



# WHH Council of Governors

**Thursday 12 August 2021**

**3:00pm – 4.45pm**

**Via MS Teams**

**COUNCIL OF GOVERNORS**

**THURSDAY 12 August 2021 3.00pm-5.00pm (via MS Teams)**

AGENDA ITEM COG/20/08/XX	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
COG/21/08/ 34	3.00	WRAG Update, Helen Pressage/Julia Harvey	Choose an item.	<i>PPT</i>	Warrington CCG
<b>FORMAL BUSINESS</b>					
COG/21/08/ 35	3.10	Welcome and Opening Comments • Apologies; Declarations of Interest			Chairman
COG/21/08 36 <b>PAGE 5</b>		Minutes of meeting held 13 May 2021	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/21/08 37 <b>PAGE 11</b>		Matters arising/action log (a) Acknowledgement of approval of NED extension Terms of Office (T Atherton and I Jones) (b) Chairs Appraisal (c) Appointment of 2 NEDs	<i>To note for assurance</i>	<i>Action log + verbal</i>	Chairman
<b>GOVERNOR BUSINESS</b>					
COG/21/08 38 <b>PAGE 14</b>	3.15	Lead Governor Update - Board Observation Report	<i>Info/update</i>	<i>Verbal/ Briefing</i>	Lead Governor
COG/21/08/ 39 <b>PAGE 17</b>		Chairs Report – Governor Engagement Group (GEG) including: (a) Engagement Dashboard Q4 & Q1 2021-22 (b) GEG Terms of Reference	<i>Info/update</i>	<i>Verbal+ Report</i>	K Bland
COG/21/08 40 <b>PAGE 28</b>	3.25	Items requested by Governors - Spinal Services Update – CEO verbal update	<i>Info/update</i>	<i>Briefing notes +Q&amp;A</i>	Chair
COG/21/08 41 <b>PAGE 29</b>	3.30	Board Committee Observations (a) Audit Committee – S Fitzpatrick (b) Finance & Sustainability Committee – P Bradshaw (c) Quality Assurance Committee - A Robinson (d) Strategic People Committee – C Jenkins (e) Charitable Funds Committee – N Holding (f) Clinical Recovery Oversight Committee – J Howe/S Fitzpatrick (g) Copies of Chair's Committee Assurance Reports received in the Public Trust Board are included for information in supplementary pack			
<b>TRUST BUSINESS</b>					
COG/21/08 42 <b>PAGE 37</b>	3.40	Chief Executives Report including: - CEO Board report May and July 2021	<i>Info/update</i>	<i>Report</i>	CEO
COG/21/08 43	3.50	Chairmans Briefing	<i>Info/update</i>	<i>Verbal</i>	Chairman
COG/21/08 44 <b>PAGE 54</b>	4.00	Quality Strategy Annual update 2020-21	<i>Info/update</i>	<i>Report</i>	Dep Director Governance
COG/21/08 45 <b>PAGE 64</b>	4.10	Strategy Delivery Report	<i>Info/update</i>	<i>Report</i>	Director Strat & Pships
<b>GOVERNANCE</b>					
COG/21/08 46 <b>PAGE 74</b>	4.20	Changes to the Constitution (Lead Governor/Deputy Lead Gov role	<i>For Ratification</i>	<i>Report</i>	Trust Secretary/ Lead Governor
COG/21/08 47 <b>PAGE 78</b>	4.25	Council of Governors Terms of Reference	<i>For Approval</i>	<i>Report</i>	Trust Secretary
COG/21/08 48 <b>PAGE 85</b>		Compliance Trust Provider Licence (bi-annually)	<i>To note for assurance</i>	<i>Report</i>	Trust Secretary
COG/21/08 49 <b>PAGE 88</b>	4.30	Workforce Race Equality Standard Bi-annual report (WRES)	<i>To note for assurance</i>	<i>Report</i>	WRES Lead
<b>CLOSING</b>					
COG/21/08 51		Any Other Business and Closing - Council of Governor Effectiveness survey to be circulated and findings reported in November.		Verbal	Chair

***Schedule of 2021-22 dates attached for information***

**Next Meeting Thursday 11 November 2021, Trust Conference Room, Warrington - 4.00pm-6.00pm**

**GLOSSARY OF TERMS**

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

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**COUNCIL OF GOVERNORS**  
**Minutes of the Meeting held on Thursday 13 May 2021**  
**Via MS Teams Video Conference**

**Present:**

Steve McGuirk (SMcG)	Chairman (Chair)
Simon Constable (SC)	Chief Executive
Terry Atherton (TA)	Non-Executive Director, Deputy Chair
Margaret Bamforth (MB)	Non-Executive Director
Daniel Birtwistle (DB)	Staff Governor
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Erin Dawber (ED)	Public Governor
Susan Fitzpatrick (SF)	Public Governors
Norman Holding (NH)	Public Governor & Lead Governor
Susan Hoolachan (SH)	Public Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Ian Jones (IJ)	Non-Executive Director
Kevin Keith (KK)	Public Governor
Kuleep Singh-Dhillon	Partner Governor, Warrington Sikh Gurdwara
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Colin McKenzie (CMcK)	Public Governor
Nichola Newton (NN)	Partner Governor, Warrington + Vale Royal College
Cliff Richards (CR)	Non-Executive Director
Anne Robinson (AR)	Public Governor
Louise Spence (LS)	Staff Governor
Anita Wainwright (AW)	Non-Executive Director

**In Attendance:**

John Culshaw	Trust Secretary
Lucy Gardner (LG)	Director of Strategy and Partnerships ( <i>Items COG/21/05/28&amp;29 only</i> )
Andrea McGee	Chief Finance Officer & Deputy Chief Executive ( <i>Item COG/21/05/30 only</i> )
Julie Burke	Secretary to Trust Board (Minutes)
<b>Apologies:</b>	P McLaren, Director of Communications & Engagement L Alani, Deputy Director of Governance L Mills, Staff Governor; D Marshall Public Governor

<b>COG/21/05/19</b>	<b>Welcome, Apologies &amp; Introductions</b>	
	Apologies above. There were no declarations of interest in relation to the agenda items.	
<b>COG/21/05/20</b>	<b>Minutes of meeting held 18 February 2021</b>	
	N Newton was not in attendance. With this amendment, the minutes of the meeting held on 18 February 2021 were agreed as an accurate record.	
<b>COG/21/05/21</b>	<b>Matters arising/action log</b>	
	Number of actions paused due to COVID-19 pandemic, to be progressed when COVID-19 constraints have been relaxed. Log reviewed and updates recorded.  <u>COG/20/02/06 (a) Hospedia audit</u> of current system post COVID-19 remains paused. Update next meeting. <u>COG/20/02/06 (b) Hospedia TV/Radio Services Procurement/SLA</u> . Specification to be refreshed for a replacement patient entertainment system. The current contract will initially	

	<p>be extended for further 12 months from October 2021 to September 2022. <u>Action closed.</u></p> <p><u>COG/20/08/30 Governor observation visits-</u> Discussed at Patient Experience Committee, Programme format and observation recording for all ward/department visits to be refreshed by Chief Nurse, Risk Assessments to be completed and programme for face to face visits to be restarted. These visits will form part of integrated visiting framework for all visits. <u>Closed</u></p>	
<b>COG/21/05/22</b>	<b>Lead Governor Update</b>	
	<p>In addition to Board observation and Charitable Fund Committee updates provided, NH reported:</p> <ul style="list-style-type: none"> <li>- GNARC convened 29 March 2021 to consider proposal for recruitment of NEDs and Associate NEDs, NH subsequently met with Auditors and Consultant leading the process ensuring Governors observations had been considered.</li> <li>- Car Parking – NH and SF members of the Committee. All Governors had received instructions to apply for a Car Parking Permit under the new system and were encouraged to do so. JC confirmed one registration to be included on the application, if Governors visit the Trust in an alternative car, to advise himself or JB to make necessary arrangements.</li> <li>- National Lead Governor Association – main topics discussed: observation that Governors within many other Trusts are not involved in the Chairs Appraisal as at WHH; Integrated Care Systems (ICS) in NW, particularly Governance; Membership and Engagement Strategies, Governors Charters (outside of the Constitution); NHS Providers – ICS update which had been shared with Governors.</li> <li>- Attended ICS briefing with Chief Officer Halton &amp; Warrington CCG and L Gardner.</li> <li>- Continued attendance at Patient Experience Committee.</li> </ul> <p><u>Lead Governor and Deputy Lead Governor roles</u></p> <p>Lead Governor role tenure due for renewal November 2021. A Deputy Lead Governor role was proposed to support and share the workload of the Lead Governor and provide cover in their absence. The Constitution will be amended to reflect any changes. A Governor Working Party to be convened to consider proposal prior to circulation.</p> <ul style="list-style-type: none"> <li>• <b>Role description for Lead Governor and a new role of Deputy Lead Governor to be circulated for expressions of interests.</b></li> </ul>	
<b>COG/21/05/23</b>	<b>Items requested by Governors</b>	
	SMcG referred to responses provided to questions raised by JH. No further questions raised.	
<b>COG/21/05/24</b>	<b>Board Committee Observations</b>	
	SMcG referred to the reports from Governor observers for Finance and Sustainability Committee (FSC, DB and PB), CJ Strategic People (SPC), Charitable Funds (NH) and Audit Committee (JH and SF) which provided useful insight to discussion at other Committees. No further questions raised.	
<b>COG/21/05/25</b>	<b>Annual Appraisal of the Chair &amp; Non-Executive Directors 2020-21</b>	
	<p>JC provided an update on the process for 2020-21.</p> <p>Chairs appraisal process to be led by IJ, NED and Senior Independent Director. Appraisal will consist of a survey of 25 questions, based on NHSE/I framework, for completion by Governors, Executives, NEDs. Feedback will be sought separately from key stakeholder/partners. All feedback will be collated for IJ who will then undertake the Chairs appraisal, for submission to NHSE/I by 30 June 2021 for sign-off by the Regional Director. JC</p>	

	<p>explained NHS Trusts are required to submit appraisals for sign-off, FTs are 'encouraged' to submit completed appraisals.</p> <p>IJ commented it is crucial that Governors are involved in this process to ensure comprehensive views and observations are considered.</p> <p>NED appraisals to be completed by the Chairman.</p> <ul style="list-style-type: none"> <li>• <b>Chairs Appraisal survey to be circulated for completion by 24 May 2021.</b></li> </ul>	
<b>COG/21/05 /26</b>	<b>Chief Executives Briefing</b>	
	<p>The CEO's written report from March Board meeting was noted.</p> <p>The CEO reported current position of COVID-19 positive patients in the Trust at 17, no patients in Critical Care, position similar across C&amp;M. Challenges remain in discharging patients to their next care/home setting.</p> <p>Community Prevalence remains below 20 per 100,000 and continues in the right direction.</p> <p>Restoration and recovery of out-patients and electives, performing well against trajectories and above average in parameters for electives set by NHSE/I.</p> <p>Significant challenges in demand for Urgent and Emergency Care services, with record attendances at Warrington ED and Halton Urgent Care Centre, mirroring pressure within C&amp;M and NW system. Pressures primarily due to patients presenting with minor illness, long standing illness, paediatrics, due to restricted access to Primary Care services.</p> <p>The Trust had contributed 60 of its successful 'black boxes' CPAP machines to India to support in their fight against COVID-19.</p> <p>Questions invited:</p> <p>AR enquired when it is likely that current restricted access to Primary Care appointments will be lifted. SC explained Primary Care colleagues continue to work to National and Royal College guidance and encouraged to use virtual platforms for consultations, there had been no notification of when arrangements will be lifted for face to face appointments. Secondary care providers had made representation to lift these arrangements to ease pressure in the acute sector.</p>	
<b>COG/21/05 /27</b>	<b>Chairman's Briefing</b>	
	<p>In addition to areas covered by the CEO, the Chairman reported virtual meetings continue, both internally and externally with a number of Stakeholders and Regulators.</p> <p>Local elections had recently concluded, congratulations conveyed to Cllr P Lloyd-Jones and K Bland on their re-election. Cllr Knowles had not been re-elected, SMcG had discussed with CEO Warrington Council and the Trust is awaiting confirmation of replacement for CoG.</p> <p>Warrington Lock Down Hero Awards had taken place recently, SMc was pleased to share that a number of staff / departments had been recognised, namely ICU, the Sikh Community and the CEO for outstanding contribution during the Pandemic.</p> <p>SMcG advised NED recruitment to commence, applications to close 14 June 2021. IJ and TA had agreed to extend their current terms of office to the conclusion of the NED Recruitment process. A GNARC will be convened to consider the proposal.</p>	
<b>COG/21/05 /28</b>	<b>W&amp;H Strategy 2018-2023 - Mid-Point Review</b>	
	<p>LG provided a high-level overview on what had been achieved against each of the Trust's aims/objectives, Quality, People and Sustainability and a look forward at the priorities for</p>	



	<p>2021-22 and 2022-23.</p> <ul style="list-style-type: none"> <li>- Notable achievements - significant reduction in formal complaints, refreshed Health &amp; Wellbeing offer for staff, publication of Equality Diversity &amp; Inclusion Strategy, number of Estates improvements the Nest, FAU, new MRI scanner, digital enhancements.</li> <li>- Mission, vision, values and objectives had been refreshed, 2 new outcomes linked to Equality, Diversity &amp; Inclusion Strategy incorporated into People domain.</li> <li>- Quality Priorities for 2021-22 had been approved at Quality Assurance Committee (QAC) April 2021 and People priorities at the Strategic People Committee (SPC) July 2020</li> <li>- Provision of services in Shopping City will enable services to be offered closer to home for patients, focussing on health inequalities, sustaining environment and creating jobs.</li> <li>- Sustainability - Key priorities for 2021-22 and 2023 highlighted including playing key role in development of ICS, secure and access appropriate funding within system financial envelope, further Estates improvements, recovery of Elective Care services, development of services in Runcorn Shopping City.</li> <li>- Collaborative working and developing H&amp;S Care Academy with University of Chester and Warrington &amp; Vale Royal College. NH concurred in the collaboration and productive links that are in place for building on in the future.</li> </ul> <p>LG explained there will be further staff and partner engagement to agree priorities for 2021-22 and 2022-23 prior to presentation for approval of priorities and strategy delivery at Trust Board in May 2021. A summary booklet will be available June 2021 summarising progress and priorities for 2021-22 and 2022-23.</p> <p>No questions were raised.</p>	
<p><b>COG/21/05 /29</b></p>	<p><b>Proposed relocation of Breast Screening &amp; Assessment Services at WHH – Pre-Consultation</b></p>	
	<p>LG provided a high-level overview on the proposal to relocate Breast Screening and Assessment services from Warrington Hospital to Halton Hospital (Captain Sir Tom Moore Building (CSTMB), retaining the current service at Bath Street, Warrington.</p> <ul style="list-style-type: none"> <li>- Planned engagement and consultation process explained.</li> <li>- Service Improvement outcomes of the proposed relocation to CSTMB explained which will include additional mammography rooms, ultra-sound clinics, consultation and counselling rooms, changing cubicles, and waiting areas.</li> <li>- Current location not fit for purpose. Proposals will enhance Patient experience as well as service improvement benefit, including services being closer to home for the majority of patients being referred, enhanced patient experience and accessibility to Ground Floor service, provision of screening and assessment clinics simultaneously, ensuring the service is future-proofed, no suitable location elsewhere on Warrington site.</li> <li>- Comprehensive engagement and consultation plan and communications plan across a wide range of stakeholders, partners and MPs.</li> <li>- Pre-consultation engagement due to end 15 May 2021, further virtual session 14 May as part of this process, JC to circulate invitation to Governors. Feedback will inform Formal Public Consultation to commence 28 May 2021 - 8 July 2021.</li> <li>- AR commented she attends the development meetings and will circulate briefing following meeting on 20 May. LG thanked AR for her input and support on behalf of the Governors in developing these plans/proposals.</li> </ul> <p>Questions invited</p> <p>SMcG referred to travel element and for a clear media communication to be agreed when proposals agreed to focus on improved patient experience and service provision. LG commented post-codes of patients accessing assessment service reviewed and slightly more patients in Halton than Warrington, overall increase of travel time would be less than ½</p>	



	minute for these patients, Warrington slight increase of 10 minutes.	
<b>COG/21/05 /30</b>	<b>Trust Operational Plan</b>	
	<p>AMcG provided a high-level overview of the Draft Operational Plan approved at Trust Board in April 2021 prior to submission to NHSE/I.</p> <ul style="list-style-type: none"> <li>- Half year (H1) plan to be submitted, recovery targets known, access to Elective Recovery Fund (ERF) will be based on system performance against Recovery targets. Required Trajectories highlighted for Priority 2 (P2) Patients, Referral to Treatment (RTT) patients seen within 18 weeks and 52-week waits.</li> <li>- Elective and Out-Patient activity to be achieved compared to 2019 pre-COVID-19 highlighted, target rising by 5% to achieve 85% of activity delivered in 2019.</li> <li>- Activity includes Independent Sector system cost of £0.8m (May-Sept 2021) and total incentive contribution to support the system of £3.0m.</li> <li>- Workforce WTE – total substantive staff 4,147.2 WTE, taking out ‘COVID’ staff reduction to 4,377.3 WTE.</li> <li>- Trust Deficit Plan; COVID-19 Top 2 Allocation from CMHCP (£9,003) to be negotiated, dependent on system financial performance.</li> <li>- Further guidance 6 May requested Breakeven position to be submitted, further work to be undertaken, no additional ERF submitted, CIP required this year of 1% in Q2.</li> <li>- Next steps - AMcG emphasised focus across the system for all organisations to achieve recovery trajectories and potential impact on the Trust of not achieving system plans.</li> <li>- Meeting with Commissioners to agree way forward relating to Independent Sector activity.</li> <li>- CIP – AMcG assured CoG that all CIP schemes are subject to a rigorous Quality Impact Assessment, final approval required from the Chief Nurse and the Quality Assurance Committee.</li> </ul> <p>Questions invited:</p> <ul style="list-style-type: none"> <li>- SMcG enquired if Mental Health and Community Trusts surplus 2020-21 will be considered and system figures revised. AMcG explained it is unknown currently, transparency will be required across all organisations plans to close any gap/shortfall. Gap does not include ERF circa £40m for CMHCP.</li> <li>- PLJ referred to C&amp;M funding and impact on Trust, how would savings be realised and the impact on recovery plans. AMcG explained full impact on system financial performance not yet known, activity will not slow down at the Trust</li> </ul>	
<b>COG/21/05 /31</b>	<b>Complaints and PALS Q4 Report</b>	
	<p>SMcG assured CoG that rigorous review and reporting of all complaints in the Trust continues and trajectories are being met.</p> <ul style="list-style-type: none"> <li>• <b>The Council of Governors noted the Q4 report.:</b></li> </ul>	
<b>COG/21/05 /32</b>	<b>Council of Governors Cycle of Business 2021-22</b>	
	<p>The report was taken as read and provided a draft Cycle of Business for 2021-22 for CoG to consider and approve. Proposed minor amendments were highlighted within the report.</p> <ul style="list-style-type: none"> <li>• <b>The Council of Governors <u>approved</u> the 2021-22 Cycle of Business.</b></li> </ul>	
<b>COG/21/02 09</b>	<b>Governor Training</b>	
	MIAA to produce timetable of future training. JC to circulate when available.	
<b>COG/21/02 09</b>	<b>Any Other Business</b>	

	<p>The Chairman proposed a future refresh session July/August 2021 to be arranged with Governors to discuss Governor role/priorities for 2021-22 and asked Governors to contact JC if interested.</p> <p>Thanks were recorded to Cllr Knowles for her support during her term of office as Warrington Borough Council Partner Governor.</p> <p>No other matters raised.</p> <p>Date and time of next meeting <b>Thursday 12 August 2021</b></p>	
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Signed ..... Date .....

