



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Council of Governors Meeting

Thursday 20 February 2025, 3pm – 5pm
Trust Conference Room, Burtonwood Wing,
Warrington Hospital



COUNCIL OF GOVERNORS
Thursday 20 February 2025, 3.00pm – 5.00pm
Trust Conference Room, Warrington Hospital and Via MS Teams

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/25/02/76	3:00pm	Welcome and Opening Comments Apologies; Declarations of Interest		<i>Verbal</i>	Chair
COG/25/02/77	3:02pm	Minutes and Action Log of meetings held on 14 November 2024	<i>For approval</i>	<i>Minutes & Action Log</i>	Chair
COG/25/02/78	3:05pm	Matters arising	<i>To note for assurance</i>	<i>Verbal</i>	Chair
GOVERNOR BUSINESS					
COG/25/02/79	3:10pm	Better Care Together Integration Update	<i>To note for assurance</i>	<i>Presentation</i>	Chair, Chief Strategy and Partnerships Officer
COG/25/02/80	3:20pm	Non-Executive Director Assurance Highlights from Committees Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability (November, December, January) – Jonathan Cliffe/ John Somers (b) Quality Assurance Committee (November, December, January) Diane Nield/Cliff Richards (c) Strategic People Committee (November, December, January) – Colin Jenkins/Julie Jarman (d) Audit Committee (November) Sue Fitzpatrick/Mike O'Connor (e) Charitable Funds Committee (Cliff Richards)		<i>Presentation</i> <i>Papers</i> <i>see Supplementary Pack</i>	Committee Chairs
COG/25/02/81	3:35pm	Lead Governor Update i) Trust Board Observation Reports ii) Governor Observation Visits a) Discharge Suite 18.11.24 b) Endoscopy Suite Halton 13 .12.24 c) Blood Sample Suite 22.01.25 d) Elective Orthopaedics CSTM 03.02.25	<i>Info/update</i>	<i>Report Reports</i>	Lead Governor

COG/25/02/82	3:45pm	Governor Engagement Group (GEG) Chairs Report from the meeting 3 February 2025	Info/update	Verbal	Nigel Richardson, Public Governor
COG/25/02/83	3:55pm	Items requested by Governors – Questions	Info/update	Paper	Chair
COG/25/02/84	4:10pm	Quarterly Communications & Engagement Update Q3	Info/update	Paper	Deputy Director of Communications and Engagement
COG/25/02/85	4:20pm	Membership Strategy Q3	Info/update	Paper	Corporate Governance and Membership Manager
TRUST BUSINESS ITEMS TO DISCUSS					
COG/25/02/86	4:30pm	Bi-monthly Strategy Highlight Report	Info/update	Report	Chief Strategy & Partnerships Officer
COG/25/02/87	4:40pm	Living Well Online	Info/update	Presentation	Rachel Moran Strategic Project Manager
GOVERNANCE					
COG/25/02/88	4:50pm	Revised Chair Appraisal Process and Plan	Info/update	Report	Corporate Governance and Membership Manager
COG/25/02/89	4:55pm	Substantive Appointment of Chief Executive – to follow	Decision	Report	Chair
CLOSING					
COG/25/02/90		Any Other Business		Verbal	Chair
Next Meeting Thursday 15 May 2025, Trust Conference Room, Warrington Hospital					

SUPPLEMENTARY PAPERS* INFORMATION ITEMS TO NOTE					
COG/25/02/91		Chief Executive's Report – 5 Feb 2025	Info/update	Report	Chief Executive
COG/25/02/92		WHH People Strategy Bi-annual Update	Info/update	Report	Chief People Officer
COG/25/02/93		Learning From Experience Q2 Update	Info/update	Report	Chief Nurse

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

Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
Where an individual may get direct financial benefit¹ from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
Where an individual has a close association¹ with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

COUNCIL OF GOVERNORRS

**Minutes of the Meeting held on Thursday 14 November 2024
Lecture Theatre, Halton Hospital/MS Teams**

Present

Steve McGuirk (SMcG)	Chair
Cliff Richards (CR)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
Nikhil Khashu (SC)	Chief Executive
Norman Holding (NH)	Public/Lead Governor
Anne Robinson (AR)	Public Governor
Diane Nield (DN)	Public Governor
Colin Jenkins (CJ)	Public Governor
Keith Bland (KB)	Public Governor
Colin McKenzie	Public Governor
John Fagan (JF)	Public Governor
Kevin Keith (KK)	Public Governor
Maureen McLaughlin (MM)	Partner Governor

In Attendance

Kate Henry (KH)	Director of Communication
Hayley Heard (HH)	Deputy Director of Strategy & Partnerships
John Culshaw (JC)	Company Secretary
Emily Kelso (EK)	Corporate Governance and Membership Manager (minutes)

Apologies

Mike O'Connor	Non-Executive Director
Lucy Gardner (LG)	Director of Strategy & Partnerships
Dan Moore (DM)	Chief Operating Officer & Deputy CEO
Nigel Richardson (NR)	Public Governor
Edward Rawlinson (ER)	Public Governor
Linda Mills (LM)	Public Governor
Nathan Fitzpatrick (NF)	Public Governor
Akash Ganguly (AG)	Staff Governor
Carol Ann Kelly (CAK)	Public Governor
Sue Fitzpatrick (SF)	Public Governor
Gemma Leach (GL)	Staff Governor
Jonathan Cliffe (JC)	Staff Governor
Rachel Bold (RB)	Staff Governor
Mansimran Singh	Partner Governor
Nichola Newton (NN)	Partner Governor

AGENDA REF	AGENDA ITEM
COG/24/11/54	WELCOME, INTRODUCTION, APOLOGIES AND DECLARATIONS OF INTEREST
	SMcG welcomed those in attendance to the meeting, the apologies were noted as

	<p>above.</p> <p>JJ declared an interest in agenda item COG24/11/70, which, it was agreed she would excuse herself for that item. No other declarations of interest were noted.</p> <p>SMcG explained the meeting would be the last Council if Governors meeting for Lead Governor Norman Holding, who would come to an end of his third and final term as Governor at WHH on the 30th of November 2024.</p> <p>SMcG thanked Norman on behalf of the Trust Board for his commitment and dedication to the Trust throughout his tenure and the leadership he had provided to his Governor colleagues.</p>
<p>COG/24/11/55</p>	<p>Minutes and Action Log of meetings held on 15.08.24 & Extraordinary Meeting held on 17.10.24</p> <p>The minutes of the meetings held on 15.08.24 & Extraordinary Meeting held on 17.10.24 were approved as accurate records.</p> <p>Action Log –</p> <p>HH provided an update on action COG/24/08/39. It was confirmed that the shuttle bus between Warrington and Halton Hospitals did not currently stop at Runcorn Shopping City, it was explained that public transport connections between the two sites and shopping city was suitable and that the implications of adding an additional stop particularly for Trust staff arriving to shift on time would be considerable.</p> <p>It was further noted that the second action in relation to agenda item COG/24/08/39 had been completed, CDC activity data had been circulated to Governors via email.</p> <p>The Council of Governors approved the minutes of the meeting held 15.08.24 & Extraordinary Meeting held on 17.10.24</p>
<p>COG/24/11/56</p>	<p>Matters Arising</p> <p>There were no matters arising.</p>
<p>GOVERNOR BUSINESS</p>	
<p>COG/24/11/57</p>	<p>Chairs Update including Integration Update</p> <p>SMcG provided a verbal update explaining that the integration and collaboration efforts were ongoing, the key messages taken from the update were as follows:</p> <ul style="list-style-type: none"> • NK had commenced the position of Joint CEO for both WHH and BHCT • A Board-to-Board meeting between the two organisations had taken place on the 4th of November 2024, where the options appraisal timeline had been agreed. It was noted that the two boards would meet during Q4 (January/February 2025) to complete the options appraisal, each option would be robustly considered based on agreed criteria. • It was noted that whilst the two boards had different ways of working each were committed to the goal of joining improve patient outcomes and service delivery. • Joint Executive Team meetings were taking place weekly and a move towards a single joint executive team was underway, with NARC meetings scheduled for both

	<p>Trusts to consider the joint Executive Medical Director and Chief Operating Officer positions.</p> <ul style="list-style-type: none"> • The Chair thanked DM who had taken on the position of Acting CEO and also the Executives for their support during the interim period <p>The Council of Governors noted the update</p>
<p>COG/24/11/58</p>	<p>Hot Topic – Darzi Report what it means for WHH and the Council of Governors</p> <p>SMcG introduced the presentation which had been requested by Governors, to identify the key messages from the Dazi Report and the impact on Governors and their members, the following key points were highlighted from the presentation:</p> <ul style="list-style-type: none"> • The report provided a helpful ‘state of the nation’ summary of the NHS nationally and recognises most of the key findings as being relevant to WHH and the Cheshire and Merseyside ICS • Under-investment in community-based care and prevention has led to pressure on hospitals • Changes to NHS structures and systems, such as the creation of ICBs and the CQC’s inspection regime, have caused a lack of clear understanding and inconsistent approaches • In summary, the report recognises that there are significant challenges (‘critical condition’) facing the NHS but its ‘vital signs are strong’. The report reflects the importance of patient empowerment, digital technology, prevention, care closer to home and ensuring funding streams and capital investment support these principles <p>The report would inform the new NHS 10-year plan which was currently in development and would be published in Spring 2025. The integration works with BCHT would support the transformational change required.</p> <p>NK informed Governors of the meeting he had participated in today with the NHS Chief Executive, Amanda Pritchard and Wes Streeting, Secretary of State, during which 3 key points had been the focus of discussion:</p> <ul style="list-style-type: none"> • Moving from analogue to digital – including a shift to using AI more effectively • A move towards neighbourhood healthcare • The NHS budget and the requirement for the NHS to deliver what had been agreed <p>JS highlighted the challenges around moving care (where appropriate) from the hospital to the community, particularly given that GPs were independent contractors, he highlighted the required system leadership to engage primary care providers, to enable better decision making on the most appropriate and cost-effective patient pathways. JD commented that the focus for GPs needed to be on identifying illness early and grasping prevention rather than chronic illness management.</p> <p>CR commented that what separated the Darzi Report from other reviews of the NHS was that issues around population health were being identified as key areas of focus to drive change and improvement.</p> <p>JC added that Governors could use the reports key messages as an information source to utilise when engaging with patients and members around the positive drivers for integration to deliver new models of care, with the continued involvement of a wide range of partners.</p>

<p>COG/24/11/59</p>	<p>The Council of Governors noted the updates.</p> <p>Non-Executive Director Assurance Highlights from Committees</p> <p>SMcG introduced the presentation which had been requested by Governors to support them in their statutory duty of holding Non-Executive Directors to account for the performance of the Trust. NEDs Chairs from each of the committees presented the key highlights from the committee meetings:</p> <p>Quality Assurance Committee – CR</p> <p>Outpatient Backlog: Plans were in place to reduce and mitigate the backlogs, there had been issues with data quality AI programmes were to be utilised to improve accuracy and reduce time.</p> <p>Quality Surveillance in Surgery: The committee had received assurance on the quality surveillance mechanisms in place at WHH, to ensure that an incident like that Great Ormond Street could not be replicated. It was noted that Quality IPR was utilised to identify spikes and if identified seek assurance around actions to mitigate along with lessons learned.</p> <p>Arbury Court Update: The committee had received assurance through regular reporting and a reduction in incidents along with improved relationships with partners. Given this, the reports had been stepped down from regular committee oversight.</p> <p>ED Improvement Update: The report was presented to the committee each month with a particular focus on long waits, it was noted that action planning was ongoing to address delays in the 4-hour standard. There had been improvements in ambulance handover times, but challenges remained in triage times. Corridor care was still an issue but there had been improved with the use of alternative bays for patient care.</p> <p>KB highlighted the views of members of the public, that waiting times in the ED were very long and there were frustrations around the Trust not being able to find a solution. It was noted that integration would help to improve, as would facilities such as SDEC.</p> <p>JD added that the committee were well informed and assured of the work around Maternity Care, through monthly maternity reports presented by the Director of Midwifery with a summary report presented at Trust Board. JD added that in her role as Maternity Champion she participated in maternity walk rounds speaking to patients and families about their experiences at the Trust. This combined with the recent Maternity CQC rating of Good, provided assurance that maternity services at WHH were being delivered to a high standard and are well governed.</p> <p><u>Strategic People Committee - JJ</u></p> <p>JJ introduced the slide commenting that SPC committees were now taking place monthly an increase from bimonthly which was helping to manage agendas better, Deep Dives, Hot Topics and Staff Stories were scheduled as per the cycle of business and provided a deeper insight into staffing key issues.</p> <p>Workforce Race Equality Standard (WRES): There had been Improvements in workforce diversity (more diverse when compared with its local population). The Trust was one of very few to receive the bronze award for the anti-racism framework and had been revalidated for Navajo</p> <p>Impact of CIP on Workforce Strategic Priorities: People Directorate CIP plans are opportunistic rather than pre-planned. There were concerns about resources for integration and PWC projects. Agency spend had reduced, as a result bank had increased. The Committee now monitor monthly the bank reduction strategy and bank usage was levelling off</p> <p>Rebanding band 2 to band 3 Health Care Assistants – had been a positive project</p>
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The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

	<p>for the Trust which was facilitated jointly with HR and the nursing team to ensure the right support was in place for HCAs. The Trust had managed the project more effectively than other Trusts, and given this further industrial action was avoided.</p> <p>Turnover, retention and long terms sickness rates were all showing an improved position</p> <p>Integration with BCHT – updates were received monthly, Members had been observing each other’s committees, some differences had been noted i.e. safe staffing was very different in the community setting, however many of the items on the agendas felt familiar and governor observers were also present at BHCT</p> <p><u>Finance and Sustainability - JS</u></p> <p>JS introduced the slides noting that the committee would be receiving a Deep Dive on the EPCMS lessons learned and a Hot Topic on the PWC review and forecast update in November. JS further explained the two different assurance levels as per the committee assurance reports one for delivery and one for governance and at times these levels were very different, he queried whether a combined assurance opinion from the committee chairs could be provided to Governors. The following agenda items were highlighted:</p> <p>Workforce Plan: was difficult given the context the Trust works in; all were covered by external funding and there had been unavoidable overspend due to industrial action and medical pay awards</p> <p>Bank Reduction Plan: The committee had been assured that the Chief Nurse had clear oversight and was scrutinising working rotas The committee received moderate assurance given the reduction, with plans in place for further reduction.</p> <p>PwC Forecast Update: The Financial Incident Command and Control process was in place. There was a focus on productivity, pay, and non-pay control, any spend attracts scrutiny.</p> <p>Recovery Update: Progress had been made in reducing 65-week breaches, High-risk areas had been identified for achieving the 52-week target.</p> <p>Monthly CIP and Productivity Improvement Updates: The Trust was on plan for CIP with identified schemes. Improvements had been seen in theatre utilisation and outpatient procedures.</p> <p>JJ added that in addition to the three committees presented the Audit Committee was responsible for receiving overall assurance from committee chairs, as a regular agenda item.</p> <p>SMcG reflected on the presentation received from the Non-Executive Directors, which offered valuable triangulation with the Committee Assurance Reports presented at the Board and quarterly to the Council of Governors, as well as the Governor Observation reports from committee and board meetings. The Governors concurred that the presentation had provided them with reassurance that the Non-Executive Directors were fulfilling their role of holding the Executive Directors accountable and were open and transparent in challenging and seeking further assurance when necessary. Furthermore, the Governor committee observers agreed that this was also observed during committee meetings</p> <p>The Council of Governors noted the update.</p>
<p>COG/24/11/60</p>	<p>LEAD GOVERNOR UPDATE</p>

	<p>SF introduced the report in the absence of NH and it provided details of the meetings and activities NH had been involved in since the last Council of Governors meeting, these included:</p> <p>Governor Observation Visits – 3 visits had been completed.</p> <p>a) 21/08/24 Day Case Unit Halton – b) 16/09/24 A&E c) 28/10/24 Ward A2</p> <p>In addition, the following areas were noted;</p> <ul style="list-style-type: none"> • Governors had participated in two governor GNARC meetings to review and recommend NED term extensions. • One Extraordinary CoG meeting had taken place to approve a second term of MOC who the Trusts Senior Independent Director was also. • Monthly Chairs Briefings we continuing which were informative and valued by Governors. • The national lead governors’ association had been inactive, it was suggested that it may be better led by NHS Providers. SF would attend as Lead Governor from 1st December 2024. • The Annual Members Meeting held on 2 October had been a success with all 5 Governors who had attended the Prospective Governor Session prior to the meeting, submitting a nomination for the current governor elections. • It had been raised with the Chief Nurse that Governors were not being assured that actions from Governor Observation Visits were being closed. Governors were informed that future Patient Experience and Inclusion Committee meeting agendas would have a standing item going forward to provide Governors with assurance on actions. <p>The Council of Governors noted the update.</p>
<p>COG/24/11/61</p>	<p>GOVERNOR GROUP (GEG)</p> <p>DN provided a verbal update in relation to the GEG meetings which she had chaired in the absence of KB, highlighting the following key points:</p> <ul style="list-style-type: none"> • Governor constituency meetings were currently on hold given the recent amendment to public constituencies and the current governor elections as 9 new governors would be joining the Trust in December. • Updates were received from the First Impressions Group, Patient Experience Sub-Committee, and the Nutrition and Hydration Steering Group • GEG had approved the new design of the members newsletter, which would be circulated in December following Governor elections results. The open rate of newsletters continued to be positive. • The membership stand had been facilitated on the Halton site, where governors were able to engage with both staff and public members along with patients of the Trust <p>The Council of Governors noted the update.</p>
<p>COG/24/11/62</p>	<p>ITEMS REQUESTED BY GOVERNORS – QUESTIONS</p> <p>SMcG introduced the report, it was noted that the questions had been discussed and put forward by Governors following the Governor agenda setting meeting. It was highlighted that Question 1 had been covered during the Dazi Report- Agenda Item COG/24/11/58.</p>

	<p>SMcG refereed to Question 2 which had been put forward by Lead Governor NH: <i>What is the likely impact to the ICS of a devolution agreement for the Cheshire & Warrington region?</i></p> <p>MM, Partner Governor - Warrington Borough Council explained that whilst devolution work was in progress, health was not included as part of the proposed devolution deal, meaning that the ICS areas would not be impacted.</p> <p>The Council of Governors noted the responses.</p>
<p>COG/24/11/63</p>	<p>Quarterly Communications & Engagement Update Q2</p> <p>KH introduced the report, it was noted that the report had been presented and discussed in detail at the Governor Engagement Group Meeting on the 6 November 2024. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The new Trust website had received 30k visitors in the first month • The new staff intranet had been well received by staff, one of the features was a space where staff could leave thank you messages for their colleagues, this feature was being well utilised. • An integration staff microsite had been developed where integration information and progress updates could be shared with BCHT and WHH staff • The Chief Executive Good Morning daily emails were now being circulated to BCHT staff and were being well received. • Other key communications projects included – the new patients’ portal, PR around the Living Well Hub, Endoscopy programme and community events such as Warrington Mela and Disability Awareness Day. <p>The Council of Governors noted the update</p>
<p>COG/24/11/64</p>	<p>Membership Strategy Q1 & Q2 Progress Report</p> <p>The report was taken as read with no further questions or discussion by Governors</p> <p>The Council of Governors noted the update</p>
<p>Trust Business</p>	
<p>COG/24/11/65</p>	<p>Bi-Monthly Strategy Programme Highlight Report</p> <p>HH introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Nikhil Khashu had been appointed as joint CEO for WHH and BHCT, having started in post on the 4th of November. • The Living Well Hub in Warrington has seen over 7,500 visitors attend since the doors opened in mid-March 2024. Around 55% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments. • Over 64,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023. • A new pathway for paediatric respiratory diagnosis (asthma) in CDC Phase 2 (Runcorn Shopping City) is due to be implemented by the end of the year

	<ul style="list-style-type: none"> • Work continues with the integration programme. A high-level strategic case for change has been approved along with the high-level milestone plan • The contract was recently signed to develop a new virtual health and wellbeing hub for Warrington following work to secure funding and support from across Place partners <p>SMcG queried that nature of the virtual health and wellbeing hub, HH explained that the difference between this and a website was that the hub would enable users to connect directly to people. KH commented that the hub would function as a directory for all services including Place partners and third sector all in a single accessible online location. It was asked that a clear description on the hub and its functions be provided to the Council of Governors prior to the next meeting.</p> <p>SMcG queried the timescale for the planned breakthrough to join the CSTM building to the new build, HH confirmed this was scheduled and on track to take place, week commencing Monday 18th November.</p> <p>SMcG sought assurance on the status of the Warrington kitchen upgrade project. KH commented that the COO had advised that the project was on budget and on track to be completed by Christmas 2024.</p> <p>The Council of Governors noted the report.</p>
Governance	
<p>COG/24/11/66</p>	<p>Governor Engagement Group Terms of Reference and Cycle of Business</p> <p>The report was taken as read with no further discussion or questions raised by the Council of Governors</p> <p>The Council of Governors approved the amendments to the GEG ToR and CoB</p>
<p>COG/24/11/67</p>	<p>Council of Governors Effectiveness Survey Outputs</p> <p>JC introduced the report, which provided an overview of the Governor responses to the self-assessment survey. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The scores from the yes/no questions were largely positive. • Key focus areas for improvement had been identified and actions were suggested to improve the Council of Governors effectiveness. Some of these actions had been completed as part of the current meeting agenda, the NED Assurance presentations would now be a standing agenda item. <p>The Council of Governors noted the results</p>
<p>COG/24/11/68</p>	<p>Compliance Trust Provider License</p> <p>The report was taken as read with no further discussion or questions raised by the Council of Governors</p> <p>The Council of Governors noted the update.</p>
<p>COG/24/11/69</p>	<p>Elections Activity Bi-Annual Report</p> <p>The report was taken as read with no further discussion or questions raised by the</p>

	<p>Council of Governors</p> <p>The Council of Governors noted the update</p>
COG/24/11/70	<p>Extension of Term Non- Executive Director</p> <p>JC introduced the report explaining that JJ would come to the end of her first term of office as Non-Executive Director for the Trust on 31 December 2024.</p> <p>JC commented on JJ's strong performance to date as NED and particularly as Chair of the Strategic People Committee bringing to the role her strong background in mental health, equalities and population health</p> <p>Following a meeting of the Governors' Nominations and Remuneration Committee on 7 November 2024, the Committee were recommending that JJ be appointed for a second term of three years as NED for the Trust.</p> <p>The Council of Governors approved the appointment of JJ as Non-Executive Director of the Trust, for a second term of three years, commencing on 1st January 2025.</p>

CLOSING

COG/24/11/71	<p>Any Other Business</p> <p>No further business was raised.</p> <p>The meeting closed at 17.02pm</p>
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Date and time of next meeting is Thursday February 2025, 3-5pm (Warrington)

ITEMS TO NOTE (see Supplementary Pack)

