drop in' format more accessible.

4.2.2 Improvement Excellence Celebration Events

Following an evaluation of how the success of QI projects are highlighted and shared, it was recognised that there was a need to share the success of QI work more widely. As a result, since May 2024, the QI Team have updated the practitioner celebration event to include an invitation of all staff involved in the completion of QIPs that have achieved certification criteria or the criteria for meeting a standard of excellence in QI. In December 2024 the team held their latest excellence celebration event where staff presented their QI project progress and received their completion certificates from the Chief Nurse.

Evidence of Learning and Improvement/ongoing QI initiatives

- A 30% reduction in Controlled Drug (CD) administration incidents was achieved through tests of change involving single point lessons and changes to the layout of CD cupboards.
- A project to reduce unnecessary referrals to ED and Social Services for all babies with birth injuries/marks has tested changes to the location of body maps to improve completion, as well as single point lessons and a flow chart. No referrals to ED with Social Service involvement have been made since the project began, however, a higher incidence of missing documentation has been noted.

- The number of patients having at least 1 overnight stay following mid, hind foot or ankle surgery was reduced following the testing of a discharge checklist completed by therapies and ward staff for patients under one Consultant.
- A project is underway to reduce turnaround time by 66% in at least 80% of colorectal specimens biopsied and referred for evaluation by 30 April 2025.
- A project is underway to improve knowledge about side effects and management of long-term usage of opioid analgesics by 5% by January 2025 in patients with mild to moderate level of pain on ward K25.
- Strategies are being tested by the Clinical Audit Team to improve the use of QI methodology to address challenges identified through Clinical Audits.

4.3 Learning from Registered QI Projects Completed Within October – December 2024

Three projects were recorded as complete within Q3 and are highlighted below together with their project score (based on the scoring method used by the Institute of Healthcare Improvement) and impact statement.

Project 1: To improve offer of Nicotine Replacement Therapy (NRT) for current smokers admitted to ward A8 in Warrington Hospital from 31 March 2024 to 27 May 2024 by 5% (from approximately 55% of patients who are offered NRT to 60% of patients).

- Project score: 3.0 (modest improvement).
- One documented PDSA cycle (Ward in reach education) resulted in a modest improvement in the completion of smoking screening assessment, however no change in outcome measure (offer of NRT) was reported.

Project 2: To increase the Trust-wide percentage of completed medical device declarations from 46.9% (February 2024) to 70% by 1st October 2024. Doing so would require an additional ~16000 declarations.

Learning and Improvements

- Project score: 4.0 (significant improvement).
- This project successfully increased completion of staff declarations of competency to use medical devices from 47% in February 2024 to 74% in November 2024. Improved compliance supports patient safety by providing assurance that staff are adequately trained and competent to use medical devices and can identify potential gaps in training. Compliance will continue to be monitored through Operational Patient Safety Group to ensure improvements are sustained.

Project 3: To reduce the volume of inappropriately communicated E-Outcome Task Management System (ETMS) tasks from 64% to 51% by December ‘24 across wards A6, A7 & B12

Learning and Improvement

- Project score: 4.0 (significant improvement).
- The ETMS is the Trust’s digital communication system for out of hours activity. Ward nurses and Pharmacists can use this system to log tasks, ranging from minor tasks such as requests for laxatives or review of routine bloods, to the escalation of patients with elevated National Early Warning Score (NEWS) score or chest pain. Demand currently outstrips capacity to respond to all tasks and therefore appropriate prioritisation is vital. A baseline audit identified 64% of ETMS tasks were inappropriately communicated, making prioritisation difficult, and 3 wards (A6, A&, B12) with significant room for improvement were identified as the focus. This project successfully reduced the percentage of inappropriate tasks to just 12% on these wards and increased the use of SBAR to structure the transfer

of information, by providing face to face teaching to nurses on the wards. To ensure sustainability and spread beyond the 3 wards included, discussions are taking place to include this training in the existing scheduled Acute Illness Management training.

4.4 Learning from the Application of Knowledge and Evidence Service (KES)

4.4.1 Productivity Improvement Oversight Group (PIOG) – Learning from Investigating Did Not Attends (DNAs) and Length of Stay (LOS)

The KES has been working with Head of Improvement, The Service Manager for Digestive Diseases, Endoscopy and Gastroenterology, Therapy Manager, and Transformation Manager for Planned Care, Surgical Specialties to review trends in DNA and LOS.

Gastroenterology DNA Pilot Patient Interviews

A small sample of 8/11 (73%) of patients who DNA between 1 and 3 appointments were interviewed via phone. They were asked:

- What got in the way of attending your last appointment?
- Would anything has made it easier to attend?

Learning findings:

- Avoidable DNAs and solutions:
  - At a patient level, there were clear reasons identified for DNA and patient generated solutions to ensure future avoidance of DNA, although these would involve individual intervention.
  - At hospital level, some of the DNA's do not appear to be patient generated but could be avoided by in house measures. Only 1 DNA appeared to be unavoidable
- Health Inequalities:
  - Existing health inequalities were a significant reason for DNA, meaning it is likely that such health inequalities were further exacerbated by not attending for treatment.