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**COUNCIL OF GOVERNORS ACTION**

<b>AGENDA REFERENCE</b>	<b>CoG/21/08/37</b>	<b>SUBJECT:</b>	<b>COUNCIL OF GOVERNORS ACTION LOG</b>	<b>DATE OF MEETING</b>	12 August 2021
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**1. ACTIONS ON AGENDA**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/19/11/58	14.11.2019	WRAG presentation	Further update in February 2021	WCCG	COG 12.08.2021		To CoG 12.11.2020 Deferred to February 2020 due to Pandemic. Deferred to May due to COVID. Deferred to August due to COVID	

**2. ROLLING TRACKER OF OUTSTANDING ACTIONS**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02	13.02.2020	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/20/08/33	13.08.2020	GEG Report	Chairs of GEG to be elected for next terms of office	Trust Secretary/K Bland/N Holding	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/21/05/	13.05.2021	Refresh session for Governors	Proposed future refresh session to be arranged focus on Governor role/priorities for 2021-22 if preferred	Chairman/Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic restrictions	
COG/20/02/06 (a)	13.02.2020	Items requested by Governors	Hospedia Audit of services post COVID	Deputy Chief Information	Paused due to Pandemic		<u>06.05.2020</u> <b>Recommended Next Steps</b> (a) Site visit with 3 <sup>rd</sup> party engineers to include review	

							<p>the TV services payment mechanism on cessation of the Trust procured TV services on the 09/07/2020.</p> <p><u>13.08.2020</u> Visit paused due to Pandemic. Conduct a review post-COVID-19 of patient entertainment services across the Warrington and Halton hospitals to inform the specification for a new solution prior to the contract end date with Hospedia on 20/08/2021.</p> <p><u>12.11.2020</u>. (a) Hospedia to audit current system, due December 2020.</p> <p><u>18.02.2021</u>. (a) Hospedia audit on hold (Minute COG/21/02/03) due to COVID restrictions</p> <p><u>02.08.2021</u> Hospedia Audit remains paused.</p>	
XOG/21/05/2	13.05.2021	Lead Governor update	Role description for Lead Governor and Deputy Lead Governor to be circulated for expressions of interest and Governor Working Party to be convened to consider proposals	Trust Secretary	COG 11.11.2021		Role descriptions to be reviewed and circulated. Update in November.	

### 3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/21/05/25	13.05.2021	Chairs Appraisal	Survey to be	Trust Secretary		June 2021	Completed, approved virtually by Council of Governors and	

			circulated for completion w/c <b>24 May for completion</b>				submitted to NHSE/I June 2021	
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**RAG Key**

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete
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**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/38</b>
<b>COMMITTEE ATTENDED</b>	<b>Trust Boards</b>
<b>DATE OF MEETING:</b>	26 <sup>th</sup> May, 30 <sup>th</sup> June, 28 <sup>th</sup> July
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p><b>26th March 2021 (Bi-Monthly Board)</b></p> <p><b>Part 1 Public Board</b></p> <p>All Governors were circulated the papers for the Public Board in advance. 4 Ned's were in attendance. The meeting had a very full agenda. The CEO and Chairman gave full and comprehensive reports, NED chairs gave key issues reports in support of the Dashboard Assurance Reports from Executives, these reports showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams. The main items of discussion were: Covid-19, Trust Performance Dashboard, Maternity Services, Finances, Trust Governance. There was a full list of matters for approval and matters for noting.</p> <p>All NEDs participated in all areas of the meeting challenging and questioning in depth were required. The meeting was chaired well, and time given to all contributors There were several governors and members of the public observing this virtual meeting.</p> <p><b>26<sup>th</sup> May 2021 (Bi-Monthly Board)</b></p> <p><b>Part 2 – Private Board</b></p> <p>Following Part 1 in the afternoon I observed the Private Board. 4No NEDs were in attendance. The meeting had a comprehensive agenda were again the NEDs all participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance before</p>

decisions were made. Main items were: Capital Programme, Digital Services, WHH Strategy, Finance.

### **30<sup>th</sup> June 2021 Board Development Day**

All NEDs were in attendance, there was a very intensive agenda. The main areas were ED&I, a presentation was given by an outside presenter, all present were actively involved. Cheshire & Merseyside Pathology Network, Health Inequalities, and the ICS.

Each item had a presentation which was given by an executive board member. There was in-depth questioning and challenging from all NEDs to gain assurance on the strategies and actions being presented. The day was well chaired, and each item was given appropriate time for explanation and questioning, the day concluded on time.

### **28<sup>th</sup> July 2021 (Bi-Monthly Board)**

#### **Part 1 Public Board**

Governors were circulated the papers for the Public Board in advance. All NEDs were in attendance, The meeting had an exceptionally very full agenda. The meeting started with an excellent overview of the various Staff Network Groups given by the Chairs of the Groups.

The CEO and Chairman gave full and comprehensive reports.

NED chairs gave key issues reports in support of the Dashboard Assurance Reports from Executives, these reports showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams.

Area of concern being the intense pressures being put on ED at this time.

A very detailed and comprehensive report was presented on the National Covid-19 Inquiry and Trust Look Back, more detail was requested to be added.



Other items debated were NHS System Oversight Framework, Use of Resources, an update was provided by the Health and Wellbeing Guardian and the Engagement Dashboard.

The Risk Register was reviewed, and items amended as agreed by the Board.

The Annual Senior Information Responsible Officers report was presented.

All the above were debated and questioned or challenged as necessary by all NEDs. The meeting was chaired well, and time given to all contributors

### **26th May 2021 (Bi-Monthly Board)**

#### **Part 2 – Private Board**

This meeting followed Part 1 in the afternoon. all NEDs present.

There was a very full Agenda, and all Neds were fully involved in the items. The main areas being Establishment review and EPR, there was detailed input and challenging from the Chair of Finance. Several business cases were discussed again there was a lot of discussion and challenge from NEDs

The meeting concluded on time, was well chaired with all parties being able to contribute.

**Council of Governors**

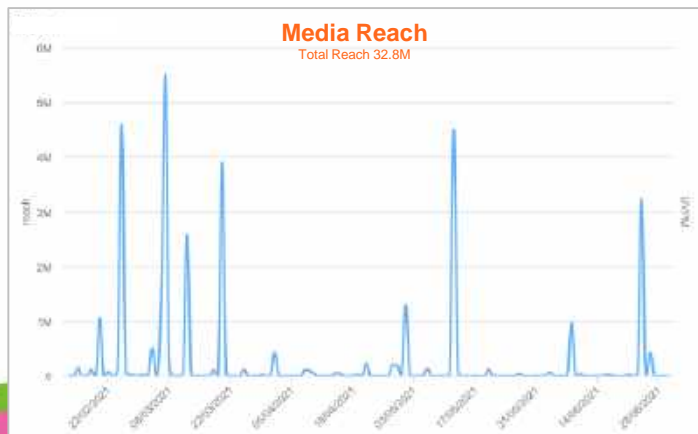
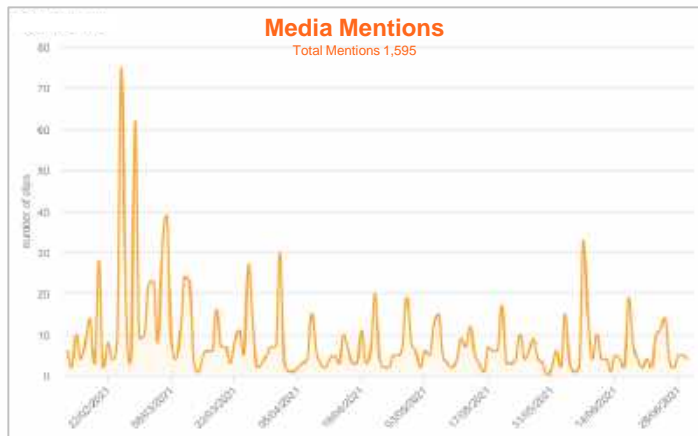
<b>AGENDA REFERENCE:</b>	<b>COG/21/08/X39 a</b>
<b>SUBJECT:</b>	<b>Engagement Dashboard Q4 and Q1</b>
<b>DATE OF MEETING:</b>	12 <sup>th</sup> August 2021
<b>ACTION REQUIRED</b>	<b>For noting</b>
<b>AUTHOR(S):</b>	<b>Pat McLaren, Director of Communications &amp; Engagement</b>
<b>EXECUTIVE SPONSOR</b>	Pat McLaren, Director of Communications + Engagement
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All
	Choose an item.
	Choose an item.
<b>EXECUTIVE SUMMARY</b>	<p><b>The Engagement Dashboard is for the period Jan – Jun 2021 inclusive (Q4 and Q1) and addresses:</b></p> <ul style="list-style-type: none"> <li>- Level of success in managing the Trust’s reputation in the media and across digital and social platforms</li> <li>- Our engagement with patients, staff and public via our social media channels</li> <li>- The Trust’s website and levels engagement with this key platform</li> <li>- Patient enquiries via our website</li> <li>- Patient/public feedback on the independent platforms (recent addition of GOOGLE)</li> </ul> <p><b>Media</b></p> <ol style="list-style-type: none"> <li>1. <b>Covid-19 data from our hospitals</b> remains a key item of interest among our local and regional media. We continue to publish key Covid-19 stats on our website at 1pm daily which are reported on weekly in local outlets.</li> <li>2. <b>Media sentiment</b> continued neutral, ie where media reported on Covid statistics, however the Trust pressed ahead with key projects which drew media attention such as the opening of the clinical research centre at Halton, the arrival of our first cohort of international nurses, proposed new health hub at Runcorn Shopping City, reinstatement of car parking charges and the opening of our new stroke unit garden.</li> </ol> <p><b>Social Media</b></p> <ol style="list-style-type: none"> <li>1. <b>Twitter</b> – Followers continue to climb steadily to 12.5K with engagements in the period reaching 890K</li> </ol>

	<p>2. <b>Facebook</b> reach in the period rose to 1.1m – to note that Facebook and Twitter channels were extensively used to promote Public Health England Covid-19 messaging</p> <p>3. <b>Instagram</b> – a new metric on the dashboard this platform is extensively used by younger users and we are working on building a following on this medium</p> <p><b>Website</b></p> <p>1. Website visits reached an all time high in January at 70K settling to around 50K per month – this is double that which we used to achieve with our previous platform. This version is highly accessible and mobile enabled, nearly 60% of visitors arrived by mobile phone.</p> <p>2. Patient/visitor enquiries through the website totalled 1,842 for the period – we are planning to introduce a ‘Chat Bot’ to support visitors to find the information they require through a single search term. As well as offering a significantly better visitor experience, it will also reduce pressure on scarce resources.</p> <p><b>Patient Feedback</b></p> <p>1. There were 45 patient reviews on the three main external channels: NHS Choices, Care Opinion and I Want Great Care of which 7 were negative.</p> <p>2. Healthwatch continues to collect ratings on healthcare services in each borough, Halton Hospital is at 5* from 61 reviews, RUCC is at 4.5* from 8 reviews and Warrington Hospital is at 3* based on 15 reviews</p> <p>3. Google Reviews We have begun to collate Google reviews, an increasingly popular ratings system and which are present when the user searches for an organisation or establishment. Warrington Hospital is at 3.4* where users most often mention A&amp;E and Car Park in their reviews. Halton General is at 3.9* with users most often mentioning ‘professional, nurse, treatment and triage’ Both CMTC and CSTM now showing with 4 and 4.9* respectively – insufficient ratings to review comments.</p>			
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information X	Approval	To note X	Decision
<b>RECOMMENDATIONS</b>				
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Submit to Trust Board</b>			
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee</b> Choose an item.			

	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	Choose an item.	

# WHH Engagement Dashboard

**Half year dashboard**  
**January 2021 – June 2021**



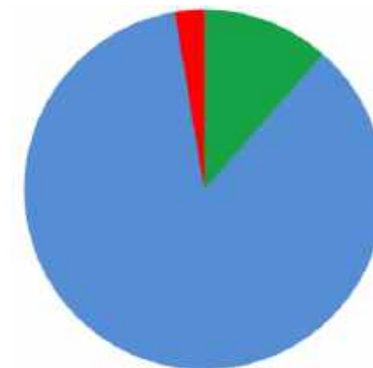
#### Top Outlets

OUTLET	NUMBER OF CLIPS	REACH
Sky News	92	15,228,000
Warrington Guardian	383	15,228,000
Cheshire Live	30	4,726,350
Warrington Worldwide	166	1,958,800
Runcorn & Widnes World	35	385,525
Runcorn & Widnes Weekly News	26	76,844

#### Top Articles

HEADLINES	OUTLET	REACH
Charlotte Dawson celebrates vale...	Daily Mail - MailO	23,912,681
Charlotte Dawson's baby son is sp...	Daily Star	2,707,483
Dad delivered baby at home afte...	Manchester Eveni	1,808,899
Charlotte Dawson celebrates 'first...	Daily Mail	938,327

### Media Coverage Sentiment by mention

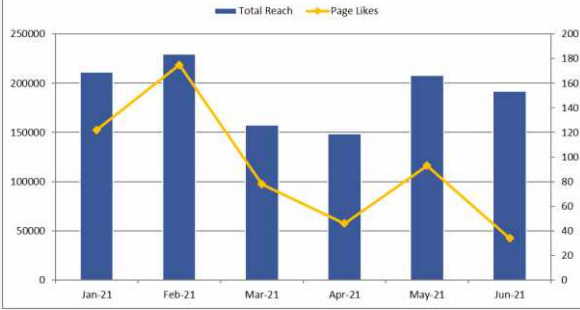


■ Neutral 86%
 ■ Positive 11%
 ■ Negative 3%

## FACEBOOK

Total Reach 1.1M

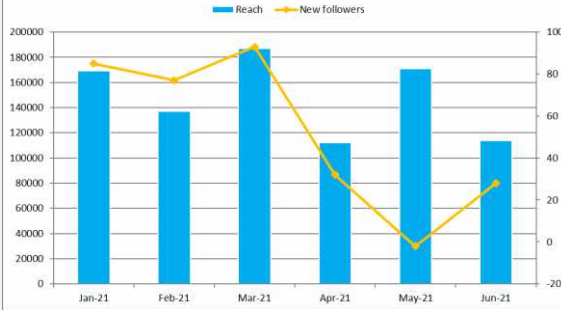
### FACEBOOK ENGAGEMENT



## TWITTER

Total Reach 890K

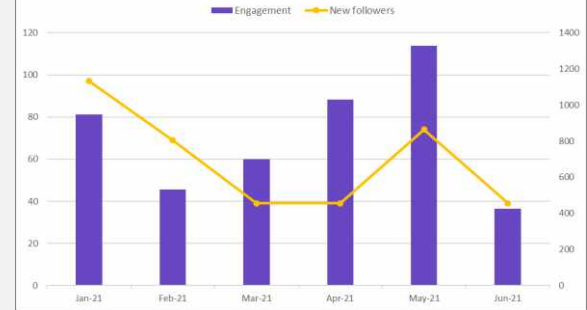
### TWITTER ENGAGEMENT



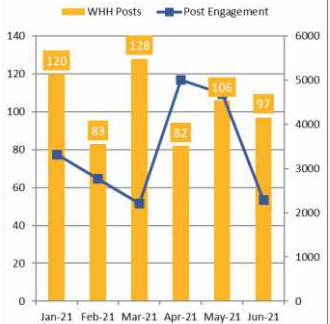
## INSTAGRAM

Total Engagement 4.9K

### INSTAGRAM ENGAGEMENT



### WHH FACEBOOK POSTS



### TOP POSTS 50K REACH

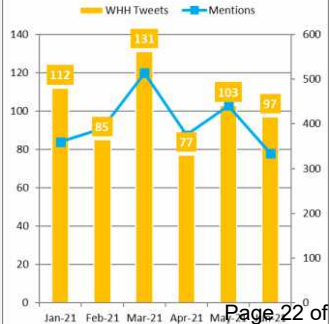
Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington, UK

Our operations have been severely impacted by the ongoing global health crisis. We are now open to patients for elective surgery and we are continuing to provide essential services to our community. We are working closely with our partners to ensure we are providing the best possible care for our patients.

For more information, please contact our patient services team on 01925 444444 or visit our website at [www.warringtonandhalton.nhs.uk](http://www.warringtonandhalton.nhs.uk)

### WHH TWITTER POSTS



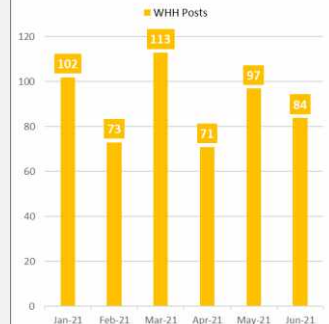
### TOP TWEET 15K IMPRESSIONS

Top Tweet earned 15.3K impressions

Halton is now home to a new, dedicated facility for clinical research & trials as part of an exciting alliance with regional research partners. Find out more information here: [ow.ly/GDE19CC?rdm](http://ow.ly/GDE19CC?rdm)

@NHSRCRN\_nwcoast @LIVHospitals  
pic.twitter.com/MawK2aJ9sc

### WHH INSTAGRAM POSTS



### TOP POST 1.6K REACH

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington, UK

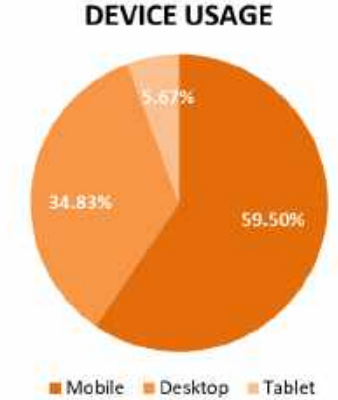
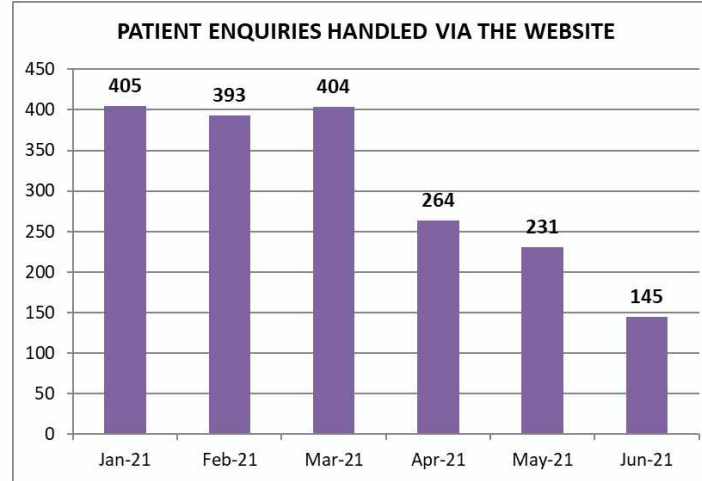
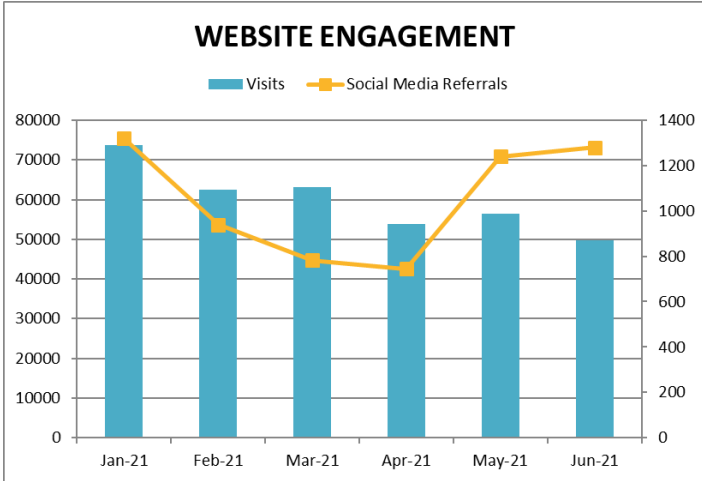
Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals NHS Foundation Trust