COG/24/11/72	Chief Executive's Report
COG/24/11/73	Audit Committee Chairs Annual Report
COG/24/11/74	Workforce Race Equality Standard (WRES) Update (legislative requirement) & WDES Workforce Disability Equality Standard
COG/24/11/75	Complaints Report & PALS (LFE complaint slides) Q1
COG/24/11/72	Chief Executive's Report
COG/24/11/73	Audit Committee Chairs Annual Report

Signed Chair

Date

Chair

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/25/02/77ii	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	20 February 2025
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1. ACTIONS ON AGENDA

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

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

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

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/24/08/39	15.08.24	Bi-monthly strategy programme highlight report	Update on hospital transport to Runcorn Shopping City to be provided	HH/LG	November 24	November 24	Verbal update to be provided at the November meeting during agenda item COG/24/11/65 Bi-monthly strategy programme highlight report	

RAG Key

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

Update, including options appraisal outcome

Councils of Governors, February 2025

Lucy Gardner, Chief Strategy and Partnerships Officer

Better Care Together

Home · Community · Hospital

Integrating community and hospital services provided by
Bridgewater Community Healthcare NHS Foundation Trust and
Warrington and Halton Teaching Hospitals NHS Foundation Trust

Purpose of today



- Update on overall integration programme
- Update on options appraisal and next steps
- Discussion on involvement and engagement

Better Care Together

Home · Community · Hospital

Summary of progress to date (1)

- Joint CEO, Medical Director and Chief Operating Officer
- Drafted and approved high level summary case for change
- Established workstreams and SROs, with 6, 12 and 24 month priorities
- Programme governance arrangements in place
- Held joint board sessions
- Sought advice from partners and networks who have undertaken integration recently
- Reviewed model health care data to inform potential financial benefits
- Issued joint media statement and internal communications
- Established joint vacancy review process, developed and agreed workforce principles and single EIA process
- Developed initial quality, performance and financial benefits
- Developed and approved initial milestone plan

Summary of progress to date (2)

- Signed data sharing agreement and risk/gain share agreement
- PWC review of financial opportunities
- Agreed approach to corporate services integration
- Held first clinical and operational services workshop to identify where services can align to deliver benefits
- Programme branding approved and in use
- Frequently asked questions agreed and added to internal microsites, staff engagement sessions held
- Communications and engagement plan finalised
- Options appraisal for the legal mechanism for integration completed
- Reviewed leases and identified initial services/contracts to align, e.g. fire safety and facilities management
- Doubled referrals to urgent community response
- Agreed plans to deliver dermatology AI service via community diagnostic centre in Shopping City

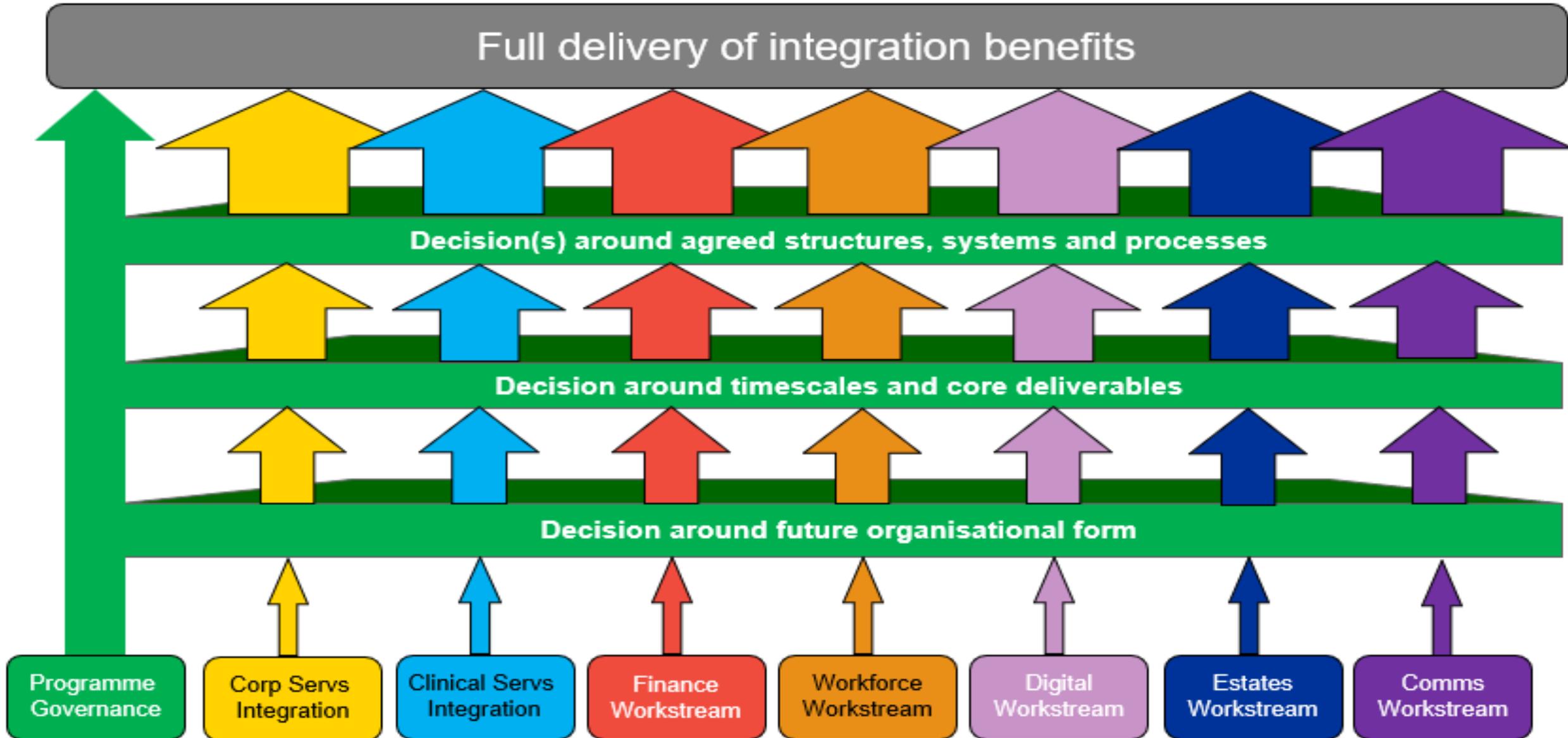
Options appraisal – where it sits as part of our integration programme



- The options appraisal process aims to:
 - Identify options, including legal mechanisms, to bring our organisations together to support and enable integration
 - Identify a shortlist of options
 - Evaluate the shortlist of options against agreed criteria
 - Recommend an option, based on the evaluation
 - The recommended option will then be put to both Boards for review and approval
- If the approved option is a transaction, the options appraisal will then be included within a strategic case. The strategic case would be developed over an estimated 6 months and would also require approval by both Boards and NHSE
- If the strategic case is approved by NHSE a full business case will be developed – this is where the detail of everything comes together, e.g. joint clinical strategy, clinical benefits, detailed costs and financial benefits, etc...

The options appraisal process is purely about the legal mechanism for integration and is an enabler to transformational change to improve service delivery

Overall integration programme



Recap



Prior to the panel meeting on 17th December we:

- Approved shortlist at Joint Board development session
- Approved criteria
- Developed information and evidence pack to support panel to score each of the 4 options against each of the 19 criteria
- Panel completed scoring independently – thank you
- Combined scores to provide totals, averages and weighted averages

At the panel meeting on 17th December we:

- Shared detailed scores
- Confirmed proposed recommended option
- For the recommended option, discussed the one criteria where there was significant difference in scoring, impact on staff satisfaction and wellbeing, to help inform delivery plan
- Confirmed next steps

Following the panel meeting on 17th December we:

- Shared confirmation of the recommended option, along with scoring and confirmed next steps, with all Board members

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Recommended option



- All 10 panel members scored option 6, acquisition of BCH by WHH, the highest
- Option 6 has a total weighted score of 2337 vs the next highest score of 1937 for option 7, acquisition of WHH by BCH
- Option 6 scored higher than or equal to option 7 on every one of the 19 criteria
- The process, criteria and weightings were agreed by both Boards and executive teams, endorsed by NHS England and have been detailed, transparent and robust

In the panel meeting on 17th December option 6 was therefore confirmed as the recommended option.

The recommended option of an acquisition of BCH by WHH was approved by both Trust Boards on 5th/6th February.

A draft transaction timeline was shared with both Boards and has subsequently been shared with NHS England.

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Draft milestone plan and transaction timeline



- Draft timeline proposes a single organisation from 1st April 2027.
- This is in line with advice from NHS England and will require us to work at pace.
- The draft timeline assumes development of joint strategies, including a service level clinical strategy in 2025/26.
- Clinical pathway improvements are expected to deliver ahead of completion of the legal transaction
- Corporate services integration is expected to deliver ahead of completion of the legal transaction
- The first step in the transaction process is to develop the strategic case, it is estimated that this will take 6 months. It will require significant progress to be made across all workstreams.
- We intend to submit a detailed resource request to the ICB, which will evidence the resource we have committed and ask for funding to address the gaps. Any delay to allocation of resource needed will delay the programme.
- Our resource request will include funding for consultancy and legal support, as subject matter experts and to provide independent assurance.
- Our full business case will demonstrate that the benefits we will deliver will outweigh investment required.
- Our immediate next step is to share our draft timeline with NHS England.

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The role of governors in the transaction process



Governors will be engaged and able to contribute to the integration programme throughout.

In addition, governors have a specific role, as outlined in the NHS England transactions guidance

Governors have a role in approving applications for statutory transaction – that is, mergers, acquisitions, dissolutions and separations involving an FT. This role is discharged in the context of the general governor role under schedule 7 of the NHS Act 2006, which is to hold the NEDs to account, both individually and collectively, for the performance of the board of directors, and to represent the interests of the FT’s members and the public at large. Therefore, in deciding whether to approve a transaction, governors are deciding whether the board of directors has:

- been thorough and comprehensive in reaching its decision to transact*
- obtained and considered the interests of FT members and the public at large as part of the decision-making process.*

Trust boards must help governors with their decision by providing appropriate information - they have a duty to ensure that the governors are equipped with the skills and knowledge they need to fulfil their role. The decision to proceed with a transaction is ultimately determined by the board of directors. It has the power under the FT’s constitution to exercise all the powers of the FT. Provided appropriate assurance is obtained on the two points above, governors should not unreasonably withhold their approval for the transaction to go ahead.

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Programme next steps



- Agreement around planned transaction date with NHS England
- Develop overarching programme delivery plan in line with transaction date
- Develop detailed delivery plan for individual workstreams
- Establish Joint Committee
- Development of strategic business case
- Clarify and quantify forecast benefits for 25/26 – quality, performance and financial

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For discussion

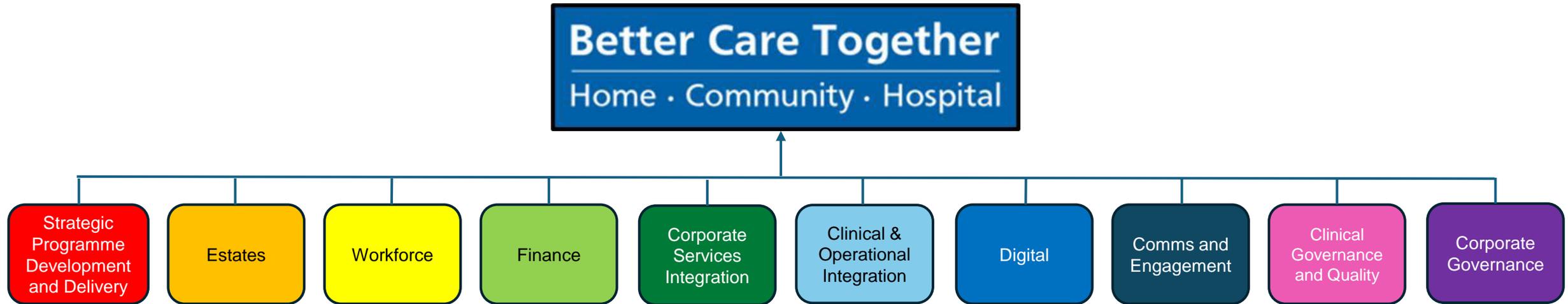


- How would you like to be involved?

Appendix: workstream updates



Primary Programme Workstreams



Workstream progress: Strategic Programme Development and Delivery



- Drafted and approved high level summary case for change
- Developed initial quality, performance and financial benefits
- Programme governance arrangements in place
- Connections made with partners and networks who have undertaken integration recently
- Established 10 primary workstreams with lead SROs and agreed 6-, 12- and 24-month priorities
- Developed and approved initial milestone plan
- **Options appraisal process to decide legal mechanism for integration**
 - Longlist then shortlist developed in conjunction with NHS England
 - Evidence and information gathered around implications of each option
 - Preferred option identified by panel and approved by both trust boards – **acquisition of BCH by WHH**
- Strategic business case now in development

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Workstream progress: Estates



- Delivery arrangements for 2025/26 in place for Fire safety, Facilities Management and cleaning services
- Continued development of joint process for transport runs, Fire training, grounds and garden maintenance, and EBME services.
- Development of principles supporting joint working and integrated teams across WHH / BCH sites
- Continued engagement with PWC regarding potential for cost savings
- Development of short, medium and long-term estates strategic options to ensure effective and efficient use of available estate

Workstream progress: Workforce



- Developed and agreed workforce principles and single EIA process
- Established joint vacancy review process
- Focus of workstream to include:
 - Alignment of workforce policies and procedures
 - Effective staff engagement and involvement of staff side
 - Development of joint organisational change framework
 - Development of joint workforce strategies and culture plan
 - Single approach to education, learning and development opportunities

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Workstream progress: Finance



- Reviewed benchmarking data to inform potential financial benefits
- Sharing of general ledger and detailed budgetary info
- Exploring opportunities to reduce joint costs through alignment of contracts and in-house service delivery where appropriate
- Development of combined monthly financial reporting (in shadow form)
- Shared experiences and learning around movement to working day one monthly reporting
- Collaborative working around budget setting / operational planning principles / methodologies
- Shared findings of recent PWC report to inform potential financial opportunities

Workstream progress: Corporate Services Integration



- 8 corporate sub-workstreams agreed. Namely, Clinical Governance & Quality, Digital Services, Workforce, Corporate Governance (incl. Trust Board), Finance, Communications and Engagement, Strategy and Partnerships and Estates
- All 8 sub-workstreams have identified sub-groups of individual services that will be tasked with developing options for future integrated team structures, future staff locations and future ways of working (systems, policies, processes etc)
- Away session held with SROs and programme support to agree required deliverables from the workstream
- SROs have also agreed draft timeframes for outputs from all sub-groups

Workstream progress: Clinical and Operational Integration

- Introductory workshop held in October 2024
- Proposed initial priority pathway areas for further focused discussion at Clinical Summits:
 - Starting Well - Children and family's pathways
 - Women's Health
 - Living Well: Long term physical conditions
 - Living Well: Neurological disabilities
 - Ageing Well/UEC and discharge (appraisal against UEC System Improvement Programme needed to avoid duplication)
- Prevention to be incorporated into each workstream
- Clinical Summits focussing on 5 priority areas planned for February - May 2025
- To include senior clinical and operational leaders for services within pathway groups along with primary care reps and other partners
- Required outputs:
 - Clinically-led recommendations for priority patient pathways for integration with high level improvement objectives
 - Clinical services integration proposals and timetable

Workstream progress: Digital



- Signed data sharing agreement in place
- Cross-site connectivity now in place to support workforce based on different WHH/BCH sites
- Joint discussions commenced around future EPR options
- Joint discussions commenced around single digital support service desk across both organisations
- Long term plan to develop joint digital strategy

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Workstream progress: Communications and Engagement

- Issued joint media statement and internal communications
- Frequently asked questions agreed and staff extranet pages now in place
- Better Care Together programme branding approved and in use
- Joint leadership forum meetings now in place
- Engagement activity regarding partnership branding underway
- Exploring options to expand WHH Charity to include a designated community fund

Workstream progress: Clinical Governance and Quality

- New workstream recently established
- Terms of reference for workstream agreed
- Focus of workstream to include:
 - Joint system/processes for risk/incident management and reporting
 - Development of a single, joint clinical strategy
 - Alignment of clinical policies and procedures
 - Process for handling of compliments and complaints

Workstream progress: Corporate Governance



- Approved risk/gain share agreement
- Nikhil Khashu appointed as joint Chief Executive across both Trusts, commenced 1st November
- Further joint Executive appointments – Medical Director and COO
- Joint board sessions in place
- Held first joint Council of Governors session
- Interim partnership/management agreement in progress
- Establishment of Joint Committees/Committees in Common now underway
- Indicative date set for transaction to be completed (subject to NHS England approval)

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Non-Executive Director Committee Assurance Presentation

Council of Governors

20 February 2025



Working
Together



Excellence



Inclusive



Kind



Embracing
Change

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

QUALITY

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



1. Sepsis Performance

- WHH ranks in the top 7 Trusts in Cheshire and Merseyside.
- Launched the new NG51 tool on September 13, 2024.
- Strong governance and senior oversight, but improvements needed in patient screening and timely antibiotic administration

2. Patient Safety Report & Fragile Services

- **Cardiology:** No patient harm identified, reduction in spirometry waiting list.
- **Urology:** Decrease in high-risk follow-up patients.
- **ENT:** Additional capacity via LLP reducing patient numbers.
- **Fractured Neck of Femur:** Prompt surgery remains a challenge; solutions being explored.
- **Out-of-Date Policies:** Plan to resolve by end of Q4.

3. Pressure Ulcers

- Increase in patient frailty/deconditioning.
- Benchmark 2nd in Cheshire and Mersey for low pressure sore incidence.
- Reduction in harm profile over the last 2 years, but further reduction needed in Category 2 pressure ulcers.

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



PEOPLE

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

1. Agenda for Change, Nursing and Midwifery Evaluation:

- Strengthened job evaluation process, robust action plan, and audit/self-assessment in partnership with Staff Side colleagues.

2. Culture Deep Dive:

- Progress on phase one of the culture plan, focusing on "getting the basics right" and deploying OD interventions.
- As at December: 4 teams have completed, 21 are in the active intervention stage.

3. Workforce Brief on National, Regional, ICB or Local Workforce Issues:

- Update provided on the national review of physicians and anaesthetics associates, with a focus on supporting the PA workforce.

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



SUSTAINABILITY

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

1. Non-Recurrent Elective Restoration Monies:

- Reduction in spend from £4.6m to £3.3m which will clear 65 week waiters and lead to a significant reduction in 52 week waiters
- RTT performance forecast to be 59%-60%, 5% improvement required as part of 2025/26 operational planning

2. Drivers of the deficit & Operational Plan:

- The Trust has a £20m deficit, driven by its size, NCTR, and inappropriate admissions.
- From 2022/23 to 2024/25, WTE increased by 7%; a 4% reduction is expected in the 2025/26 operational plan
- The ICS request for 2025/26 is a £19.5m deficit, an improvement of £16.9m from the 2024/25 forecast.

3. PwC Forecast Update:

- Final savings expected to be circa £4.5m FYE with £0.6m in 2024/25, still to be finalised with PwC prior to final report being issued
- PwC noted a number of grip and control schemes already in train, savings expected to support the £8.6m risk adjusted forecast deficit

4. Cash Support:

- Support Received: £19.4m total, with £12.1m in 2024/25.
- March Request: Maximum of £5.166.

5. CIP Deep Dive:

- Month 9 CIP position is off plan by £0.3m
- Forecast delivery is £16.9m excluding £2.5m of high risk CIP

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/12/125c (ii)	Meeting	Trust Board	Date Of Meeting	4 December 2024
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Date of Meeting	25 November 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/24/11/1 60	Hot Topic – PwC Update & Forecast Update	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> The mitigated financial forecast has been submitted to the ICS at £8.6m away from plan (revised deficit forecast of £19.9m), noting no formal feedback has been received Key drivers of the revised deficit are high risk CIP, collaboration, the impact of Industrial Action and the unfunded pay award. Run rate based on M7 is a £20.7m adjusted to £21.7m for phasing Range from best (£18.5m) to worst case (£25.3m) with the likely case (£19.9m) being the submitted revised deficit forecast The focus of FICC has been on starters and leavers, variable pay and spend on LLP, insourcing and outsourcing. The Trust remains in mandated support 	The Committee received moderate assurance based on consistent run rate	The Committee noted and discussed the presentation receiving substantial assurance around grip and control	FSC December 2024
FSC/24/11/1 61	Deep Dive – EPCMS Lessons Learnt & Next Steps	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> The recommendations from the lessons learnt from the failed procurement were discussed with some changes to be made, including one procurement advisor, a dedicated Programme Director, the ITT will be simplified and a reduced size of the evaluating panel Phasing of FD funding profile has been revised by FD with capital and revenue funding being moved to next financial year (£2m to be spent in year). £1.4m of spend to be brought forward 	The Committee received moderate assurance based on actions taken to date	The Committee noted and discussed the report receiving moderate assurance until the process is in place for the joint procurement	FSC December 2024

		<p>to utilise the funding with funds to be ringfenced in later years for the project</p> <ul style="list-style-type: none"> Notification received that joint procurement is the only way to access FD funding therefore this is being explored 			
FSC/24/11/1 63	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Urgent Care as expected for this time of the year and improvement seen during November with the opening of A10 Behind trajectory for 4 hour performance although in line with seasonal expectations Formal notification received that the Trust is to come out of Tier 2 Work is being undertaken to reduce the spend on elective recovery 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted and discussed the report receiving substantial assurance around level of detail reported	FSC December 2024
FSC/24/11/1 64	Recovery Update	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> £1.9m spent year to date at month 7 against a forecast of £2.6m Based on run rate this would equate to £3.3m by the end of the year therefore a review is underway to reduce spend whilst monitoring the number of patients expected to be waiting over 52 weeks by the end of the financial year as the planned spend is £2.6m 	The Committee received moderate assurance given the progress that has been made	The Committee received substantial assurance given the plans in place	FSC December 2024
FSC/24/11/1 65	Monthly CIP Update	<p>The Committee received the report noting:</p> <ul style="list-style-type: none"> Month 7 CIP position is on plan, £7.8m achieved (£6m is recurrent) Fully identified £19.4m schemes of which £2.5m is high risk following an Executive review to re-assess the level of risk associated with the identified schemes. This is to be the focus of the deep dive next month £3m collaboration target also deemed high risk Improvement in PID completion percentage compared to last month 	The Committee received moderate assurance based on delivery of the CIP plan	The Committee noted and discussed the report receiving substantial assurance	FSC December 2024
FSC/24/11/1 66	Monthly Productivity Improvement Update	<p>The Committee received the report noting:-</p> <p>Theatres</p> <ul style="list-style-type: none"> Improvement in capped theatre utilisation, reduction of on the day cancellations and improvement in starting on time compared to prior month however still behind plan 	The Committee received limited assurance on the delivery of the	The Committee noted and discussed the report receiving substantial	FSC December 2024