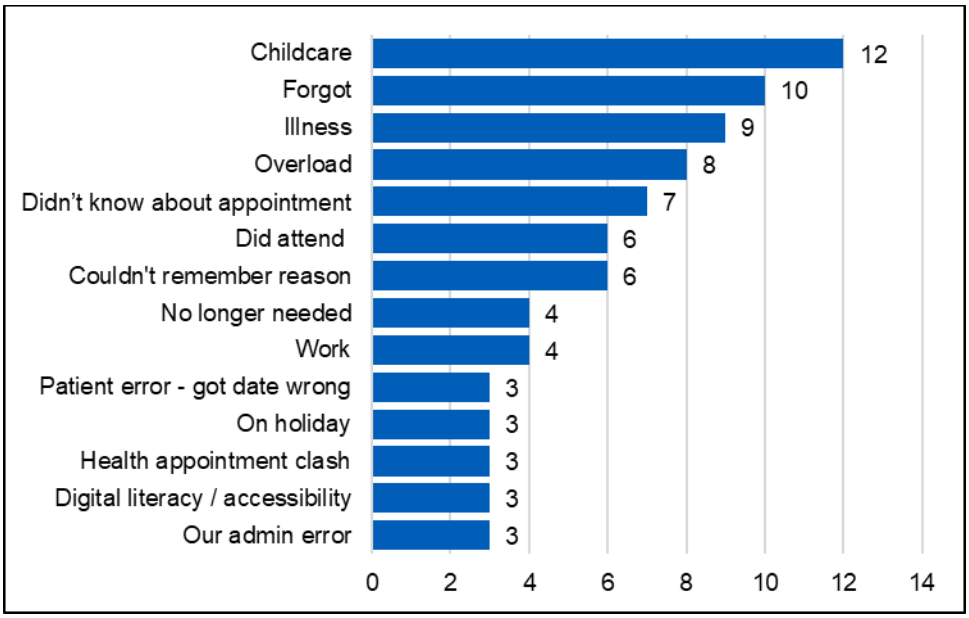
Therapies Musculoskeletal (MSK) DNA Patient Interviews

Applying the same method piloted in the DNA Gastroenterology interviews, the 10 Musculoskeletal (MSK) Clinics with the highest percentage DNAs over 4 months (July to October) were identified, with DNA rates ranging from 16.5% to 71%. 3 attempts were made to reach each of the 138 patients who DNA by telephone. 64% (89/138) were successfully contacted and interviewed.

Summary reasons for DNA:

These are patient reported DNA reasons. It is recognised that desirability bias (the tendency of survey respondents to answer questions in a manner that will be viewed favourably by others) is likely to impact on responses, with under-reporting of less socially desirable reasons such as 'I forgot' and over-reporting of others. However, the responses will allow us to better understand DNAs as we identify trends, barriers and areas within our potential gift to address.

Graph 8



Therapies MSK Data Reviewed

58052 appointments were reviewed from 1 April 2023 to 9 December 2024. This included 52673 attendances and 5379 DNA. Data on age, sex, ethnicity, language spoken and marital status were investigated.

Learning

Increased Risk for DNA was found for:

- People of Black, Asian, Minority Ethnic or of mixed ethnicities who were 33% at greater risk of DNA as compared to people of white ethnicity.
- People who are not married or in a civil partnership are 120% (2 times) more likely to DNA compared to those who are.
- People for whom English is not their first language are 50% more likely to DNA than people whose first language is English.
- The age group least likely to DNA is 65+
  - 18-25 are 3 times (304%) more likely to DNA than 65+
  - 26-34 are 2.5 times (252%) more likely to DNA than 65+
  - 35-49 are 2 times (209%) more likely to DNA than 65+
  - Under 18 are 2 times (218%) more likely to DNA / Was Not Brought than 65+
- People with a recorded disability alert of Autism, Learning Disabilities or Communication Difficulties are 63% (0.63 times) more likely to DNA than those without.

Next steps

A patient consultation and codesign exercise will be carried out at Halton and Warrington by early March 2025 to further investigate barriers to attendance and patient and family generated solutions

to overcome these, using a simple consultation method derived from best practice used by Liverpool City Council.

Length of Stay Knee Arthroplasty

83% (30/36) of patients who underwent total knee arthroplasty in August and September 2024 were interviewed via phone and asked questions around mobilisation, listening to music in recovery, joint school exercises, satisfaction with experience, delays to their going home, suggestions for improvements.

Learning: Correlations

Longer length of stay was associated with:

- Admission to Post Anaesthetic Care Unit (source Lorenzo)
  - LOS ≥5 days - 72% (8/11) admitted to PAC
  - LOS ≤2 or ≤3 days - 0% (0/10) admitted to PAC
- Longer time to mobilise with nurse (patient self-report)
  - LOS ≥5 days
    - 27% (3/11) Next day
    - 9% (1/11) Same day
  - LOS ≤3 days
    - 50% (4/8) Next day
    - 37.5% (3/8) Same day
- Longer time to mobilise independently (patient self-report)
  - LOS ≥5 days
    - 27% (3/11) Next day
    - 0% (0/11) Same day
  - LOS ≤3 days
    - 62.5% (5/8) Next day

The interview explored patient perceived reason for delay which included clinical (e.g. low blood pressure / low potassium) hospital related (x-ray availability), extrinsic factors (stairs at home), reactions to anaesthetic and painkillers.

Satisfaction with the service was overwhelming highly positive which numerous comments from patients praising the level of care received, comfort and cleanliness.

Next steps for improvement:

The study highlighted the need to include several of the questions in real time audit rather than completing in retrospect as the responses appeared to be affected by recall bias. This is being taken forward by the Transformation Manager for Planned Care.

4.4.2 Evidence and best practice inform the #MyflexWHH Campaign and Preference Rostering Trial

People Promise Manager wished to proactively promote the ‘We work flexibly’ strand of the NHS People Promise and asked the Knowledge and Evidence Service to provide evidence to highlight the benefits of flexible working in relation to mental health and wellbeing and to see what was being done in other NHS organisations.