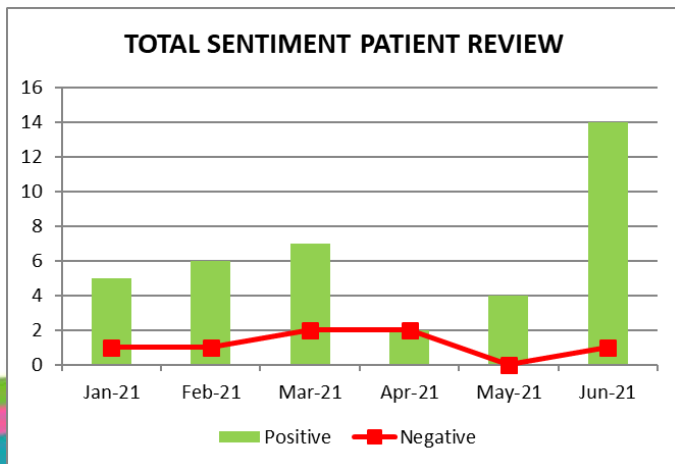
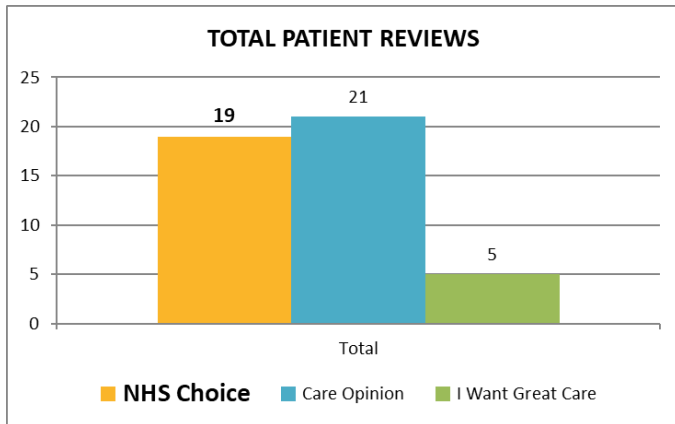
Warrington and Halton Teaching Hospitals NHS Foundation Trust





Total website sessions: 359,414 ↑ 62% from the same period last year

Total patient enquiries handled: 1,842 ↑ 18% from the same period last year



“Staff run off their feet, day and night, but they still gave excellent care and time for every individual patients needs, going above and beyond. Hospital kept very clean. PATIENTS behaviour at times can be unacceptable, even racist, but staff still remain professional and caring despite. STAFF are truly amazing”

“Just been to A&E fantastic staff all sorted within one hour treated and on my way back home thanks to all the staff stay safe thank you”

“I attended the UCC at Halton for the first time yesterday. Reception was considerate to the privacy of my information and my waiting time was minimal. The nurse who examined me was very softly spoken and put me at ease straight away. She explained I would need a referral to Warrington and again was supportive and caring. Great staff and environment, even down to the temperature of the examination room. Parking was easy and I was very grateful that it was free as I had rushed out of work and had no money”

## Warrington Hospital

Lovely Ln, Warrington  
3.4 ★★★★★ 197 reviews

People often mention  
All ambulance 14 car park 8 feel 8 +6  
Sort by  
Most relevant Newest Highest Lowest

## Halton General Hospital

Hospital Way, Palaeofields, Runcorn  
3.9 ★★★★★ 100 reviews

People often mention  
All professional 11 nurse 9 treatment 7 triage 6 +6  
Sort by  
Most relevant Newest Highest Lowest



## Warrington Hospital

Lovely Lane, Warrington, WA5 1QG  
01925 635911  
[www.warringtonandhaltonhospitals.nhs.uk](http://www.warringtonandhaltonhospitals.nhs.uk)

## Cheshire And Merseyside Treatment Centre

Ears Way, Palaeofields, Cheshire, Runcorn  
4.0 ★★★★★ 4 reviews

Sort by  
Most relevant Newest Highest Lowest

## Halton Hospital-Capt Sir Tom Moore Building

Ears Way, Palaeofields, Runcorn  
4.9 ★★★★★ 10 reviews

Sort by  
Most relevant Newest Highest Lowest



## Halton General Hospital

Feedback Rating  
★★★★★  
Based on 61 reviews

## Runcorn NHS Urgent Care Centre

Feedback Rating  
★★★★★  
Based on 8 reviews

**DRAFT**  
**TERMS OF REFERENCE**

**COUNCIL OF GOVERNORS, GOVERNORS' ENGAGEMENT GROUP**

**1. CONSTITUTION**

1.1 The Council of Governors hereby resolves to establish a Sub-Group of the Council, to be known as the Governors' Engagement Group (*hereinafter referred to as 'the Group'*).

**2. REMIT AND FUNCTIONS OF THE SUB-GROUP**

2.1 The Group is established to consider matters relating to Membership, Engagement, Involvement and Communications, having regard to the interests of its public and staff members, its patients and stakeholders on behalf of the Council of Governors.

2.2 The main functions of the Group are to:

- i. Regularly review the Trust's Patient and Public Participation and Involvement Strategy and report progress against the Strategy to the Council of Governors on an annual basis.
- ii. Regularly review the Trust's Engagement and Involvement calendar and planned events to support this.
- iii. Consider the content of the report made to Members at the Annual Members' Meeting and advise the Council of Governors accordingly.
- iv. Consider and recommend means of both delivering and developing the Trust's Patient and Public Participation and Involvement Strategy.
- v. Monitor the Trust's membership profile to ensure that it is representative of the population served by the Trust.
- vi. Support membership recruitment initiatives as and when appropriate with focus on the diversity of membership vs catchment population
- vii. Consider and recommend initiatives to facilitate effective engagement between Governors, Members and the wider public to enable stakeholders' views to be heard.
- viii. Develop a patient, public, governor, member and staff newsletter including relevant information for members on Trust developments and the work of the Council of Governors.
- ix. Consider and recommend means for PPP&I in developing Trust services such as; expert by experience panels, focus groups, user surveys, and member's meetings.
- x. Carry out such other functions as may from time to time be delegated by the Council of Governors.

**3. COMPOSITION AND CONDUCT OF THE GROUP**

3.1 The Group shall be comprised of a minimum of five Governors.

3.2 The Group will elect a Chair to serve for a period of three years or the remainder of their term of office, whichever is shorter. In the event that the Chair is not present, the members present will nominate one of their number to Chair the meeting.

3.3 The following Officers of the Trust shall routinely attend meetings to report to and advise the Sub-Group accordingly:

- Director of Communications and Engagement ~~Community Engagement~~

- Head of Patient Experience and Inclusion/Patient Experience and Inclusion Manager
- Engagement and Involvement Officer
- Head of Fundraising

- 3.4 **Quorum.** No business shall be transacted unless at least three members are present.
- 3.5 **Attendance.** Members of the Group will be required to attend a minimum of 50% of scheduled meetings.
- 3.6 **Notice of meeting.** Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least five clear days before the meeting.
- 3.7 **Frequency of meetings.** The Group will, as a minimum, meet four times a year.
- 3.8 **Minutes.** The action notes from the meetings shall be taken by a member of the Communications + Engagement Team checked by the Chair and submitted for agreement at the next ensuing meeting. A key summary report of the meeting shall be made available to the Council of Governors.
- 3.9 **Administration.** The Group shall be supported administratively by a member of the Communications + Engagement Team duties shall include; agreement of the agenda with the Chair, collation of papers, producing the action notes and key summary of the meeting and advising the Group on pertinent areas.

#### **4. ACCOUNTABILITY AND REPORTING ARRANGEMENTS**

- 4.1 The Group will report to the Council of Governors.
- 4.2 The key summary of Group meetings will be submitted to the Council of Governors and the Chair of the Group shall report on its proceedings at Council of Governors meetings.

#### **5. REVIEW**

- 5.1 The Group will evaluate its own membership and review the effectiveness and performance of the Group on an annual basis. The Group must review its terms of reference annually and recommend any changes to the Council of Governors for approval.

**Approved:**

### COUNCIL OF GOVERNORS

**Date of Meeting: Thursday 2 August 2021**

**Agenda Ref:  
COG/21/08/40**

**Q1: Update on spinal services at The Trust/WHH**

**Proposer:  
Alison Kinross**

**Verbal update to be provided by Simon Constable, Chief Executive**

### Council of Governors

<b>AGENDA REFERENCE:</b>	COG/21/08/41 a
<b>COMMITTEE ATTENDED</b>	End of Year Audit Committee
<b>DATE OF MEETING:</b>	24/06/2021
<b>AUTHOR:</b>	Sue Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>The meeting was expertly chaired by Ian who summarised and sought approval at key points in the meeting.</p> <p>Papers were circulated in advance of the meeting. The meeting was rescheduled from 22 to 24<sup>th</sup> June to complete additional testing.</p> <p>A concise verbal report was given by the external auditors. Approval was sought and gained by the committee.</p> <p>There were a few errors pointed out by the external auditors and the chair sought clarification from the committee as to how these had come about. The committee was reassured that these were due to changes in audit standards and their application.</p> <p>The external auditors reported that the management process is appropriate and key assumptions are neither optimistic nor cautious.</p> <p>Both internal and external auditors efforts were acknowledged especially due to the challenges presented by COVID-19.</p> <p>The accounts and summary schedules have been approved by the committee, the accounts and audit certificate are to be signed off ready for submission to Parliament.</p>



**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/41 b</b>
<b>COMMITTEE ATTENDED</b>	<b>Finance and Sustainability</b>
<b>DATE OF MEETING(s):</b>	21/7/21, 23/6/21 – meeting on 19/5/21 was postponed
<b>AUTHOR(S):</b>	Paul Bradshaw
<b>GOVERNOR COMMENTS</b>	<p>I am always assured in these meetings by the thorough preparation and hard work of the NEDs, Terry and Anita, that is necessary in order for them to hold to account the regular attendees of this committee; attendees, from all disciplines, are always challenged (and celebrated), whether it be in relation to HR, finance or operational statistics, particularly in relation to ED, for example.</p> <p>At the last meeting we received a very comprehensive presentation from the Executive Medical Director and members of his team, which drew from the recent Medical Establishment Review highlighting the conclusions from the review together with a number of recommendations.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/41 c</b>
<b>COMMITTEE ATTENDED</b>	<b>Quality Assurance Committee (QAC)</b>
<b>DATE OF MEETING(S):</b>	01/06/21 and 03/08/21
<b>AUTHOR(S):</b>	Anne M Robinson, Public Governor
<b>GOVERNOR COMMENTS</b>	<p><b>01/06/21</b> As previously reported, the Chair (MB) is more than effective when managing the QAC. This meeting included a patient story that perfectly illustrated an exceptional Multidisciplinary Team (MDT) approach – a fact appreciated by all the Teams represented at the QAC. The meeting discussed + approved the Quality Acct for 21/22 and the Quality Strategy for 21-24. In addition the Medicines Management + Controlled Drugs Annual Report was noted for assurance.</p> <p><b>No QAC in July 2021 due to Operational Pressures</b></p> <p><b>03/08/21</b> A very full Agenda, due to the lack of a QAC in July. Both the Chair and the attending NED reviewed and questioned all items of business. A full discussion on the Hot Topic of Delirium, presented by the Deputy Chief Nurse, also ensued. The agenda item covering the Deep Dive on SEPSIS was agreed to expect a Progress paper in 2 months.</p> <p>8 reports were noted for assurance together with 7 HL Briefing papers with a further 5 HL briefing papers held over from July 2021.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/41 d</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	21 <sup>st</sup> July 2021
<b>AUTHOR(S):</b>	Colin Jenkins
<b>GOVERNOR COMMENTS</b>	<p>All attendees were warmly welcomed by the Chair at the start of the meeting and newcomers introduced.</p> <p>The Chair outlined the agenda and highlighted items that were linked to previous meeting agenda's that the committee would be receiving updates to and informed the meeting that any pre-submitted questions to any item would be addressed at the appropriate point.</p> <p>Each responsible officer gave a verbal overview of their respective reports and answered any questions that arose from them.</p> <p>The committee ongoing action plan was reviewed and updated where necessary with targets applied to items that were incomplete.</p> <p>Assurances, where sought, were given along with any necessary parameters. The dates were agreed for the next required update after each key item.</p> <p>The meeting was professionally chaired by Anita, who throughout the meeting invited colleagues for their input, made salient comments and confirmed for assurance.</p> <p>I'm happy that the business of the SPC was conducted in line with the WHH policies and procedures.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/20/08/41 e</b>
<b>COMMITTEE ATTENDED</b>	<b>Charitable Funds Engagement Workshop</b>
<b>DATE OF MEETING:</b>	04 <sup>th</sup> June 2021
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p>There were 5no Neds in attendance on the TEAMS meeting.</p> <p>This workshop was convened to review the charity and it way forward. The points discussed and debated were:</p> <p>How important is it to have a WHH Charity?</p> <p>How important is it to have a Community Hub?</p> <p>How would you describe the 'purpose' of the WHH Charity?</p> <p>How would you describe the 'purpose' of the Community Hub?</p> <p>Are there any other priorities you would expect to see?</p> <p>How do we encourage staff to fundraise for the charity?</p> <p>How do we promote the work undertaken by the charity and access to it?</p> <p>Which service specific fundraising campaigns should we promote and prioritise?</p> <p>How do we diversify our offer to community/companies (in kind donations)?</p> <p>Do we need to invest in the Charity and if so in what?</p> <p>We had a very detailed presentation from Michelle Cloney giving an overview of the last years activities</p> <p>The NEDs had a lot of input both to the way forward and on the last years activities.</p> <p>All present contributes to the discussions</p> <p>The meeting was chaired well, and all points of view were heard.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/41 f</b>
<b>COMMITTEE ATTENDED</b>	<b>Clinical Recovery Oversight Committee (CROC)</b>
<b>DATE OF MEETING:</b>	Summary of 4 Meetings: 13 <sup>th</sup> May, 25 <sup>th</sup> May, 8 <sup>th</sup> June and 22 <sup>nd</sup> June,
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p><b>13<sup>th</sup> May</b></p> <p>This third meeting ran smoothly and ahead of time, hence attendees agreed to aim to complete future meetings in 1 hour.</p> <p>The Chair recognised the huge effort and time commitment that had been put in to harm reviews versus the thankfully very small amount of harm identified.</p> <p>New suggestions were made and agreed to add narrative to completed harm reviews, to consider where harm occurs on the patient's journey.</p> <p>It was also agreed to bring progress update on each of the Elective Recovery Fund's five gateways to future meetings.</p> <p>The meeting was closed with recognition of the significant progress being made.</p> <p><b>25<sup>th</sup> May</b></p> <p>The meeting ran effectively in the agreed hour, recognising the significant time commitment taken up by fortnightly meetings.</p> <p>Grant Thornton, Auditors attended as observers.</p> <p>A number of queries on the progress in specific speciality areas were raised and addressed.</p> <p>Areas where the private sector is being used to ensure the longest waiting patients are prioritised were confirmed.</p>

### **8<sup>th</sup> June**

It was agreed that the meeting's focus should move from simply receiving data to achieving assurance.

An Outpatients Improvement Group is looking at preparations for the expected challenge to come in August.

More specific additional information was requested, for example if over a 6 week wait, how long typically is the wait.

All related risks were reviewed for the first time, with an increase in score proposed and agreed.

### **22<sup>nd</sup> June**

It was questioned whether for the trajectory numbers that are out-performing, do we need more challenge.

For those specialities under target, a recovery plan for each was requested.

The Cheshire & Mersey numbers were discussed, particularly how we can ensure we don't look like an outlier for being ahead of the validation process.

Each of these meetings was expertly chaired by Terry, with suitable challenge by the attending NEDs, and closed with a review of the effectiveness of the meeting and a summary of the key areas to take to the Board.

**23rd July** - *This meeting was attended by Sue Fitzpatrick - see separate report for details.*

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/41 f</b>
<b>COMMITTEE ATTENDED</b>	<b>CROC Committee</b>
<b>DATE OF MEETING:</b>	<b>23/07/2021</b>
<b>AUTHOR:</b>	<b>Sue Fitzpatrick</b>
<b>GOVERNOR COMMENTS</b>	<p>The meeting was expertly chaired by Terry Atherton. The minutes of the previous meeting were reviewed and a request made to update and tie up some loose ends. Due to overrun of another meeting there were several member late to the meeting. This committee is normally observed by another governor so it was difficult picking up the reigns. Papers were circulated the day before the meeting. Unfortunately due to the amount of data presented in charts and graphs it was difficult to pick out the salient points and issues.</p> <p>The NEDs also expressed their concerns regarding the papers as presented. The information did not appear to fulfil the requirements of the NEDs. A number of other committees review the areas of concern and in this committee it may be more useful to have a verbal presentation of the highlighted areas that require attention or those areas that have been escalated and their subsequent actions.</p> <p>The NEDs were reassured that as a hospital we are on our predicted trajectory. Bur felt that it would be useful not only to see how WHH compared to other hospitals in Cheshire and Merseyside but across the country.</p> <p>The committee acknowledged the amount of work and added pressure the current new wave of Covid 19 and admissions to A&amp;E are putting on the staff and felt that this meeting may be better served reporting less frequently and in a more succinct way to achieve its objectives.</p> <p>The members of the committee were asked to reflect and consider how best to achieve and meet the objectives of the committee giving assurance in the future.</p>



**REPORT TO BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	BM/21/05/65			
<b>SUBJECT:</b>	Chief Executive's Briefing			
<b>DATE OF MEETING:</b>	26th May 2021			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  (Please select as appropriate)				✓
				✓
				✓
<b>LINK TO BAF RISK:</b>	All			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	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.			
<b>PURPOSE: (please select as appropriate)</b>	Information ✓	Approval	To note	Decision
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable		
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Chief Executive's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/21/05/65</b>
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## 1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 31<sup>st</sup> March 2021, some of which are not covered elsewhere on the agenda for this meeting.

## 2) KEY ISSUES

### 2.1 Current COVID-19 Situation Report

As at the time of writing we have a total of 2 inpatients with COVID-19 at WHH. This is a low COVID-19 demand that we have not seen since August of last year.

In terms of community prevalence, in the latest 7 days fully published (9th May – 15th May) in Warrington there were 10 cases per 100,000 people (the average area in England had 13); 10 new cases were reported in that week, with no change from the previous week. In Halton, there were 14 cases per 100,000 people; 18 new cases in that week, down 2 compared with the previous week.

The latest R number for the North West, last updated on Friday 14th May, is at 0.8 – 1.1, the same as England as a whole.

Since March, we have performed over 97656 COVID-19 tests and 5419 have been positive in total. We have discharged a total of 1995 patients with COVID-19 to continue their recovery at home. Sadly, a total of 499 patients with COVID-19 have died in our care.

### 2.2 WHH COVID-19 Vaccination Programme

Our vaccination programme continues to deliver an average of 272 vaccinations per day. At the time of writing, we have performed over 40709 COVID-19 vaccinations. We have also vaccinated 91.26% of WHH staff – the second highest trust in England. Second doses have now been given to 84.48% of staff.

Our WHH Neighbourhood Champion Scheme for vaccination for those within the JCVI recommended groups has continued. It works very well in terms of bringing people forward for vaccination, sponsored by members of staff, so that we continue to make best use of our capacity. DNA rates are very low. We have not wasted any vaccine through a lack of people to vaccinate.

We have also implemented the reduction of dosing interval from 12 weeks to 8 weeks in line with JCVI guidance for those in the priority groups 1 to 9.

### 2.3 WHH Mission, Vision, Values and Objectives

In the last year WHH has faced many challenges requiring new levels of partnership, fortitude, innovation, stamina, patience, commitment, kindness, compassion and inclusion. Whilst we and our patients, their families, our volunteers and wider community continue to

work through the COVID-19 pandemic we recognise that WHH is almost certainly a very different organisation to that at the beginning of 2020.

Although of course we still have many things to work on, arguably we are emerging as a stronger and more self-confident organisation with ever greater ambition, as a team, to do even better for our patients, each other and the communities we serve.

As part of looking at our COVID-19 legacy it became clear that our vision, values and objectives needed to better reflect the new and wider needs of all staff, our patients, volunteers and our communities. Words such as ‘kindness’ and ‘inclusive’ kept coming up in the feedback we had. As a large organisation (and employer) in both Halton and Warrington boroughs, we have much to offer our communities as they too emerge from the pandemic and its economic and emotional consequences to begin recovery. This includes apprenticeships, work experience and employment opportunities, training and development, volunteering, community support and inclusion as well as economic regeneration through more local procurement, estate development and diversification.

Together, our vision, mission, values and objectives provide the direction for everything that happens at WHH. They keep us focused on where we are going and what we are trying to achieve. They define our core values and how we are expected to behave in everything we do. Our improved, and indeed simplified vision, values and objectives come with a fresh modern new look as we face the future.