		<ul style="list-style-type: none"> • Significant risk identified on theatre utilisation / CIP delivery <p>UEC</p> <ul style="list-style-type: none"> • Improvement in Halton NCTR in October due to direct referrals for some pathways, this improvement hasn't continued into November • MWL are the lead provider of frailty virtual wards in Halton and are proposing to reduce the number of beds from 11 to 5 based on occupancy, this is being challenged • £713k cost avoidance year to date however CIP not expected to deliver in year <p>Outpatients improvement</p> <ul style="list-style-type: none"> • Deep dive is underway into outpatient opportunities to identify areas where additional income could be secured 	improvement savings	assurance of the plans in place	
FSC/24/11/1 68	Pay Assurance	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • To achieve the WTE plan a reduction of 147 WTE bank staff is required • Bank is being used due to sickness, corridor care, opening A10, etc. • FICC process has focused on the bank rate compared to the agency rate as this has been found to be higher • Agency and bank are both managed by NHSP and when staff transferred from agency to bank, they were given an enhanced rate • The enhanced bank rate is being investigated; 45 days' notice required to decrease the bank rate on the NHSP contract 	The Committee received moderate assurance due to review of bank rate requirements	The Committee noted the paper receiving substantial assurance around level of detail reported	FSC December 2024
FSC/24/11/1 75	Decarbonisation Bid	<p>The Committee received the update noting:-</p> <ul style="list-style-type: none"> • £1bn funding pot available for decarbonisation phase 4 • Funding to replace the boiler system at Warrington and CSTM • Windows and roofing costs have been included in the bid which are included in backlog maintenance in future years (2026/27 onwards) • £32.3m bid submitted along with £3.9m matched funding • Portal closed prior to bid submission – confirming with the company if the bid has been accepted 	The Committee received moderate assurance whilst awaiting the outcome of the bid	The Committee noted the paper receiving moderate assurance around the detail of the bid	

FSC/24/11/1 77	Monthly Finance position – month 7	The Committee received the report noting:- <ul style="list-style-type: none"> At M7 the Trust is reporting a year to date £12m deficit (adverse variance of £1m due to Industrial Action and pay award) Cost pressures are currently being mitigated year to date No further cash support is required for Quarter 3. ERF variable activity has delivered 98.7% of plan Revenue requests supported by the Executive Team included 	The Committee received moderate assurance due to risks to the financial position.	The Committee noted the paper receiving substantial assurance	FSC December 2024
FSC/24/11/1 78	Capital Position Month 7	The Committee received the report noting:- <ul style="list-style-type: none"> Month 7 capital spend is £1.4m behind plan, expected to catch up later in the financial year Movement in capital contingency was approved Development of 2025/26 draft capital plan underway and support given acknowledging it will be further refined Support given for the use of FD funding on CDEL schemes with funding ringfenced for later years 	The Committee received moderate assurance due to spend being behind plan.	The Committee noted the presentation receiving substantial assurance, approved the contingency changes and supported for Trust Board approval to use of FD funding on CDEL schemes	Trust Board December 2024

Items for noting

FSC/24/11/162 Board Assurance Report & Corporate Risk Register

FSC/24/11/167 Cost Pressures M7

FSC/24/11/169 Estates Strategy Progress Report

FSC/24/11/170 Integration Update

FSC/24/11/171 Sustainability Strategic Priorities Update – To be reported to Trust Board along with Quality and People Strategic Priorities

FSC/24/11/172 Medical Workforce Review Group Q2 Update

FSC/24/11/173 EPRR Core Assurance Update

FSC/24/11/174 Policies (Anti-Fraud, Bribery & Corruption and Overseas) – Policies supported to go to Audit Committee for ratification

FSC/24/11/176 Revenue Request – WLI – Supported to go to Trust Board for approval

FSC/24/11/178 Schemes over £500k

FSC/24/11/179 Digital Strategy Group Update

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/02/149c (i)	Meeting	Trust Board	Date Of Meeting	5 February 2024
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Date of Meeting	16 December 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/24/12/1 86	Hot Topic – PwC Update & Report	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> • PwC were asked to review three areas (Grip and Control, Productivity (Theatre) and Integration) • Final savings expected to be circa £4.5m FYE with £0.6m in 2024/25, still to be finalised with PwC prior to final report being issued • PwC noted a number of grip and control schemes already in train, savings expected to support the £8.6m risk adjusted forecast deficit 	The Committee received moderate assurance given this the report is still draft	The Committee noted and discussed the presentation receiving substantial assurance around grip and control and credibility	FSC January 2025
FSC/24/12/1 87	Deep Dive – CIP Update, Governance & Review	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> • Month 8 CIP position is on plan, £9.7m achieved • Fully identified £19.4m schemes of which £2.5m is high risk, £1.3m is medium risk and £15.6m is either delivered or low risk • Delivery mainly from central schemes rather than operational delivery • Further £1m reduction in outsourcing recovery spend is deemed medium risk, if this is removed the Trust will have 65 and 52 week breaches at the end of the financial year – expectation circa £0.5m may be required and therefore worsen the CIP forecast 	The Committee received limited assurance based on delivery of the CIP plan	The Committee noted and discussed the report receiving moderate assurance	FSC January 2025

		<ul style="list-style-type: none"> • Non-recurrent savings are identified at month end and this review will continue to the end of the financial year to mitigate the risky schemes • CIP allocation and methodology for 5% target discussed and approved to be based on budget size and NCC score acknowledging the risk around delivery based on current year achievement in clinical areas particularly around productivity 			
FSC/24/12/1 88	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • 4 hour performance has seen a deterioration in month largely attributed to an increase in the wait to be seen in ED for Type 1 • Patients waiting over 12 hours in department saw a significant improvement following A10 being opened 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted the report receiving substantial assurance around level of detail reported	FSC January 2025
FSC/24/12/1 89	Recovery Update	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • £2.1m spent year to date at month 8 • 52 week behind schedule mainly in Planned Care, if continue at same rate forecasting spend of £3.5m and will have circa 1,000 patients left • Middle of the pack in C&M in terms of 52 weeks, starting to slip on 65 week waiters, expected to have circa 100 patients remaining 	The Committee received moderate assurance given the progress that has been made	The Committee received substantial assurance given the plans in place	FSC January 2025
FSC/24/12/1 91	Monthly Productivity Improvement Update	<p>The Committee received the report noting:-</p> <p>Theatres</p> <ul style="list-style-type: none"> • Improvement in capped theatre utilisation and reduction of on the day cancellations • Continues to be an issue around late starts and need to understand the drivers behind theatre capacity compared to job planned activity <p>UEC</p> <ul style="list-style-type: none"> • Demand and acuity increasing as we move into Winter, CIP not expected to deliver in year as previously reported <p>Outpatients improvement</p> <ul style="list-style-type: none"> • Significant work is being done to identify additional income • Outpatient clinic standardisation underway with the expectation that there will be some significant improvements and gains 	The Committee received limited assurance on the delivery of the improvement savings	The Committee noted and discussed the report receiving substantial assurance of the plans in place	FSC January 2025

FSC/24/12/1 92	Cost Pressures M8	The Committee received the report noting:- <ul style="list-style-type: none"> • Cost pressures continue, the majority relate to nursing and medical • Forecast overspend is currently £7.9m, with £5.7m year to date variance currently being offset non-recurrently in the current financial position therefore a £2.2m pressure remains in the forecast • Grip and control impacting and reducing the nursing cost pressures • Detail on the top ten cost pressures in the report to understand the drivers as well as actions being taken to reduce them where possible 	The Committee received limited assurance based on the continued overspend on cost pressures	The Committee noted and discussed the report receiving moderate assurance of the ongoing review	FSC January 2025
FSC/24/12/1 93	Pay Assurance	The Committee received the report noting:- <ul style="list-style-type: none"> • Agency rates has been reduced which has come down below bank rates, therefore a review of bank rates was undertaken • Notice has been given and the bank rates will reduce from 13 January 2025, this is consistent with other trusts across the North West • To achieve the WTE plan a reduction of 68 WTE bank staff is required • Support to clinical staff and NHS infrastructure support vacancy approvals have reduced with approvals mainly being clinical staff 	The Committee received moderate assurance given the review of bank rates	The Committee noted the paper receiving substantial assurance around level of detail reported	FSC January 2025
FSC/24/12/1 99	Monthly Finance position – month 8	The Committee received the report noting:- <ul style="list-style-type: none"> • At M8 the Trust is reporting a year to date £13.3m deficit (adverse variance of £1.5m due to Industrial Action, pay award and PwC costs) • Cost pressures are currently being mitigated year to date • No further cash support is required for Quarter 3 • ICB position has worsened and there is national pressure as a result • ERF variable activity has delivered 98.9% of plan at M8 	The Committee received moderate assurance due to risks to the financial position.	The Committee noted the paper receiving substantial assurance	FSC January 2025
FSC/24/12/2 00	Capital Position Month 8	The Committee received the report noting:- <ul style="list-style-type: none"> • Confirmation received that EPCMS funding of £5.2m will be moved from 2024/25 to 2025/26 	The Committee received moderate assurance due to	The Committee noted the presentation receiving substantial assurance, approved	FSC January 2025

		<ul style="list-style-type: none"> Month 8 capital spend is £2.2m behind plan, mainly due to the EPCMS project for which the plan cannot be updated Movement in capital contingency was approved Supported the forecast position being in line with plan for Trust Board approval 			
FSC/24/12/200ii	CDC 2025/26 plan	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Contribution of £1m from direct services which reduces to £0.4m following unfunded capital charges Bid of £0.4m for central costs submitted and raised funding issue due to PDC not being funded as has been the case in previous years Concerns raised that MRI and CT are making a significant loss Risk in Dermatology AI Pathway if consultant costs are not covered by block income to be mitigated by turning off the AI pathway 			

Items for noting

- FSC/24/12/190 Monthly CIP Update M8
- FSC/24/12/194 Warrington and Halton Integration Highlight Report
- FSC/24/12/195 EPR update
- FSC/24/12/196 Costing Update
- FSC/24/12/197 Benefits Realisation Q2
- FSC/24/12/198 Revenue Requests – If required - none
- FSC/24/12/200 Schemes over £500k
- FSC/24/12/201 Minutes and Terms of Reference of Event Planning Group Meeting
- FSC/24/12/202 Digital Strategy Group Update

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/02/149c (i)	Meeting	Trust Board	Date Of Meeting	5 February 2024
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Date of Meeting	16 December 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/24/12/1 86	Hot Topic – PwC Update & Report	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> PwC were asked to review three areas (Grip and Control, Productivity (Theatre) and Integration) Final savings expected to be circa £4.5m FYE with £0.6m in 2024/25, still to be finalised with PwC prior to final report being issued PwC noted a number of grip and control schemes already in train, savings expected to support the £8.6m risk adjusted forecast deficit 	The Committee received moderate assurance given this the report is still draft	The Committee noted and discussed the presentation receiving substantial assurance around grip and control and credibility	FSC January 2025
FSC/24/12/1 87	Deep Dive – CIP Update, Governance & Review	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> Month 8 CIP position is on plan, £9.7m achieved Fully identified £19.4m schemes of which £2.5m is high risk, £1.3m is medium risk and £15.6m is either delivered or low risk Delivery mainly from central schemes rather than operational delivery Further £1m reduction in outsourcing recovery spend is deemed medium risk, if this is removed the Trust will have 65 and 52 week breaches at the end of the financial year – expectation circa £0.5m may be required and therefore worsen the CIP forecast 	The Committee received limited assurance based on delivery of the CIP plan	The Committee noted and discussed the report receiving moderate assurance	FSC January 2025

		<ul style="list-style-type: none"> • Non-recurrent savings are identified at month end and this review will continue to the end of the financial year to mitigate the risky schemes • CIP allocation and methodology for 5% target discussed and approved to be based on budget size and NCC score acknowledging the risk around delivery based on current year achievement in clinical areas particularly around productivity 			
FSC/24/12/1 88	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • 4 hour performance has seen a deterioration in month largely attributed to an increase in the wait to be seen in ED for Type 1 • Patients waiting over 12 hours in department saw a significant improvement following A10 being opened 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted the report receiving substantial assurance around level of detail reported	FSC January 2025
FSC/24/12/1 89	Recovery Update	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • £2.1m spent year to date at month 8 • 52 week behind schedule mainly in Planned Care, if continue at same rate forecasting spend of £3.5m and will have circa 1,000 patients left • Middle of the pack in C&M in terms of 52 weeks, starting to slip on 65 week waiters, expected to have circa 100 patients remaining 	The Committee received moderate assurance given the progress that has been made	The Committee received substantial assurance given the plans in place	FSC January 2025
FSC/24/12/1 91	Monthly Productivity Improvement Update	<p>The Committee received the report noting:-</p> <p>Theatres</p> <ul style="list-style-type: none"> • Improvement in capped theatre utilisation and reduction of on the day cancellations • Continues to be an issue around late starts and need to understand the drivers behind theatre capacity compared to job planned activity <p>UEC</p> <ul style="list-style-type: none"> • Demand and acuity increasing as we move into Winter, CIP not expected to deliver in year as previously reported <p>Outpatients improvement</p> <ul style="list-style-type: none"> • Significant work is being done to identify additional income • Outpatient clinic standardisation underway with the expectation that there will be some significant improvements and gains 	The Committee received limited assurance on the delivery of the improvement savings	The Committee noted and discussed the report receiving substantial assurance of the plans in place	FSC January 2025

FSC/24/12/1 92	Cost Pressures M8	The Committee received the report noting:- <ul style="list-style-type: none"> • Cost pressures continue, the majority relate to nursing and medical • Forecast overspend is currently £7.9m, with £5.7m year to date variance currently being offset non-recurrently in the current financial position therefore a £2.2m pressure remains in the forecast • Grip and control impacting and reducing the nursing cost pressures • Detail on the top ten cost pressures in the report to understand the drivers as well as actions being taken to reduce them where possible 	The Committee received limited assurance based on the continued overspend on cost pressures	The Committee noted and discussed the report receiving moderate assurance of the ongoing review	FSC January 2025
FSC/24/12/1 93	Pay Assurance	The Committee received the report noting:- <ul style="list-style-type: none"> • Agency rates has been reduced which has come down below bank rates, therefore a review of bank rates was undertaken • Notice has been given and the bank rates will reduce from 13 January 2025, this is consistent with other trusts across the North West • To achieve the WTE plan a reduction of 68 WTE bank staff is required • Support to clinical staff and NHS infrastructure support vacancy approvals have reduced with approvals mainly being clinical staff 	The Committee received moderate assurance given the review of bank rates	The Committee noted the paper receiving substantial assurance around level of detail reported	FSC January 2025
FSC/24/12/1 99	Monthly Finance position – month 8	The Committee received the report noting:- <ul style="list-style-type: none"> • At M8 the Trust is reporting a year to date £13.3m deficit (adverse variance of £1.5m due to Industrial Action, pay award and PwC costs) • Cost pressures are currently being mitigated year to date • No further cash support is required for Quarter 3 • ICB position has worsened and there is national pressure as a result • ERF variable activity has delivered 98.9% of plan at M8 	The Committee received moderate assurance due to risks to the financial position.	The Committee noted the paper receiving substantial assurance	FSC January 2025
FSC/24/12/2 00	Capital Position Month 8	The Committee received the report noting:- <ul style="list-style-type: none"> • Confirmation received that EPCMS funding of £5.2m will be moved from 2024/25 to 2025/26 	The Committee received moderate assurance due to	The Committee noted the presentation receiving substantial assurance, approved	FSC January 2025

		<ul style="list-style-type: none"> Month 8 capital spend is £2.2m behind plan, mainly due to the EPCMS project for which the plan cannot be updated Movement in capital contingency was approved Supported the forecast position being in line with plan for Trust Board approval 			
FSC/24/12/200ii	CDC 2025/26 plan	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Contribution of £1m from direct services which reduces to £0.4m following unfunded capital charges Bid of £0.4m for central costs submitted and raised funding issue due to PDC not being funded as has been the case in previous years Concerns raised that MRI and CT are making a significant loss Risk in Dermatology AI Pathway if consultant costs are not covered by block income to be mitigated by turning off the AI pathway 			

Items for noting

- FSC/24/12/190 Monthly CIP Update M8
- FSC/24/12/194 Warrington and Halton Integration Highlight Report
- FSC/24/12/195 EPR update
- FSC/24/12/196 Costing Update
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Trust Board: Committee Assurance Report

Agenda Reference	BM/24/12/125a(ii)	Meeting	Trust Board	Date Of Meeting	4 December 2024
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Date of Meeting	12 November 2024
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/24/11/169	Hot Topic- Fragile services – Cardiology/ Cardiorespiratory	<p>The Committee received the Hot Topic in relation to Cardiology/Cardiorespiratory</p> <p>The presentation included-</p> <ul style="list-style-type: none"> • Overview of current risks • Visibility of workforce pressures- recruitment ongoing • Overview of Harm profile <p>Points of note include:</p> <ul style="list-style-type: none"> • No moderate or severe harm noted in previous 2 years. • Action and recovery plans in place with plan to achieve trajectory by March 25 • Focus on high-risk patients 	<p>Moderate</p> <p>Plans in place need to see outcomes of recruitment/ achievement of trajectories</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through Patient Safety and Clinical Effectiveness escalating to Quality Assurance Committee.</p>	<p>Patient Safety and Clinical Effectiveness Sub Committee (PSCESC) December 2024</p> <p>Further information required to QAC regarding IPC incidents – December 2024</p>
QAC/24/11/170	Deep Dive – Theatre safety Culture Survey and Culture Plan	<p>The Committee received presentation on Deep Dive in relation to Theatre Culture, Theatre Safety and Culture Plan</p> <p>The presentation included</p> <ul style="list-style-type: none"> • Overview of findings from AQuA Culture Survey • Overview of Theatre Intervention Plan <p>Points to note include</p>	<p>Limited</p> <p>Actions presented however outputs not yet visible. Enhanced</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through PSCESC</p>	<p>PSCEC December 2024</p> <p>escalated to quarterly</p>

		<ul style="list-style-type: none"> • Several actions outlined within presentation • Need to consider how progress will be monitored and linked to QI 	monitoring required.	Escalated to quarterly reporting to QAC	reporting via QAC
QAC/24/11/172	Patient Safety and clinical Effectiveness Sub Committee Report.	<p>An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee.</p> <p>Key areas to note</p> <ul style="list-style-type: none"> • Electronic Blood Tracking/ED Blood Fridge Project timeframes were raised as a concern- increased Executive oversight in place • Discharge planning Audit Results – low compliance with documentation – Task and Finish Group launched to address areas of concern • Urology – challenge due to workforce – waiting list improving 	<p>Moderate</p> <p>Assurance received – regarding fragile services – further improvements required</p> <p>ED Blood Fridge – limited assurance on timescales – increased executive oversight initiated</p>	<p>Substantial</p> <p>Monthly oversight through QAC</p> <p>Executive monthly oversight of Blood Tracking Project</p>	February 2025
QAC/24/11/178	Medication Errors -Controlled Drugs	<p>The committee received an overview of</p> <ul style="list-style-type: none"> • Incident themes and trends • Oversight of theft incident – covert cameras successfully utilised to identify multiple suspects – no further stock deficits noted since mid-September 	<p>Moderate</p> <p>Audits improving. Require further improvement. Need to see</p>	<p>Substantive</p> <p>Oversight by Executives and Non-Executives at QAC Strong oversight with</p>	QAC Biannually

		<p>Points to note</p> <ul style="list-style-type: none"> • No moderate or above incidents reported • Actions and QI projects ongoing • Audit results improving, 100% coverage of all areas • Lower assurance in documentation audits and recording of balance transfers – targeted work ongoing 	reduction in the number of incidents occurring.	scheduled Audits, quarterly monitoring via Medicines Governance and PSCESC	
QAC/24/11/179	Mental Health Update	<p>The committee received an overview of</p> <ul style="list-style-type: none"> • Regional and Local position • Overview of Incidents • Actions taken in past 12 Months • Update on Right Care Right Person <p>The Committee noted</p> <ul style="list-style-type: none"> • Assurance regarding the amount of improvement work ongoing • Increased reporting of Violence AND Aggression incidents- Priority work underway 	Moderate Strong progress with workplan. Need to see Violence and Aggression plan conclude with reduced incidents reported.	Substantive Oversight by Executives and Non-Executives at QAC Strong oversight with scheduled Audits, quarterly monitoring via Mental Health Governance and PSCESC	

The Committee also received the following items.

- QAC/24/11/171** Board Assurance framework
- QAC/24/11/173** Sepsis high level update Q2
- QAC/24/11/174** Dementia Strategy Biannual Report
- QAC/24/11/175** Compliance Q2 Update
- QAC/24/11/176** Medication Errors - Controlled Drugs
- QAC/24/11/178** Maternity Update
- QAC/24/11/180** Learning from Experience Q2
- QAC/24/11/181** Infection Prevention and Control Q2

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80b (i)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s):	12 November 2024
GOVERNOR OBSERVER	Diane Nield, Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>There were 2 NEDs in attendance at the meeting inc chair</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged the number of comprehensive papers today and requested presenters keep to time and be specific in their presentations</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> ▪ Hot Topic Cardiology + Cardiorespiratory services Current Risks - Workforce pressures - 1 WTE vacancy 3721 Follow-up patients outstanding (248 high risk) Longest wait to date 35 weeks Harm Profile - Cardio Ward- highest recorded event infection control High sickness levels - not stress related Diagnostic Tests - increase in patients waiting > 6 weeks *Locum Consultant appointed to cover daily ward rounds ▪ Deep Dive - Theatre Safety - Culture Plan Previously seen spike in 'Never' events. Investigation uncovered issue with Psychological Safety in department- not enough 'speaking up' Team have conducted a PS survey with AQUA findings vs other trusts collated. They have also recognised the situation they are in and team members have completed PS Training (Human Factor training). More needs to be done for the medical staff A high number of questions were posed from the committee relating to how they measure success of a safe culture vs other teams. Suggested use of QI to improve data (Ernesto to get involved) The chair recognised this is a big job with 'Never' events and PS culture - Return to QAC in 3 months <p>ED Update</p>

Ambulance Handover times - October very challenging. They are currently revisiting the QI project from 2 years ago to ensure nothing is missed

Triage average = 24.5 minutes - relaunched triage workstream

Corridor Care - deterioration in number of hours during Oct

Overall, not great viewing for Sept/Oct however recent data is showing an uplift which is encouraging

Next Steps - 6 clinical fellows recruited to increase presence until 9pm + weekends

Mental Health Update - Nationally there is an increase in MH patients and acuity presenting at ED with staff unclear on their role in challenging environment. 3 areas have been identified for improvement; Trust level improvement, Support for staff and System wide changes. During Q2 there were 96 incidents, 57 were in ED.

WHH ED is working closely with Cheshire Police and attend monthly meetings. 16 patients have been identified where Cheshire Police will be involved.