Evidence underpins the Launch of the #MyflexWHH Campaign

Evidence found by the KES demonstrated that flexible working has a positive effect on employee mental health, improves work-life balance which in turn reduces depression, anxiety, stress and burnout. The People Promise Manager highlighted this evidence to the Chief People Officer to gain agreement to be able to explicitly promote flexible working with WHH and to rebrand it with the hashtag #MyflexWHH.

The evidence provided by the review supported the launch of #MyflexWHH campaign.

Evidence used to support the case for change to Preference Rostering Pilot

The evidence review identified best practice from Guy's and St Thomas's NHS Foundation Trust in piloting Preference Rostering on an acute admission ward. This demonstrated participant reports of better work life balance, improved sleep and overall better physical and mental health.

This evidence was used to inform decision making to implement a Preference Rostering' pilot on B19 and ACCU from 20 January 2025.

Improving Documentation and Recording for Birthmarks or Injuries

Lack of documentation leading to inappropriate A&E referrals often with Social Services involvement

There have been several occasions where babies have been brought to ED with birthmarks or injuries and because it was not documented correctly, in the right place, there was no record that the mark had been there since birth. This has then led to unnecessary social services involvement, causing families distress. The Specialist Midwife and Practice Based Educator/NIPE lead, requested an evidence review to see how documentation and recording could be improved to make sure this no longer happens.

Learning and Improvement

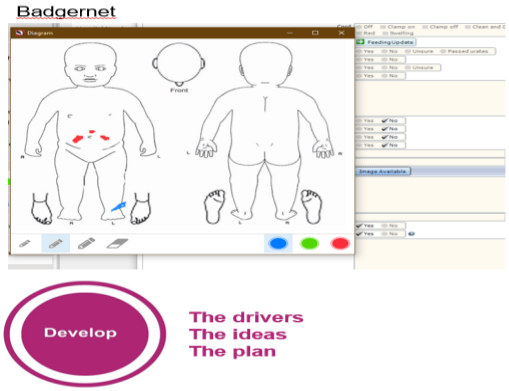
Evidence reviewed highlighted red book and body maps as best methods

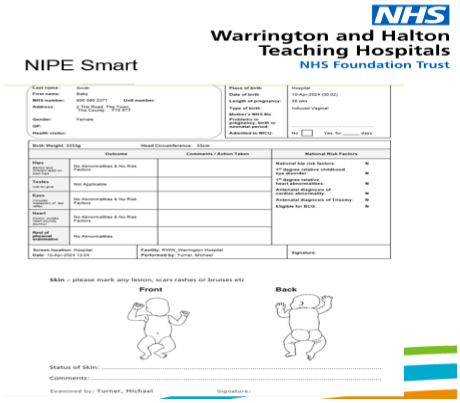
The evidence reviewed highlighted that other Trusts were experiencing similar challenges, reinforced that we need to improve documentation and recording and provided national guidance on documentation of birth injuries/marks highlighting the use of the Red Book and body maps as best practice.

Body maps now included in all documentation

Feedback on inclusion of the body maps was provided by Specialist Midwife and Practice Based Educator/NIPE lead, who shared that a visual prompt is more prominent (figure, 3), and this is included on the digital system, Badger Net.

Figure 4





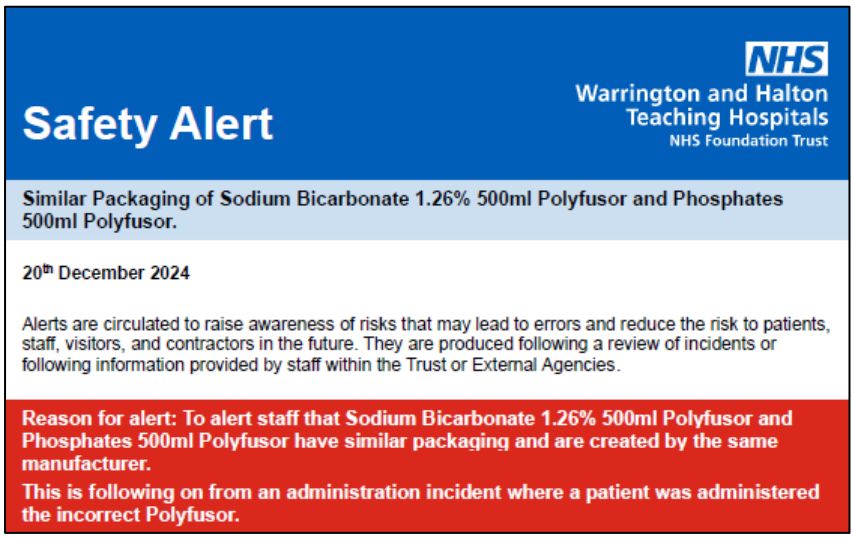
Prevention of referrals to social service and single point lessons- Improvements noted

The Specialist Midwife and Practice Based Educator/NIPE lead, reported that the evidence review has been vital in preventing unnecessary social service referrals. Since commencing body maps and providing a lot of single point lessons there have been no referrals to ED with Social Service involvement.