## 2.4 Operation Reset

The last few weeks has seen urgent and emergency care under real pressure across Cheshire and Merseyside, and we have felt this particularly acutely at WHH. Emergency Department attendances at Warrington have reached record levels and we have regularly been seeing approximately 100 attendances at our Halton Urgent Treatment Centre. Whilst attendances and admissions have been high, our discharges have not kept pace and as a result we are in a poor position with regards to patient flow. Our super-stranded position of patients with a length of stay greater than 21 days was at 100 on Monday 17<sup>th</sup> May 2021. Although this is not the worst level it has been it is still a significant demand for us to manage effectively.

On Monday 17<sup>th</sup> May 2021 we launched Operation Reset until 28<sup>th</sup> May. Operation Reset is all about implementing, embedding and refreshing all that we know that works in terms of patient flow and have a whole organisational focus in doing so. There is enhanced support across the urgent and emergency care pathway to support caring for our patients in the right place at the right time, whilst continuing our restoration and recovery work for COVID-19 and our elective patients. There will be a daily focus and theme areas from across the system, internal and external, and with all members of the team involved. There will only be essential meetings and email traffic should be reduced where possible. The normal bed/site management structure will remain but additionally there will be three checkpoints every day - 8am, 12pm & 4pm. A Command and Control centre has been setup in the Trust Conference Room, with the real-time escalation and management of issues and the daily measurement of success with clear goals and feedback.

Operation Reset is about the concerted trust-wide application of a bundle of supporting schemes to support patient flow in a better way.

The aims are:

- Maximise community bed base availability
- Keep Assessment Areas unblocked for ambulatory/same-day emergency care activity
- Maintain empty beds on AMU
- Maximise capacity on B3 at Halton

This will support us to achieve:

- Reduced occupancy levels
- Super-stranded of <75
- Embedding good practice
- Clear corridors and reduce crowding in ED

At the time of writing, Operation Reset has already had a positive impact on achieving the above aims. The challenge will be creating a lasting legacy of doing this in a sustainable way with the required level of performance improvement with the 4 hour standard for our emergency patients.

## 2.5 Overview of Trust Performance

As stated above, there have been significant and sustained operational challenges of achieving the 4 hour standard for the non-elective pathway and a deterioration in performance as a result. Operation Reset is part of our strategy to regain the initiative here

despite the increase in demand. However, WHH achieved or exceeded the minimum threshold set by NHSEI for the restoration and recovery against a 2019/20 out-turn activity for elective and outpatient activity. We are working with all system partners, most notably the collaboration between all 12 acute and specialist trusts in Cheshire and Merseyside, in continuing to do so.

The Trust has been set a draft control total for the first half of the year (H1) and this has submitted a plan to Cheshire and Merseyside Health and Care Partnership (CMHCP) to deliver this. Further information is awaited from the CMHCP to confirm final income allocations and control totals. We are working with all trusts across Cheshire and Merseyside to support a breakeven position.

Once again we have an ambitious capital plan of £19.6m for 2021/22 including:

- Completing the £5m ED Assessment Plaza
- Urology investigation unit
- Cardiac Catheterisation Suite
- Paediatric Outpatients
- Completing the MRI, ICU beds and Breast Service reconfiguration started in 2020/21

Total staff absence, including COVID-19 related-absence approximates 6% and remains the most challenging 'People' metric at the current time.

## **2.6 COVID-19 Vaccine Research**

We opened our Halton Clinical Research Unit in March and our first study was started in April. This is a COVID-19 vaccine study on behalf of the French biotechnology company Valneva. We are one of two sites in the North West Coast (WHH and Blackpool). We have recruited just short of 140 participants so far (out of a target of 160) and are optimistic about being on target for completion. It is more difficult to recruit at this stage of the national COVID-19 vaccination programme roll out as lots of people are now being invited to be vaccinated anyway. However, what we have done so far is a phenomenal achievement and a reflection of the hard work of so many in getting this started. Our next study is already being planned and our Halton CRU has lots of potential for research from both our own staff and external partners across the North West Coast.

## **2.7 Our 'Black Boxes' fly to India**

On 5<sup>th</sup> May a British Airways flight from London Heathrow took 38 of our famous black boxes/CPAP machines to India, where they will be used in the western state of Gujarat. A further 22 were sent to southern India. We have been working with charities and the Indian High Commission to do this, and I am grateful to many colleagues, especially Dr Saagar Patel and Suresh Arni Sukumaran for making it happen. These repurposed sleep apnea/CPAP machines were a 'game changer' for WHH in wave 1 of the pandemic. Since then we have been lucky enough to have lots of new equipment and we have not needed them, so it is absolutely right that we hand them over to our Indian colleagues to make very good use of them.

## 2.8 Experience of Care Week

We marked Experience of Care Week as an international initiative running from 26th April to 30th April. The week focused on celebrating great patient experience by putting a spotlight on good ideas and recognising the staff making changes for the better across health and social care. This week also celebrated a time for learning, thinking differently and taking stock of all the incredible work of the past 12 months.

This year's themes for learning are:

- Co-Production – by hearing the voice of people's experiences of using a service as a patient, carer, family member or the team who deliver care and turn this experience into action by working together to develop the service that meets the needs of all.
- Carers – unpaid carers play a vital role in providing physical and emotional support for patients; it is important that they experience great care so they can support their loved ones.
- Health Inequalities – are the preventable and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies. Health inequalities determine the risk of individuals getting ill, ability to prevent sickness or the opportunity to take action and access treatment when ill health occurs.
- Allied Health Professionals – who provide a vital role in providing patient care and contributing to the patient and families' experiences of care. COVID-19 witnessed a large percentage of AHPs redeployed into different roles across the Trust where "co-production" was at the heart of our patients care.

## 2.9 Warrington Guardian Lockdown Heroes Awards

The Warrington Guardian has honoured members of our whole community who went above and beyond over the past 12 months. The awards were held on 30<sup>th</sup> April in association with Warrington Borough Council and WHH – in recognition of the support and efforts of our amazing local community for our hospitals during the pandemic. The virtual event was hosted by TV medic Dr Hilary Jones and celebrated NHS staff, shop workers, volunteers and young people.

Congratulations go to all who took part, collectively summing up the spirit of 2020 and how our whole community has come together. There was a lovely (genuine) surprise for me at the end too for which I am extremely grateful and honoured.

### **NHS Hero:**

Winner - Mel Thompson, Ward Manager A7  
Highly Commended - Lee Caiger, Paediatrics  
Commended - Allen Hornby, ICU lead nurse  
Commended - Olivia King, Midwife

### **Team of the Year:**

Winner - Intensive Care Unit;  
Highly Commended - Specialist Palliative Care Unit

### **Community Champions:**

Winner: Sikh Community (for all those thousands and thousands of meals they cooked for us)



## 2.10 Special Days/Weeks for professional groups

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

There have been several over the last couple of months, reflecting the depth, breadth and diversity of WHH in terms of healthcare delivery in our communities. These include:

- Stress Awareness Month – April 2021
- Experience of Care Week – 26<sup>th</sup> to 30<sup>th</sup> April 2021
- Deaf Awareness Week – 3<sup>rd</sup> to 9<sup>th</sup> May 2021
- International Day of the Midwife – 5<sup>th</sup> May 2021
- Mental Health Awareness Week – 10<sup>th</sup> to 16<sup>th</sup> May 2021
- International Nurses Day – 12<sup>th</sup> May 2021
- Operating Department Practitioner Day – 14<sup>th</sup> May 2021

## 2.11 Local political leadership communication

Since the last Board meeting both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. I have also continued to be in regular dialogue with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

## 2.12 Employee Recognition

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month*) has been temporarily suspended. There is a small backlog of 20 nominations for the last year which we will address. A brand new scheme - *You Made a Difference* - will be launched in June 2021.

### ***Chief Executive Award (May 2021): Dr Diane Matthew***

Dr Diane Matthew is our Chief Pharmacist and has been recognised for her exceptional professional pharmacy leadership throughout the whole pandemic, most recently with respect to the COVID-19 vaccination programme. The latter has required her high standards and absolute attention to detail.

### ***Chief Executive Award (May 2021): Lesley Mills***

Lesley Mills is our Consultant Nurse in Diabetes. She has played a key role in bringing the diabetes community across the country together throughout the pandemic and raising standards of care. More recently, she has been an important clinical leader within the COVID-19 vaccination programme.

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

I have also specifically recognised the work of the following members of staff:

- Judith Burgess, Associate Chief Nurse - Unplanned Care
- Judith Collier, Sister, ACCU
- Dr Chew Tan, Consultant Physician - Digestive Diseases
- Lucy Gardner, Director of Strategy & Partnerships
- Sharon Kilkenny, Associate Director of Operations
- Sue Sergison, Midwife
- Dr Colin Wong, Consultant Paediatrician - Women's & Children's Health
- Debby Gould, Professional Midwifery Advisor - Women's & Children's Health
- Deborah Carter, Project Director - Women's & Children's Health
- Angela Myklestad, Orthotist
- Emily Spicer, Student Nurse – Ward A5
- Annette Jeffrey, Ward Clerk - CSTMB
- Marcia Harris, Housekeeper – CSTMB
- Dr Mithun Murthy, Consultant Physician – Ward A7
- Mel Thompson, Ward Manager - Ward A7
- Ellen Quinn, Ward Manager - Ward B19
- Kath Norman, Staff Nurse - Ward AMU/A1
- Emily Mills, Staff Nurse - Ward ACCU/A3

### **2.13 Signed under Seal**

Since the last Trust Board meeting, the following items have been signed under Seal by the Chairman and myself:

- Intermediate building contract for the Breast Unit at Halton

## **3 MEETINGS ATTENDED/ATTENDING**

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

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



- C&M Hospital Cell (Weekly)
- C&M Gold Command (Twice weekly)

#### **4) RECOMMENDATIONS**

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

**REPORT TO BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	BM/21/07/89			
<b>SUBJECT:</b>	Chief Executive's Briefing			
<b>DATE OF MEETING:</b>	28th July 2021			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	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.			✓
<b>LINK TO BAF RISK:</b>	All			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	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.			
<b>PURPOSE: (please select as appropriate)</b>	Information ✓	Approval	To note	Decision
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable		
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Chief Executive's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/21/07/89</b>
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## 1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 26<sup>th</sup> May 2021, some of which are not covered elsewhere on the agenda for this meeting.

## 2) KEY ISSUES

### 2.1 Current COVID-19 Situation Report

As of the time of writing (22<sup>nd</sup> July 2021) we have a total of 24 inpatients testing positive for COVID-19 at WHH; 8 of those patients are in critical care. We have discharged a total of 2086 patients with COVID-19 to continue their recovery at home. A total of 506 patients with COVID-19 have died in our care.

In terms of community numbers, the number of cases continues to rise. In the latest 7 days fully published (11th July – 17th July) in Warrington there were 680 cases per 100,000 people (the average area in England had 483); 1429 new cases were reported in that week, up 544 compared with the previous week. In Halton, there were 447 cases per 100,000 people; 578 new cases in that week, up 93 compared with the previous week.

For context, the last time I reported those kind of local population figures on the upward part of the curve in Wave 3 was in the first week of January. At that time we were already looking after over 130 inpatients with COVID-19.

### 2.2 WHH COVID-19 Vaccination Programme

As of 18th July WHH had administered 52,704 doses. We have vaccinated 92.90% of WHH staff and 88.95% of WHH staff have now had their second doses.

We are now engaged in forward planning; booster doses are being considered at a national and regional level. Hospital hubs are likely to be asked to 'stand-up' from September to December and we are likely to be asked to vaccinate our own staff as well as NHS, health and social care staff from other organisations. A discussion is also underway about co-administration with the 'Flu Jab, probably using a different COVID-19 vaccine than the original course. All of this, of course, is subject to ongoing consideration. Recommendations will be made on the basis of the scientific evidence by the Joint Committee on Vaccination and Immunisation (JCVI). We will be ready to implement those recommendations.

### 2.3 Overview of Trust Performance

The last few weeks has continued to see urgent and emergency care under real pressure across Cheshire and Merseyside, and WHH has been no different. Emergency Department attendances at Warrington have reached record levels – 300 attendances appearing to be the new 'normal' and we have regularly been seeing approximately 100 attendances at our Halton Urgent Treatment Centre. Whilst attendances and admissions have been high, the legacy of the impact of May's Operation Reset has meant that discharges have been better at

keeping pace. As a result we are in a better position with regards to patient flow than my last Board report. Our super-stranded position of patients with a length of stay greater than 21 days was at 87 on Wednesday 21<sup>st</sup> July 2021. Although this is better than it has been, it is still not good enough and it remains a significant challenge for us to manage patient flow effectively.

The significant and sustained operational challenges of the increased demand in the non-elective pathway has seen a deterioration in performance as a result. However, we remain approximately in the 'middle of the pack' with regards to all Types and Type 1 emergency activity according to national and regional benchmarking data for this performance standard.

WHH has achieved or exceeded the minimum threshold set by NHSEI for the restoration and recovery against a 2019/20 out-turn activity for elective and outpatient activity. In June 2021, the Trust delivered above plan for outpatient and elective activity, whilst also surpassing the national target for the month. We are working with all system partners, most notably the collaboration between all 12 acute and specialist trusts in Cheshire and Merseyside, in continuing to do so.

As a result of the COVID-19 pandemic, the Trust has not met the RTT 18 week, RTT 52 week, Diagnostics 6-week, Breast Symptomatic or Cancer 62-day urgent standards. The Trust has achieved all other cancer standards.

The Trust has been set a control total for the first half of the financial year 2021-2022 of breakeven and has submitted a plan to the Cheshire and Merseyside Health and Care Partnership (CMHCP) to deliver this. For the period ending 30th June 2021 performance is £0.6m deficit against a planned £0.4m deficit, a £0.2m adverse variance.

Total staff absence, including COVID-19 related-absence approximates at just over 8.6% and remains the most challenging 'People' metric at the current time. This is a higher figure than we have had for many months, reflecting the increase in community COVID-19 prevalence and its impact on staff self-isolation.

## **2.4 Senior Leadership Changes**

Executive Medical Director, Dr Alex Crowe, is set to leave WHH later this year to take up a national role with NHS Resolution. His role will see him developing new incentive schemes for Trusts across England that support learning from incidents and sharing that learning across organisations to improve patient and staff safety. One of the important areas relates to the use of digital technology to support clinicians.

We will commence our recruitment and selection process for our new Executive Medical Director at the end of July 2021 to enable a seamless transition and handover during the autumn.

## **2.5 Ajitha Kaliyath Antony**

It was with deep sadness that, in June, I shared the news of the death of Ajitha Kaliyath Antony, one of our international nurses.

Ajitha came to the UK from India to join our nursing workforce in January of this year; she tested positive for COVID-19 during her induction period whilst living at Crewe Campus. She was never able to join us and became seriously unwell very quickly, and was admitted to intensive care in Manchester.

Ajitha was 31 years old. She leaves behind a husband and young child in India, and a sister in the UK. As her employing trust we are supporting her family as much as we can, as well as supporting her fellow international nursing colleagues who are working across our hospitals.

Like all of our international colleagues, Ajitha was set to make a valuable contribution to WHH. She was one of 68 international nurses from around the world who have joined the Trust between December 2020 and May 2021. In total, nearly 10% of our workforce, 420 people, are from overseas.

## **2.6 NHS' 73<sup>rd</sup> Birthday**

The month of July has seen the amazing NHS' 73rd year. The NHS was honoured to learn that Her Majesty The Queen has awarded The George Cross to NHS staff for serving "...with courage, compassion and dedication for more than 70 years."

The NHS' 73rd birthday offers us all a chance to pause and appreciate what it is to have a free-at-point-of-care health system that is the envy of the world.

## **2.7 'Big NHS Tea'**

On 8<sup>th</sup> July 2021 we had the pleasure of seeing sense of purpose and social value in action as our local community came together to celebrate with a 'Big NHS Tea' in Thelwall village, Warrington. 75 people bought tickets for afternoon tea in a socially-distanced garden party atmosphere. Our community baked cakes and donated prizes for the tombolas and raffles and in just two hours we had raised £1,100 for our hospitals' charity general fund. By bringing everyone together like this, creating a safe space and an occasion to meet, the WHH Charity team had unwittingly given many a sense of purpose and created social value as well as raising funds to invest in our staff and patients.

Since the pandemic began WHH Charity has successfully bid for a share of the Captain Sir Tom monies which have been boosted to £150m so far. We still have another £390K to apply for, our £300k bid to support earlier, safer patient discharge by working in partnership with the third sector has reached the final stages and we wait to hear if we have been successful. The balance of £90k is to be invested in staff health and wellbeing.

## **2.8 Recognition through NHS Choices**

The last few weeks has seen some lovely positive feedback through NHS Choices, a selection of which I shall share here verbatim:

- *Fabulous from start to finish ★★★★★ out of 5*

*I attended A&E due to a knee injury. I booked in a reception and spoke to a lovely young gentleman who directed me then to minor injuries. I attended there and was seen within 5 minutes,. I was assessed and sent for an x-ray. I had the x-ray and the whole*

*procedure was explained to me by a lovely radiographer - it was her manner which stood out to me. Exceptional. I arrived back in minor injuries and was seen again with my results. Thankfully there was nothing of major concern and my mind was put at rest. All I can say is this was an exceptional experience and the whole journey from arriving at A&E to leaving was a credit to Warrington. Carry on guys you're doing amazing.*

*Visited July 2021*

- *So speedy, reassuring and caring ★★★★★ out of 5*

*We arrived in A and E with blood gushing from my son's leg. A really kind paramedic offered to park my car for me so I could stay with my son. We were seen immediately (my only slight issue was that in my panic I couldn't decipher which was the actual bell to ring amidst the technology on the door to the paediatrics' area so maybe a little sign could help) and were reassured all would be OK. All of the staff who looked after my son were so kind but also got the job done of stitching him up really efficiently. We were home in no time. This is the latest of many visits and each time we have been treated brilliantly. Thank you yet again, 'NHS staff' it is so reassuring to know that we can bring our children to you after their bumps and bangs and you will fix them up and do your utmost to make them good as new and no matter how stressed or tired you might be, you always greet us with a smile.*

*Visited Paediatric Surgery on July 2021*

- *FABULOUS ★★★★★ out of 5*

*I attended A&E just before 8am on a Monday morning. I was greeted by a very pleasant gentleman who took my details then directed me to minor injuries. On arrival I was greeted by another pleasant gentleman who took all my history and I explained the reason for my attendance there. I was examined and then sent for an x-ray. The radiologist was a young blonde lady who immediately put me at ease and explained the whole procedure. I returned to minor injuries and was called back in in less than ten minutes. I was reassured my injury was nothing major and my x-ray was clear. I was given the appropriate advice and then discharged. I was back at my desk within an hour of arriving at A&E. The whole experience, although not what I wanted to have, was pleasant and all staff are a credit to WHH. Thanks so much*

*Visited Don't know on July 2021*

- *A real change ★★★★★ out of 5*

*Visited the Ultrasound service on 9/7/21. Fantastic service, friendly Sonographer who was very knowledgeable. The main thing I noticed was the general transformation of the site. Main car park now dedicated to patients and visitors which is fantastic. Also the hospital is clean tidy calm atmosphere, which it hadn't always been. Really pleasant experience and I would highly recommend the hospital*

*Visited Don't know on July 2021*

## **2.9 Special Days/Weeks for professional groups**

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

There have been several over the last couple of months, reflecting the depth, breadth and diversity of WHH in terms of healthcare delivery in our communities. These include:

Pride month: June 2021

National Volunteers Week: 1<sup>st</sup> – 7<sup>th</sup> June 2021

Carers Week: 7<sup>th</sup> – 13<sup>th</sup> June 2021

Armed Forces Week: 21<sup>st</sup> – 27<sup>th</sup> June 2021

## **2.10 Local political leadership communication**

Since the last Board meeting both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. I have also continued to be in regular communication with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

## **2.11 Employee Recognition**

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month*) was suspended. A brand new scheme - *You Made a Difference* – has been launched this month. I will be sharing the stories of the winners here in this report. In the meantime I have my own award; the winners since my last Board report have been the following:

### ***Chief Executive Award (June 2021): Ward B12***

On 11<sup>th</sup> June 2021 I attended the Ward B12 (Forget Me Not Unit) Queen's Birthday Garden Party. Katie Nixon, Ward Manager, and the team had done a fantastic job putting on something really different and unusual for their patients, with drinks, cakes and canapes alongside an Elvis tribute act. For me, the huge additional effort, care and kindness was palpable. This was truly outstanding care and I have recognised this with a Chief Executive Award.