The chair remarked there has been tons of improvement in the last 12 months and praised the team for their efforts

All 3 above escalated to the board for further discussion

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/02/149a (i)	Meeting	Trust Board	Date Of Meeting	5 February 2025
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Date of Meeting	10 December 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/24/12/192	Deep Dive Sepsis performance	<p>The Committee received a presentation - Deep Dive in relation to Sepsis.</p> <p>The presentation included</p> <ul style="list-style-type: none"> • Overview of new NICE 51 Guidance – implementation/next steps. • Incidents overview. • Oversight of Aqua 2023 Annual Report. • Overview of performance. <p>Points to note include</p> <ul style="list-style-type: none"> • WHH performs consistently in the top 7 Trusts in Cheshire and Merseyside. • WHH launched the new NG51 tool on 13 September 2024. 	<p>Moderate</p> <p>Strong governance and senior oversight.</p> <p>Need further improvements need to be seen in the screening of patients in ED/ administering antibiotics in 1 hour.</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through Patient Safety and Clinical Effectiveness Sub Committee. (PSCESC)</p> <p>Escalated to through reporting to Quality Assurance Committee (QAC) as necessary/IPR dashboard.</p>	<p>PSCEC January 2024</p> <p>Escalated to quarterly reporting via QAC/ IPR dashboard.</p>
QAC/25/01/212	Patient Safety and clinical		Moderate	Substantial	January 2025

	Effectiveness Sub Committee Report.	<p>An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee.</p> <p>Key areas to note</p> <ul style="list-style-type: none"> • Cardiology – No patient harm identified to date, reduction in spirometry waiting list. • Urology – decreasing numbers of high risk follow up patients being seen. • ENT – additional capacity via LLP is supporting reduction in patients. • Fractured Neck of femur – prompt surgery remains a challenge Escalations process and plan in place, solutions being explored. • Overview of out-of-date policies – plan to resolve by end Q4. 	Assurance received – regarding fragile services – further improvements required.	<p>Monthly oversight at QAC</p> <p>Executive oversight monthly of all fragile services via PSCESC</p>	
QAC/24/12/194	Delays to follow up – outpatient backlogs	<p>The committee received an update in relation to outpatient follow ups.</p> <p>This included</p> <ul style="list-style-type: none"> ▪ Key risks. ▪ Mitigations. ▪ Plan to address backlog. 	<p>Moderate</p> <p>Strong governance and senior oversight.</p> <p>Need to see improvements in patient backlogs</p>	<p>Substantive</p> <p>Oversight by Executives Directors and Non-Executives at QAC.</p>	QAC Quarterly

The Committee also received the following items.

QAC/24/12/195 Integrated Performance Report

QAC/24/12/196 Safeguarding Annual Report

QAC/24/12/197 PSIRF update and next steps

QAC/24/12/199 ED long waits and harm profile

QAC/24/12/200 Maternity update

QAC/24/12/201 Learning from deaths

QAC/24/12/202 Better Care Together Integration update

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80b (ii)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s):	10 December 2024
GOVERNOR OBSERVER	Diane Nield, Deputy Lead Governor
GOVERNOR COMMENTS	<p>There was 1 NED in attendance at the meeting (chair)</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged the large number of comprehensive papers today and requested, if possible, to reduce the amount of data in future to enable improved discussion</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> ▪ Out of data policies WHH currently has 267 expired documents, many are clinical care and only require slight updates. Progress is being made but this an ongoing issue as more documents come up for renewal/expiry. Urgent care + Emergency care are the most cited together with theatres Lead to review the ‘policy on policies’ regarding timelines + process and report back ▪ Deep Dive - Sepsis performance and forward plan WHH Focus is on the implementation of the new NICE guidance launched 13th September 2024. During the last 6 months WHH has seen 66 incidents of sepsis with 23 related to transfer to Warrington site from Halton 11 of the 66 relate to incomplete screening and delays in administration of antibiotics within the 1-hour window The new guidance is now on Lorenzo (paper copies used in ED) An updated training package is now released with 77% compliance as of 31st October A Sepsis improvement group has also been launched 27th Sept Changes from previous guidance; Red + Amber has now been replaced by High + Mod risk Adult tool age has changed from >12 to >16 Clinician review within 2 hours is now FY2 within 30 mins or ST3 within 1 hour Chemo patients - new flow charts have now been developed by WHH to aid implementation Paediatrics and Maternity will still use the old terminology of Red/Amber risk

terminologies for departments. Assurance given

Outpatient follow-up appointments backlog update

This has become a national trend following the pandemic
WHH is not seen as an outlier but the rate has increased and continues to grow

39,000 patients are overdue, 2,000 are classified as high risk with 6,800 unvalidated, many are identified as data quality issues

33% of high-risk patients are overdue 0-4 wks

61% of high-risk patients are overdue 0-10 wks

Low risk patients (46%) are waiting >100 wks

The chair reinforced the level of harm is of great interest.
Assurance was given that NHS England are also tracking any national issues/trends

Chair requested that this reassurance is captured in the next report

ED Update

4-hour standard - missed trajectory again, however WHH is benchmarked well vs peers

Ambulance Handover times - 5.4% decrease. WHH best in region

Corridor Care - improved

12-hour time in department - 4% improvement, best performing YTD, this was helped by the opening of A10 giving 14 additional beds

Incidents - proposed 'deep dive' for next month looking at medication and anti-social behaviour

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/01/149a (i)	Meeting	Trust Board	Date Of Meeting	5 February 2025
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Date of Meeting	14 January 2025
Name of Meeting & Chair	Quality Assurance Committee, chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/25/01/210	Deep Dive – Pressure Ulcers	<p>The Committee received a presentation - Deep Dive in relation to Pressure Ulcers</p> <p>The presentation included</p> <ul style="list-style-type: none"> • Overview of Incidents/themes and actions • Governance structure and oversight <p>Points to note include</p> <ul style="list-style-type: none"> • Increase in patient frailty/deconditioning • Benchmark 2nd in Cheshire and Mersey acute providers in relation to low pressure sore incidence • Reduction in harm profile over last 2 years following improvement work 	<p>Moderate</p> <p>Strong governance and senior oversight.</p> <p>Reduction in harm profile- need to see further reduction in Category 2 pressure ulcer incidents/training review concluded.</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through Patient Safety and Clinical Effectiveness Sub Committee. (PSCESC)</p> <p>Escalated to through reporting to Quality Assurance Committee (QAC) as necessary/IPR dashboard.</p>	<p>PSCEC February 2025</p> <p>Escalated to quarterly reporting via QAC/ IPR dashboard.</p>
QAC/25/01/212	Patient Safety and clinical Effectiveness Sub Committee Report.	<p>An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee.</p> <p>Key areas to note</p>	<p>Moderate</p> <p>Assurance received – regarding fragile services – further</p>	<p>Substantial</p> <p>Monthly oversight at QAC</p>	<p>February 2025</p>

		<ul style="list-style-type: none"> • Progress made with Cardiology – clear plans in place to resolve issues. • Urology - ongoing pressures in demand – plan for specialist nurses to support – training ongoing • ENT waiting list reduced significantly – 2 new consultants to commence in post • Fractured Neck of femur – Work ongoing to improve time to theatre – Escalations process and plan in place • Mortality backlog of Subject Judgement Reviews due to vacancy – plan in place to recover • HSE – reported incident relating to labelling of a sample – All actions taken, responses sent to HSE for assurance 	improvements required.	Executive oversight monthly of all fragile services via PSCESC	
QAC/25/01/214	Mortuary licence Activity Report	<p>The committee received an overview of</p> <ul style="list-style-type: none"> • Biannual Update Mortuary Licenced Activity Report • WHH noted to be fully compliant with the 17 recommendations 	<p>Moderate</p> <p>Strong governance and senior oversight.</p> <p>Await external sign off for final accreditation</p>	<p>Substantive</p> <p>Oversight by Executives Directors and Non-Executives at QAC.</p>	QAC Biannually

The Committee also received the following items.

- QAC/25/01/211** Board Assurance framework
- QAC/25/01/213** New approach to 7-day service
- QAC/25/01/215** Infection Control BAF- Biannual update
- QAC/25/01/216** Violence Reduction Strategy
- QAC/25//01/217** Health and Safety Report – Biannual update
- QAC/25/01/218** Clinical Audit Report
- QAC/25/01/219** ED long waits and harm profile
- QAC/25/01/220** Maternity update
- QAC/25/01/223** IG and corporate records Q2 update

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80b
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s):	14 January 2025
GOVERNOR OBSERVER	Diane Nield., Deputy Lead Governor
GOVERNOR COMMENTS	<p>There were 2 NED's in attendance at the meeting (including chair)</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged and thanked attendees/presenters for looking to reduce the amount of papers/data to enable improved discussion</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> ▪ Deep Dive - Pressure Ulcers WHH has a small team working in this area vs other trusts They receive on average 6,500 referrals year on year. These include a high number of inappropriate referrals and training has been identified and delivered There has been a reduction in category 3 + 4, but an increase in category 2. Devices causing pressure ulcers have been identified and additional training delivered. In addition, the 'Heels Heroes Campaign' has been launched. Education delivered to junior nurses on how good nutrition can affect skin healing. More work needs to be done with community regarding ulcers on admission. They are seeing more frailty/deconditioned patients with ulcers post covid. 10 recently seen in ICU - looking at mattress procurement later this year. All said WHH are the 2nd best performing in the ICB. Ned's looked for clarity on inappropriate referrals and suggested more training for new doctors during induction to include more on pressure ulcers • New Approach to Hospital 7 Day Service Recent internal audit undertaken which showed that during weekends 6 specialities had only part cover or no cover (ENT, Ophthalmology, Urology, Elderly Care, Gastro, Diabetes/Endo) A deep dive has been undertaken taken and plans are in place 12/14 specialities are compliant during weekdays Questions arose regarding patients not being discharged on weekends and therefore impacting on ED, freeing up beds and acute care team <p>Recommendation - Repeat audit and present to QAC next month</p>

ED Update

4-hour standard - missed trajectory again, increase of 0.06% currently ranked 100/127

Ambulance Handover times - w/c 9/12 WHH were top for NWS handover. YTD improved by 7 minutes

Triage times are improving but acuity is still high

Corridor Care - improved but still challenging

12-hour time in department - increasing

Incident profile- (deep dive requested at last QAC)

There has been a slight decrease in staff reporting.

Medication errors have increased - Majors has been identified as having a number of 'omitted meds'. Nominated pharmacist now in ED

Decrease in Falls vs last year

Antisocial Behaviour - Mental health team now involved in initial patient assessment.

There has been an increase in ED CT incidents, believed to be related to delays/waiting times - Team to bring information to next QAC

Escalation to Board

Fragile services and Maternity (reviewed every meeting)

Mortuary review - for awareness

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/12/125b (ii)	Meeting	Trust Board	Date Of Meeting	4th December 2024
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Date of Meeting	Wednesday 20 th November 2024
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

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

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/24/11/131	Deep Dive – Fixed and Variable Pay Grip and Control	<p>Carl Roberts, Associate Chief People Officer</p> <p>Provided an update on various areas in relation to variable pay, and grip and control and these were outlined as follows:</p> <ul style="list-style-type: none"> • FICC Key Lines of Enquiry • Workforce FTE increase • 2024/25 Pay CIP • Bank vs Agency Hourly Rates • PWR submission changes • PwC update <p>In relation to the total spend on bank and agency, this would be mapped into vacancies and review of average costs which does seem higher. Findings would be included in future Pay Assurance reports to FSC.</p>	The Committee received substantial assurance of delivery of the PwC actions.	The Committee received substantial assurance regarding the governance infrastructure to support implementation.	As required
SOC/24/11/136	WHH Workforce Equality, Diversity and	Adam Harrison-Moran, Head of Culture and Inclusion	The Committee received substantial assurance of	The Committee received substantial assurance	6 months

	Inclusion Strategy Update	<p>The paper provided an update and assurance on the progress made in the delivery of the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 which included:</p> <ul style="list-style-type: none"> • Menopause guidance • Violence and aggression deep dive completed which reports through to Quality Assurance Committee, will be applying an EDI lens to the working group, aligned to risk 2103 • Initial review of ethnicity pay gap - initial findings would suggest there are not any disparities when reviewing through an ethnicity summary lens • achieved two charter marks • Sexual misconduct national policy framework • NHS EDI Improvement Plan 	delivery of the actions to implement the strategy.	regarding the governance to support the strategy.	
SPC/24/11/137	Health and Wellbeing Guardian Report	<p>Jennie Dwerryhouse, Deputy Chief People Officer</p> <p>An overview provided of the activity undertaken from April – September 2024 to provide assurance against the national Health and Wellbeing Guardian principles and refreshed responsibilities. The report detailed how the organisation is supporting the health and wellbeing of the workforce and the impact of interventions.</p>	The Committee received substantial assurance of delivery of the actions to implement the strategy.	The Committee received substantial assurance regarding the governance to support the strategy.	6 months

Other reports received by the Committee:

- SPC/24/11/132 – Board Assurance Framework
- SPC/24/11/133 – Integration and Workforce Update
- SPC/24/11/134 - Chief People Officer Report
- SPC/24/11/135 – Workforce Integrated Performance Report (IPR)
- SPC/24/11/138 – Monthly Safe Staffing Report Q2
- SPC/24/11/139 – Midwifery Staffing Report Q2 Update
- SPC/24/11/140 - NHSE Self-Assessment Report for Education & Training
- SPC/24/11/141 – Guardian of Safe Working Q2 Update

Chairs Logs received by the Committee:

- SPC/24/11/142 – Operational People Committee
- SPC/24/11/143 – Workforce Review Group

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80c (i)b
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING(s):	20th November 2024
AUTHOR(S):	Colin Jenkins
GOVERNOR COMMENTS	<p>The Chair opened the meeting by welcoming everybody and introduced Abdul Siddique, who is a NED at Bridgewater and chairs their People Committee who was attending as an observer.</p> <p>This month's Deep Dive looked at our fixed and variable pay rates. Driven by requests for information and data from Price Waterhouse Cooper who were appointed to ensure our systems and controls are as tight and comprehensive as they can possibly be. Their drive for such detail is a constant challenge for the Trust at a time when support staff are under the microscope more than ever.</p> <p>The report was extremely thorough and detailed which highlighted the challenges faced by having to produce monthly expenditure cost where the variables in the final week of a month are not available, leaving a gap between expected and actual spend. A question was asked about whether we were being micromanaged given the amount of scrutiny we were subjected to. If this isn't the case, I can't but help thinking that we're getting very close to it. In any case the number and quality of questions asked by those present (and the replies and comments) provided some assurance.</p> <p>It was noted that the integration exercise between us and Bridgewater was making steady progress and an action plan was produced demonstrating the progress made to date and short to medium turn planning, ensuring that the process remained on track and on target.</p> <p>Our Workforce EDI is making good progress and compares favourably with nationally set guidelines and targets and in some cases we appear to be ahead of the curve.</p> <p>Throughout the meeting questions were asked and answered fully which provided assurance throughout for our NED's.</p> <p>Upon closing, the chair itemised the assurance levels for each agenda item and appropriate next steps, if any.</p>

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/02/149b (i)	Meeting	Trust Board	Date Of Meeting	5 February 2025
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Date of Meeting	Wednesday 18 th December 2024
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

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

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/24/12/150	HOT TOPIC – PWC Actions Update	<p>Carl Roberts, Associate Chief People Officer</p> <p>Provided an update on the draft PWC report, specifically the people related actions.</p> <p>There are currently 8 grip and control people related actions, and 2 integration people related actions.</p> <p>The committee received an update on progress against the various actions.</p> <p>In addition, the People Directorate identified actions that were expected in the report, but they currently appear to be a gap.</p> <p>The group were reminded the report is still in draft and the Trust can engage with PWC about potentially adding actions.</p>	The Committee received substantial assurance of delivery of the PwC actions.	The Committee received substantial assurance regarding the governance infrastructure to support implementation.	As required

Other reports received by the Committee:

- SPC/24/12/151 - Integration & Workforce Update
- SPC/24/12/152 - Chief People Officer Report
- SPC/24/12/153 - Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPC/24/12/154 - Workforce Policies & Procedures Overview Report Q1 & Q2
- SPC/24/12/155 - Improving People Practices Bi-Annual Update
- SPC/24/12/156 - Safer Staffing Report

Chairs Logs received by the Committee:

- SPC/24/11/157 - Workforce Equality, Diversity & Inclusion Sub-Committee
- SPC/24/11/158 - Workforce Review Group Chair's Log

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80c (ii)
AGENDA REFERENCE:	Strategic People Committee, Governor Observation Report
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING(s):	18 December 2024
AUTHOR(S):	Dr Carol Ann Kelly (Deputy Governor Observer), Public Governor, Warrington and Halton
GOVERNOR COMMENTS	<p>Unfortunately I was unable to attend this meeting in person and initially the sound quality was poor. Thanks however to John the Teams meeting was restarted and the sound improved significantly. The meeting ran smoothly and was effectively Chaired.</p> <p>The agenda featured a deep dive on – ‘Fixed and Variable Pay - Grip & Control. The PWC report was discussed, and it was noted that most recommendations are already being implemented at WHH. The Chair acknowledged and praised the team on the matter.</p> <p>The report on integration highlighted that the options paper has now been scored and the outcomes will be communicated in January. With regards to workforce integration the Committee was informed that this will continue to be a gradual process of convergence that will follow the law.</p> <p>WHH featured in NHS Employer’s conference opening video as an exemplar of good practice.</p> <p>Discussion on key issues was evident, albeit limited. The Chair and other NED present did ask relevant and probing questions, this was balanced with the acknowledgment and thanks given to the teams for work on various projects and papers.</p> <p>Chair noted that Staff Networks do not connect with SPC as they have in the past, this will be explored further in order to identify the best way to re-engage and plug the staff networks into the SPC.</p>

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/02/149b (ii)	Meeting	Trust Board	Date Of Meeting	5 February 2025
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Date of Meeting	Wednesday 15 th January 2025
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

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

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/25/01/166	Hot Topic: Agenda for Change, Nursing and Midwifery Evaluation	<p>Laura Hilton: Associate Chief People Officer</p> <p>An update was provided to the Committee on the WHH response to the NHS Employers agenda for change job evaluation work being undertaken nationally. The organisation has strengthened the job evaluation process, supported through Trust-wide communications and embedding grip and control within the process.</p> <p>This has been further strengthened by inclusion of a question relating to whether individuals are working to job description as part of the updated appraisal process which has been cited as best practice regionally.</p> <p>A number of actions have been drafted into a robust action plan, including identification of number of nursing and midwifery posts within the organisation and an overview of when these roles were last reviewed to understand whether they cover single or</p>	The Committee received moderate assurance on delivery due to reliance upon external risk factors.	The Committee received substantial assurance regarding the governance considerations already undertaken and the proactive action plan in place.	As required

		multiple post holders. An audit will also be undertaken and a self-assessment has commenced in partnership with Staff Side colleagues to determine readiness for change.			
SPC/25/01/167	Deep Dive: Culture	<p>Rebecca Patel: Associate Chief People Officer</p> <p>An update was provided to the committee on the progress of the culture plan for phase one of the programme “getting the basics right”. The Committee were advised of the approach to deploying OD interventions to improve culture within departments and teams and to maintain performance demonstrating how evidence drives activity and effective deployment of specialist resources.</p> <p>The Committee were advised that categorisation of departments and teams happen on a quarterly basis to respond to a range of data insights as appropriate and on an annual basis as a result of the annual staff survey.</p>	The Committee received substantial assurance on the delivery of the culture plan and the progress made to date.	The Committee received substantial assurance on the governance processes in place to support the ongoing approach to improving culture within the organisation.	March 2025
SPC/25/01/170	Workforce Brief on National, Regional, ICB or Local Workforce Issues	<p>Michelle Cloney: Chief People Officer</p> <p>The Committee received an update on the national review of physicians and anaesthetics associates and will respond appropriately as an organisation whilst ensuring robust support is given to the organisation’s PA workforce currently in light of unwelcome national attention.</p>	The Committee received moderate assurance on delivery due to awaiting outcome of national review which may have a detrimental impact on the workforce.	The Committee received substantial assurance of the governance processes in place to support the PA workforce within the organisation.	As needed
SPC/25/01173	Better Care Together Update	<p>Lucy Gardner: Chief Strategy and Partnership Officer and Michelle Cloney: Chief People Officer</p>	The Committee received substantial	The Committee received substantial	February 2025

		<p>The Committee were advised of the substantial work being undertaken in relation to options appraisal and associated resourcing plan to share with the ICB. An updated milestone plan is available for the whole programme.</p> <p>Highlight reports from communications, corporate and workforce continue to drive the agenda forward.</p> <p>Significant work has been undertaken from a workforce perspective in terms of developing an organisational change framework for both organisations. A joint vacancy approval process has been implemented and looking to develop and bring together quality assessment processes from each organisation.</p>	assurance on the developments of the Better Care Together programme.	assurance on the governance processes to support the Better Care Together programme.	
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Other reports received by the Committee:

- SPC/25/01/165 – Staff story on Supported Internships programme
- SPC/25/01/168 – Board Assurance Framework
- SPC/25/01/169 - Chief People Officer Report
- SPC/25/01/171 – Bank Reduction Q3 Update
- SPC/25/01/172 – Safer Staffing Report

Chairs Logs received by the Committee:

- SPC/25/01/174 – Operational People Committee’s Chair’s Log

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG 25 02 80c (iii) b
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING(s):	15th January 2025
AUTHOR(S):	Colin Jenkins
GOVERNOR COMMENTS	<p>The meeting began on time with the Chair welcoming everybody and outlined the busy agenda. We went straight into the first big item which was a report on our Intern programme. This was an interesting item which drew some searching questions from the Chair and the other NED present.</p> <p>As always, there was a full agenda covering various current ongoing operational issues affecting staffing and morale. Numerous questions were asked seeking clarification and assurance by our NED's.</p> <p>There are many areas within the agenda where issues overlapped and our Chief People Officer addressed the committee on several items to enlighten the committee of ongoing work streams to ensure all our employees feel as though they are listened to, included in decisions and future planning. In many of these interventions, answers to questions provided assurances across a number of agenda items.</p> <p>Ever mindful of the situation we find ourselves in (financial and work pressures), all attending the committee are highly vigilant as to how operational decisions impact on staff morale to reduce negative impacts and hopefully retain numbers, especially in front line services.</p> <p>It would be remiss to omit the vast amount of work being undertaken between ourselves and Bridgewater where the issues that may potentially affect their staff are front and centre of the negotiations and the NED's were at pains to highlight the extension of WHH morning "Message from the Chief Exec" is shared with them to help provide ongoing inclusion and support for their staff.</p> <p>The meeting finished with the Chair clarifying with everyone each agenda item and the level of assurance gained. Any rolling items were identified, as were items that were going directly to Board.</p>