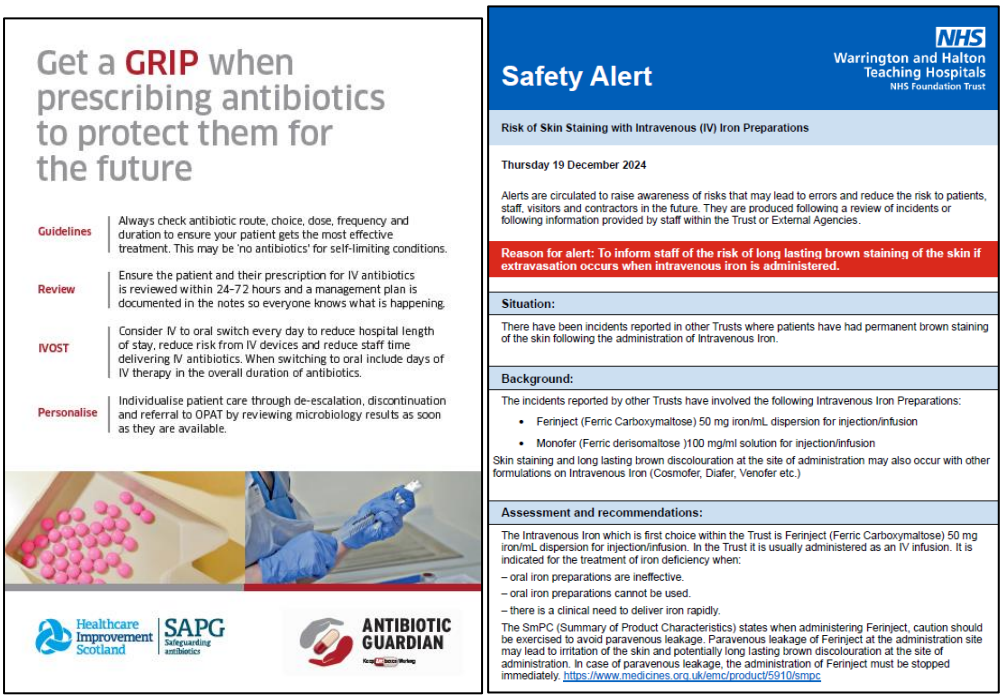
5. Learning from Safety Alerts

WHH uses the Daily Safety Brief to share learning on a wider scale. There were 41 alerts issued throughout Q3: 17 in October 2024, 12 in November 2024 and 12 in December 2024. When alerts are issued, some will be shared over several days, giving staff an opportunity to see the alert. National Patient Safety Alerts are also shared widely and can provide learning from incidents that have occurred. Some examples of the different learning shared are as below:

Figure 5



Figures 6 and 7



Learning and Improvement

World AMR Awareness Week. World Antimicrobial Resistance Awareness Week (WAAW) continued during week commencing 16 December, and the theme was Antimicrobials in clinical practice.

Safety Alert – Risk of Skin Staining with Intravenous (IV) Iron Preparations. There have been incidents reported in other Trusts where patients have had permanent brown staining of the skin following the administration of Intravenous Iron. The Intravenous Iron which is first choice within the Trust is Ferinject (Ferric Carboxymaltose) 50mg iron/ml dispersion for injection/infusion. In the Trust it is usually administered as an IV infusion. This safety alert was shared with appropriate staff and at ward/department Safety Huddles.

Similar Packaging of Sodium Bicarbonate 1.26% 500ml Polyfusor and Phosphates 500ml Polyfusor. There has recently been an incident whereby a patient was incorrectly administered a Sodium Bicarbonate 1.26% Polyfusor when they had been prescribed Phosphate Polyfusor. Both

Polyfusors are made by the same manufacturers and have very similar packaging. All staff administering and supplying medicines have been made aware of the similar packaging and the risk of administering and supplying the incorrect medicine.

6. Learning from Claims

6.1 Clinical Claims

6.1.1 Clinical Claims Received

There were 21 clinical claims received in Q3, 40 were received in the previous quarter.

6.1.2 Clinical Claims Closed

There were 15 ongoing Clinical Claims closed in Q3, 3 with damages totalling £640.000.00 (excluding costs of instructing Trust solicitors), 1 Successfully repudiated and 15 withdrawn including closed due to lack of further correspondence from the claimant.

Specialty	Damages Paid	No of Claims
Acute Medicine	£10,000.00	1
Obstetrics	£33,000.00	1
Spinal Surgery	£597,000.00	1
Grand Total	**£640,000.00**	**3**

6.2 Non-Clinical Claims (Employee Liability / Public Liability)

6.2.1 Non-Clinical Claims Received

There was 1 public liability claim received in Q3.

Specialty	Accident / Incident that may result in Injury / Harm
Maxillofacial Surgery	1

6.2.2 Non-Clinical Claims Closed

Only 1 employer liability claims closed in Q3 which was successful repudiated

6.2.3 Claims Learning and Actions

When a new claim is received by WHH, it is triangulated with the Datix events (incidents) and complaints module and linked accordingly. Details of the learning from claims closed with damages is below.

The incidents below were identified at the time of the incident and prior to receipt of the claim.

One of the claims settled with damages related to spinal services. Spinal services have now been transferred to Walton.