### ***Chief Executive Award (June 2021): Acute Medical Unit (A1)***

This award has recognised the teamwork on AMU/A1 following what can only be described as one of the nicest written pieces of feedback about patient care that I have ever read. It was from the family of an elderly man who sadly died from a stroke a few weeks ago.



*“Bizarrely, despite the circumstances, the time we spent as visitors at Warrington Hospital will I think be remembered as a very positive and uplifting experience. Without exception, every single person we came into contact with over those six days – and there was many of them – was a credit to the hospital and the profession. From the person directing us in the car park - who had no idea why we were there – to the consultants. From the cleaners to the ward sisters. Everyone. Without exception.”*

*“The consideration, sensitivity and compassion that everyone showed was exceptional.”*

*“Everyone spoke so politely to each other. They really came across as a team, which must be a challenge given there’s so many staff coming and going on a 24/7 basis.”*

*“Please let them know that they are doing a great job. They’re a credit to Warrington Hospital, their profession and themselves.”*

### **Chief Executive Award (July 2021): Finance Team**

This award has recognised the herculean efforts of our Finance Team in securing our final accounts for the financial year ending March 31st 2021. Our Audit Committee signed off our Annual Report and Accounts on 24<sup>th</sup> June 2021.

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

I have also specifically recognised the work of the following colleagues:

- Sue Marsh, Health Care Assistant - Ward A2
- Mary Lynn Fallon, Catering Assistant - Estates and Facilities
- Christine Guy, Staff Nurse - Outpatients
- Gordon McNie, Security Officer - Estates and Facilities
- Anne Holmes, Ward Clerk - Ward A1
- Rachel Lamb & Team, Matron - Emergency Department
- Wendy Johnson, Nursing Recruitment Team - Corporate Nursing
- Denise Adams, Ward Manager - Captain Sir Tom Moore Building
- Interventional Radiology Team, Clinical Support Services
- Mr Sri Bathala, Consultant ENT Surgeon - Surgical Specialities
- Janet Oxley, Executive Assistant
- Lisa Taylor, Ward Sister - Ward A5
- James Holden, Head Gardener - Estates and Facilities
- Jonathan Jones, Gardener - Estates and Facilities
- Rebecca Broadbent, Clerical Officer - Recruitment Team
- Jo Ballard, Foundation Programme Administrator - Medical Education
- Kate Henry, Associate Director of Communications - Communications
- Dr Sarika Raghunath, Speciality Trainee - Medical Care
- Michelle Cloney, Chief People Officer
- Katie Armstrong, Financial Accountant - Finance & Procurement
- Diane Skidmore, Assistant Accountant - Finance & Procurement
- Bill McCarthy, Regional Director - NHSEI
- Gillian Seddon, Catering Support Assistant - Estates and Facilities



- Debbie Cahill, Housekeeping Supervisor - Urgent & Emergency Care
- Ms Virag Varga, Consultant Ophthalmologist - Surgical Specialities
- Linda McGowan, Catering Assistant - Estates and Facilities
- Rosemarie Brew, Catering Assistant - Estates and Facilities

### 2.12 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under Seal by myself:

- Lease Renewal for Car Park at Wellfield Street, Warrington
- Endoscopy Unit Refurbishment – Halton Hospital

## 3 MEETINGS ATTENDED/ATTENDING

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

- North West Coast Vaccine Alliance Steering Group (Monthly)
- Clinical Research Network North West Coast Partnership Board (three times yearly)
- NHSE/I COVID-19 System Leadership (Biweekly)
- C&M CEO Provider Group Calls (Bi-weekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- C&M Critical Care Network Gold Command Calls (Twice Weekly)
- Update calls with our local MPs: Andy Carter MP and Derek Twigg MP
- Steve Broomhead, Chief Executive, Warrington Borough Council
- David Parr, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- Colin Scales, Chief Executive, Bridgewater Community Health NHSFT
- John Heritage, Director of Partnerships, Mersey Care NHS Foundation Trust
- C&M Hospital Cell (Weekly)
- C&M Gold Command (Twice weekly)
- Warrington Health & Wellbeing Board Workshop
- Warrington Health Scrutiny Committee

## 4) RECOMMENDATIONS

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

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/44</b>			
<b>SUBJECT:</b>	Annual Quality Priority Update			
<b>DATE OF MEETING:</b>	12 August 2021			
<b>ACTION REQUIRED</b>	<b>To note for assurance</b>			
<b>AUTHOR(S):</b>	<b>Alison Talbot, Associate Director of Governance</b>			
<b>EXECUTIVE SPONSOR</b>	Kimberley Salmon-Jamieson, Chief Nurse + Deputy Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVES:</b>				
	SO1: We will .. Always put our patients first delivering safe and effective care and an excellent patient experience.			
	Choose an item.			
	Choose an item.			
<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this paper is to provide a summary of the following;</p> <p>Progress made in relation to the Trust Quality Strategy and Quality Priorities recognising the impact of the Covid-19 pandemic.</p>			
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval	To note x	Decision
<b>RECOMMENDATIONS</b>	The committee is asked to note the progress made with the Quality Priorities			
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Submit to Quality Assurance Committee</b>			
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee Quality Assurance Committee</b>			
	<b>Agenda Ref.</b>	<b>QAC/21/04/95 b</b>		
	<b>Date of meeting</b>	<b>6<sup>th</sup> April 2021</b>		
	<b>Summary of Outcome</b>	<b>Approved</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

## Council of Governors

<b>SUBJECT</b>	Annual Quality Update	<b>AGENDA REF:</b>	<b>COG/21/08/44</b>
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### 1. BACKGROUND/CONTEXT

Our aim is to be a learning organisation that consistently transforms practice by continuous learning in order to provide the best possible health care.

The Quality strategy was developed to ensure patients are safe in our care; secondly, to provide patients with the best possible clinical outcomes for their individual circumstances; and thirdly, to deliver an experience of hospital care which is as good as it possibly can be. With the above care model in mind we use the following three priority domains: Patient safety, Clinical effectiveness and Patient experience.

For each priority domain we have a series of Quality Priorities; the progress of each priority is reported on a quarterly basis to the Trust's Quality Assurance Committee. This report describes the progress made with the quality priorities over the past 12 months.

### 2. KEY ELEMENTS

#### a. Measurements of success and priority domains

The Quality Strategy uses the following measures of success;

- ✓ We will ensure that we minimise harm for patients
- ✓ We will have safe systems of work in place
- ✓ Every patient should have the opportunity to feedback about their experience and we promise to use this to improve care and services
- ✓ We will ensure partnership working and needs based care. We will simplify patient focused processes.
- ✓ We will communicate in line with our values
- ✓ We will ensure that we are providing care that is evidence based
- ✓ We will ensure that we are focused on outcomes for patients and that we are benchmarking/peer reviewing ourselves against the 'best in class'
- ✓ We will ensure that we foster a culture of Quality Improvement

The priority domains are outlined below:

**Priority 1** - Patient Safety; the Trust is committed to developing and enhancing its patient safety and learning culture where quality and safety is everyone's top priority

**Priority 2** - Clinical Effectiveness; ensuring practice is based on evidence so that we do 'the right things the right way to achieve the right outcomes' for our patients

**Priority 3 - Patient Experience;** by focussing on patient experience we want to place the quality of patient experience at the heart of all we do, where “seeing the person in the patient” is the norm

## 2.2 Assurance and Priorities progress

The table below contains updates on each priority pledged for 2020/2021.

<b>Gram Negative Bloodstream Infections - A 5% reduction in Gram Negative Bloodstream Infections (GNBSI)</b>
<b>Progress to date:</b>
<p>Reduced focus on GNBSI reduction due to increase in Covid activity and the infection prevention team supporting other urgent workstreams. There has been progress made in relation to;</p> <ul style="list-style-type: none"> <li>• A team of staff have revised the national Urinary catheter passport, and this has been adapted as the passport of choice across Cheshire and Merseyside.</li> <li>• Work has been undertaken with the Patient Safety Nurses to redesign patient Fluid Balance Charts and patient hydration.</li> <li>• Weekly emails circulated with up-to-date information on cases by location &amp; monthly dashboard.</li> </ul> <p>Work will recommence on:</p> <ul style="list-style-type: none"> <li>• The GNBSI Action meetings in April 2021.</li> <li>• Gram Negative Collaborative driver diagram and action plan have been developed with the Quality Academy with agreed tests of change and will be launched from April.</li> <li>• The Focus of activity will include:- <ul style="list-style-type: none"> <li>✚ Aim to reduce use of urinary catheters – daily challenge in place;</li> <li>✚ Improvements to care of urinary catheters – review of all urinary catheter policies required and introduction of competency assessments;</li> <li>✚ Patient Hand Hygiene Strategy;</li> <li>✚ Hydration Strategy;</li> <li>✚ Report to Medical Cabinet;</li> <li>✚ Grand Round Presentation.</li> </ul> </li> </ul>
<b>Partial Compliance:</b> due to impact of covid -19 plans for improvement remained in their infancy. This priority will be repeated for 2021/ 2022 with the support of the Quality Improvement team.
<b>Pledge: A 10% reduction in the overall number of inpatient Serious Harm Falls.</b>
<b>Progress to date:</b>

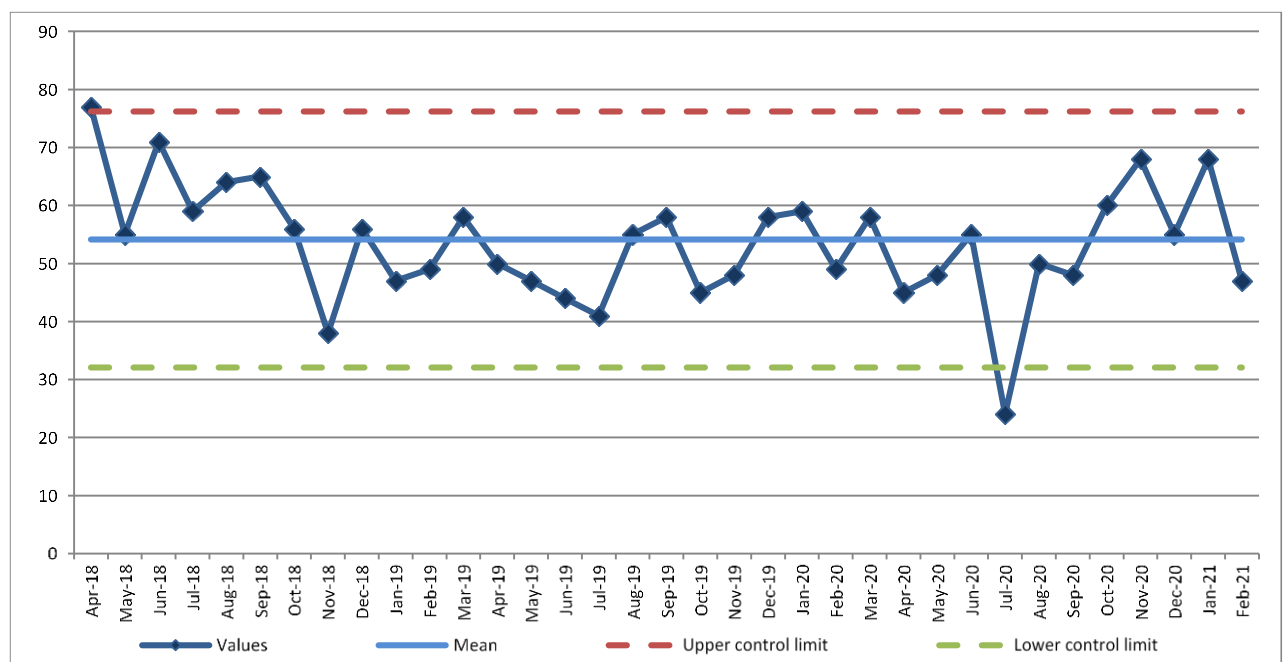
8 moderate harm falls compared to 14 from the previous year – 10% achieved

The COVID-19 crisis has had a significant impact on quality improvement work for falls. Despite this the number of falls has reduced (as per SPC chart below) as has the severity of falls. In 2018 – 2019 the Trust reported 14 harm falls and 2019 -2020 only 8 harm falls have been reported. Whilst this achieves the 10% indicated in the priority pledge it is recognised that this has likely been impacted by activity in the Trust during the pandemic.

To ensure continual support and education in caring for patients at risk of falls weekly meetings have continued to ensure the sharing of key themes and learning across the Trust. In addition, the safety brief includes a section around falls each day.

There has been additional investment in the Quality Improvement Team and the falls collaborative is due to restart in April 2021 with a baseline completed by the end of March 2021. This will include a plan of ward sustainability, a buddy system and an additional implementation plan for new wards. By March 2022, all wards will have undergone falls QI collaborative.

Inpatient Falls – SPC Chart



**Fully compliant**

**Pledge: Deteriorating Patient - Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.**

**Progress to date:**

Weekly monitoring of NEWS2 compliance by ward managers and matrons has continued for all areas.

The Deteriorating Patient Group was established and NEWS2 compliance data is reviewed in this meeting. Deficits in compliance are addressed with targeted training at ward and individual level.

The electronic observations system has now been rolled out to all appropriate wards and departments. Initial spot checks indicate improved compliance. A full audit is being completed in March 2021 with a report/action plan to follow. This work will continue at ward level.

### Partial Compliance

**Pledge: Clinical Effectiveness - We will improve outcomes, based on evidence and deliver care in the right place, first time, and every time.**

#### Progress to date:

The Chief Medical Examiner, Medical Examiner and Medical Examiner Officer have been appointed. The Medical Examiner Office is successfully overseeing bereavement services, ensuring thorough scrutiny of all non-coronial deaths and offer a point of contact for bereaved families to raise concerns about the care provided prior to the death of a loved one. The ME service has successfully started to review deaths and is reviewing around 50-60% of all deaths with an aim to review 100% by end of April 2021.

The ME service has been approached to lead a pilot for community roll out in May 2021.

### Fully Compliant

**Pledge: We will do the right thing for patients by ensuring decisions about health care are based on the best available, current, valid and reliable evidence**

#### Progress to date:

The COVID-19 crisis has had a significant impact on the GIRFT Regional Implementation Teams due to redeployment and subsequent redesign. As a result of these operational challenges most GIRFT activity by the regional teams was paused. During this time the national GIRFT programme continued to analyse data and provide GIRFT national speciality reports.

In August 2020 GIRFT stated its intention to recommence the GIRFT programme utilising virtual platforms. In addition, GIRFT have provided webinars and workshops to share best practice and promote continued improvement and provided GIRFT post Covid recovery guidance and recommendations for different speciality and organisational areas.

GIRFT's model of analysing data to uncover best practice supports the identification of ideal service pathways and provides case studies for trusts to adapt to their own needs. GIRFT has continued to help specialties refocus within the constraints of COVID, adopting changes that did not seem possible before the pandemic. In October 2020, the Trust was notified that the majority of the GIRFT team had been redeployed during the pandemic and since September 2020 there had been a reconfiguration within GIRFT; meaning the implementation managers are now aligned to STP/ICS geographies rather than speciality focused. There are two implementation managers for Cheshire and Merseyside.

GIRFT had planned to roll out a web platform to provide accessibility to view and update actions for specialities and condition specific GIRFT areas, for example VTE. This was therefore delayed with update of information starting to become available.

Overall, there are 182 actions across all specialties, 48 of these are breached and have been risk rated as follows:

Risk	Number of actions
Low	33
Medium	12
High	3

Actions in the high-risk category, have been escalated to clinicians and an update requested, this will be followed in prioritised succession of action risk ratings and monitored on a regular basis with support from the Associate Medical Director of Clinical Effectiveness.

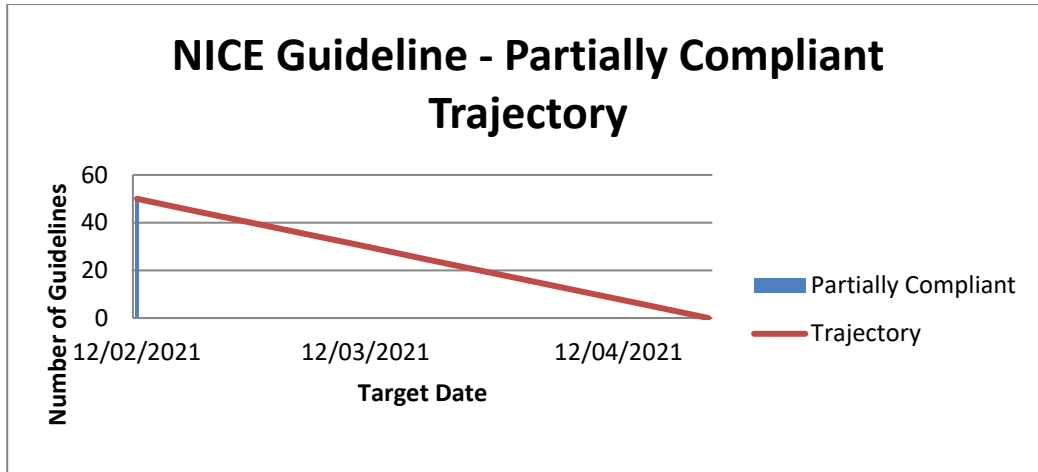
**NICE update:**

90% of the overall baseline have been completed- meeting the Trust Target.

	Number compliant	Number applicable but not yet fully compliant	Number outstanding *including those in date*	Compliance
<b>Clinical Support Services</b>	196	2	14	<b>92.5%</b>
<b>Digestive Diseases</b>	43	3	0	<b>93.5%</b>
<b>Integrated Medicine &amp; Community</b>	14	7	0	<b>66.7%</b>
<b>Medical Care</b>	45	7	2	<b>83.3%</b>
<b>Surgery Specialties</b>	38	2	1	<b>92.7%</b>
<b>Urgent &amp; Emergency Care</b>	19	5	0	<b>79.2%</b>
<b>W&amp;C Health</b>	74	6	0	<b>92.5%</b>

A baseline toolkit has been created to support staff with filling out baseline assessments.

A partially compliant trajectory has been developed to monitor performance with those that have partial evidence attached.



**Partial compliance GIRFT**

NICE target of 90% - Fully compliant

**Pledge: CBU Governance - to be strengthened, to ensure that CBU Governance is embedded and consistently and effectively applied across all areas**

**Progress to date:**

MIAA audit has been completed and key recommendations have been aligned into a robust action plan.

The incident policy has been redefined is currently under ratification and will be live by end of March 2021.

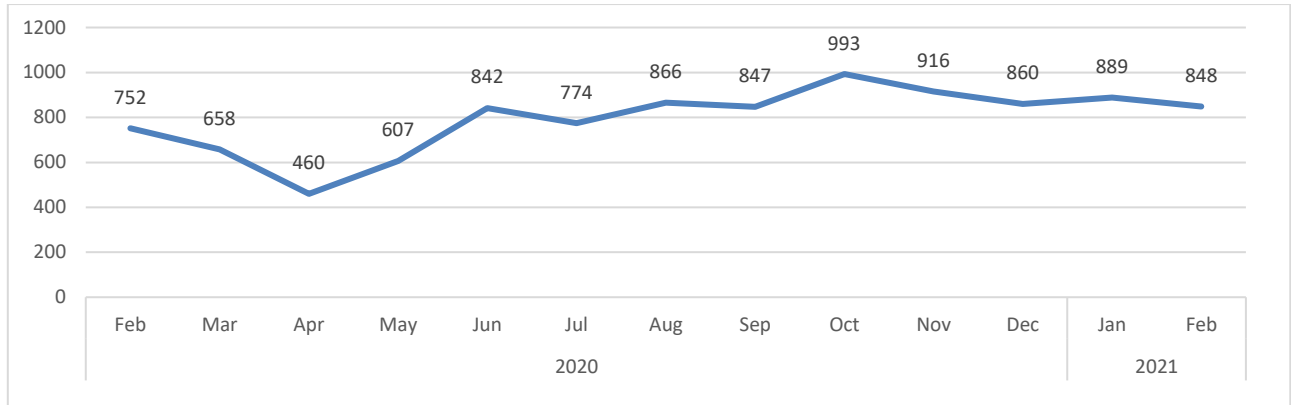
Complaints have seen an increase in responses responded to within timeframe from 95% to 100%.