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/12/125(d)	Meeting	Trust Board	Date Of Meeting	4 December 2024
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Date of Meeting	21 November 2024
Name of Meeting & Chair	Audit Committee, Chaired by Mike O'Connor
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
AC/24/11/73	EPR Update	<p>The committee received an update in relation to the lessons learnt review which took place following the abandoned EPR process. The report outlined the review, its recommendations, emergent opportunities, emergent risks and next steps.</p> <p>Recommendations following the review were detailed and the committee received assurance around the lessons learned and mitigations now in place.</p>	Moderate – the committee received evidence there is an adequate system of internal control; however, that there were some areas of weaknesses.	Moderate – the committee received evidence there is an adequate system of internal control; however, that there were some areas of weaknesses.	A progress report to be presented to FSC in December
AC/24/11/75	Review of Quotation & Tender Waivers	<p>The committee received an update for the period 1 July to 30 September 2024, which showed an increase in the number of waivers, compared to the same period last year, however with a decreased total value.</p> <p>The committee were informed of the education programme in place to improve the position around retrospective waivers, in line with Trust Standing Orders and a Standing Financial Instructions, and noted the significant improvements in the Estates CBU.</p>	Substantial – it was evidenced that the Trust were delivering to a substantial standard	Moderate - the committee received evidence There is an adequate system of internal control; however, that there were some areas of weaknesses	Quarterly reporting to continue

Other agenda items:

- AC/24/11/66**– Board Assurance Framework
- AC/24/11/67**- Committee Assurance update from Chairs of FSC, SPC, QAC
- AC/24/11/68**- Internal Audit Progress Report follow up actions (MIAA)
- AC/24/11/69**- Internal Audit Progress Report (MIAA)
- AC/24/11/70** - Internal Audit Follow Up Report (MIAA)
- AC/24/11/71**- Anti-Fraud Progress Report (MIAA)
- AC/24/11/72**- Report and Updates from External Audit
- AC/24/11/74** - Review Losses & Special Payments
- AC/24/11/76** – Changes to SFIs

Assurance Key:

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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/80d (i)
COMMITTEE ATTENDED	Audit Committee
DATE OF MEETING(S):	21 November 2024
AUTHOR(S):	Sue Fitzpatrick, Public Governor Warrington and Halton
GOVERNOR COMMENTS	<p>The meeting was held F2F with a few joining via Teams, and was chaired by Michael O'Connor. Papers were accessed via TeamEngine. The meeting started on time.</p> <p>The minutes from the last meeting were accepted. The action log was empty.</p> <p>The Meeting began with AC/24/11/73 EPR update with lessons learnt. There was a full discussion of the challenges of internal and external process, the issues of two procurement contractors, the impact of the loss of project management resource, the deficiency in documentation and escalation process, and the acknowledgement that the procurement timetable should have not been so optimistic. It was noted that there was blame on both sides. There is need for clear role and responsibility definition in contracts. Procurement advisors need to simplify the process.</p> <p>The Chair summed up findings and requested an estimation for the costs incurred in abandoning the project. The costs around the extension of the Lorenzo usage would appear to be the largest figure. MO'C requested a 2 page summary of costs and a high/medium/low assessment if any money could be recovered from any of the parties. The issues observed appear to be déjà vu concerning joint procurement and again it was found that there is process overload and lack of commercialisation in our procedures.</p> <p>PF stated that there had been and there will continue to be changes made by the ICB which also did not help the situation. The Chair felt that the position of the ICB should be clarified and thought escalation to the Board and the CEO may be indicated to ensure we have a functional system that works for the hospital but will also allow for integration with Bridgewater.</p> <p>The committee chairs presented verbal updates</p> <p>FSC – We are under the FICC and we have to work under this regime. We are working with grip and control and looking at productivity but the biggest risk is system failure, corridor care, lack of integration with primary care leading to greater cost pressures. Integration with Bridgewater will take time but there is expectation for</p>

cost savings with joint posts and efficient pathways but it will take 2 years to be fully realised. The pathology collaboration: we have a duty to collaborate but we need to preserve our quality.

SPC –There was concern that grip and control and financial stress and strain are having a negative impact on staff morale. The recruitment matrix is going in the right direction with agency and bank targets dropping with FTE going up. There is a pressure on Finance and HR to work with PCW and a lot of time is taken with the integration with Bridgewater. A maternity deep dive has thrown up red flags with 6 of the 11 posts taken up by specialist posts dealing with vulnerable women. Many doctors are switching to part time working causing issues with patterns of shift working. We need a well thought out financial strategy to look at productivity but also to look at ensuring people are treated in the right place.

QAC – the SPC chart data needs to be used more efficiently. The SPC issue to be escalated to the Board. Midwifery staffing was raised as well as outpatient backlog and the possibility of harm. Looking for reassurance following GOSH with freedom to speak up and work in theatres. The mental health support in ED is good and we are working collaboratively with Arbury Court for safeguarding. The 5 bedded area in ED has improved patient dignity.

The Chair stated that we are aware of issues, that the thoroughness of our committee work should be acknowledged. The triangulation is good and we are able to maintain a degree of optimism in these challenging times. We seem to be meeting ICS checklist requirements. JC to do benchmarking exercise. The Chair also asked how we will use PWC data to our advantage and stated that we should be asking the directors of Place what are our priorities (Mental Health is number 1) making sure safety and quality come first.

The BAF- There were no major changes to the BAF but there were a couple of amendments that were noted.

Internal audit the progress report was as read nothing highlighted

Anti-fraud. During internet fraud week a crime prevention officer gave advice with training on online document review. Fraud initiative exercise updated to new strategy.

Chair stated it is important to investigate things and be seen to take action.

External Audit: GT happy to be appointed as auditors. Timescales will be available for next year shortly.

Review of Losses and Special payments - The paper was taken as read. There was an increase in store losses again with chemo drugs in pharmacy contributing to the costs. The CEOs new 6 "Ps" may highlight issues and lead to improvements.

Review of Waivers paper taken as read. There were 54 waivers 19 retrospective waivers. Estates have come into line with a significant improvement.

There were no items for escalation to the Board other than EPR and the use of SPC charts.

What went well? There was good discussion re EPR lessons learnt. All agenda items were discussed in depth and the meeting finished on time.

Next meeting: 22nd February 2025

Trust Board: Committee Assurance Report

Agenda Reference	BM/25/01/149d	Meeting	Trust Board	Date Of Meeting	5 February 2025
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Date of Meeting	12 December 2024
Name of Meeting & Chair	Charitable Funds Committee, Chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
CFC/24/12/21	Charity Impact Story	<p>CFC has now introduced a Charity Impact Story at the start of every committee meeting. This was included for the first time at the December 2024 committee, with a presentation from Debbie Monfared from the Macmillan Delamere Cancer Information & Support Centre on the impact of WHH Charity funding.</p> <p>The presentation and discussion were welcomed and added real value to the meeting. This format will be continued going forward.</p>	The Committee received high assurance as hearing first hand the positive impact the charity can make	The Committee received high assurance as committee members hear directly the positive impact	March 2025
CFC/24/12/22	Fundraising Report and Quarterly Workplan	<p>CFC noted the quarterly fundraising report, including updates on campaigns, plans for payroll giving, and progress against the charity's three-year strategy.</p> <p>Lead: Kate Henry</p>	The Committee received substantial assurance as the Charity is on track for delivering against its strategy	The Committee received high assurance as performance is monitored at each meeting of the Committee and a Charity Leadership meeting has been established	March 2025

CFC/24/12/23	Finance Report Q2 Update	<p>CFC noted the financial position for quarter 2 (1 July to 30 September 2024) and the period 1 April to 30 September 2024 as follows:</p> <ul style="list-style-type: none"> Income is £123k below plan in quarter 2 and £26k above plan YTD. Expenditure (overheads) is £27k (breakeven against plan) in quarter 2 and £4k above plan YTD. Expenditure (disbursements of funds) is £22k in quarter 2 and £60k YTD. The net fund balance is £614k. The balance after commitments for purchases, reserves and overheads is £181k. <p>Lead: Jane Hurst</p>	The Committee received substantial assurance as income is ahead of plan	The Committee received high assurance as sufficient processes and reporting are in place	March 2025
CFC/24/12/24	Bid Applications	<p>Two bids were approved by CFC:</p> <ul style="list-style-type: none"> Children’s ward sensory equipment and activities – funded by corporate partner charity golf day Delamere Cancer Information Centre complementary therapies and courses – funded by CANsupport Charity <p>An update was provided on bids under £5k approved since the last committee meeting, either by the director of comms and engagement (up to £1k) or by execs (up to £5k).</p> <p>Lead: Kate Henry</p>	The Committee received high assurance that the approved bids will be delivered and any unspent funds returned	The Committee received high assurance as the application process is robust, proportionate, and aligned with the Governing Document	March 2025
CFC/24/12/26	Charity Commission Checklist for Trustees	<p>CFC noted the update to the Charity Commission Checklist for Trustees to progress to Corporate Trustee.</p> <p>Lead: Kate Henry</p>	The Committee received substantial assurance	The Committee received high assurance	Trust Board February 2025
CFC/24/12/27	Annual Report & Accounts (FINAL)	<p>CFC supported the final version of the Annual Report and Accounts to progress on to Trust Board for approval prior to submission by 31 January 2025.</p> <p>Lead: Jane Hurst</p>	The Committee received substantial assurance	The Committee received high assurance as the annual report and accounts and independently audited	Trust Board January 2025

The committee also received reports on:

- CFC/24/12/25 Review of Reserves Policy
- CFC/24/12/28 Committee Effectiveness Review 2024 Results

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/81a (i)
COMMITTEE ATTENDED	Trust Boards
DATE OF MEETING(s):	4 December 2024
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	<p>Part 1 - Public Board</p> <p>The papers for the Public Board were sent in advance of the meeting via Team Engine. Five NEDs, including the Chair, were present. The meeting was piloting the use of AI for taking the minutes and if successful this could result in considerable time savings.</p> <p>The meeting opened with an Engagement Story “Support my needs”.</p> <p>The story of a patient with complex needs identified communication issues which has triggered a review of processes and reflection on how the situation could have been managed better. The outcome of the review concluded that staff should consider the person in the patient. The patient is already part of E by E.</p> <p>The CEO gave a detailed report of his activities since taking over the role of the CEO. The report, including the CMAST update, was included in the Board papers. The Chair gave a verbal report outlining the progress around the Bridgewater integration.</p> <p>The Board Assurance Framework (BAF) was discussed. Risks are monitored by a risk review group and also each committee monitor their risks. The NEDs discussed the need to review risks in line with Bridgewater and to identify new risks as a result of the integration. JD escalated the need to review/recalculate the summary SPC reports. The board is going to do a deep dive into SPC, data use and assurance reports. The methodology of SPC is correct it is the summaries that require review.</p> <p>The reports were in the pack but the responsible Executive outlined actions being taken to improve performance.</p> <p>The Chair truncated the discussion around IPR noting that the board will revisit the topic and discuss how we get assurance on the bigger issues. .</p> <p>There were several reports, including those of the various committees, that were taken as read.</p> <p>The meeting was chaired well, and time was given to all contributors, the meeting overran slightly.</p>

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

There was no additional business.

Part 2 – Private Board

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

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

There was a presentation on financial forecast and PWC review. The PWC report is due 10th December 2024. The Chair questioned the deliverability of the things highlighted by PWC. JH said that PWC helped focus and allowed a deeper look at topics increasing the grip and control.

The Capital programme and EPCMS update were presented. The NEDs participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance before decisions were made.

There was a presentation on EPR lessons learnt and included clear recommendations to mitigate future risks.

There was an update on the integration, a detailed plan is in development but is dependent upon the outcome of the options appraisal. The options appraisal process is purely about the legal mechanism for integration and is an enabler to transformational change to improve service delivery.

The final presentation was the Waiting List Initiative Funding and the report was taken as read. A full review of the funding requirement for 2025 /2026 will be completed during the planning for the new financial year.

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

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/81
COMMITTEE ATTENDED	Trust Board Meetings
DATE OF MEETING(s):	5 February 2025
AUTHOR(S):	Sue Fitzpatrick, Lead Governor
GOVERNOR COMMENTS	<p>Part 1 - Public Board</p> <p>The papers for the Public Board were sent in advance of the meeting via Team Engine. Five NEDs, including the Chair, were present. The use of AI was utilised for taking the minutes.</p> <p>The meeting opened with an Engagement Story “Personalised care through reasonable adjustment and planning”.</p> <p>The story was of an out of area maternity patient who is deaf and communicates with BSL. The feedback from the patient showed that the provision of the deafness resource card enhanced communication, as did arranging a preferred interpreter. The patient commented that all midwives were really lovely and put a lot of effort into communicating and accommodating her needs. The use of resource cards is not only for maternity but they can be used more widely and work is being undertaken with Health Watch to standardise the tools/ content of the cards. Many staff have basic BSL but more training could be provided to increase the numbers.</p> <p>Minutes were accepted and the action log was up to date.</p> <p>The CEO gave a verbal update and a report of his activities. The report was included in the Board papers. The Chair gave a verbal report outlining the progress around the Bridgewater integration.</p> <p>The Board Assurance Framework (BAF) was discussed. A new risk regarding the integration was added. The risk was agreed but it was identified that there is a requirement for an integration risk register. The register will need to include people and capacity risks relating to the integration.</p> <p>One or two of the risks may need rewording but all other aspects approved as per paper.</p> <p>There was a presentation on the maternity incentive scheme Year 6 (MIS) compliance report. The external assurance was gained from LMNS for standards 3-9. Internal review of standards 1, 2 and 10 were given assurance by QAC and SPC. The report is to be signed off by the CEO and forwarded to the ICB. The Chair confirmed that</p>

the internal process gave sufficient assurance to the Board and would also give patients assurance.

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

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

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

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

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

The supplementary papers were all noted.

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

Review of the meeting – good discussion.

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

There was no additional business.

Part 2 – Private Board

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

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

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

The final presentation was an update on the integration.

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

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

WELL LED	Well Led	Confidence Score
	How confident are you that this department is 'well led'?	0 / 1 / 2 / 3
	<p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported? Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience.</p> <p>Staff stated that they were well supported by the CBU, senior staff always available. Staff training is scheduled as there are limited staff numbers, all staff get the required training. There appeared to be a good working atmosphere, Incidents are shared and lessons learned are discussed. The team have a messaging app, to keep off duty staff updated. Each day there is a safety huddle to discuss any issues and update staff of Trust wide issues. There is no staff / Patient notice board which would assist in keep patients particularly informed.</p> <p>Is there anything you notice to suggest this department/area is not well led? Provide information board.</p>	3
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive	Confidence Score
	How confident are you that this department is safe and caring?	0 / 1 / 2 / 3
	<p>Do staff know how to escalate concerns and are there any visible hazards? Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas?</p> <p>All staff were aware of the procedure when escalation was necessary. There is an amount of clutter in the unit, this is due the small size and limited space in the unit. Staff were observed communicating and talking with the patients. Patients spoken to were aware of their ongoing plans (received on the Ward). There does seem to be an issue with the communication messages being given by the Wards, patients being told they are going home, this is giving the impression that once in the Discharge suite they will be on their way within 1hr or so. When they have been there 4-5hrs they feel misinformed. Toilet/shower Door No AGD44 Patient/staff, has no working lock. Facilities have been to repair on several occasions. As part of the repair the shower curtain had to be removed, it has never been put back up, (Privacy/Dignity issues) Sluice door unlocked.</p>	2

	<p>Drinks and Biscuits are provided for patients. Hydration for staff and patients is available</p>	
EFFECTIVE	<p>Effective</p>	<p>Confidence Score</p>
	<p>How confident are you that the department processes are effective?</p>	
	<p>Does the department appear to be clean and organised?</p> <p>The unit is very clean</p> <p>Are patients' appointments managed well?</p> <p>There is an issue that is constantly delaying the discharge of patients and that is long waits for TTOs. The unit constantly monitor the pharmacy. TTOs are being delivered to the Ward when patient in the Discharge suite, We were asked "why is it that for outpatients the signage in pharmacy stats "up to 1hrs wait" when patients in the discharge suite are waiting anything up to 5-6 hrs".</p> <p>A patient in the unit gave us the following:</p>	<p>0 / 1 / 2 / 3</p>

	<p>Patient C20 10:00hrs Consultant (You can Go Home) Ward 10:30hrs (You can go home) 11:00hrs Discharge Facilitator (Move to Discharge suite) 15:00hrs sat in discharge suit awaiting TTO from pharmacy.</p> <p>Now that the unit is controlling a private ambulance the waiting time when an ambulance is required has improved tremendously and it is being used to move patients at Halton when it is free.</p> <p>The unit is now seeing a through put of approximately 20+ patients per day.</p> <p>There can be hold up when discharge to nursing home as they can have cut off times, the unit liaises well local homes.</p> <p>There appears to be no issues with Discharge summaries.</p>	2
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	<p>Please use this space to write any additional comments from your observation.</p>	Confidence Score
	<p>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?</p>	
	<p>Unit is busy, The are delay in areas that are not giving a good impression. Maintenance issue need urgent attention.</p>	2

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

Governor Observation Visit

Date / Time: 18/11/2024 14:00hrs

Ward / Department: Discharge Suite

Team: N Holding, A Robinson

Well Led

Positives	Recommendations
Good team working	Provision of staff / information Board
Well Supported by CBU	

Safe

Positives	Recommendations
Secure entry	Tidy clutter, but limited storage space
Good staffing level	Repair broken lock on Toilet/Shower door

Caring

Positives	Recommendations
Good communication with patients	Communications to patients on Wards should be more detailed on waiting time.
	Patients dignity at risk with broken toilet door lock and lack of shower curtain

Food and Nutrition

Positives	Recommendations
Tea / coffee available	
Hydration for staff and Patients	

Responsive

Positives	Recommendations
Control of ambulance improved the service	TTO delays leading to long delays in discharge

Effective

Positives	Recommendations
Very Clean	TTO waiting time needs a review
	Urgent repair of the Toilet / Shower door lock
	Reinstallation of the shower curtain

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<p>Date:13 December 2024</p> <p>Department: Endoscopy Halton</p>	<p>Department Manager: Daniel Meredith</p>	<p>Governors Present: S Fitzpatrick A Robinson C Kelly</p>		
<p>Number of Patients: The unit is not running at full capacity as recently opened up new areas. Only 3 rooms running</p> <p>The unit operates Mon -Friday</p>	<i>Staff on duty:</i>	<i>Days</i>	<i>Nights (if applicable)</i>	<i>CBU Manager:</i>
	Nurses	Approx. 10		Matron: Rachel Baxter
	Healthcare Assistants			
	AHP's			Nurse in charge that conducted our visit Rachel Dent
	Students			
	Domestic Assistants			
	Administration			Departmental Manager(s): Wendy Currie
Housekeepers				
FIRST IMPRESSIONS	First Impressions			Confidence Score
	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?			0 / 1 / 2 / 3
	<p>Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p>First impression very clean uncluttered and calm. Poster updated with Nik CEO. Posters on walls clear including JAG award poster. Good white board use to map the patient's journey. The satisfaction survey report shows 98% patients' family and friend are satisfied with the service with a completion rate of 32%. A copy of the survey is to be found on the end of each bed which makes them easily accessible has helped increase the completion rates. Males and females have separate bays with accessible toilets.</p>			3

WELL LED	Well Led	Confidence Score
	How confident are you that this department is 'well led'?	0 / 1 / 2 / 3
	<p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported?</p> <p>Staff had no real complaints about working on the unit. There are a number of staff who have changed their roles and been trained up to work on this unit. There are 2 trainee nurses linked to the JAG accreditation. The JAG accreditation was for WHH in future the staff will be Cheshire and Merseyside and will have to be reassessed.</p> <p>There is a daily safety huddle with a full safety brief.</p> <p>Do staff know about their data? – Staff are aware of their data.</p> <p>People have worked for a number of years in the department, with Rachel having worked for 20+ years and there does not appear to be a great turn-over of staff but there was a realisation that they will require more staff when fully operational. Currently there are 54 staff members. 10 consultants. There is a clear progression protocol, promoting within and training staff where possible.</p> <p>Is there anything you notice to suggest this department/area is not well led?</p> <p>None</p>	3
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive	Confidence Score
	How confident are you that this department is safe and caring?	0 / 1 / 2 / 3
	<p>Do staff know how to escalate concerns and are there any visible hazards?</p> <p>Yes the staff stated they would go to the sisters in the first instance and knew the escalation process. If there was a patient emergency there are easily accessible protocols and patients would be transferred to Warrington.</p> <p>Do staff communicate and interact with patients or service users in a caring manner?</p> <p>This could not really be reported as there were very few patients on the unit at the time of our visit.</p> <p>Do staff provide care that meets individual needs of patients?</p> <p>We found the staff were very aware of patients and their needs. Dignity is at the forefront of what they talk about although we did not see this in practice.</p> <p>Do patients feel involved in their care and treatment?</p> <p>Due to the timing of our visit there were no patients we could communicate with. The morning appointments had concluded and the afternoon patients had not arrived for the afternoon session.</p>	3

Governor Observation Visit

Date / Time: 11.30 13/12/2024

Ward / Department: Endoscopy

Team: S Fitzpatrick, A Robinson and C Kelly

Positives	Recommendations
Clean and calm	
Good provision of rooms to talk confidentially to patients, especially those with complex needs	
White boards up to date and clear	
Good training - evidenced	

Well Led

Positives	Recommendations
Good communication	
Good tracking protocols for patients journey	

Safe

Positives	Recommendations
Good separation clean and dirty areas	
Staff have a daily safety brief	
Clear accessible protocol to follow in case of patients emergency	
Awaiting a lock on a door to allow a fully secure ward	

Caring

Positives	Recommendations
Staff have patients' needs in mind	
The patients survey shows 98% family and friends happy with service	

Food and Nutrition

Positives	Recommendations
Room for patients' food very small and no hydration stations but patients often have fasting restrictions.	