Learning -Clinical Issues	
Incident Date 27/07/2027 Negligently failed to arrange an earlier External cephalic version (ECV) (a procedure that involves manually turning a baby from a breech position to a head-down position at 36 weeks rather than 38 resulting in emergency section rather than planned and consequences.	
Lesson Learned	**Action Taken**
Both experts agree that earlier ECV would likely have been unsuccessful, as it was at 38 weeks. The Claimant's expert states that the unsuccessful ECV would have resulted in the planned caesarean section, on balance, being arranged for earlier than 39+5 weeks (as likely there would be more availability in the elective lists) and if before 39+3 weeks, then the cord prolapse would have been avoided.	Learning from this claim has been disseminated to the team
Clinical Issues	
(Spinal Case reviewed externally as part of Spinal Services review). Negligent spinal surgery – patient in worse condition than before surgery.	
Lesson Learned	**Action Taken**
Patients on ITU after post-operative spinal surgery should have daily reviews by a Spinal Consultant. All patients with hypotension post spinal surgery should be regularly monitored and appropriate measures taken to treat it. Patients with hypotension should be reassessed clinically after interventions such as fluid boluses. A post-operative management pathway needs to be developed. All documentation should be done contemporaneously or if delayed it should be clearly documented that it has been entered retrospectively. Notes should not be dictated to be typed and entered in a patient's Electronic Patient Record 3 days later. A clear escalation policy and pathway needs to be developed by the Neurosurgery Team and in place for patients developing a new neurological deficit post-operatively. There should be shared learning from this investigation within the specialty. Junior medical staff and nursing staffing in Orthopaedics should be educated on complications of spinal surgery, ensuring recognition of hypotension post spinal surgery and the importance of a new neurological deficit, and the appropriate management of these complications.	E-mail sent to all Spinal Consultants informing that there must be daily reviews of spinal post-operative patients Record Keeping Audit Post-operative Spinal Care Pathway developed with clear escalation plans. Process embedded: Monday to Friday dictated records updated within 2 hours by a designated secretary. Critical plan updated in the records. Report shared at the Audit and Governance Meeting and Ward Managers meeting. Teaching sessions undertaken by the spinal team with nursing and doctor teams.

Clinical Issues	
Patient had Hospital Acquired Deep Tissue Injury (DTI) to right bunion which evolved too unstageable.	
Lesson Learned	**Action Taken**
There needs to be an improvement in SSKIN bundle completion, as well as consistency and accuracy of documentation of pressure areas on admission and throughout inpatient stay. Mattresses should be ordered as soon as possible on admission and any delays to this should be escalated. **Recommendations** Increase staff awareness of the need to address the increase in hospital acquired pressure ulcers within the ward. Timely completion of SSKIN Bundle Full ward daily review of SSKIN Bundles. Matron spot checks to be formalised. Compliance for all available clinical staff with Pressure Ulcer Awareness training. Increase knowledge of staff around pressure ulcers. Link nurses for tissue viability and pressure care. Registered staff to ensure completing patient documentation and assessing pressure areas. All HCAs to receive a patient handover. Further discussion regarding amending SSKIN bundle paperwork following trial on AMU. Daily heel checks for all patients. Provide Train the Trainer education from the Tissue Viability Nurse Specialists to the Practice Education Facilitators and the TVN link nurses within Urgent and Emergency Care. Consideration of all patients to be placed on an air flow mattress. Completion of patient risk assessment and care plan documentation on admission to AMU.	Communications regarding increased pressure ulcers shared with staff. Time between pressure ulcers displayed on the ward. Bedside folders implemented for patient documentation. Daily audits completed. Audit tool improved to allow for percentage/ RAG rating. Engaged with “Essential” Mattress company to review alternative methods of pressure area care within the Emergency Department. Provision of a 30-minute session as part of the ED specific induction. Nurse in charge of the shift ensures that all health care assistants receive a patient handover. Full completion of patient risk assessment and care planning on admission. Weekly documentation spot checks alongside monthly quality metrics. Train the trainer education provided to the Practice Education Facilitators to ensure effective training is implemented. Weekly skin bundle and mattress audits with once monthly Matron review to continue. The importance of appropriate personalised prescribed care as per Cheshire Merseyside Pressure Ulcer Steering Group, was highlighted at Safety Huddles When a patient has been reviewed by the Tissue Viability Team, this electronic document is to be printed and placed in patients end of bed notes to highlight to all staff the correct and up to date Pressure Area Care Advice- this was shared at the Ward Safety Huddle Weekly MUST audit.

The Clinical Claims Review Group meets every quarter to assist in the management of claims and the management of risk arising from the claims. The last meeting was held on 15 January 2025 when an update was provided regarding open cases which had previously been reviewed by the group (22 claims) 3 new claims were discussed. The next meeting is scheduled for 30 April 2025.

7. Learning from Inquests

At the time of reporting, there are 20 Coroner's inquests open. Of these inquests, 2 have a linked complaint, 0 have a linked PSII and 4 have legal representation.

There were 9 inquests opened in Q3, compared to 21 inquests opened in Q2. This is a decrease of 12 inquests (57.1%) compared to Q2.

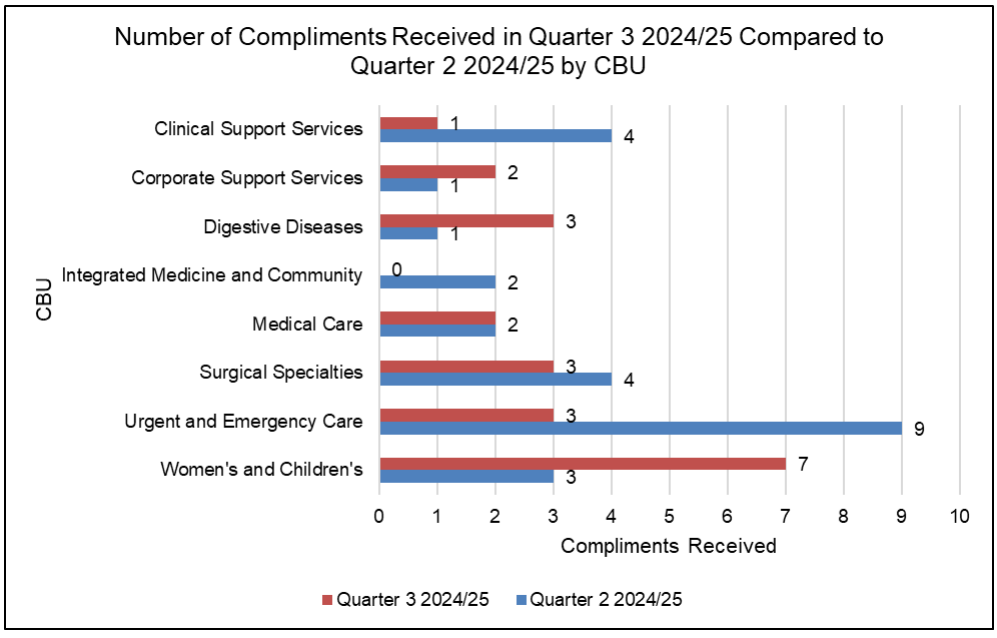
A Mock Coroners Court Awareness event is currently being arranged to take place on 19 March 2025, this annual event is supported by Hill Dickinson and attended by the Multi-Disciplinary Teams, to support awareness of the coronial process and support available.