Incident investigations with action plans are actively reviewed by the Patient Safety Manager to ensure that action plans are appropriate and reflective of incident findings. An audit is undertaken and fed back for areas that require improvement. The latest audit for quarter 3 found a steady decline during the pandemic for actions completed from 86% to 66%. This is monitored on a weekly basis and is now monitored by the newly appointed Head of Clinical effectiveness. Investigation training has also been sought and is planned to take place by May 2021.

Incident reporting levels are monitored by the Senior Governance Manager. During the height of the pandemic incident reporting was lower than expected in March and April 2020 (see chart below). However, this has now returned to expected (1000-800 incidents reported per month) reporting levels.

Incident Reporting – Run Chart





Duty of Candour (DOC) has been maintained at 100% across the Trust.

**Partial compliance:** Whilst improvement has been made there is further work required to strengthen SMART action plans and adopt a more timely and proactive approach to the closure of incidents with evidence. This requires close working with CBU teams and has been affected by the pandemic. This priority will be repeated in 2021/ 2022.

**Pledge: End of Life – Serious Illness Programme; Better Communication, Better Care.**

**Progress to date:**

The Serious Illness Care Programme is a system level intervention designed to improve the lives of people with a serious illness by optimising the timing, frequency and quality of serious illness conversations. Comprising clinical tools, training support and systems innovations the Programme empowers patients to actively participate in thinking and planning for the future with their illness.

WHHFT is leading and supporting implementation at four Trusts across the UK:

- ✓ Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHHFT)
- ✓ North West **London** University *Healthcare NHS Trust (NWL)*
- ✓ Liverpool University Hospitals NHS Foundation Trust (LUH)
- ✓ North East Academy Partnership (encompasses Gateshead Newcastle and Northumbria.) The Partnership joined in November 2020

WHHFT is currently in the Implementation Phase. Cardiology and Gastroenterology are the two pilot sites. Gastroenterology will focus on patients with advanced liver disease and Cardiology will focus on patients with advanced cardiac failure. Clinical Leads have been identified and both specialties are now exploring workflow, screening and patient identification. Gastroenterology have commenced a focused baseline evaluation with support from IM trainees.

Work has been focused on systems change and customising workflow. The training programme has been developed to facilitate virtual delivery including the experiential skills section. This was scheduled to take place for Warrington clinicians in November and then December 2020. Both were delayed because of the pandemic and will need to be rescheduled for April/May 2021

Programme implementation will be underpinned by research using a mixed methods approach. Data will be collected over a 12 month implementation period, to illustrate the impact of the conversation on the care provided to patients. This data will enhance the UK evidence base and provide important information to support future roll out. IRAS and HRA approval has now been secured.

The Royal College of Physicians are keen to support dissemination of the Programme and joint educational initiatives are planned for 2021 including delivery via the RCP Player and a joint national Foundation workshop.

Key identified risks are:-

- Failure to secure additional participating sites for 2021/2022 and loss of funding
- Managing capacity and demand
- Further delays in implementation due to the third wave of COVID-19
- Failure to secure transfer of trademark from The Clatterbridge Cancer Centre to WHHFT
- Training and implementation coinciding with winter pressures and post COVID operational pressures reducing capacity of clinicians across all sites to complete training and commence serious illness conversations

The Serious Illness care programme produces a quarterly Progress Report for all sites with full details of progress for the four sites benchmarked against the Programme Roadmap.

**Partial Compliance:** This will form part of 2021 / 2022 priorities to further drive the standard of care for end of life patients recognising the potential to expand this piece of work across healthcare sectors.

**Pledge: Deconditioning / PJ Paralysis**

**Progress to date:**

During the Covid 19 Pandemic, the implementation plan development was halted prior to commencing implementation. De conditioning/ End PJ paralysis priority will form part of the falls and pressure ulcer collaboratives moving forward with the support of quality improvement.

**Compliance: Not achieved**

**Pledge: Learning Disabilities – Development and implementation of the Trust Learning Disability Strategy which will help to improve our understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing**

**Progress to date:**

The learning disability strategy has been completed and ratified. The LD steering group membership and terms of reference has been completed and the first meeting will be held in March in March 2021.

The learning disability action plan and work plan has been updated with key milestones achieved.

This implementation of the strategy Trustwide will be a quality priority for 2021/22.

**Fully compliant**

### **3. ACTIONS REQUIRED/RESPONSIBLE OFFICER**

Note the annual update on the priorities.

### **4. IMPACT ON QPS?**

The Quality strategy was developed to ensure patients are safe in our care; secondly, to provide patients with the best possible clinical outcomes for their individual circumstances; and thirdly, to deliver an experience of hospital care which is as good as it possibly can be.

### **5. ASSURANCE COMMITTEE**

Progress in relation to the Quality Strategy is reported to both the Patient Safety and Clinical Effectiveness Sub-Committee and the Quality Assurance Committee.

### **6. RECOMMENDATIONS**

The Council of Governors is asked to note the progress made.

# Strategy Highlight Report, July 2021

Programme	Status
Overall Strategy Development and Delivery	Yellow
New Hospitals	Yellow
Warrington Town Deal	Green
Runcorn Town Deal	Green
Halton Healthy New Town – Shopping City	Yellow
Health Inequalities	Green
Place Based Partnerships	Green
Cheshire and Merseyside Pathology Network	Yellow
Halton Healthy New Town – Rooftop Garden	Red

External/Partner Meetings Attended	Key Stakeholders Engaged	
<ul style="list-style-type: none"> <li>- Warrington Town Deal Board</li> <li>- Warrington Town Deal Joint Strategic Oversight Group</li> <li>- Warrington Town Deal Joint Stakeholder Group</li> <li>- Warrington Town Deal Programme Board</li> <li>- Halton Health and Wellbeing Board</li> <li>- C&amp;M Pathology Network Executive Oversight Group</li> <li>- C&amp;M Pathology STHK/WHH collaboration Board</li> <li>- One Halton ICP Board</li> <li>- Warrington Health and Wellbeing Board Development Session</li> <li>- Aqua, Anchored in Place</li> <li>- Cheshire and Merseyside Sustainability Group</li> <li>- NHS Providers, Provider Collaboratives</li> <li>- New Hospitals Strategic Oversight Group</li> </ul>	<ul style="list-style-type: none"> <li>Simon Kenton</li> <li>Raakhi Raj</li> <li>Thara Raj</li> <li>Dave Thompson</li>   <li>Catherine Jones</li> <li>Nichola Newton</li> <li>Amanda Amesbury</li> <li>Alison Cullen</li> <li>Ifeoma Onyia</li> <li>Rob Foster</li> <li>Eleanor Blackburn</li> <li>John Hughes</li> <li>Councillor Jean Flaherty</li> <li>Nick Jones</li> <li>Leigh Thompson</li> <li>Carl Marsh</li> <li>Nicola Calder</li> <li>Lisa Sculpher</li> <li>John Heritage</li> <li>Andy Davies</li> <li>Paul Swanwick</li> </ul>	<ul style="list-style-type: none"> <li>Warrington Borough Council</li> <li>Warrington GP, PCN CD</li> <li>Warrington Borough Council</li> <li>Warrington Disability Partnership</li> <li>Warrington Borough Council</li> <li>Warrington VR College</li> <li>Warrington Borough Council</li> <li>Warrington Voluntary Action</li> <li>Halton Borough Council</li> <li>Bridgewater Community NHS</li> <li>Warrington Borough Council</li> <li>Halton Borough Council</li> <li>Warrington Borough Council</li>   <li>Riverside Housing</li> <li>Halton CCG</li> <li>Warrington CCG</li> <li>Food Active, Prevention pledge</li> <li>NHSE/I</li> <li>Merseycare NHS</li> <li>Halton &amp; Warrington CCGs</li> <li>NHSE/I</li> </ul>

**Forecast Delivery Date: Regular development and delivery**

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Steve Bennett</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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Development and delivery of overall Trust strategy.  
Support to the development, delivery and governance of enabling strategies, clinical strategies, and strategic priorities.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>		
CBU strategic priorities updated for each CBU, supported at Trust Board.	Financial implications considered for individual strategic priorities via capital and revenue business case process.		
Refreshed strategic priorities and associated KPIs/governance approved at Board.	<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>
Director of Strategy and Partnerships approved as Governor for Warrington and Vale Royal College.	Development of refreshed Trust Strategy Booklet	July 2021	
Agreed that sustainability strategic objectives will report via FSC to Board.	Refresh of the Trust Strategy Map, including Governance.	August 2021	
Agreement to establish Strategy and Sustainability Sub-Committee, which will report to FSC.			
Nursing and Midwifery enabling strategy approved.			
New Breast Unit at CSTM opened, following comprehensive public consultation and successful capital programme delivery.			

## Forecast Delivery Date: 2025 (Halton) 2030 (Warrington)

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Carl Mackie/Lucy Gardner</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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Development of new WHH hospital estate and infrastructure.

Within Warrington, this is the development of a new hospital for Warrington, either on the current site or elsewhere in the town.

Within Halton this is the redevelopment of the Halton Hospital site, including extending CMTC and releasing land to support Health and Wellbeing Campus vision.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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Continued engagement with NHS England and Improvement around the Strategic Outline Cases for the New Hospitals Programme and opportunity to be considered for funding via Health Infrastructure Plan phase 2. This includes additional work around NHSEI Fundamental Criteria requirements and Estate Business case review /assessment requirements.

Recruitment process ongoing for New Hospitals / Strategy Project Manager to manage the programme.

Government opened process for Trusts looking for significant capital investment as part of the Health Infrastructure Plan. Estates, Strategy and Finance Teams pulling together a response. Submission date 9<sup>th</sup> September.

Capital funding for additional financial affordability modelling and benefits enhancement work signed off at CPG, FSC and Board.

£90k revenue funding secured via One Public Estate programme. Funding will support two pieces of work:

- Reviewing the wider health estate across Warrington to create a shared delivery plan
- To develop a plan for disposing of Halton blocks, including locating alternative locations within the Borough for service delivery

Discussions with HBC on leisure provision.

- Refreshed costings for overall programme completed by Turner & Townsend in February 2021.
- £100k of capital was invested in the programme at the end of 2020/21 with pieces of work around site feasibility for Warrington, Halton site master planning, refreshed full project costs, financial affordability model, benefits enhancement and refreshed SOCs based on the above.
- Support for additional £96k capital funding to progress with financial affordability model and benefits enhancement work confirmed at CPG, FSC and Board.

	<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
	Refreshed SOCs finalised and signed off through appropriate governance.	July 2021		
Stand alone Benefits and Financial Affordability models finalised and signed off through appropriate governance	July 2021			Financial affordability model and benefits enhancement key to this work.
New Hospitals / Strategy Project Manager likely to start in post.	Oct 2021			Did not appoint at first interviews, post re-advertised and further interviews planned for August
Submission of HIP Programme Expression of Interest to DHSC	Sept 2021			
ITTs issued for OPE programme	Sept 2021			

## Forecast Delivery Date: Summer 2022

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Caroline Lane</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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WHH is a key partner within Warrington's Town Deal Investment Fund, which has attracted a total of £22.1 million across 7 projects within Warrington. WHH is leading the delivery of a Health and Wellbeing hub, with the intention of utilising retail space within the town centre to provide targeted and integrated clinical, preventative and voluntary sector services thus improving the health of the town's population, strengthening the retail offer through increased footfall, and enhancing the green offer through increased use of public transport, due to proximity to the town's major transport hubs.

WHH is also working in partnership with Warrington and Vale Royal College (WVC), and Chester University, to develop and deliver a Health and Social Care Academy, which is one of the 7 projects.

Contribution to five other projects as part of Town Deal process, including Active Travel scheme.

Monthly update report	Financial Implications/ Budget Update		
<p><b>Overview</b> Warrington Town Deal Health and Wellbeing hub confirmed funding of £3.12 million (£2.592 million Capital and £527,000 revenue).</p> <p><b>Governance:</b> Oversight, Delivery and Stakeholder Group meetings continue.</p> <p><b>Location Selection:</b> The Contact Centre was chosen as the Preferred Option by both the Design Partner and through the Options Analysis.</p> <p><b>Service model design and confirmation:</b> The Combined Frailty and Children and Families model has been selected as the Preferred Option. This promotes a more inclusive model for the hub.</p> <p>The preferred location and service model have both been supported via the clinical and operational delivery group. Formal ratification via the JSOG and individual organisations' governance is outstanding.</p>	<p>Capital Allocation secured for the financial year 21/22 of £100,000. Remaining funding to be allocated 22/23. Potential risk due to ongoing revenue funding allocation of just £527,000 for the project. Revenue risk of £1.1m recurrently from 2021/22 highlighted through revenue prioritisation exercise</p>		
	Upcoming Key Milestones	Date	Status
	Stage 2 designs for chosen location and service model produced	31/07/21	
	Complete Business Case	14/08/21	
	Final ratification of Preferred Option JSOG	22/07/21	
			Comments
			Business case to be completed for internal approval prior to submission to WBC and MHCLG
			Preferred location not formally approved by JSOG.

Forecast Delivery Date: 2022/23

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Carl Mackie</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town.

The health projects being forwarded at this stage include:

**Community Health Hub** – to deliver diagnostic and potentially other services from a hub location in Runcorn

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council.

The scheme includes a flexible education element designed in partnership with Riverside College.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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Confirmation that Runcorn has been successful in attracting c. £23 million. Awaiting confirmation from the programme around conditions attached / project implications of funding award.

Potential sites for hub being explored with HBC.

Total value of project as submitted through Runcorn Town Deal Programme: £3.89mil (across 5 years)

Expected Town Deal contribution: £3.04mil

Providers, including education, Council and Health bodies expected to meet remaining project costs of: £847.8k (across 5 years)

<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
Feedback on programme expected from HMG	Mar 2021		Feedback received end July 2021
Heads of Terms agreed between HBC and MHCLG	August 2021		



Forecast Delivery Date: December 2021

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Carl Mackie</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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The Runcorn Shopping City programme aims to utilise void space in Runcorn Shopping City to deliver health and wellbeing services closer to community in line with the NHS Long Term Plan.

The scheme includes a refurbishment of retail space to re-purpose for access to hospital services, including audiology, ophthalmology and dietetics. This programme is part funded by Liverpool City Region Combined Authority.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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<p>Capital business case for £630k signed off by FSC and Trust Board.</p> <p>Tender exercise complete, pending assessment of impact of additional clarifications sought from preferred supplier. Current quote over budget. Work to mitigate underway with input from Strategy, Procurement, Estates and Financial Planning Teams and Halton Borough Council.</p> <p>Consultation completed. Outcomes taken to Halton Health and Wellbeing Board and Halton Health Policy and Performance Board.</p> <p>Consultation Outcomes Report currently being drafted with input from Communications and Engagement and Strategy Teams.</p>	<p>£350,000 LCRCA funding agreed £72,000 Trust Capital secured in 20/21 £630,000 Trust Capital secured in 21/22</p> <p>Recurrent revenue funding @ £95k secured</p> <p>Exploring options to maximise value for money and social value of investment across Liverpool City Region, Halton Borough Council and WHH</p>
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<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
Agreement of lease	Aug 2021		Heads of terms agreed by execs. Agreement with Trust solicitors for completion
Submit CQC documentation	Aug 2021		Awaiting pre-registration meeting with CQC team
Publish Consultation Outcomes Report	Aug 2021		Planned presentation at Halton Health Policy and Performance Board and Halton Health and Wellbeing Board
Procure Main Contractor	Aug 2021		

Forecast Delivery Date: TBC

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Steve Bennett</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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Increasingly, organisations are considering their activities holistically, taking account of the wider economic, social and environmental effects of their actions. In addition to this, but inextricably linked, is the issue of health inequalities for our populations across Warrington and Halton.

This programme of work looks at WHH as responsible organisation within our communities, beyond the outcome of health interventions for our patients. This work is across four key areas:

1. Health Inequalities
2. WHH as an 'Anchor' Institution
3. Social Value
4. NHS Green Agenda

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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<p>Presentation circulated at Halton Health and Wellbeing Board, Halton ICP Board.</p> <p>Work underway to draw insights from currently held data to identify key areas of health inequalities. This will be used to target, shape and direct workplans.</p> <p>Maternity and First 1000 days (from conception) has been identified as the first area and metrics have been agreed. The baseline data is being collated.</p> <p>Terms of Reference for Strategy and Sustainability Sub-Committee in progress, to be approved at FSC with a view to commencing the meetings in September.</p> <p>QA Academy have been engaged to help support the collation of wider evidence.</p>	TBC			
	<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
	TOR for Strategy & Sustainability Agreed	Aug 21		To be approved at FSC
Initial data analysis and insights	Aug 21			

## Forecast Delivery Date: Regular development & delivery

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Steve Bennett</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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In line with one of the Trust's strategic objectives to...

*Enhance our role as an anchor institution by building on the provision of integrated place-based care and addressing health inequalities within our populations, being guided by the principles of social value.*

The Trust is developing partnerships with other local anchor institutions to support and strengthen core aspects of each organisation's operations.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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Working alongside WHH OD team to design a workshop for staff from WHH Palliative Care team and St Rocco's Hospice to explore opportunities to work more closely together for mutual benefit.

Working closely with Warrington & Vale Royal College to develop the Health and Social Care Academy project within the Warrington Town Deal programme. Shared stakeholder and oversight governance between that project and the Health & Wellbeing Hub project. Session in July to start to design the curriculum offer for the Academy.

Detailed summary of opportunities to collaborate further with University of Chester discussed and circulated. Leads being identified.

Director of Strategy and Partnerships Employer Representative on Institute of Technology Board for Cheshire and Warrington. Stage 2 bid for Institute of Technology submitted.

Partnerships are not necessarily financially motivated but any financial benefits derived by either organisation will be captured and quantified.

<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
Partnership working workshop to be held with St Rocco's and WHH Palliative Care team	Sept 21		Workshop to be arranged following core holiday period.
Commencement of construction work for Health & Social Care Academy	Oct 21		Delays in funding being allocated by central Govt.  WTD programme team are working closely with the project team to resolve asap

Forecast Delivery Date: TBC

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Hilary Stennings</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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The transformation of the provision of pathology services in Cheshire & Merseyside by restructuring pathology services to generate levels of efficiency savings to the local health economy whilst maintaining and improving high quality standards.

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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WHH has identified Histopathology as the most appropriate service to be prioritised for collaboration.

Financial risk and gain principles in progress.

	<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
	WHH representation on network work streams has been agreed, with all representatives reporting back to the internal steering group once a month.			

WHH representation on network work streams has been agreed, with all representatives reporting back to the internal steering group once a month.

PID v0.9 has been circulated for comment. Joan McIntyre and Neil Gaskell to meet to work through the final changes and detail.

PID to be presented to WHH September Board for approval.

	Sign off of Collaboration Agreement at Cheshire and Merseyside HCP.	Nov 2020		Collaboration agreement reviewed but not formally approved.
	Sign off PID for WHH/STHK collaboration	Jan 2021		V0.9 received. Final changes and detail to be made.

	Risk and Gain Share Principles agreed	June 2021		In progress
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Forecast Delivery Date: September 2021

<b>Executive Sponsor</b>	<b>Lucy Gardner</b>	<b>Lead</b>	<b>Viviane Risk</b>
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<b>Programme Overview</b>	<b>Programme Status</b>	
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The Rooftop Garden is a project forming part of the Halton Healthy New Town Masterplan, where community engagement identified there was a desire for “growing spaces” and for better “green space”.

Runcorn Shopping City has 4 large car parks on site, the top levels of each car park are currently closed as the space is not required for car parking. Runcorn Shopping City offered the space, free of charge and acknowledge that the space could be used more creatively and for more environmentally friendly initiatives as currently it is a hard standing with simple drainage and no significant purpose.

Funding was identified and secured through Halton Borough Council and the National Garden Society and a scheme to develop a rooftop garden is in its development stages. The scheme will include allotments, seating, a café and opportunities to support social prescribing and healthy living.

Stakeholders include HBC, Halton CCG, Community Shop, Cheshire Police, Shopping City and Riverside Housing

<b>Monthly update report</b>	<b>Financial Implications/ Budget Update</b>
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Following the inconclusive results of the intrusive survey HBC and WHH have met with WSP Architects to discuss the next steps.