Responsive

Positives	Recommendations
Aware of patients' needs especially dementia and complex needs patients	

Effective

Positives	Recommendations
Effective but the unit is not running at full capacity	

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<p>Date: 22 Jan 2025</p> <p>Department: Patient Bloods</p>	<p>Department Manager: Lead person/Most senior person Claire Whittiker</p>	<p>Governors Present: Diane Nield Alan Davies Sue Fitzpatrick</p>		
<p>Number of Patients: There are three systems in operation Get 180 from WASP Get 80 from Lorenzo 49 walk ins Per day Capacity:</p> <p>Total visit:</p>	Staff on duty:	Days	Nights (if applicable)	CBU Manager:
	Nurses/phlebotomists	5		Matron:
	Healthcare Assistants			
	AHP's			Lead Nurse: Claire Whittiker
	Students			
	Domestic Assistants			Departmental Manager(s):
	Administration			
Housekeepers				

FIRST IMPRESSIONS	First Impressions	Confidence
	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?	Score
	<p>Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p>Good signage to the department and up to date daily calendar information.</p> <p>The area was clean. The area was a relatively clam area with a number of patients seated outside the blood-letting area. The staff were actively engaged with the patients frequently checking for appointment letters and talking to people</p>	0 / 1 / 2 / 3

	<p>Hydration station available</p> <p>There was a sign on the wall called the Patients Journey... This sign referred to the out-patients patient journey in general and not a blood sample patient journey. This poster showed the patient approaching an appointment desk, this could cause confusion as blood sample patients are asked to sit on the purple chairs and the staff come out to check on them. There were a number of signs on display stating this but the staff on the outpatient reception desk said that they are often approached by blood sample patients. Maybe this poster is not helping.</p>	<p>3</p>
<p>WELL LED</p>	<p>Well Led</p> <p>How confident are you that this department is 'well led'?</p> <p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported?</p> <p>All the staff were aware of who was in charge, There were 5 staff working in the clinic. The average wait time was 10 minutes. Some patient took longer due to special needs or no paperwork regarding their appointment</p> <p>Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience.</p> <p>The staff knew their data. There are approx. 300 planned patients(including walk ins) per 8 hour shift</p>	<p>Confidence Score</p> <p>0 / 1 / 2 / 3</p>

	<p>Patient come from 3 sources Get 180 from WASP, Get 80 from Lorenzo and Get 49 walk ins per day. It was noted that things run more smoothly in Halton that just have WASP patients</p> <p>There were protocols in place for dealing with special need patients and there is a curtained area and even a separate room to accommodate patients if needed.</p> <p>Is there anything you notice to suggest this department/area is not well led? Claire was a very experienced Phlebotomist with 27 years' experience. She led her staff who were very supportive of her. Although the lead was very experienced she was very operational hands on.</p>	2
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive	Confidence Score
	How confident are you that this department is safe and caring?	
	<p>Do staff know how to escalate concerns and are there any visible hazards? The staff would report issues to their line manager if there were issues. I asked what would they do if the line manager did not resolve their concerns and they did not mention the speak up champions</p>	0 / 1 / 2 / 3
	<p>Do staff communicate and interact with patients or service users in a caring manner? Staff communicate well with patients and want to do their best for them they appear very caring.</p> <p>Do staff provide care that meets individual needs of patients? Yes staff constantly talking to people checking on their needs. Despite patients attending without appointments the staff would not turn patients away.</p> <p>Do patients feel involved in their care and treatment? Not really applicable in this clinic. But on talking to a patient they reported that Amu sent them for bloods and said they didn't need an appointment. In fact they should have had an appointment.. I think we need to ensure that a consistent message is given</p> <p>Are staff aware of any risks in their areas?</p>	3

	Risk to special need patients protocol in place	
EFFECTIVE	Effective	Confidence Score
	How confident are you that the department processes are effective?	0 / 1 / 2 / 3
	<p>Does the department appear to be clean and organised?</p> <p>Yes but there are issues with the 3 system being in operation at the same time</p> <p>Are patients' appointments managed well?</p> <p>We talked to a range of patients</p> <p>1 patient used the link the initial date range of appointment expired as they had to wait 3 weeks</p> <p>1 patient had a letter from the consultant for a long standing condition that is monitored he rang for an appointment within a relatively short period of time</p> <p>1 person had a telephone GP appointment and was told they didn't need a request form just turn up, they had to wait for 20-30 minutes to find her details</p> <p>1 person did not have online access and had to wait for a letter by post only took a few days and they reported it felt a good experience</p> <p>1 person used the link they had to wait 4 weeks, when online sites were showing availability but when you clicked on them they were not available. This patient was left feeling very frustrated.</p>	<p>Staff 2</p> <p>Actual process 1</p>

Governor Observation Visit

Date / Time: 10.30 22/01/2025

Ward / Department: Blood Sampling

Team: S Fitzpatrick, D Neild and A Davies

Positives	Recommendations
Good signage	The poster called outpatient journey could be removed as it relates to general outpatients not blood sample patients and causes confusion re having to report in to reception.
Clean and calm	14 patients went to the desk during our visit despite numerous posters telling them to sit on the chairs
Daily information up to date	
Used the system to get the best outcome for patients	

Well Led

Positives	Recommendations
A very experienced phlebotomist in charge	Provide development to allow the leader to have time to lead not just be operational
Staff very supportive	

Safe

Positives	Recommendations
Calm environment no issues found	The out of order toilet need to be followed up with estates to ensure action is taken
Staff have a brief	
Clear protocols to follow for special needs	
The main corridor ladies toilet one cubicle has been out of order for 3 months	

Caring

Positives	Recommendations
Staff have patients' needs in mind	Staff should be commended as it is their normal way to do their best for their patients
Staff constantly engaging with patients	
Good process in place to cater for special needs patients	

Food and Nutrition

Positives	Recommendations
Hydration available.	None

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Responsive

Positives	Recommendations
Aware of patients' needs	Very good with special need patients

Effective

Positives	Recommendations
Effective but the unit would run much better if there was only 1 booking system	Bring in WASP as soon as possible as Halton has shown running 1 system is more effective
Internal communication/procedures for referring to Blood Sample clinic could be improved	Can we have a consistent message and ensure everyone knows when and if patients being referred internally from hospital departments need a request form/appointment.

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

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

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

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

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

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

CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is ...")</i> All the staff were friendly and had a smile. One patient said the staff were very good in listening to their needs. She was unable to go home that day due to pressures at home and she was able to stay until the next morning. The Joint school every Thursday is really good at preparing the patients before they come in and goes through anaesthetic options with the patient.</p>	3
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i> The patient all said the staff were very caring.</p>	3
	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i> Very quiet calm environment. Free TV provided.</p>	3

	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i> Yes patients feel involved. One patient was feeling very vulnerable having had a biopsy done and although being reassured by the staff her anxiety regarding the wait for results could not be allayed. But the staff were very patient in explaining that it just takes time to do the tests.</p>	3
FOOD and NUTRITION	<p>Food and Nutrition</p>	Confidence Score
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	0 / 1 / 2 / 3
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i> There is a choice of soup and sandwich for lunch there are gluten free and allergen options although there is a limited choice for these patients but they are not in for more than a few days. Hydration available. There are visual signs to put over the bed indicating allergies etc.</p>	3
	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i> The patients get a choice of meals which are delivered on the heated trolleys.</p>	3
	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? The patients we spoke to were very happy with the meals.</p>	3
	<p>Notice – are patients prepared for mealtimes? <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i> Staff try to ensure patients are up for meals,</p>	3

RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	<p>Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) The patient feels included from the time they are in joint school throughout their journey. There is the usual wait for medication on discharge which may be take 2-3 hours.</p>	3
	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) There are daily checks of call bells and equipment and there is a log signed to say checks have been undertaken.</p>	3
	<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) There were no issues identified at the visit.</p>	3
	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Excellent support for patients with additional needs. 4 PACU beds with 1:2 or 1:4 nursing ratio depending upon comorbidities.</p>	3

EFFECTIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	0 / 1 / 2 / 3
	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>Excellent this may be due to it is elective surgery and there is the ability to prepare for patients.</p>	3
	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>The flow is managed well. There was a smooth handing over of a trauma patient from Warrington Hospital. There have been 9 transfers from Warrington in the last 6 months.</p>	3

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

Governor Observation Visit

Date / Time: 03 Feb 2025 2pm

Ward / Department: Elective Orthopaedics CSTM

Governors: S Fitzpatrick, D Nield, A Davies

First Impressions

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

Well Led

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

Safe

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

Caring

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

Food and Nutrition

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

Responsive

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

Effective

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

Lasting Impressions

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

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

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

**COUNCIL OF GOVERNORS
20 February 2025**

SUBJECT	Governor Questions	AGENDA REF	COG/25/02/83
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QUESTION 1	Are NEDs assured on the effective management of patient acuity levels in ED	Proposer: Diane Neild, Deputy Lead Governor
RESPONSE	NEDS recognise that this has been an exceptionally pressured winter period for our ED and are assured of the effective management of patient acuity levels through the monthly ED Harm Profile and long waits paper to Quality Assurance Committee.	Responder(s): Ali Kennah/Paul Fitzsimmons/Cliff Richards

QUESTION 2	Are NEDs assured that ED staff are enabled time to complete mandatory training modules? What are the current compliance rates for mandatory training across ED staff? More specifically regarding Diabetes	Proposer: Diane Neild, Deputy Lead Governor
RESPONSE	Time allocated for mandatory training is built into ward and departmental establishments for nursing, for medical staff core SPA time is allocated. Team leaders do find it challenging at times of extremis to release staff to attend training, this is closely monitored and support given to address this. Mandatory training compliance is available on the LION dashboard which can be accessed by NEDS and is also reported via the Integrated Performance Report (IPR) at Strategic People Committee (SPC) and Trust Board. ED perform well against mandatory training compliance. In relation to diabetes training- this is not mandated training it is role specific and offered on induction to new starters. There is an e-learning package in place and for all staff to access and bespoke training is provided where required. In the last 2 years 134 staff have completed diabetes training on Trust Preceptorship, 21 of whom work in ED.	Responder(s): Ali Kennah/Paul Fitzsimmons/Cliff Richards

QUESTION 3	Many trusts have been given a date or waves of delivery of new hospitals up to 2039. Warrington and Halton are not listed. We have a plan B but will this take us through until 2040	Proposer: Sue Fitzpatrick, Lead Governor
RESPONSE	The Trusts that have been given dates through to 2040 are those who were already accepted onto the new hospitals programme. We remain committed to new hospital facilities in both Warrington and Halton. Our plan is to complete a phased redevelopment on the Warrington site, whilst retaining our existing plan to extend CSTM on the Halton site. As part of these plans we will also seek to move services into the community, where appropriate. We have already started delivery of this plan, for example Living Well Hub, Halton Health Hub and the extension to CSTM as part of our Community Diagnostics Centre. We plan to develop a more detailed phased plan, with support from architects and cost advisors so that we are well placed to bid for funds where available to deliver new hospital facilities via a phased approach. In the meantime we continue to seek support and funding to complete the priority aspects of our plan, including an	Responder(s): Lucy Gardner/Steve McGuirk

	urgent treatment centre and moving outpatients into Warrington town centre	
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QUESTION 4	Following the CEO article in the Warrington Guardian in the comments section residents have said that a walk-in centre in Warrington may be indicated not instead of a hospital but in addition to one. What work has been done to look into this and how do the board envisage things moving forward?	Proposer: Sue Fitzpatrick, Lead Governor, Maureen McLaughlin, Partner Governor Warrington Borough Council
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RESPONSE	We have assessed the demand for an urgent treatment centre and estimate that c120 Warrington residents per day would benefit from accessing an urgent treatment centre (UTC), based on patients who currently access UTCs out of area or who attend ED and could instead be seen in a UTC setting. We have developed different options for providing a UTC and worked up bids to support these options. We have bid for a UTC whenever there have been opportunities to do so but so far have been unsuccessful in securing funding. We continue to seek funding, and a UTC remains a priority.	Responder(s): Lucy Gardner
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QUESTION 5	How can we be assured that the NEDs gain assurance that patients on waiting lists are properly managed until they are discharged?	Proposer: Colin Jenkins, Public Governor
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RESPONSE	All referrals into the Trust for elective care undergo a clinical prioritisation process which allocates a clinical priority to each referral ensuring that patients are seen in order of need, with those requiring urgent treatment or at greatest risk of harm from delay being prioritised to be seen first. Whilst on waiting lists, should a patient's condition deteriorate before they are seen in clinic, they are advised to see their GP to assess whether a request for an expedited appointment or a change in priority is required. After the patient is seen in clinic this request would come to their consultant. Patient harm and the risk of patient harm on waiting lists is managed through a well-established formal Clinical Harm Review process which is supported through AI risk stratification to select patients at highest risk for harm reviews and expedited care as required.	Responder(s): Paul Fitzsimmons/Dan Moore/Cliff Richards
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QUESTION 6	How much progress is being made to integrate community resources in delivering appropriate services in the clinical pathways to support the extreme demand? Most of the discussion revolves around governance how do the board see the practical steps in starting down this pathway?	Proposer: Nigel Richardson, Public Governor
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RESPONSE	The Clinical and Operational Services Integration Delivery Group (CODG) held a workshop on the 24 th of October 2024 with senior clinical and operational leaders from BCHT and WHH as well as partners from primary care, ICB and voluntary sector organisations. The workshop was well attended with 27 members of staff from WHH, 17 from BCHT and 6 partners. Principles for clinical and operational integration had been agreed in advance and included	Responder(s): Lucy Gardner/Paul Fitzsimmons/Steve McGuirk
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the need to improve access to services, reduce health inequalities, align to GIRFT principles and to deliver services as close to peoples home as possible, but recognising that centralisation may be necessary for some services.

The aim of the workshop was to:

- Understand the services, we provide across both organisations
- Understand where our two Trusts care for the same people
- Identify clinical alignments between our services
- Develop clinical recommendations for priority services for integration based on potential to reduce risk and provide better care together.

Leaders were asked to consider where integration could support improvement in their services and to identify any risks, challenges, and opportunities. Priority themes emerged which were further discussed by the CODG, and it was agreed that further clinical summits to discuss detailed pathways and opportunities would be held for:

- Long Term Conditions (Physical)
- Long Term Conditions (Neurological Disabilities)
- Women's services
- Children and family services

Urgent and Emergency Care also emerged as a priority area and further work is planned in conjunction with the UEC System Improvement Programme to identify opportunities from integration.

Clinical summits are planned for the 20th February (LTC Physical), 12th March (LTC Neurological Disabilities), 9th April (Women's services) and 14th May (Children and family services) and will be attended by senior operational and clinical teams from each of the specialties involved. The aim of the summits is to bring together clinical and operational teams, to develop further understanding of pathways that will benefit from integration, to understand risks and opportunities and to make plans for integration.

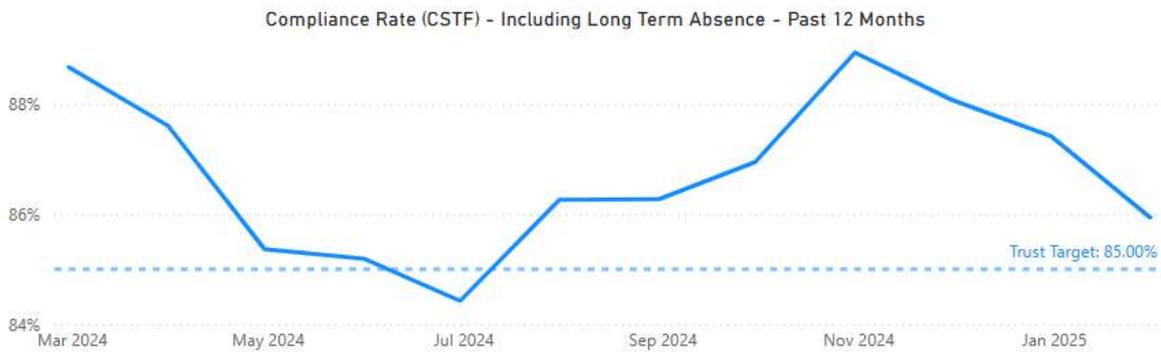
Additional parallel work is ongoing relating to areas that had previously been identified as priorities or in response opportunities that have emerged as benefits or quick wins. For example:

- The Urgent Community Response (UCR) service is a collaboration between WHH and BCHT providing care to patients in the community that may otherwise have presented at the Emergency Department. In 2023 **231** patients per month were seen by the UCR, but this has increased to an average of **354** per month in 2024. Although there has been a recent slight decline in numbers for November and December 2024 (340 and 319 respectively) there are still considerably more people

	<p>accessing the service which demonstrates the positive impact of integration.</p> <ul style="list-style-type: none">• Dermatology and diagnostic services have recently collaborated to develop an integrated pathway using AI technology to support early diagnosis of suspicious skin lesions. This technology will be provided by staff currently employed by BCHT and undertaken in the WHH Halton Community Diagnostic Centre. The service is aiming to start at the beginning of April and plans to see 60 patients per week. This will reduce the need for patients to see a consultant by between 30 and 45%. This means that every week between 18 and 27 patients can be reassured and discharged. The remaining patients will be listed for surgery to have their suspected cancer diagnosis confirmed. <p>The work of the CODG has enabled a deeper understanding of the services provided by both Trusts and ongoing work will build on this to add detail and develop delivery plans for each service. Having gained this initial insight, a subgroup of the CODG and Clinical Governance and Quality workstreams is now able to meet to discuss potential organisational structure for clinical and operational services and will present recommendations to the workstream groups and Better Care Together Delivery Group.</p>	
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Governor Questions: Appendix 1

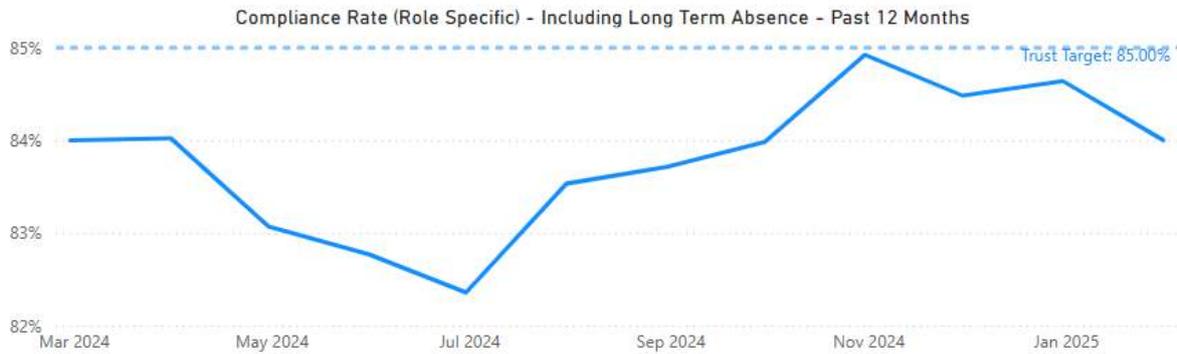
ED: Core Skills Training Framework Mandatory Training



Conflict Resolution	93.75%
Equality, Diversity and Human Rights	93.81%
Fire Safety	81.86%
Health, Safety and Welfare	94.25%
Infection Control Level 1	91.43%
Infection Control Level 2	73.86%
Information Governance	80.97%
Moving and Handling Level 1	94.64%
Moving and Handling Level 2	76.13%
Prevent Basic Awareness	93.04%
Resuscitation Level 1	99.12%
Resuscitation Level 2	72.73%
Resuscitation Level 3	70.00%
Safeguarding Adults Level 1	85.29%
Safeguarding Adults Level 2	79.03%
Safeguarding Adults Level 3	83.02%
Safeguarding Children Level 1	85.37%
Safeguarding Children Level 2	87.50%
Safeguarding Children Level 3	78.10%

Governor Questions: Appendix 1

ED: Role Specific Training



Aseptic Non Touch Technique	68.91%
Autism Awareness Level 2	69.32%
Blood Transfusion	93.15%
De-escalation Training	33.53%
Delirium	95.39%
Dementia Awareness	94.69%
Dementia Tier 2	60.45%
Deprivation of Liberty (DOLs)	93.99%
Domestic abuse Level 1	91.15%
Domestic abuse Level 2	95.12%
Falls Awareness	98.30%
Fraud Awareness	89.38%
Learning Disability and Autism Awareness Level 1	65.71%
Learning Disability and Autism Awareness Level 2	68.75%
LocSSIPs	96.49%
Medical Consent Training	75.61%
Medicines Management	94.12%
Mental Capacity Act	97.86%
NEWS 2	91.20%
Pressure ulcer awareness	83.61%
Sepsis	78.53%

ED: Role Specific subjects currently in shadow reporting

Acute Kidney injury	73.30%
Acute Illness Management	81.72%
Patient Safety Level 1	95.04%
Patient Safety Level 2	82.86%
Palliative Care	95.76%
Safe Use of Inulin	94.56%

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/84			
SUBJECT:	Quarterly Communications & Engagement Update Q3 2024-25			
DATE OF MEETING:	20 February 2025			
ACTION REQUIRED:	To note			
AUTHOR(S):	Alison Aspinall, Head of Communications and Engagement & Esstta Griffiths, Engagement and Involvement Officer			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications and Engagement			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients ✓	Workforce ✓	Public ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No ✓	N/A
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<p>This report updates on communications and engagement activity during quarter 3 of 2024-25. It incorporates the quarterly reporting on the Working with People and Communities Strategy and elements of the previous Communications and Engagement Dashboard into one report.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> Overview of Q3 communications and engagement activity from October 2024 to December 2024 Updates on Experts by Experience activity and involvement Key communications campaigns and highlights from Q3 Working with People and Communities Strategy Q3 2024-25 update Details of the current plan of upcoming engagement events which the Trust is hosting or planning to attend during 2025 			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	
RECOMMENDATION:	The Council of Governors is asked to note the contents of this update on communications and engagement activity during the quarter.			
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group		
	Agenda Ref.	GEG/25/02/40		
	Date of meeting	Monday 3 February 2025		
	Summary of Outcome	To note		

NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None

Communications and engagement update

Quarter 3 2024-25 (October to December 2024)

Council of Governors

Hayley Smith, Deputy Director of Communications and Engagement

20 February 2025



Working Together



Excellence



Inclusive



Kind



Embracing Change

Our role within WHH

The Communications and Engagement Team remit covers:

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

During the Q3 period (October to December 2024) the Communications and Engagement Team...

- processed and allocated **62** communications 'job requests' for design, film, photography and communications campaign support
 - issued **10** media releases
 - Prepared / issued **6** media statements
 - handled **9** enquiries from local, regional and national print and broadcast media
 - Issued **1** 'Charity editorial'
 - Processed **10** new patient information leaflets, reviewed **7** and identified **51** leaflets due for review in the quarter (which are currently being followed up with authors)
- 

Q3 activity and achievements overview

- Launched the redeveloped website for Warrington, Halton, St Helens and Knowsley Breast Screening Service in December 2024
- Supported Baby Loss Awareness Week communications and messaging, including the Butterfly Lantern Walk and Wave of Light Remembrance Service
- Supported development of a combined 'Good morning message' across BCH and WHH from joint Chief Executive Nikhil Khashu
- Delivered a refreshed Team Brief, now held monthly for staff across both BCH and WHH at 3pm and 9pm via MS Teams
- Provided communications support for the 2024 governor elections including a morning message, social media, website promotion and distributing a media release
- Supported public participation within the Trust's annual Equality Delivery System (EDS) / equality review engagement events
- Supported the MaDE for Christmas campaign with internal and external communications to raise awareness of how families and carers can help WHH plan for their loved ones to be home for Christmas
- Launched screen savers on WHH PCs and laptops to provide an additional communications channel



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

Media

The Trust issued 10 media releases during Q3 including:



WHH's Dementia Team awarded for outstanding care
[Read the release](#)



Announcement of joint chief executive arrangements
[Read the release](#)



WHH named in top 10 Trusts in national maternity survey
[Read the release](#)



Family raise money for Warrington Hospital's Neonatal Unit following safe delivery of premature triplets
[Read the release](#)

We also facilitated a Chief Executive interview, discussing the need for a new hospital, published as an extended front page report in the Warrington Guardian on 24 December 2024 [read the article](#).