A handbook is currently being developed to support the inquest policy and aid as guide for staff understanding the inquest process.

8. Learning from Compliments

In Q3, a total of 21 compliments were received compared to Q2, where 26 compliments were received. This is a decrease of 5 compliments (19.2%).

Graph 9



A positive safety culture is one where compliments are fed back to staff in the same way as incident investigations. Compliments are a very useful tool for WHH to be able to identify what areas are working well. It has been identified that compliments are often received within letters of complaint, whereby the patient or relative will take the time to acknowledge the positive impact of staff members involved in their care. However, compliments are likely to be underreported.

In Q4 there will be review of the compliment functionality in Datix in an aim to improve understandings and identify themes from complements to enhance learning.

9. Learning and Improvement relating to Patient Experience and Inclusion

The Patient Experience and Inclusion Team continue to develop patient stories with CBU's. These patient stories have moved to a combination of digital format and face to face presentations from either the patients or a representative. The stories are shared across multiple committees, not limited to: Patient Experience and Inclusion Sub Committee, Quality Assurance Committee and Trust Board of Directors. The purpose is to highlight areas of improvement required and identify good practice for shared learning.

During Q3 patient stories have been shared a Chaplaincy story at the Patient Experience and Inclusion Sub Committee, where systems and processes in place to support a gentleman to receive regular visits when he may not otherwise have had any other visitors. Chaplaincy support for this gentleman enabled support with communication elements of the discharge process with a local church enlisted to support whilst back in the community. Thus, demonstrating a positive patient experience in hospital and after discharge.

The Board of Directors received a patient story from a patient of whom attended to share their experience of the Trust Emergency Department who required additional support due to her additional needs and disabilities. Lessons learned from the patient's experience has enabled the Trust to make improvements in:

- Clarification for staff re location of specialised equipment.
- Moving and handling training refreshed.
- Communication issues addressed in relation to seeing the person in the patient and supporting individual needs with reasonable adjustments.
- The patient is working with the Emergency Department to review the improvements made to ascertain effectiveness.

The Patient Experience and Inclusion Team use several methods to gain valuable qualitative and quantitative data and feedback from patients, carers and their families. This enables WHH to review areas of concern and celebration of good practice. Enabling areas to initiate improvements required from the learning identified via feedback. The range of methods used include:

- The National Friends and Family Test (FFT), via text, QR codes, telephone calls and paper copies.
- Local departmental surveys.
- National surveys.
- Patient Experience and Inclusion Team face to face survey and feedback.
- Patient Experience and Inclusion Team monthly observation rounds.
- Monthly Wayfinding and First Impression observation rounds that are triangulated with PLACE inspections and the Leadership and Governors observations.
- Feedback from complaints/compliments/PALS.
- Feedback from Community Partners and Advocacy Groups.
- Knowledge and Evidence as a resource for best practice.
- Working with Experts by Experience.
- Area specific patient journey mapping.
- Patient specific process and journey mapping.
- CQC mock inspections.
- Datix reporting.

As a result of feedback received from all the methods listed above, examples of improvements planned or undertaken include:

- Volunteers are assisting with nutrition, and hydration rounds in the Emergency Department. The volunteer service provided 177 hours of support during Q3.

- Ward Buddy volunteers have increased with 6 volunteers now in place to support 3 wards. Internal and external communications are in place to increase the number of wards supported by volunteers in Q4.
- Visual digital communication to be prominent in areas. A charity bid is being progressed to procure a digital communication TV screen/including USB to promote patient information, services, volunteer opportunities and FFT to our patients in ED (also for Paediatric ED, Main Outpatients, Children's and Young People Outpatients, Main Entrance and SDEC).
- Accredited Deaf Training sessions are in place commencing in Q4 open to all Trust colleagues to increase deaf awareness in the Trust.
- Deaf café attended by Chief Nurse, Head of Patient Experience and Deputy Head of Patient Experience to work together to drive improvements of this cohort of patients. Improvements made from the session include expanding interpretation provision with the use of an additional accredited company recommended by the deaf community.

During Q3 Trust Board observations took place at Halton supported by Executive Team, Non-Executive colleagues and Governors. Observations were carried out on 4 departments including Patient Catering, Outpatients, Urgent Treatment Centre and CSTM Theatres. Feedback has been collated and shared with the departments and monitored by the Patient Experience and Inclusion Sub Committee. Whilst no formal actions were raised on this occasion it was pleasing to note good practice across all areas observed.

Senior Nurse Walkarounds have also taken place during Q3 with additional attendance from the Trust Chair. 14 wards and departments were reviewed with the theme of kitchen audits under review. Lessons learned included:

- Inconsistent use of green aprons used for refreshment rounds which was addressed by Lead Nurses and Matrons.
- Allergy question was relocated on the menu card to ensure more prominent following feedback received.