WSP have had internal discussions with their structural engineers who have advised how to adapt the design based on the known parameters e.g. placing the raised beds on the beams would allow for the full depth of 600mm.

This allows for slightly more flexibility in the design than anticipated in receipt of the survey results. The design is being revised with on-going advice from the structural engineer to realise the scheme aims as much as possible.

However, significant items such as water, power, WCs, drainage and DDA compliant access have not been scoped and may still impact progression. Detailed discussions are being held between HBC and Shopping City to progress these.

External funding through National Gardening Scheme and Halton Borough Council.

Confirmed budget £1.54m (funded externally)

On-going operational costs are being identified and funding for these through other avenues is being explored.

<b>Upcoming Key Milestones</b>	<b>Date</b>	<b>Status</b>	<b>Comments</b>
Work up the design specification for approval	Aug 2020		Being revised accounting for intrusive survey results
Engagement and feedback sessions with local community groups, charities and schools.	Jan 2021		Paused while the design route and direction is decided, following survey results.
Project direction to be agreed	Sep 2021		Awaiting updated design

**Council of Governors**

<b>AGENDA REFERENCE:</b>	COG/21/08/46		
<b>SUBJECT:</b>	<b>Amendment to the Constitution – amendment to description of Lead Governor Role &amp; addition of a description of the role of Deputy Lead Governor.</b>		
<b>DATE OF MEETING:</b>	12 <sup>th</sup> August 2021		
<b>ACTION REQUIRED</b>	<b>Approval</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	<p>The Trust's Constitution states:</p> <p><i>45. Amendment of the constitution</i></p> <p><i>45.1. The Trust may make amendments to its constitution if:</i></p> <p><i>45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments; and</i></p> <p><i>45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.</i></p> <p>The Paper sets out a proposal to allow, by way of amendment of the Trust's Constitution, an amendment the current description of the role of Lead Governor and the addition of a description of the role of Deputy Lead Governor.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	Decision
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to support amendments to the Constitution as outlined above.		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee None</b>		
	<b>Agenda Ref.</b>		
	<b>Date of meeting</b>		
	<b>Summary of Outcome</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>Submit to Trust Board</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

<b>SUBJECT</b>	<b>Amendment to the Constitution – amendment to description of Lead Governor Role &amp; addition of a description of the role of Deputy Lead Governor.</b>	<b>AGENDA REF</b>	<b>COG/21/08/46</b>
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## 1. BACKGROUND/CONTEXT

The Trust's Constitution states:

### 45. *Amendment of the constitution*

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

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

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

To support the future election of the Lead Governor it is proposed that the current description of the role of Lead Governor is updated, by way of amendment to the Constitution, as described in section 2.

Furthermore, in order to provide ongoing assistance to Lead Governor, and to support continuity amongst the Council of Governors, it is proposed that the role of Deputy Lead Governor is created, and the description entered into the Constitution as described in section 2.

## 2. KEY ELEMENTS

### LEAD GOVERNOR ROLE DESCRIPTION

NHS E/I, in its Code of Governance asks that all Foundation Trusts have a 'lead governor'.

#### Primary Role

The primary purpose of the Lead Governor is to facilitate direct communication between the Regulator (NHS E/I) and the Council of Governors. The Regulator does not however envisage direct communication with Governors until such time as there may be a real risk of the Foundation Trust significantly breaching its licence or constitution and the Council's concerns cannot be satisfactorily resolved.

Once there is a risk that this may be the case, and the likely issue is one of board leadership, the Regulator will often wish to have direct contact with the Foundation Trust's Governors, but at speed and through one established point of contact – the Foundation Trust's nominated Lead Governor.



Such contact is likely to be a rare event and would be seen, for example, should NHS E/I wish to understand the view of the Governors about the capability of the chair, or be investigating some aspect of an appointment process of decision which may not have complied with the constitution.

It is important to remember that it is the Council of Governors *as a whole* (and no individual governor) that has the responsibilities and powers in statute.

### **Lead Governor Duties:**

- Leading the Council of Governors in exceptional circumstances when it is not appropriate for the chair or another non-executive to do so)
- Collating the input of Governors for the senior independent director or chair regarding annual performance appraisals of the chair and non-executive directors.
- Leading Governors on the Governors nominations and remuneration committee (GNARC) in the process for appointing a chair and non-executive directors.
- To recommend to the Council of Governors on behalf of the Nominations and Remuneration Committee any appointments/reappointments of Chair and/or Non-executive Directors
- Acting as a point of contact and liaison for the chair and senior independent director,
- Acting as a co-ordinator of governor responses to consultations,
- Chairing informal governor-only meetings.
- Attend Pt1 and Pt 2 Board Meeting and report to the Council of Governors on performance of NED's
- Troubleshooting and problem solving by raising issues with the chair and chief executive,
- Leading Governors in holding the non-executive directors to account,
- Contribute to the induction of new Governors.
- Present the Annual Governor's Report to Members at the Annual Members Meeting
- Meet routinely with the Chair, Company Secretary and Deputy Lead Governor to plan and prepare the agenda for Council of Governors meetings
- Work with individual Governors who need advice or support to fulfil their role as a Governor,
- Acting as a point of contact for the CQC and NHS E/I
- Other duties as requested by the Council of Governors or the Chairman

### **Term**

The 'term of office' is two years or until the serving Governor's term ends, whichever is the sooner. The Lead Governor role is subject to two-yearly election or whenever a vacancy arises, whichever is sooner.



## Eligibility

To be eligible to stand governors:

1. Must have served at least one year with the WHH Council of Governors
2. Must have achieved reasonable attendance at the CoG (min attendance is 75%)

## DEPUTY LEAD GOVERNOR ROLE DESCRIPTION

The role of Deputy Lead Governor is not a statutory role under the NHS Foundation Trust Code of Governance.

### Primary Role

The primary purpose of the Deputy Lead Governor is to provide the Foundation Trust with a point of contact for the Council of Governors should the Lead Governor be unavailable for a period or has a conflict of interest.

The Deputy Lead Governor will also:

- Meet routinely with the Chair, Trust Secretary and Lead Governor to plan and prepare the agenda for Council of Governors meetings,
- Attend Trust Board meetings in the absence of the Lead Governor.
- Other duties as requested by the Council of Governors or the Chairman

### Term

The Deputy Lead Governor role is subject to two-yearly election or whenever a vacancy arises, whichever is sooner.

### Eligibility

To be eligible to stand governors:

1. Must have served at least one year with the WHH Council of Governors
2. Must have achieved reasonable attendance at the CoG (min attendance is 75%)

## 3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to:

- Support amendments to the Constitution as outlined above.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/47</b>		
<b>SUBJECT:</b>	<b>Council of Governors Draft Terms of Reference 2020-21</b>		
<b>DATE OF MEETING:</b>	12 August 2021		
<b>ACTION REQUIRED</b>	<b>Approval</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>			
	All		
<b>EXECUTIVE SUMMARY</b>	<p>The Council of Governors is asked to review to and approve the Committee Terms of Reference.</p> <p>There is one proposed amendment to the Terms of reference previously approved by the Council of Governors. The proposed amendment in section 6 relates to the removal of the Quality in Care (QiC) meeting. The Chair of the Quality Assurance Committee (QAC) now attends to the Chair's Q&amp;A sessions with Governors on a bi-monthly basis to answer quality related questions from Governors.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
<b>RECOMMENDATIONS</b>	The Council of Governors approved the Terms of Reference.		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee N/A</b>		
	<b>Agenda Ref.</b>		
	<b>Date of meeting</b>		
	<b>Summary of Outcome</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None		

## **TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS**

### **COUNCIL OF GOVERNORS (COG)**

**Approved by the Council of Governors on **XX.XX.2021****

## Council of Governors - Terms of Reference

### 1. PURPOSE

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

### 2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

### 3. STANDING

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

### 4. MEMBERSHIP

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

### 5. QUORUM

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

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

### 6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

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

## 7. THE ROLE OF THE COUNCIL OF GOVERNORS

### **Non-Executive Directors; Chief Executive and the Auditors**

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

### **Constitution and Compliance**

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

### **Governors**

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

### **Strategy, Planning, Reorganisations**

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

### **Representing Members and the Public**

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

### **Holding the Non-Executive Directors to Account**

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

Some of the following may support this process and dialogue:

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

## **8. COLLECTIVE EVALUATION OF PERFORMANCE**

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

## **9. FREQUENCY OF MEETINGS**

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

## **10. MINUTES**

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

## **11. REVIEW**

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

**TERMS OF REFERENCE REVISION TRACKER**

<b>Name of Committee</b>	Council of Governors
<b>Version</b>	V5 <del>V4</del>
<b>Implementation Date</b>	August 2021
<b>Review Date</b>	August 2022
<b>Approved By</b>	Council of Governors xx.xx.2020

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 and Governors Engagement Group	XXXXXX

TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved By
13.08.2020	V3 replaced by V4	13.08.2020
14.08.2021	V4 replaced by V5	14.08.2021



### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/48</b>		
<b>SUBJECT:</b>	<b>Review the Trust’s Compliance with Provider Licence 2020-21 Bi-Annual report</b>		
<b>DATE OF MEETING:</b>	12 August 2021		
<b>ACTION REQUIRED</b>	<b>For assurance</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval	<b>To note</b> ✓
<b>RECOMMENDATIONS</b>	The Self-Certification for the items G6 and CoS7 is attached and the Council of Governors is asked to note full compliance with all license conditions. The Self-Certification for the items G6 and CoS7 is attached.		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee Trust Board</b>		
	<b>Agenda Ref.</b>	<b>BM/21/05/77</b>	
	<b>Date of meeting</b>	26 <sup>th</sup> May 2021	
	<b>Summary of Outcome</b>	Approved	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## Self-Certification Template - Conditions G6 and CoS7

Warrington & Halton Teaching Hospitals NHS Foundation Trust

*Insert name of organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence*

*Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)*

These self-certifications are set out in this template.

### **How to use this template**

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

**Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence**

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

**1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)**

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Confirmed OK

**3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)**

**EITHER:**  
 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed  
**OR**  
 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services. [Grey Box]  
**OR**  
 3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. [Grey Box]

**Statement of main factors taken into account in making the above declaration**

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust recorded a deficit of £11.3m and an adjusted deficit of £6.8m. This adjusted deficit is the value which NHSE/I monitors the Trust against and was achieved.  
 The response to COVID-19 impacted on Trust expenditure throughout the year with revenue expenditure of £32.6m. In addition, an element of income was impacted relating in the main to car parking and private patient income (£2.9m).  
 DHSC and NHSI converted all working capital loans to Public Dividend Capital (PDC) under the new cash and capital regime at the start of 2020/21, this equated to £57.8m. The annual capital programme (including external funding) was £26.9m and the actual spend for the year was £25.7m, delivering an underspend of £1.2m.  
 PDC of £33.7m was provided in March 2021 to support the Trust in continuing to pay creditors promptly in line with guidance. The cash balance at the end of the year was £47.9m which was above plan due to additional income received in March for the annual leave accrual and for non NHS income and for an under spend on capital and delay in capital cash expenditure.  
 There were no failures in financial governance during the year. The Finance and Sustainability Committee reviewed and scrutinised the financial position and performance of the Trust closely throughout the year and escalated any relevant items to the Board in the Chair's exception report. Furthermore, the Board reviewed the position and challenged forecast outturns and mitigations on regular basis.  
 Over the last 12 months the Trust has continued to have regular meetings with NHSE/I where the financial position, forecast, COVID-19 expenditure and capital have been discussed, reviewed and challenged.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

**Signature**  
 \_\_\_\_\_  
**Name** Steve McGuirk  
**Capacity** Chair  
**Date** 26th May 2021

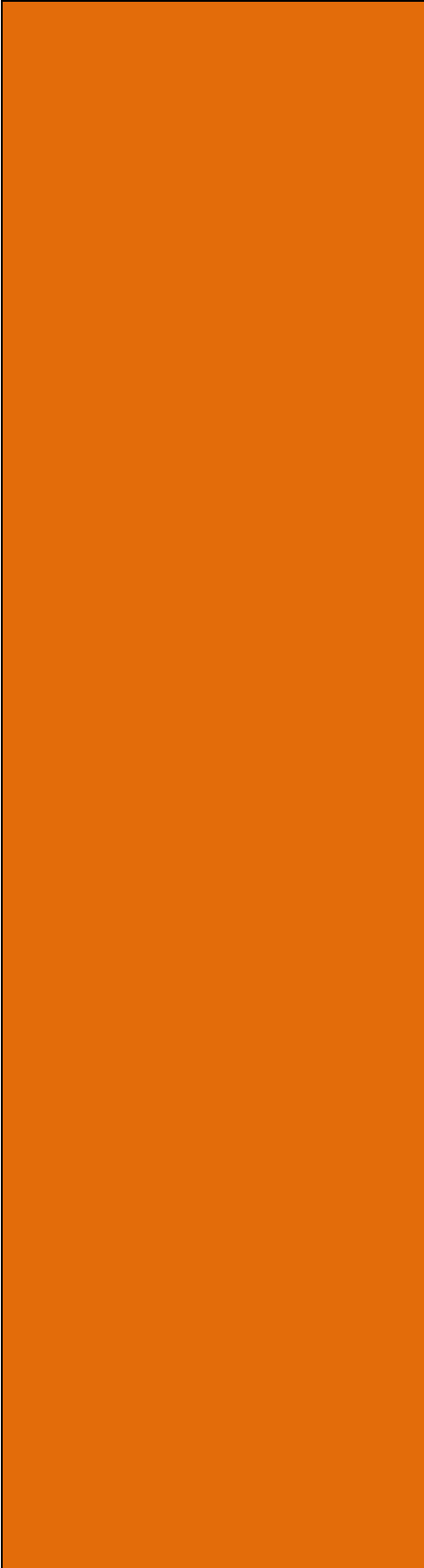
**Signature**  
 \_\_\_\_\_  
**Name** Simon Constable  
**Capacity** Chief Executive  
**Date** 26th May 2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

[Empty box for further explanatory information]

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/08/49</b>
<b>SUBJECT:</b>	<b>Workforce Race Equality Standard Indicator 3 &amp; WRES Action Plan</b>
<b>DATE OF MEETING:</b>	12 <sup>th</sup> August 2021
<b>ACTION REQUIRED</b>	<b>For Information</b>
<b>AUTHOR(S):</b>	Laura Hilton, Deputy Chief People Officer
<b>EXECUTIVE SPONSOR</b>	Michelle Cloney, Chief People Officer
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO2: We will .. Be the best place to work with a diverse and engaged workforce that is fit for now and the future.
	Choose an item.
	Choose an item.
<b>EXECUTIVE SUMMARY</b>	<p>In November 2020 the Strategic People Committee received a paper that provided the findings of a detailed review that was undertaken by the Deputy Director of HR and OD to understand the concerns the Committee had relating to the Trust WRES data against the indicators relating to formal disciplinary processes, bullying and discrimination. The findings of that review were that:</p> <ul style="list-style-type: none"> <li>• There are no concerns regarding the 9 specific employee relations cases relating to BAME staff, which form part of the 2020 WRES data submission.</li> <li>• The review of undertaken by the Deputy Director of HR and OD should be repeated in Q4 2020.</li> <li>• Of the 3 indicators relating to staff survey results, 2 have improved since 2019 and 1 has declined (staff experiencing harassment, bullying or abuse from staff). All 3 indicators suggest that BAME staff experience more harassment, bullying, abuse or discrimination than white staff.</li> <li>• A high percentage of staff within Digestive Diseases CBU reported experiencing harassment, bullying or abuse from both patients and staff in the 2019 staff survey. It is not possible to understand whether this related to ethnicity.</li> <li>• Freedom to Speak Up data collection does not include equality monitoring information relating to the staff member making a disclosure. This should be explored as soon as possible, with support from the Head of Employee Engagement and Wellbeing. It is acknowledged that this may be challenging due to the method of disclosures.</li> <li>• The WRES Action plan was updated.</li> </ul>



This paper sets out the findings of the Q4 review:

- There are no concerns at this current stage regarding the 1 specific employee relations case relating to a BAME member of staff.
- It should be noted that the proportion of BAME staff being subjected to a disciplinary process is significantly reduced from when it was reported in November 2020.
- The review of undertaken by the Deputy Chief People Officer should be repeated following the release of the WRES 2021 results.
- As previously reported of the 3 indicators relating to staff survey results, 2 have improved since 2019 and 1 has declined (staff experiencing harassment, bullying or abuse from staff). All 3 indicators suggest that BAME staff experience more harassment, bullying, abuse or discrimination than white staff.
- Freedom to Speak Up data collection does not routinely include equality monitoring information relating to the staff member making a disclosure. This has been explored with the Freedom to Speak up Guardian with support from the Head of Employee Engagement and Wellbeing following the report presented in November 2020 and was taken to the Trust’s Equality, Diversity and Inclusion (ED&I) Sub Committee. It was acknowledged capturing ED&I data is challenging due to the method of disclosures therefore it is not possible to mandate the collection of this data.
- The information received relating to Freedom to Speak Up disclosures and incidents reported via Datix do not indicate any trends, although this should be reviewed again when the work around Civility and Respect is commenced.
- The low number of cases relating to ethnicity reported via Freedom to Speak Up, Datix and HR indicate that there may be more work to do in relation to support staff disclosures.

The paper also provides an update in relation to the progress against the WRES action plan. The update demonstrates that a significant amount of work has been undertaken, despite the organisational response to the pandemic in order to progress the ambitions set out in the WRES action plan.

<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval	To note	Decision
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<b>RECOMMENDATIONS</b>	Note the findings and updated action plan.	
<b>PREVIOUSLY CONSIDERED BY</b>	None	
<b>PREVIOUSLY CONSIDERED BY</b>	Committee <b>Strategic People Committee</b>	
	Agenda Ref.	SPC/21/07/49
	Date of meeting	21 <sup>st</sup> July 2021
	Summary of Outcome	Approved
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	Choose an item.	

**Council of Governors**

<b>SUBJECT</b>	<b>Workforce Race Equality Standard Indicator 3 &amp; WRES Action Plan</b>	<b>AGENDA REF:</b>	<b>COG/21/08/49</b>
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**1. BACKGROUND/CONTEXT**

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

The Trust is expected to show progress against a number of indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels.

In November 2020 the Strategic People Committee received a paper that provided the findings of a detailed review that was undertaken by the Deputy Director of HR and OD to understand the concerns the Committee had relating to the Trust WRES data against the indicators relating to formal disciplinary processes, bullying and discrimination. The findings of that review were that:

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

This paper sets out the findings of the Q4 review looking at data from November 2020 – June 2021. The paper also provides an update in relation to the progress against the WRES action plan. The update demonstrates that a significant amount of work has been undertaken, despite the organisational response to the pandemic in order to progress the ambitions set out in the WRES action plan.

## 2. KEY ELEMENTS

### a. WRES Indicators and Comparisons

The table below sets out the four indicators from the 2020 WRES data which were highlighted as particular areas of concern and reported on in November 2020. The 2021 results are not yet available and will be published in September 2021.

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

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

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

### b. Methodology

The Deputy Chief People Officer has undertaken a review of the employee relations cases relating to indicator 3 and has specifically reviewed the allegations which prompted a formal process, the outcome of the formal process (if available) and the approach taken.

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

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

#### November 2020

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



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

### **July 2021**

The latest WRES data will be published in September. However, the Deputy Chief People Officer has reviewed the cases from November 2020 – June 2021. There were 14 cases which would fall within the WRES reporting criteria, 13 related to white staff, 1 related to BAME staff.

The Deputy Chief People Officer reviewed the available case documentation for 1 case and has assessed that, the formal process was instigated appropriately, and the approaches taken demonstrate that the process was executed fairly to date, however the case is currently ongoing and not yet concluded so there is no outcome to yet assess.

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

As previously reported the staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2020 results show that the areas with the highest negative result relating to harassment, bullying or abuse from patients, relatives or the public for all staff (of all ethnicities) were:

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

The 2021 results are due to be available in September 2021.

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures there is a report of 1 incident of staff being harassed by a patient's family.

Information received from the Governance Department shows that there have been 3 reported incidents, From November 2020 – June 2021 of staff experiencing racially motivated harassment, bullying or abuse from patients; one within the Transport Team which, one within Paediatric A&E and one within Ward A8.