All media releases / news items can be viewed on our [website](#).

Engagement, involvement and insight

During Q3 (October to December 2024) we recruited 4 Experts by Experience (EbyEs)

We received requests for engagement support for the following projects:

- Virtual Living Well Hub
- Scam / debt support to address health inequalities
- Health inequalities focus group
- Norovirus trial recruitment for over 60s
- Breast Screening Service website redevelopment (see slide 12)
- Care journey mapping from admission to discharge



A total of 64 online reviews from patients rating their WHH experience were published in Q3.

Sources of data:

- NHS Choices
- Google reviews
- I want great care

Experts by Experience (EbyE) projects

Project Name	Overview	No of EbyEs requested	Outcomes
Virtual Living Well Hub	Request for involvement in system design workshops and survey to develop a virtual hub (to replace My Life Warrington)	24	<ul style="list-style-type: none"> 21 survey responses 6 EbyEs recruited to join workshops and ongoing development work
Scam / debt support to address health inequalities	Request for involvement regarding experience of debt / scams, to support wider health inequalities approaches	4	<ul style="list-style-type: none"> 4 EbyEs recruited to join workstream Feedback shared with project lead (Director of Population Health and Inequalities)
Health inequalities focus group	Request for involvement in health inequalities Task and Finish Group	1	<ul style="list-style-type: none"> 1 EbyE recruited to take part in questionnaire group and workstream
Norovirus trial recruitment for over 60s	Request for involvement in norovirus investigational vaccine trial with Halton Clinical Research Unit	Unspecified	<ul style="list-style-type: none"> Unspecified

Experts by Experience projects (continued)

Project Name	Overview	No of EbyEs requested	Outcomes
Breast Screening Service website (see slide 9)	Request for involvement in website issues, design, formatting and testing	11	<ul style="list-style-type: none"> • 5 EbyEs participated in online showcase • 11 EbyEs participated in user testing tasks
Care journey mapping from admission to discharge	Request for interview participation, undertaken by Healthwatch Halton	6	<ul style="list-style-type: none"> • 6 EbyEs participated in care journey mapping experience interviews • Feedback shared with project leads (Clinical Lead for AHPs and Transformation Programme Lead, Bridgewater Community Healthcare)

Local / national campaigns shared with EbyEs: 3

- Children's oral health campaign and survey (Healthwatch Warrington)
- Improving hospital gynaecology and maternity services in Liverpool (NHS Cheshire and Merseyside)
- Digital drop-in sessions (Warrington Voluntary Action and Warrington Borough Council)

EbyE newsletter

Our annual EbyE newsletter, issued in December 2024, showcases the outstanding contributions throughout 2024 and highlights how EbyE feedback supports our mission to be outstanding for our patients, our communities and each other.

December 2024

Expert by Experience Newsletter

Engagement and involvement at Warrington and Halton Hospitals

Wishing you a joyful Christmas and a happy New Year

Warrington and Halton Teaching Hospitals (WHH) would like to thank you, our Experts by Experience (EbyEs), for your support, commitment and hard work throughout 2024. This newsletter showcases some of your outstanding contributions from over the past 12 months and highlights how your feedback supports our mission to be outstanding for our patients, our communities and each other.

We look forward to working with you in 2025!

Fact and figures - 2024

Thanks for helping us achieve a productive year of engagement and involvement. This year we:

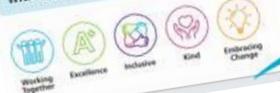
- recruited an additional 45 EbyE volunteers - we now have 166 EbyEs in total
- supported the involvement of EbyEs in 28 different projects
- hosted 15 stands at community events across both Warrington and Halton (including a Hong Kong national's information event, Disability Awareness Day, Warrington Dementia Network, Warrington Armed Forces Day, Warrington Pride, NIHR clinical research outreach and more).

Warrington Borough Council (WBC) Carers Strategy engagement

Working with Nicola Kerr, WBC Service Development Manager, we hosted an online session to discuss Warrington's Carers Strategy 2025-28. Two EbyEs participated (with feedback from four additional EbyEs) and suggestions included enhanced information sharing for carers, improved hospital discharge communication, carer link workers, and focusing on financial awareness.

Aqua refresher training

Building on our partnership with the Advancing Quality Alliance (Aqua), WHH hosted two half day online EbyE training sessions this year. This supported EbyEs to apply their lived experience to quality improvement, co-production and result appraisal. Held via MS Teams, training was attended by 13 EbyEs, with further interest logged for upcoming sessions in the new year.



December 2024

Expert by Experience Newsletter

Engagement and involvement at Warrington and Halton Hospitals

Warrington and Halton Diagnostics Centre sighted tour

In April, Lefteris Zabatis, Senior Strategic Project Manager, led a sighted tour of Warrington and Halton Diagnostics Centre at Halton Health Hub for one of our EbyEs, Dawn Atherton. An EbyE since 2022, Dawn is registered blind and has helped inform numerous digital, estate and service developments at WHH, from an accessibility and reasonable adjustments perspective. The centre tour included a walkaround the facilities and clinical spaces, with an opportunity for Dawn to handle clinical equipment and ask questions. Dawn described the tour as "invaluable", commenting:

"It's amazing what they offer at the hub, and I had some suggestions of my own, which I shared with the team. It's been really helpful to visit and understand more about what's on offer, navigating the space, and what to expect at future appointments. Thank you for setting this visit up and to Lefteris for being an excellent guide!"



Children's Ward - sensory equipment insight

Sensory room is a new accessible and inclusive space for young patients attending B11 ward, and surrounding areas, enabling them to explore and interact with toys through sound, and sensory play. Following an EbyE Children's Ward accessibility visit in 2023, the ward had the same EbyEs (all of whom are parents of children with complex health conditions) to help inform sensory toy / equipment choices for the new facility. Three EbyEs visited to share their thoughts and were linked with the B11 team to help develop next steps:

"to ensure there is a good mix of different stimulation toys, lights, sounds, and relaxing furniture (waterbed), to cater for different needs and moods."

"I think it's important to think about multi-level interaction for those patients who can't stand and may sit / lie on the floor or be supported in bed."

Mrs K, Expert by Experience



December 2024

Expert by Experience Newsletter

Engagement and involvement at Warrington and Halton Hospitals

Signage and wayfinding survey - outcomes

In July, 23 EbyEs participated in a survey, with 95.7% of respondents feeling signage, maps and wayfinding continue to feature in feedback across all services. Involvement was requested to help better understand issues and ongoing trends:

- Lack of understanding
- Lack of involvement
- Lack of engagement

Following the survey, 15 EbyEs signed up to support further work as part of a Wayfinding and First Impressions Task and Finish. Activities included: meetings, user testing of maps, and signage designs.



December 2024

Expert by Experience Newsletter

Engagement and involvement at Warrington and Halton Hospitals

Thanks for a wonderful 2024!





**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Key campaigns / highlights from Q3

Better Care Together



We continue to work with our counterparts at Bridgewater Community Healthcare and have developed a number of joint channels to support the integration programme.

These include:

- Shared staff microsite – launched in October 2024 to WHH and BCH colleagues, with 2,338 visits to the landing page so far, providing access to:
 - background on the case for change
 - updates on programme workstreams
 - news stories – eight published in Q3
 - frequently asked questions
- Good morning message now distributed to WHH and BCH staff three times per week
- Joint Team Brief – broadcast to WHH and BCH staff at 3pm and 9pm each month
- Better Care Together information published on both Trust's websites with a feedback mechanism for patients and public



Visit the dedicated microsite for WHH and Bridgewater colleagues

Together, we are integrating community and hospital services to enhance our ability to deliver exceptional care to our patients.

Discover everything you need to know about our integration and the Better Care Together programme on our staff microsite. Scan the QR code or access the site via the link on the WHH intranet or BCH extranet.



Better Care Together

Home · Community · Hospital

Better Care Together

Home · Community · Hospital

Financial recovery

Communications support provided throughout Q3 to update staff on ongoing financial pressures.

Key messages and principles shared across all internal channels (e.g. Good morning messages, Team Brief, The Week) including:

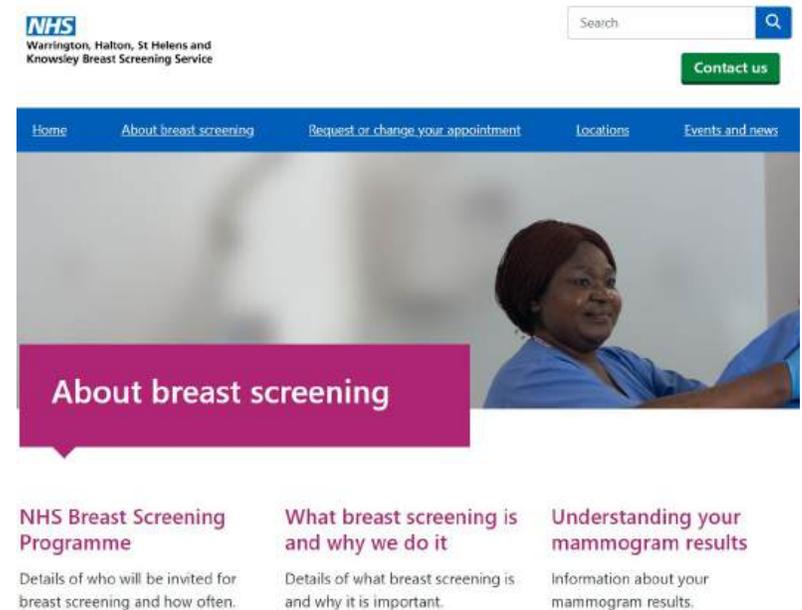
- highlighting our current financial position and expected end of year deficit – why it matters to all of us
 - NHSE mandated support – what it is, what it means for the Trust, and what actions we need to take
 - recruiting to vacant posts – additional scrutiny introduced on vacancies and reviewing use of bank, agency and overtime
 - encouraging staff to suggest other ways to reduce costs and be more efficient, while ensuring the quality of our services for our patients remains our priority
 - promoting staff drop-in sessions – held in person at both Warrington and Halton sites, and on MS Teams – with members of the Executive Team for staff to ask questions and discuss ways to work together to further improve our financial position
- 

Breast Screening Service

Website redevelopment engagement

Involvement stages (with Experts by Experience unless otherwise stated):

- Website redevelopment survey (Jan 2024)
- Online website redevelopment session (Nov 2024)
- Website draft structure showcase sessions (Nov 2024)
- Equality and Health Inequalities Impact Assessment (EHIA) completed (Nov 2024)
- Accessible form testing (Dec 2024)
- User testing tasks with EbyEs, governors and external stakeholders (Dec 2024)
- Website updated with user testing feedback (Dec 2024)
- **Website launched 19 December 2024** with a feedback form to gather further feedback from users



Initial feedback on the website

“Well done to all involved in the project – the website looks detailed and very comprehensive.”

“I thought the tabs at the top were clear, and I could get to the desired page quickly.”

“It was very easy to read / understand, and links went straight through.”

“The site looks great and very helpful. Thank you for sharing this great info!”

“The links to specific areas were clear and made searching easy.”

“The website is both accessible and useable.”

Feedback on the new website can be provided at:

<https://www.whstkbss.nhs.uk/events-and-news/news/tell-us-what-you-think-of-our-new-website/>



WHH Charity

Social media highlights:

Increased number of posts and paid ads boosted views and interactions, raising charity awareness.

- **Facebook:**

- 325,000 views (26% organic, 74% ads), up 2,081% from Q2
- 6,434 interactions, up 125% from Q2

- **Instagram:**

- 23,000 views (69% organic, 31% ads), up 256% from Q2
- 1,400 interactions, up 97% from Q2

Editorials:

1. [WHH Charity crafters support patients and families.](#)
2. [Family fundraises for Neonatal Unit after triplets' safe delivery.](#)
3. [Free meals introduced for parents of children in care.](#)

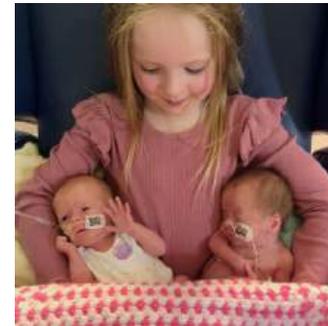
Newsletters:

Three newsletters published - [view them here.](#)

Sacred Heart Primary School Videos:

WHH Charity collaborated with Sacred Heart Primary in Warrington to create three videos. Sixteen students showcased the charity's mission, impact, and partnership with the school. Filming took place across multiple locations including the school and Warrington Hospital's Children's Ward.

Visit the [YouTube channel](#) to view videos





**Warrington and Halton
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A decorative graphic consisting of two overlapping curved shapes. The bottom shape is a large, solid blue area that tapers towards the right. The top shape is a thinner, light green curve that follows the upper edge of the blue shape, also tapering towards the right.

Working with People and Communities Strategy Q3 update

Pillar 1: Co-production in Service Change/ Development

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

1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH	<ul style="list-style-type: none">• 41 Experts by Experience recruited during 24/25 (4 in Q3).• 169 Experts by Experience total (cumulatively to date).• Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople).	<ul style="list-style-type: none">• Ongoing
2. Support EbyE recruitment and retention	<ul style="list-style-type: none">• 13 EbyE Projects delivered in 24/25 (plus 4 extended projects – Breast Screening Services website redevelopment, PEP, Trust website redevelopment and virtual Living Well Hub).• 46 EbyEs participating in Q3 projects.	<ul style="list-style-type: none">• Ongoing
3. Enhance our programme for involvement	<ul style="list-style-type: none">• Annual involvement timetable for awareness days and events informs engagement plan – dependent on team availability (see slide 21).• Ongoing discussions with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement / representation.	<ul style="list-style-type: none">• Ongoing
4. Undertake consultation and engagement to enable effective support for services	<ul style="list-style-type: none">• Inclusion of EbyE engagement from beginning of significant projects e.g. Breast Screening Services website redevelopment, has continued.• Ongoing EbyE participation to be included in Q4 projects including Better Care Together workstreams for clinical and operational services integration	<ul style="list-style-type: none">• Ongoing
5. Ensure representation to support Place-Based integrated care delivery	<ul style="list-style-type: none">• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy / equality groups.• Better Care Together continues to be supported in partnership with Bridgewater colleagues, with a survey seeking views on options for a name to reflect our partnership (to be shared in Q4.)	<ul style="list-style-type: none">• Ongoing

Pillar 2: Accessible Information Standard (AIS)

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

1. Patient Letters	<ul style="list-style-type: none">Working with Patient Experience team to ensure accessibility functionality in the PEP is maximised ahead of launching the 5 Rights campaign.Work continues on tendering for a new Electronic Patient Record (EPR) system to succeed the current system, Lorenzo. Functionality to support accessible information and communication needs will be key to this development.	<ul style="list-style-type: none">2025-26
2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards	<ul style="list-style-type: none">The new Trust website has improved significantly in accessibility by complying with WCAG 2.2. From initially being rated 'Good' at 64% compliant for accessibility and placed 210th place in the NHS (September 2024) to being rated 'Great' at 84% compliant for accessibility and in 85th place in the NHS (December 2024) Source: Silktide index.Warrington, Halton, St Helens and Knowsley Breast Screening Service redeveloped website launched 9 December 2024, based on the Trust website accessibility approach.	<ul style="list-style-type: none">Ongoing
3. Accessible content creation	<ul style="list-style-type: none">Working with the Patient Experience Team to launch the 5 Rights campaign, to promote the AIS to support patient's rights, including refreshing an animation aimed at educating staff on their AIS responsibilities.	<ul style="list-style-type: none">Ongoing
5. Patient Information	<ul style="list-style-type: none">The updated Production of Patient Information Policy has been ratified and is now being utilised within the Trust.Awaiting completion of digital system changes to launch Communications Passport – see update on EPR above.	<ul style="list-style-type: none">Ongoing
7. Signage/Wayfinding	<ul style="list-style-type: none">Delivered via Wayfinding and First Impressions Task and Finish Group.	<ul style="list-style-type: none">Ongoing

Pillar 3: Reducing Health Inequalities

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

1. Strengthen WHH engagement programme

- Work ongoing with collective WHH teams (Patient Experience and Inclusion, Workforce EDI / Culture and Inclusion, Membership and Governance, Children / Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set/link events calendars and activities for 2025/26.
- Planning an updated events plan and schedule in partnership with Bridgewater Community Healthcare for 2025/26.

• Ongoing

2. Provide opportunities for governors to engage in their communities

- Promotion and encouragement of governor event engagement opportunities i.e. speaking with visitors about the constituencies they represent, showcasing their roles, sharing info, collecting details of visitors interested in becoming a WHH Foundation Trust Member.

Events undertaken in Q3 were:

- ✓ WHH Annual Members' Meeting
- ✓ EDS / Annual Equality Review engagement sessions x 3

• Ongoing

3. Support Place Based activity and other key local events

- Ongoing promotion of Warrington Living Well Hub via WHH social media.

• Ongoing

Pillar 4: Anchor Institution/Building Social Value

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

1. Establish WHH's position as an anchor institution in our communities	<ul style="list-style-type: none">• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key campaigns, health improvement and economic wellbeing initiatives.• Ongoing sharing of '350 Careers, One NHS, Your Future' booklet and online link to information.	<ul style="list-style-type: none">• Ongoing
2. Promote opportunities for work, training or volunteering	<ul style="list-style-type: none">• Promote WHH as a great place to work, train or volunteer in order to enhance the aspirations and life chances of local people.• Level of engagement with social media and websites.• Promoted recruitment events including a Clinical careers day (Halton) in October 24, with a Healthcare Support worker event (Warrington) and Surgical nursing career day (Warrington) held in November 24.	<ul style="list-style-type: none">• Ongoing
3. To utilise local suppliers and venues	<ul style="list-style-type: none">• Use local suppliers and venues to support engagement and involvement programmes, where possible.	<ul style="list-style-type: none">• Ongoing
4. Support the work of the WHH Charity	<ul style="list-style-type: none">• Cherry Tree Courtyard hub – continued initial discussions with People Directorate to ensure this facility is accessible and available to support patient / community engagement where appropriate.• Continue work with the charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at the combined Patient Experience Sub Committee and Patient Equality, Diversity and Inclusion Sub-Committee (PE&ISC).• Charity stakeholder newsletters shared monthly.	<ul style="list-style-type: none">• Ongoing



**Warrington and Halton
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Upcoming engagement events

Upcoming engagement events: 2025

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/85			
SUBJECT:	Membership Strategy Implementation and Progress Report – Q3 2024/25			
DATE OF MEETING:	Thursday 20 February 2025			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso Corporate Governance and Membership Manager & Gina Coldrick. Corporate Information Specialist			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
		✓	✓	✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<p>This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives:</p> <p>Strategic Objective 1: High Quality Information Provision of high-<u>quality</u> Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.</p> <p>Strategic Objective 2: Inclusivity Ensure our membership is reflective of the different <u>people</u> and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.</p> <p>Strategic Objective 3: Sustainability Taking meaningful steps so we can make sure that we are promoting <u>sustainability</u> in all membership communications and activities.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> • Overview of Q3 activity • Details of the plan of engagement events for 2024/25. • Meet the Governors poster – <i>updated for approval</i> 			

PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision
RECOMMENDATION:	The Council of Governors is asked to note the progress made on the strategy objectives.		
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group	
	Agenda Ref.	GEG/25/02/37	
	Date of meeting	03 February 2025	
	Summary of Outcome	noted	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None		

Membership Strategy Update

Quarter 3
2024/25



Working Together



Excellence



Inclusive



Kind



Embracing Change

Strategic Objective 1: High Quality Information (1)

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

Priorities	Activities in Quarter 3	Expected Completion
Educate current and prospective members on the membership offer at WHH.	<ul style="list-style-type: none"> Members Newsletters – December edition circulated 2 December 2024, 42% open rate. Engagement Stand dates agreed with Governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after Governor Engagement Group meetings: before the meeting at Halton on 6 November 2024. This will continue into 2025 and be scheduled around the meetings, next one Warrington Hospital – 03/02/2025 Welcome letter – to go to members who joined from 1 October 2024 and then will be issued monthly to capture all new members who join between newsletters. 	Ongoing Ongoing Ongoing
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	<ul style="list-style-type: none"> Members Newsletter – Next edition set for circulation March 2025 Experts by Experience (EbyE) programme is promoted via member newsletters. EbyE – redevelopment of Breast Screening Services website leading up to the launch on 19/12/2024 (Colin Jenkins, Sue Fitzpatrick) EbyE – virtual Living Well Hub (Norman Holding/Colin Jenkins) EbyE – development of digital health and wellbeing resources (Sue Fitzpatrick/Keith Bland/Norman Holding/Colin Jenkins) EbyE – patient care journey mapping exercise in partnership with Bridgewater Community Healthcare Trust New Members Updates with latest engagement opportunities being sent via Civica: <ul style="list-style-type: none"> Change NHS Workshops – 08/01/2025 (43% open rate) Have your say on a new name for our partnership – 13/01/2025 (39% open rate) Governors participated in the Trust's Annual Equality Delivery System/Equality Review (Diane Nield, Colin Jenkins) Governors attended WHH Armistice Service (11/11/2024) Cheshire and Merseyside Lead Governors meeting (Sue Fitzpatrick attended and talked about EbyEs at WHH, good feedback received – this followed a meeting with Dan Casson, Rest of England governor for Alder Hey Children's Hospital regarding Governors being involved in EbyEs – 29/11/2025) 	March 2025 Ongoing Complete Complete Complete Complete Complete Complete Complete

Strategic Objective 1: High Quality Information (2)

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

Priorities	Activities in Quarter 3	Expected Completion
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	<ul style="list-style-type: none"> Members Newsletter provides details on upcoming Trust and Community Events. Engagement Stands (as above). As mentioned above new members updates issued via Civica as and when required 	Next edition March Ongoing Ongoing
Retention of active members and recruitment of new Members.	<ul style="list-style-type: none"> Governor Engagement and Recruitment Stands (as above) Local community and internal WHH engagement events being utilised to recruit new members and engage with current members. 	Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	<ul style="list-style-type: none"> Governor Induction Day took place on 9 January 2025 at Bridgewater Community Healthcare NHS headquarters Governors Tour of Warrington Hospital – planned for 28 January 2025 – Pharmacy, Pathology, Kitchens, Outpatients, Charity, Urology Investigations Suite, Maternity and SDEC 	January 2025 28 January 2025