10. Learning from Clinical Audit

10.1 Learning from National Audits

National Audit of Dementia (NAD) Timepoint 4 Patient Feedback Report

Summary

The National Audit of Dementia care in general hospitals (NAD) examines aspects of care received by people with dementia in general hospitals in England and Wales.

The data in this report is submitted by participating hospitals using the online patient feedback questionnaire, for people with dementia who are admitted to a general hospital. The questionnaire consists of 3 demographic questions, along with 10 questions intended to capture feedback on the patient's experience while in hospital. The tool can be used as a questionnaire submitted directly by the patient or someone supporting them, or as a semi-structured interview tool when collecting feedback.

Key Findings

Most questionnaires submitted were completed by the person living with dementia (84%) and the other responses were completed by a family member of someone living with dementia (16%). Overall, the feedback received was reflective of a positive experience whilst in hospital for people living with dementia.

Positive results included that eighty-four percent of those that responded had stated that visitors were always allowed to see them during your stay in hospital. This is particularly positive as Johns Campaign, which is a National Campaign supporting opening visiting for Carers, is an integral part of the Trust's Dementia Strategy and associated work plan

Learning and improvement

Areas identified as requiring most improvement were:

Keeping people informed about their care and treatment: Dementia Team to explore options such as using a 'hospital journey' document can improve communication for those individuals who are experiencing short term memory issues but still wish to be updated of their care and treatment.

Thoughts on food options: hot finger food options have since been introduced on ward B12 with plans to support roll out to the other areas.

The actions for improvements will be monitored via the next cycle of the National Audit of Dementia.

Assurance rating (using Trust assurance rating matrix): HIGH Assurance

10.2 Learning from Local Audits

Bone Health Assessment in Fracture Clinics

Summary

- Fragility fractures pose a major financial burden to the NHS.
- Secondary prevention measures are advocated by NICE, National Osteoporosis Society and British Orthopaedic Association (BOA).
- Identifying and potentially treating these patients is crucial in preventing a repeat injury.

This audit aimed to assess compliance to these national guidelines to check if we are screening the patients by calculating Fracture Risk Assessment Tool (FRAX) scores in the fracture clinics.

Key Findings

Good Practices Identified:

- FRAX scores were used for some patients, demonstrating initial steps towards systematic fracture risk assessment.
- Effective communication of results to GPs and treatment adherence for osteoporosis were noted.

Areas for Improvement:

- Low utilization of FRAX scores (6.25%) indicates missed opportunities for comprehensive risk assessment.
- Inconsistent documentation of FRAX scores and DEXA scan history suggests gaps in data completeness.

Key Causes:

- Insufficient training on FRAX score implementation and lack of standardised protocols.
- Resource constraints affecting consistent assessment and documentation practices

Learning

- Importance of Training and Awareness: Lack of awareness and training among healthcare providers contributed to the underutilisation of FRAX scores. Ensuring all staff are proficient in the use of assessment tools like FRAX is crucial.
- The need for Standardised Protocols: Establishing clear protocols for FRAX score calculation and documentation can improve consistency and ensure all patients receive thorough bone health assessments.
- Enhanced Data Management: Implementing systems to better capture and track bone health data, such as integrating FRAX score calculations into electronic health records, can facilitate more effective patient management.
- Continuous Improvement: Regular audits and feedback loops are essential to monitor adherence to protocols and identify ongoing areas for improvement in fracture risk assessment practices.
- To address the learning opportunities identified a standardised protocol is being developed. This will include FRAX score calculation and documentation and procedures for requesting and interpreting FRAX scores. Currently this is in the initial development phase. There is ongoing communication with clinical teams to ensure understanding and adoption. Once the protocol is embedded, discussion will take place regarding implementing the calculator into future patient IT systems. Fracture identification and management forms part of the surgical services Clinical Audit Programme.

Assurance rating (using Trust assurance rating matrix): MODERATE Assurance

11. Compliance

11.1 Self-Assessment Guide and Communications Plan

Staff need to understand the links between the CQC Quality Statements and day to day practice. To support learning, the intranet has been updated with a section for CQC and Compliance. A staff Compliance Communications Guide has been written. It has been publicised, along with an update to staff about the former Moving to Outstanding items which are now being referred to as “Making a Difference”.

Making a difference has become a dedicated space to share good news or describe how staff have made a difference to patients. The aim is to familiarise staff with the concept of linking the quality statements and encouraging them to share good news stories and create new media work, with the relevant CQC Quality Statements being linked.

11.2 Single Assessment Framework progress

Work continues to ensure all departments have self-assessed their evidence against the CQC Quality Statements. The evidence now needs to be scrutinised, and the self-assessment score needs to be validated/amended depending on the evidence review. A task team will be set up to undertake the reviews. It is anticipated that the reviews will be stepped and undertaken by each domain, starting with statements in relation to SAFE. This is a necessary action to ensure a consistent approach. In addition to this internal exercise, other score benchmarking with partner services and the CQC is planned, to provide assurance that the scores being allocated are in line with the CQC scoring approach.

11.3 Compliance, Quality and Oversight Group (CQOG)

Items reported to the QCOG Meeting, held on 11 November 2024, reflected the quality compliance work being undertaken during 2024/25, as well as outlining health and safety compliance visits from other agencies. The learning updates were as follows:

- CQC Engagement Meeting of November 2024 Update
- Update on Single Assessment Guide and Communications Plan
- Update on Warrington Theatres Mock Assessment
- Single Assessment Framework progress
- IPC Pillars of Assurance
- CQC Enquiries
- Health and Safety Inspections

A further QCOG meeting, was held on 30 January 2025, and it was agreed to progress the self-assessment work by collecting the evidence in respect of some of the Safe statements, with a view to analysing the ratings against the evidence, to ensure they have been graded appropriately.