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

As previously reported the staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2020 results show that the areas with the highest negative results relating to harassment, bullying or abuse from staff for all staff (of all ethnicities) were:

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

The 2021 results are due to be available in September 2021.

HR records show that there has been 1 case relating to harassment, bullying or abuse from staff which specifically referenced race and this was within the Corporate CBU. For the previous 12 months it was also 1 therefore has remained the same.

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures. Since the last report in November there have been 24 disclosures since 1 November 2020 to 30 June 2021 and 16 of these relate to culture, bullying and harassment, although it is not clear from the data whether any of these are in relation to ethnicity. 5 related to process and systems, 2 concerns of staff wellbeing / safety and 1 environmental.

Information received from the Governance Department shows that there have been 0 reported incidents, From November 2020 – June 2021 of staff experiencing racially motivated harassment, bullying or abuse from staff. For the previous 12 months it was also 0 therefore has remained the same.

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

As previously reports the staff survey 2019 results are not available to the Trust to breakdown by ethnicity any further than that which is already provided in the WRES data submission. The results do allow a breakdown of answers by CBU/Department. The 2020 results show that the areas with the highest negative result relating to discrimination at work for all staff (of all ethnicities) were:

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

The 2021 results are due to be available in September 2021.

The Freedom to Speak Up Guardian has confirmed that data is not collected on the ethnicity of the staff members who make disclosures however the guardian has reviewed the disclosure information available and has confirmed that there have been 1 disclosure relating partially to discrimination at work due to ethnicity in the last 12 months.

Information received from the Governance Department shows that there have been 0 reported incidents, From November 2020 – June 2021 of staff experiencing racially motivated discrimination at work from any of the following: Manager/team leader or other colleagues.

### 3. CONCLUSIONS

- There are no concerns at this current stage regarding the 1 specific employee relations case relating to a BAME member of staff.
- It should be noted that the proportion of BAME staff being subjected to a disciplinary process is significantly reduced from when it was reported in November 2020.
- The review of undertaken by the Deputy Chief People Officer should be repeated following the release of the WRES 2021 results.
- As previously reported of the 3 indicators relating to staff survey results, 2 have improved since 2019 and 1 has declined (staff experiencing harassment, bullying or abuse from staff). All 3 indicators suggest that BAME staff experience more harassment, bullying, abuse or discrimination than white staff.
- Freedom to Speak Up data collection does not routinely include equality monitoring information relating to the staff member making a disclosure. This has been explored with the Freedom to Speak up Guardian with support from the Head of Employee Engagement and Wellbeing

following the report presented in November 2020 and was taken to the Trust’s Equality, Diversity and Inclusion (ED&I) Sub Committee. It was acknowledged capturing ED&I data is challenging due to the method of disclosures therefore it is not possible to mandate the collection of this data.

- The information received relating to Freedom to Speak Up disclosures and incidents reported via Datix do not indicate any trends, although this should be reviewed again when the work around Civility and Respect is commenced.
- The low number of cases relating to ethnicity reported via Freedom to Speak Up, Datix and HR indicate that there may be more work to do in relation to support staff disclosures.

#### 4. UPDATE ON WRES INDICATORS

The WRES action plan was endorsed by the Strategic People Committee in September 2020 and the team have been working on a number of key activities, as identified in **table one**. The update demonstrates that a significant amount of work has been undertaken, despite the organisational response to the pandemic in order to progress the ambitions set out in the WRES action plan.

**Table One** identifies the key actions colour coded to identify

Purple	Action not initiated
Red	Action initiated but risk to achieving completion date
Amber	On track to achieve completion date
Green	Complete but assurance embedded not received
Blue	Complete, assurance evidence embedded received and passed to CBU for monitoring

**Table One:** WRES Action Plan Update

Actions	Timescales	RAG	Update
Introduce targeted marketing of employment opportunities to increase diversity.	Q4 January 2021	Green	<p>Since October 2020, the organisation has welcomed 60 international nurses who are at various stages of their journey with WHH between quarantining at the Crewe Campus, currently undertaking training or out on the wards. This has made a positive impact on the diversity of the workforce.</p> <p>The Employment Services Team have been working with Zinc marketing to produce a range of marketing materials aimed at promoting the Trust as the best place to work which has included the following approach:</p> <ul style="list-style-type: none"> <li>• International recruitment welcome booklets with information about our health and wellbeing offer, our staff networks, reward and benefits and a welcome to the local area</li> <li>• International Nursing information board</li> </ul>

			available at the Crewe Campus where the international nurses quarantine and undertake some of their learning prior to joining our organisation
Scope options relating to positive action and present to Strategic People Committee to approve for implementation.	Q4 March 2021		The organisation is currently in the process of scoping out options for positive action in line with the new request from NHSEI in developing an action plan for implementation on overhauling recruitment and promotion against 6 key actions.
Develop and launch Equality in Employment policy to cover practical guidance in relation to employing individuals with a range of protected characteristics.	Development in Q3 and launch in Q4 March 2021		The development of an Equality in Employment policy is inter-related with a wider review and appraisal of our equality, diversity and inclusion training for recruiting managers which has commenced in line with the Model Employer ambitions and is likely to be completed in Q2 of 2021/22.
Continue development and delivery of EDI managers training to include case studies from own workforce.	Ongoing		The EDI Specialist will be working in collaboration with the organisation's Staff Networks to ensure that lived experience forms a part of any ongoing training development. The new Lived Experience guidance developed by members of the EDI Sub-Committee from a patient and workforce perspective will enable stories to form part of any ongoing training opportunities.
Include equality, diversity and inclusion responsibilities in all line manager Job Description templates.	Q4 March 2021		This is currently in development in partnership with the employment services team within the HROD directorate.
Include equality, diversity and inclusion objective in all staff PDRs	Q4 March 2021		The appraisal process within the organisation has been updated and new paperwork developed to enable a coaching conversation to be undertaken to talk about equality, diversity and inclusion. A range of generic EDI objectives have been developed and are in the process of being implemented in the organisation to accompany appraisal paperwork.  In addition, the national People Plan defines that all wellbeing conversations that happen with staff should have a space to discuss equality, diversity and inclusion. The Staff engagement and wellbeing team will be working in partnership with the EDI specialist to implement this effectively within the organisation.
Refresh recruiting managers training to increase inclusivity of	Q1 2021/2022		The refresh of training to empower our recruiting managers and to provide them with the knowledge, insight and understanding about equality, diversity and

selection processes and increase diversity			inclusion issues is currently in process.
Development and launch of Civility, Kindness and Respect campaign across organisation.	Q4		The approach to an organisational-wide civility, kindness and respect campaign was paused in Q4 due to the organisational response to the third wave of COVID-19. However, with the launch of the new organisational values of “inclusive” and kind” the campaign will be developed in collaboration with our staff networks and the HROD directorate
Review of Improving People Practices and Fair Processes for all report to inform operational actions	Q3 December 2020		This has been completed and reported to Strategic People Committee with areas for improvement identified and reflected in the updated Model Employer action plan.
Senior HR review of cases in the data set. Outcomes and actions to be reported to SPC	Q4		This has been completed and reported to Strategic People Committee for assurance and shared with the EDI Sub-Committee for information.
Senior HR review of cases relating to BAME staff	Q4		This has been completed and reported to Strategic People Committee for assurance and shared with the EDI Sub-Committee for information.
Develop inclusive talent management programme / framework.	Q4 by 31 <sup>st</sup> March 2021		The development of an inclusive talent management programme and framework will be delivered in 2021/22 due to the organisational response of the COVID-19 pandemic as agreed by the Strategic People Committee.
Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going.		The organisation’s learning and development team work in partnership with the BAME Staff Network and have developed opportunities to support individuals in writing applications to external learning as well as providing hints and tips on searching for learning opportunities. This bespoke offer will continue and evolve according to the needs of our BAME workforce.
Work with the BAME Staff Network, Freedom to Speak Up Team and HR Team to enhance reporting of incidents	Ongoing		Freedom To Speak Up is a key agenda item for the BAME Staff Network and is a key feature of any health and wellbeing information such as the seasonal health and wellbeing booklets which are presented at each of the Staff Networks. Commitments have been made to encourage further BAME FTSU champions across the organisation.
Deep dive of existing data from staff survey, incidents, Freedom To Speak Up and grievances to understand patterns	Q4		This has been completed and reported to Strategic People Committee for assurance and shared with the EDI Sub-Committee for information.
Targeted work via HR Team and OD Team in specific areas highlighted via the analysis	Q4		This is currently being scoped and triangulated with the staff survey information to identify any potential hotspot areas and areas that require further advice, information, support or guidance from an EDI

			perspective.
Analysis of Staff Survey results from 2020 (available in January 2021) to ascertain any hotspot areas or staff groups.	Q4 January 2021		<p>The staff survey results have been analysed and presented to the Staff networks on the basis of the overall organisational results and also those results from a protected characteristic perspective. The staff engagement team are collating any hotspot areas to develop interventions in partnership with the EDI team and others within the HROD directorate as appropriate</p> <p>The organisation is currently awaiting further qualitative information from the staff survey in relation to the workforce's COVID-19 experience which will provide further rich insight into the experiences of our workforce.</p>
Development of EDI calendar to encourage a culture of inclusion.	Q3 October 2020		<p>The monthly EDI calendar is implemented across the organisation and has a range of information including religious festivals, national campaigns and the dates of the staff network meetings.</p> <p>The monthly calendar is available via the extranet and is also delivered by the staff engagement team on a monthly basis to all clinical and non-clinical areas across both sites.</p>
Organisational participation in local community culture events such as Warrington Mela (dependent upon COVID-19 restrictions).	Q2 2021		This is currently on hold due to the current COVID-19 restrictions.
Investigate, and implement membership of Race Charter at Work.	Q1 2021/22		The organisation is committed to becoming an Anti-Racist organisation and has begun to understand what this will mean for our organisation. A gap analysis is currently being undertaken to identify key actions to implement. As part of the implementation, the Race At Work charter will dovetail into this approach to becoming an Anti-Racist organisation.
Organisational sign-up to Social Partnership Forum's "Call to Action" in relation to bullying and harassment and embed into trust-wide civility, kindness and respect campaign.	Q1 2021/22		The approach to an organisational-wide civility, kindness and respect campaign was paused in Q4 due to the organisational response to the third wave of COVID-19. However, with the launch of the new organisational values of "inclusive" and kind" the campaign will be developed in collaboration with our staff networks and the HROD directorate



Review the opportunities to collect equality monitoring data as part of Freedom to Speak up	Q3		The Freedom To Speak Up Guardian has worked with the Head of Employee Engagement and Wellbeing, utilising best practice to develop a template for monitoring information if appropriate and where possible.
Undertake further review of Freedom to Speak up, incidents and HR cases	Q4		This action is due in 2021/22.
Discuss equality, diversity and inclusion as part of the regular health and wellbeing conversations.	Q3 December 2020		The organisation developed Check-in conversations, learning from best practice and the evidence from the military which did include information about inclusivity. The Check-in conversations are in the process of being refreshed aligned to the national People Plan with new guidance that has been received from NHSEI.
Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going		The organisation's learning and development team work in partnership with the BAME Staff Network and have developed opportunities to support individuals in writing applications to external learning as well as providing hints and tips on searching for learning opportunities. This bespoke offer will continue and evolve according to the needs of our BAME workforce.
Development and implementation of reverse mentoring programme.	Q1 2021/22		<p>The EDI team are working in partnership with the OD, Learning and Development team to explore and develop a proposal and an approach to mentoring focusing on a reciprocal arrangement which focuses on the creation of relationships where knowledge and understanding of both sides of lived experiences. This will create awareness, insights and action that directly contribute towards the creation of a more equitable and inclusive organisation where the factors that generate inequity are positively and proactively addressed.</p> <p>A proposal is currently being developed to meet the needs of our workforce and to embed reciprocal mentoring within the organisation.</p>
Introduce targeted marketing of employment opportunities to increase diversity.	Q4 January 2021		<p>Since October 2020, the organisation has welcomed 60 international nurses who are at various stages of their journey with WHH between quarantining at the Crewe Campus, currently undertaking training or out on the wards. This has made a positive impact on the diversity of the workforce.</p> <p>The Employment Services Team have been working with Zinc marketing to produce a range of marketing materials aimed at promoting the Trust as the best place to work which has included the following approach:</p> <ul style="list-style-type: none"> <li>• International recruitment welcome booklets with information about our health and wellbeing offer, our staff networks, reward and</li> </ul>

			<p>benefits and a welcome to the local area</p> <ul style="list-style-type: none"> <li>International Nursing information board available at the Crewe Campus where the international nurses quarantine and undertake some of their learning prior to joining our organisation</li> </ul>
Increase BAME representation as Freedom To Speak Up Champions.	Q4 31 <sup>st</sup> March 2021		Freedom To Speak Up is a regular feature of the BAME Staff Network agenda and members are continually encouraged to join as Champions. The Chair of the BAME Staff Network is currently a FTSU Champion and is working on developing other champions within the network.
Development of EDI Champion role.	Development Q4 / Launch Q1 2020/21		This is currently in development.
Development, in partnership with the BAME Staff Network of line manager guidance for dealing with specific concerns from BAME members of staff.	Q4 February 2021		As part of the review of the grievance policy, a range of guidance is in the process of being developed to support the implementation of this policy which will be shared with the policies and procedures group in May 2021.
Participation in the NHS Leadership Academy Shadow Board leadership programme.	Q4 March 2021		The organisation continues to participate in this scheme and in addition has invested in external support via JS Associates to develop equality, diversity and inclusion awareness such as diversity in decision making for board members.
Participation in bespoke EDI training for board members.	Ongoing		

## 5. ASSURANCE COMMITTEE (IF RELEVANT)

Strategic People Committee

## 6. RECOMMENDATIONS

The Council of Governors are asked to note the findings of the report.



### Appendix One: WRES Action Plan

Metric Number	Standard	2019 Data	2020 Data	Narrative	2020/21 Actions	Timescales
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2019			The 2020 data, drawn from the organisation's Electronic Staff Record illustrates that in comparison with 2019, there are slight improvements for non-clinical BAME staff above B6 and clinical staff in Bands 6-8a, however BAME members of staff are still under-represented at senior levels.	Introduce targeted marketing of employment opportunities to increase diversity.	Q4 January 2021
					Scope options relating to positive action and present to Strategic People Committee to approve for implementation.	Q4 March 2021
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	1.48	0.83	The data demonstrates that white staff are still more likely than BAME to be appointed from shortlisting, although this likelihood has decreased in comparison with the 2019 data which illustrates a slight improvement.	Develop and launch Equality in Employment policy to cover practical guidance in relation to employing individuals with a range of protected characteristics.	Development in Q3 and launch in Q4 March 2021
					Continue development and delivery of EDI managers training to include case studies from own workforce.	Ongoing
					Include equality, diversity and inclusion responsibilities in all line manager Job Description templates.	Q4 March 2021

					Include equality, diversity and inclusion objective in all staff PDRs	Q4 March 2021
					Refresh recruiting managers training to increase inclusivity of selection processes and increase diversity	Q1 2021/2022
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.05	3.84	The 2020 data highlights that there has been an increase in the relative likelihood of BAME staff entering the formal disciplinary process in comparison with 2019, which equates to an increase of 5 individuals from 2019. It is important to note that the numbers overall have decreased from 40 in 2019 to 31 in 2020.	Development and launch of Civility, Kindness and Respect campaign across organisation.	Q4
					Review of Improving People Practices and Fair Processes for all report to inform operational actions	Q3 December 2020
					Senior HR review of cases in the data set. Outcomes and actions to be reported to SPC	Complete
					Senior HR review of cases relating to BAME staff	Q4
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.99	0.80	The data illustrates that there has been a slight improvement in comparison with 2019 for staff accessing non-mandatory training and CPD.	Develop inclusive talent management programme / framework.	Q4 by 31 <sup>st</sup> March 2021
					Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going.

5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 21.2% BAME: 29.9%	White: 21.6% BAME: 25%	The data demonstrates that there has been an improvement in comparison with 2019. However, it is recognised that there is still a higher percentage of BAME staff experiencing harassment, bullying or abuse from the public in the last 12 months compared with white staff.	Work with the BAME Staff Network, Freedom to Speak Up Team and HR Team to enhance reporting of incidents	Ongoing
					Deep dive of existing data from staff survey, incidents, Freedom To Speak Up and grievances to understand patterns	Complete
					Targeted work via HR Team and OD Team in specific areas highlighted via the analysis	Q4
					Analysis of Staff Survey results from 2020 (available in January 2021) to ascertain any hotspot areas or staff groups.	Q4 January 2021
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 18.3% BAME: 22.4%	White: 19% BAME: 26%	The data demonstrates that there has been deterioration in comparison with 2019 in that more BAME staff are reporting experiencing harassment, bullying or abuse from staff in the last 12 months.	Development of EDI calendar to encourage a culture of inclusion.	Q3 October 2020
					Organisational participation in local community culture events such as Warrington Mela (dependent upon COVID-19 restrictions).	Q2 2021
					Investigate, and implement membership of Race Charter at Work.	Q1 2021/22
					Organisational sign-up to Social Partnership Forum's "Call to Action" in relation to bullying and harassment and embed into trust-wide civility, kindness and respect campaign.	Q1 2021/22

					Review the opportunities to collect equality monitoring data as part of Freedom to Speak up	Q3
					Undertake further review of Freedom to Speak up, incidents and HR cases	Q4
					Discuss equality, diversity and inclusion as part of the regular health and wellbeing conversations.	Q3 December 2020
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	White: 90.7% BAME: 76.1%	White: 91.4% BAME: 82.3%	The data shows that there has been a marked improvement in the percentage of BAME members of staff believing that the trust provides equal opportunities for career progression or promotion.	Promotion and implementation of BAME specific learning and development opportunities internally and externally.	In place and on-going
					Development and implementation of reverse mentoring programme.	Q1 2021/22
					Introduce targeted marketing of employment opportunities to increase diversity.	Q4 January 2021
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White: 4.5% BAME: 12.3%	White: 4.50% BAME: 10.70%	The data demonstrates that there has been an improvement compared with the previous year however it is recognised that significantly more BAME members of staff report personally experiencing discrimination at work from a manager, team leader or other colleagues.	Increase BAME representation as Freedom To Speak Up Champions.	Q4 31 <sup>st</sup> March 2021
					Development of EDI Champion role.	Development Q4 / Launch Q1 2020/21
					Development, in partnership with the BAME Staff Network of line manager guidance for dealing with specific concerns from BAME members of staff.	Q4 February 2021

9	Percentage difference between the organisation's Board voting membership and its overall workforce. Note: Only voting members of the Board should be included	White: +3.7%	White: +11.0%	The data demonstrates that in comparison with 2019 there has been a slight deterioration in relation to BAME voting membership and the overall workforce. This is due to a change in the overall workforce, rather than any changes to Board composition.	Participation in the NHS Leadership Academy Shadow Board leadership programme.	Q4 March 2021
		BAME: -9.70%	BAME: -9.9%		Participation in bespoke EDI training for board members.	Ongoing

## Council of Governors

### DATES 2021-2022

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

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

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
<b>2021</b>			
Thursday 18 February 2021 <b>3.00pm-5.00pm</b>  <b>Lecture Theatre, HALTON EDUCATION CENTRE</b>	w/c 25 January	Tuesday 9 February	<b>Thursday 11 February</b>
Thursday 13 May 2021 <b>4.00pm-6.00pm</b> <b>Trust Conference Room, Warrington</b>	w/c 19 April	Tuesday 4 May	<b>Thursday 6 May</b>
Thursday 12 August 2021 <b>3.00pm-5.00pm</b>  <b>If face to face meetings resumed, CHANGE OF VENUE TO TCR WARRINGTON, Time remains 3pm</b>	w/c 19 July	Tuesday 3 August	<b>Thursday 5 August</b>
Thursday 11 November 2021 <b>4.00pm-6.00pm</b> <b>Trust Conference Room, Warrington</b>	w/c 18 October	Tuesday 2 November	<b>Thursday 4 November</b>
<b>2022</b>			
Thursday 10 February 2022 <b>3.00pm-5.00pm</b>  <b>Lecture Theatre, HALTON EDUCATION CENTRE</b>	w/c 17 January	Tuesday 1 February	<b>Thursday 3 February</b>