11.4 Learning from the Theatres Mock Assessment at Warrington

Assessments (Inspections) are more likely to occur if the CQC have concerns about a specific area of the Trust, and their other fact-finding methods have not given them the assurance they require.

It is still fundamentally important for all staff to be prepared for a CQC Assessment visit. Assessments have been designed to support, and critique, not criticise. The method is for assessors from all different disciplines (e.g. Nursing, Medical, Pharmacy, Patient Experience Teams, Safeguarding and Infection Prevention Teams) to use a “fresh eyes” approach when assessing a service/department, with the aim to identify notable areas of good practice, as well as highlight areas and aspects of care that represent risk and require closer scrutiny, as well as action for improvement.

A Theatre mock assessment took place in September 2024 at Warrington only (as Halton was temporarily closed at the time of the assessment). A summary was provided in the last Learning Experience Report. An action plan was formulated following the assessment and progress is being made to address issued raised. Regular monitoring is taking place and completion targets are being met. Part of the review highlighted the need to move policy documents across to the central policy library. Considerable work has taken place to critically review all theatres documentation which was held locally, and determine actions required.

- 82 documents that were stored locally have been archived.
- 21 Policies have been reformatted to the revised policy document style and uploaded onto the central store.
- 6 policies have been reviewed and updated and are going through the policy ratification process.
- 20 documents are currently being progressed with the target date for completion being the end of Q4.

11.5 Learning from Mock Assessments and other sources of assurance

Given the changes to the CQC Framework and it’s operating model, other Trusts have temporarily “paused” their mock assessment programmes to reflect, evaluate and consider how they might look going forwards. WHH have initiated a review to examine ways in which information and learning already exists in other forms across the Trust. A wealth of information, which is similar to the assessment themes, features in the Ward Accreditation assessment tool. In addition, other WHH audits and checks, external inspections, peer reviews and accreditations, should also be acknowledged, and contribute to the overall assurance required. A hub and spoke model could be

considered, whereby a variety of information sources feed into a mock assessment profile. The other aspects of learning could be captured from staff interviews and from an information/evidence request process (mirroring the request system that supports a CQC Assessment).
In addition to this, there are still plans in place to assess the speciality work of Pharmacy and safeguarding before year end. These services have been selected, as wherever the CQC might choose to undertake an assessment, these 2 elements of work always form part of the formal assessment process. Medicines are always thoroughly checked, and as our patient profile changes, ensuring appropriate safeguarding measures are in place, and requirements are being met, is critically important. It seems prudent to undertake mock assessments, and examine performance across the Trust, in relation to these specific elements.

11.6 CQC Enquiries

There were 6 new enquiries added to the CQC enquiry log during Q3. Every enquiry addressed offers the opportunity to reflect, evaluate and learn. Measures to address issues are put in place and revisited to ensure they are fit for purpose. Recommendations are tracked through the established systems that are in place. For example, whereby an incident has been raised, the concern, investigation and actions are all tracked through the Datix stayed. Reviews, recommendations and themes are also triangulated across various work streams - incidents, PSII's, complaints, Pals, legal and patient experience.

11.7 Planned work for Q4 which will embrace learning

- Self-assessment ratings for Safety Oversight Framework continues.
- Work with the Associate Directors of Nursing with a view to aligning elements of the CQC mock assessments with the established Ward Accreditation scheme.
- Discharge planning. Safe, timely and effective discharge has been questioned in some recent enquiries. A new discharge work stream has commenced in Q3, and Compliance have asked to be a part of this group.
- Reduce the number of outdated policies, weekly reports to the Care Groups – full oversight via the Safety Oversight Meeting
- Plan and execute both Safeguarding and Pharmacy mock assessments and report on findings. Work with the teams on any action plan requirements.
- Continue the QGOG work.
- Plan and prepare for the next CQC Engagement Meeting scheduled to take place on 31 March 2025.
- Manage all CQC Enquiries.

12. Learning from Research and Development (R&D) Activity

Participant Research Experience Survey (PRES)

The Participant Research Experience Survey (PRES), conducted by the National Institute for Health Research (NIHR) Research Delivery Network (RDN), gathers valuable feedback to enhance the experience of research participants. The RD&I Team has reviewed local PRES feedback from the Warrington and Halton sites, revealing overwhelming positive responses as illustrated by the word cloud below. Some areas for improvement have also been identified.

Figure 8

Key areas for enhancement include improving the accessibility of research locations, ensuring participants are kept updated on research results and addressing participant reimbursement. The team is actively exploring ways to address these challenges and implement meaningful improvement.

In addition, efforts are underway to increase the PRES response rate to gain a more comprehensive understanding or the participants experiences. As part of a Quality Improvement Plan, the team has conducted a process mapping exercise and identified key actions to boost response rates, ensuring a broader and more representative perspective on research engagement.

13. Plan to implement a Sustained Learning Group

The Quality Assurance Committee is requested to support the introduction of a ‘Sustained Learning and Improvement Review Group’. The purpose of the group would be to demonstrate learning and Improvement to the Quality Assurance Committee and the Trust Board of Directors that the Trust is safely managing all issues relating to governance via the governance structure and has continued evidence of learning and sustainability. In line with Trust Board assurance requirements the group would be responsible for monitoring incident safety actions, inquest and claims actions and complaint actions, in addition to CAS alerts and to ensure that effective governance arrangements remain in place to sustain learning and improvement.

14. Recommendations

The Quality Assurance Committee is asked to note the contents of this report and support the recommendation to introduce a Sustained Learning Group.