Strategic Objective 2 : Inclusivity

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

Priorities	Activities in Quarter 3	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	<ul style="list-style-type: none">Upcoming Engagement Events to be utilised to recruit members from underrepresented groups. Recruitment/Engagement Packs produced for Governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience.	Ongoing
	<ul style="list-style-type: none">Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend.	Ongoing
Simplifying our communications so that the message is clear and accessible.	<ul style="list-style-type: none">Civica Engage is being used with new Trust branding to circulate Members Newsletters.Members updates via Civica Engage – plans to send out updates on integration between WHH and BCH as required following briefing from the Communications TeamWelcome letter to new members via Civia Engage – informing them of the benefits of being a member and links to important information on the WHH website	Ongoing
		Ongoing

Strategic Objective 3: Sustainability

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

Priorities	Activities in Quarter 3	Completion Deadline
Being environmentally conscious in production of our marketing material.	<ul style="list-style-type: none"> Membership stands will primarily use digital membership application rather than paper forms. QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available. 	Ongoing Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	<p>Reduced printing</p> <ul style="list-style-type: none"> Members Newsletter now circulated via email only December newsletter an open rate of 42% was achieved, an increase on the August edition which achieved a 40% open rate. All future Governor elections communications including voting to be electronic unless specifically requested to be via post. All new members are asked to add their email address via the application form, engagement stands will encourage current members to provide their email addresses if we do not have on file. 	Ongoing
		Ongoing
		Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	<ul style="list-style-type: none"> The Trust currently has 3,102 active members (a reduction from 9,940 - 31 March 2023). Membership figures alter throughout the year, with new joiners and leavers. Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees confirmed. 	November 2024

Governor Engagement Activities – Q3



Warrington and Halton
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Forthcoming Engagement Events: 2025

Date	Event	Time	Venue	Event Purpose	Governors Attending
3 Feb 25		12-1pm	Next to Keith's Fruit and Veg Stall, Ground Floor, Appleton Wing, Warrington Hospital	Governors hosting a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	Sue Fitzpatrick Diane Nield Alan Davies
1 May 2025		12-1pm	TBC, Halton Hospital	Governors hosting a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
20 May 25			Atrium Warrington Hospital & George Lloyd Restaurant, Halton Hospital	An annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.	TBC
14 June 25			Town centre, Warrington	Annual open event celebrating the LGBTQ+ community.	TBC
28 June 25			Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual open event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.	TBC



Forthcoming Engagement Events: 2025

Date	Event	Time	Venue	Event Purpose	Governors Attending
31 July 25			Next to Keith's Fruit and Veg Stall, Ground Floor, Appleton Wing, Warrington Hospital	Governors hosting a member engagement and recruitment stand at Warrington Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	
July 25	WHH Quality Academy Showcase	TBC	Post Grad Centre, Warrington	Trust-wide learning event, showcasing examples of improvement work taking place across the organisation. With a programme of events, including presentations from internal and external speakers, project poster presentations and a series of breakout sessions.	
13 July 25		10am to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.	TBC
Sept 25			Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC
Oct 25	Annual Members Meeting	TBC	Post Grad Centre, Warrington	Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.	TBC
Oct 25	Member Engagement & Recruitment Stand		TBC	Governors facilitating a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	



Meet the Council of Governors



Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Warrington and Halton

Chair



Sue Fitzpatrick
(Lead Governor)



Diane Nield
(Deputy Lead Governor)



Keith Bland



Anne Robinson



Carol Ann Kelly



Steve McGuirk
(Trust Chair)

Public Governors



Nigel Richardson



Linda Mills



Colin McKenzie



Edward Rawlinson



Colin Jenkins



Margaret Bamforth



Catherine Arden



Jack Roper



Paula Jones



Alan Davies

Rest of England



Kevin Keith

Staff Governors



Jonathan Cliffe
(Nursing and Midwifery)



Gemma Leach
(Estates, Administration, Managerial)



Akash Ganguly
(Medical and Dental)



Rachel Bold
(Clinical Scientist or Allied Health Professionals)



Erwin Tuballes
(Support Worker)

Partner Governors



Cllr Maureen McLaughlin
(Warrington Borough Council)



Mansimran Singh
(Warrington Sikh Gurdwara)



Nichola Newton
(Warrington & Vale Royal College)

The following positions are currently vacant; Public Governor – Rest of England (1), Partner Governors - Halton Borough Council (1) Education Sector (1) and Private Sector (1)

If you would like to contact any of our governors or are interested in the role please email: whh.foundation@nhs.net or call 01925 662139

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/86			
SUBJECT:	Bi-monthly Strategy Highlight Report			
DATE OF MEETING:	13 February 2025			
ACTION REQUIRED:	To note			
AUTHOR(S):	Megan Wainwright, Strategy Project and Team Support Officer			
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Chief Strategy & Partnerships Officer			
LINK TO STRATEGIC OBJECTIVE	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.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	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.	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
			✓	
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<ul style="list-style-type: none"> The Living Well Hub in Warrington has seen over 9,300 visitors attend since the doors opened in mid-March 2024. Around 50% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments. The Hub now has its own social media account to help raise the profile and share information about new and existing services with the local population. Over 68,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023. The new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) is now live and work has also commenced to implement a new gynaecology bleeding pathway utilising the new CDC spaces. Work continues with the integration programme between Bridgewater Community Healthcare Trust and Warrington and Halton Hospital Trust. An options 			

	<p>appraisal for the legal mechanism of integration is ongoing with outcome expected to be presented to WHH and Bridgewater Boards in early February. All workstreams are progressing with previously agreed priorities and detailed delivery plans are in development.</p> <ul style="list-style-type: none"> The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to the Same Day Emergency Care (SDEC) unit have increased and are consistently above target (currently over 1,100 attendances per month). ED attendances are down by 3% compared to the same period last year. Although the Emergency department remains extremely busy, and patients are still being nursed on the corridor, the time spent there has reduced significantly. 		
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision
RECOMMENDATION:			
PREVIOUSLY CONSIDERED BY:	Committee	Trust Board	
	Agenda Ref.	BM/25/02/153	
	Date of meeting	5 February 2025	
	Summary of Outcome	noted	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None		

Strategy update

November-December 2024



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Section 1 Key messages

Slide 2 Summary of key developments this reporting period

Section 2 Stakeholder engagement

Slide 3-4 Summary of key stakeholders engaged during the reporting period

Section 3 Key strategic projects

Page	Project	Strategy Lead	Status
Slide 5-6	WHH/BCH Integration programme	Stephen Bennett	Yellow
Slide 7-8	Runcorn town deal	Carl Mackie/Viviane Risk	
Slide 9-10	Community diagnostic centre	Lefteris Zabatis/Stephen Bennett	Green
Slide 11-12	New hospitals programme and strategic estates	Carl Mackie/Viviane Risk	Yellow
Slide 13-14	Warrington Living Well Virtual Health & Wellbeing Hub	Rachel Moran/Stephen Bennett	Green
Slide 15	Completed projects	Strategy team	

Section 4 Other trust strategic updates

Slide 16-17 Summary of other Trust strategy related updates

Section 5 Place based strategic updates

Slide 18 Summary of strategic updates from local places (Warrington and Halton)

Section 6 Cheshire and Merseyside strategic updates

Slide 19 Summary of strategic updates from Cheshire and Merseyside

Key messages

- The Living Well Hub in Warrington has seen over 9,300 visitors attend since the doors opened in mid-March 2024. Around 50% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments. The Hub now has its own social media account to help raise the profile and share information about new and existing services with the local population.
 - Over 68,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023.
 - The new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) is now live and work has also commenced to implement a new gynaecology bleeding pathway utilising the new CDC spaces.
 - Work continues with the integration programme between Bridgewater Community Healthcare Trust and Warrington and Halton Hospital Trust. An options appraisal for the legal mechanism of integration is ongoing with outcome expected to be presented to WHH and Bridgewater Boards in early February. All workstreams are progressing with previously agreed priorities and detailed delivery plans are in development.
 - The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to the Same Day Emergency Care (SDEC) unit have increased and are consistently above target (currently over 1,100 attendances per month). ED attendances are down by 3% compared to the same period last year. Although the Emergency department remains extremely busy, and patients are still being nursed on the corridor, the time spent there has reduced significantly.
- 

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Fiona Watson Ian Baddeley	Public Health, Halton	Potential to develop a virtual health and wellbeing hub for Halton
Naz Ghodrati	CEO, Warrington Voluntary Action	Warrington Virtual Hub, UEC Steering group
Ian Triplow	CDC Programme Director, Cheshire & Merseyside	Community Diagnostic Centre
Damian Nolan	Director Commissioning and Provision, Adult Social Care, Halton Borough Council	Urgent and Emergency Care System Improvement
Caroline Williams	Director of Adult Social Services, Warrington Borough Council	Living Well programme and Virtual Hub, Urgent and Emergency Care System Improvement
Sally Yeoman	CEO, Halton And St Helen's Voluntary and Community Action	Wider determinants of health priorities and prevention programme in Halton
Peter Bryant Christine Doyle Zoe Bond	Mergers and acquisitions team, NHS England	Support with integration options appraisal
Rob Cooper	CEO, Mersey and West Lancashire Teaching Hospitals	Pathology Collaboration
Sally McGrail	Adult Social Care Lead, Warrington Borough Council	Supporting CQC assessment of WBC adult social care services as a key partner
Debbie Watson	Director of Public Health, Warrington Borough Council	Staying Well Programme Board and Living Well Hub site visit
Adam McClure	Senior Programme Manager, Cheshire and Merseyside Diagnostic Programme	Regional Pathology Collaboration
Kevin McLachlan and MWL colleagues	Pathology Manager	MWL and Regional Pathology Collaboration
Sangeetha Steevart And colleagues	Clinical director Warrington Place	Warrington Clinical Care Advisory Group

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Tony Leo	Place Director, Halton	Place development
Carl Marsh	Place Director, Warrington	Place development
Tim McPhee	Associate Director Integration, Transformation and Partnerships, Mersey Care	Living Well Hub, Runcorn Health and education Hub, One Halton delivery plan
Cllr Tony Higgins	Elected member, Warrington Borough Council	Central 6 delivery board – update re: virtual health and wellbeing hub
Asia Bibi Alfie Bass Dani Jones Adam Bateman	Alder Hey Children's Hospital	Paediatric surgical hub at Halton
Phillip Lawrence	Senior Respiratory Clinical Scientist, Alder Hey Children's NHS Foundation Trust	Paediatric respiratory diagnosis pathway
Paul Marsh	Regional Health Sector Lead, Kier Construction North and Scotland	New Hospitals Programme and Strategic Estates
Chris Woodforde	GP- Halton	CYP CDC Respiratory diagnosis pathway
Paul Tyerman Lee Matthews Laurence Pullan Tom Kearney Rachel Cartwright	Warrington Borough Council	Living well virtual Hub
Sarah Hall MP Steven Broomhead Stephen Young	MP Warrington South CEO, Warrington Borough Council CEO, Halton Borough Council	New hospitals. Healthcare estate. Integration.
Linda Buckley	Managing Director, CMAST	CMAST. C&M strategy
Key partner stakeholders, including ICB, Local Authorities, elected members voluntary sector and GPs	GPs, WBC, HBC, Naz Ghodrati, ICB	Better care together integration programme.
Trust Board members and Councils of Governors BCH and WHH	Trust Board members and Councils of Governors BCH and WHH	Better care together integration programme

Integration – part 1



**Warrington and Halton
Teaching Hospitals**

NHS Foundation Trust

Programme Overview

Bridgewater Community Healthcare NHS Foundation Trust (BCH) and Warrington and Halton Teaching Hospitals NHS Foundation Trust (WHH) are coming together and working as one to improve healthcare services for our communities. Warrington and Halton need strong and resilient clinical services, and our healthcare system must be sustainable for the future. We know that we can achieve more together for both our patients and staff.

The integration programme- “Better Care Together” has been established.

What does this mean for WHH?

Over the coming months, we will be working to finalise governance arrangements, introduce a shared executive team, and make progress in delivering improved pathways for our patients. Together, we will develop new and improved ways of working, starting first with services identified as an urgent priority. Subject to all necessary approvals, we hope to become a single organisation as soon as possible.

Progress:

- Agreed Nikhil Khashu will be Chief Executive for both Trusts, commenced 1st November
- Drafted and approved high level summary case for change
- Established workstreams and SROs, with 6, 12 and 24 month priorities
- Programme governance arrangements in place
- Held joint board sessions
- Sought advice from partners and networks who have undertaken integration recently
- Obtained initial advice on options for legal mechanisms to bring organisations together
- Reviewed model health care data to inform potential financial benefits
- Issued joint media statement and internal communications
- Established joint vacancy review process
- Developed initial quality, performance and financial benefits
- Developed and agreed workforce principles and single EIA process
- Developed and approved initial milestone plan
- Signed data sharing agreement
- Approved risk/gain share agreement
- Held first clinical and operational services workshop to identify where services can align to deliver benefits
- Programme branding approved and in use
- Frequently asked questions agreed and added to internal microsite
- Workstreams developing delivery plans
- Communications and engagement plan finalised
- Options appraisal for the legal mechanism for integration in progress- recommended option to be presented to Boards for approval in Feb 25
- Overarching programme delivery plan developed

Integration – part 2



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Quality	People	Sustainability
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation		

Milestone	Date
Options appraisal outcome	February 2024
Resourcing plan	March 2024
Detailed delivery plans developed	March 2024
Clinical summits commence	February 2024

Better Care Together
Home · Community · Hospital

Integrating community and hospital services provided by Bridgewater Community Healthcare NHS Foundation Trust and Warrington and Halton Teaching Hospitals NHS Foundation Trust

Contact details
Lucy Gardner
Chief Strategy and Partnerships Officer WHH
Lucy.gardner5@nhs.net

Stephen Bennett
Head of Strategy and Partnerships
stephen.bennett13@nhs.net

Runcorn town deal-part 1

Project Overview

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 and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central 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.

What does this mean for WHH?

- Delivery of WHH services, including maternity, respiratory, and phlebotomy, from a convenient and accessible town centre location
- Opportunity to work with the local further education college to provide education and training tailored to jobs in health and care, helping to reduce our vacancies
- Opportunities to further integrate services with other providers across health, care and wellbeing

Progress since last report

- Tender programme complete and preferred contractor identified
- Heads of Terms agreed
- Further development of the Collaboration and Contribution Agreement

Runcorn town deal- part 2



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Approval of Collaboration Agreement	December 2024
Contractor Appointed	January 2025
Work on site to commence	March 2025



Contact details

Viviane Risk
Strategic Project Manager
viviane.risk@nhs.net

Carl Mackie
Halton Healthy New Town and Strategy
Manager
carlmackie@nhs.net

Community diagnostic centre-part 1

Project Overview

- As part of the national strategic vision to create Community Diagnostics Centres (CDC) across England, the Trust is working alongside the regional team to develop a centre for outpatient diagnostics to serve the populations of Warrington and Halton. This will also be a regional resource.
- The final approved CDC Programme covers three phases:
 - Phase 1 (now complete) saw the development of a range of diagnostic services within the Nightingale Building at Halton
 - Phase 2 (now complete) saw a range of diagnostic services established within the Halton Health Hub at Runcorn Shopping City
 - Phase 3 will see the development of a new build extension to the CSTM building on the Halton site to accommodate additional CT and MRI services

What does this mean for WHH?

- Additional capacity to undertake diagnostic testing for patients of Halton and Warrington, and the wider Cheshire and Merseyside region
- New estate at Halton General Hospital and at the Halton Health Hub in Runcorn Shopping City, which supports new hospitals plans and the estates strategy

Progress since last report

- Over 68,000 additional diagnostic tests have been undertaken in the new CDC spaces (Phases 1+2) since Phase 1 went live in May 2023
- External structure for the final phase is now complete and break-through into existing CSTM building happened w/c 9th December
- Completion of the final phase of the programme has been delayed and is now planned for May 2025 with clinical activity scheduled to commence from June 2025
- New pathway for paediatric respiratory diagnosis has now commenced and new gynae bleeding pathway approved by national team
- Activity plan for 25/26 is being agreed and calculations suggest the activity should make a contribution to the Trust's financial position next year

Community diagnostic centre- part 2



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Quality	People	Sustainability
Patient Safety	Looking after our people	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Completion of new build CDC (phase 3)	May 2025
Commence clinical activity in phase 3 (MRI/CT)	June 2025



Contact details
Lefteris Zabatis
Senior Strategic Project Manager
lefteris.zabatis@nhs.net

New hospitals and strategic estates planning- part 1



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Project Overview

- Development of new WHH hospital estate and infrastructure
- Within Warrington, this is the development of a new hospital, either on the current site or elsewhere in the town
- Within Halton this is the redevelopment of the Halton Hospital site, including extending the Captain Sir Tom Moore building to incorporate all existing services and additional services, whilst releasing land to support the Hospital and Wellbeing Campus vision

What does this mean for WHH?

- Delivery of Trust services from modern, accessible and safe environments
- Opportunities to develop service provision in appropriate clinical settings and expand opportunities to work with local partners or in external locations

Progress since last report

- Assessment of latest draft of Cheshire and Merseyside NHS Infrastructure Plan
- Discussions ongoing with construction partners on development of master- planning for new hospitals programme
- Communications plan in development to engage with staff on the upcoming publication of the Trust's estate strategy
- Bids sent to NHSE / NHS Cheshire and Merseyside for potential capital programme spending in 2025/26

New hospitals and strategic estates planning- part 2

Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

Quality	People	Sustainability
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓

Milestone	Date
Commissioning of updated new hospital plan including phased opportunities for investment	February 2025



Contact details
Carl Mackie
 Halton Health New Town and Strategy Manager
carlmackie@nhs.net

Living Well Virtual Hub- part 1

Project Overview

- To lead the development of new Living Well Virtual Hub for Warrington place in partnership with stakeholders across Warrington
- To replace previous council run “MyLife” service directory with a modern, accessible multi-functional online platform that serves as a one stop shop for many more service providers from across the borough ranging from small grassroots organisations to larger statutory providers
- The new virtual hub will form part of a growing programme of work at Place to strengthen the offer around prevention, early intervention and empowering self-care through a “community-led” approach
- The new platform will empower users to navigate their health and wellbeing journey more independently and would become the single digital entry point for any health and wellbeing-related enquiries for the public of Warrington and also for any staff working across the local system
- Phase 2 will focus on growing the network and providing tools (such as online social prescribing) and actionable insights to professional working within Warrington for better targeting and supporting health needs of local population groups

What does this mean for WHH?

- Delivery of a new digital product under the Living Well umbrella which supports the shift from analogue to digital, from hospital to community and from sickness to prevention
- Longer term, the online platform will support improving health outcomes, reducing inequalities and help reduce future demand and pressure on statutory health and care services across the Borough

Progress since last report

- Contract with software developer Made Open commenced
- Wide stakeholder engagement and networking
- System design workshops held with partners across Warrington
- Cleanse of data and migration of MyLife content to new platform started
- Options appraisal/ scoping of investment in marketing, coms, engagement and in digital infrastructure as part of UKSPF allocated funds

Living Well Virtual Hub- part 2



**Warrington and Halton
Teaching Hospitals**

NHS Foundation Trust

Quality	People	Sustainability
Patient Safety ✓	Looking after our people	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future	Sustainable estate and digitally enabled ✓
Research, development and innovation ✓	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Living well online photo competition	February 2025
End user testing	February 2025
Soft launch	5 th March 2025
Hard launch	w/c 24 th March 2025



Contact details
Stephen Bennett
 Head of Strategy & Partnerships
stephen.bennett13@nhs.net

Rachel Moran
 Strategic Project Manager
rachel.moran1@nhs.net

Completed Projects

Halton Health Hub

- Halton Health Hub Phase 1 was completed in November 2022, enabling the delivery of orthoptics, optometry, audiology, and dietetic therapy services from within the Runcorn Shopping City centre in Halton Lea
- Services in Phase 1 have since been expanded to add MSK therapies, a GP out-of-hours service, public health services, including weight management and smoking cessation, and a Wellbeing Service delivered by Wellbeing Enterprises CIC
- In November 2023, Phase 2 opened. Phase 2 comprises a Community Diagnostics Centre, offering residents improved access to range of diagnostics and treatments usually only accessible via an acute hospital
- At October 2024, more than 50,000 patient contacts have occurred at the hub

Warrington Living Well Hub

- The Living Well Hub has seen over 9,300 visitors attend since the doors opened in mid-March 2024. Around 50% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments.
- The service model continues to evolve with the following new services commencing during the report period:
 - Female contraceptive fitting clinic (Primary Care)
 - South Asian dementia support group (Warrington Speak Up - VCFSE partner)
 - Complimentary Therapies Clinic (WHH maternity team)
 - Gambling Related Harms Drop in (VCFSE)
 - Evening ‘Safe and Well’ event
 - White Ribbon Campaign to raise awareness of domestic abuse (IDVA service - Independent Domestic Violence Advisors, WBC)

Other Trust strategic updates

Daycase Unit & Theatre 5 at CSTM, Halton

- Construction works complete
- All areas handed over to operational teams

C&M Endoscopy Hub at Nightingale Building, Halton

- First patient seen in Endoscopy Hub on Monday 9th September 2024
- Decontamination unit handed over as planned on Monday 23rd September 2024
- All areas handed over to operational teams

Theatre 3 at Nightingale Building, Halton

- Currently in full construction
- WHH Project Team working closely with contractors to manage early warning notices and compensation events

Upgrade to Ward B2 at Nightingale Building, Halton

- Currently in full construction
 - WHH Project Team working closely with contractors to manage early warning notices and compensation events
 - Handover planned date 31st January 2025
- 

Other Trust strategic updates

Digital Projects

EPCMS Update

- Discussions are ongoing between WHH and MWL joint EPR procurement

PEP Update

- 52% of appointment letters have been read digitally reducing the need for printing and postage of letters
 - 178k Messages have been sent to our patients, 74K of which were sent via the NHS App
 - Phase 2 is underway, and various pilots are in planning
 - The Trust is now live with appointment letters directly into the NHS App. In the first 5 weeks we have an average read rate of 24%
 - 60% of patients have registered on the NHS app, 62% at Warrington and 56% at Halton
- 

Place based strategic updates

Urgent and Emergency Care System Improvement

- The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to Same Day Emergency Care (SDEC) have increased and are consistently above target (currently over 1,100 attendances per month). ED attendances are down by 3% compared to the same period last year. Although the Emergency department remains extremely busy, and patients are still being nursed on the corridor, the time spent there has reduced significantly. Virtual ward capacity has increased, and utilisation is good. There is sustained improvement in the length of stay for patients in hospital, although the number of admissions remains a challenge

Halton

- Wat Phra Singh UK, Buddhist Temple in Runcorn, have been successful in their application for £80,380 for the mechanical and electrical elements of the new Ubosot Hall via FCC Communities Foundation. Together with the Town Deal funding, a large contribution from the parent temple in Chiang Mai, Thailand and the temple's own reserves, there is now funding in place to commence construction in the new year – a real success based on partnership working!
 - The Cardio-Renal-Metabolic Quality Improvement Programme: Delivering Change for Patients with Long-term Conditions in Widnes has been shortlisted for the HSJ awards in the category of Most effective contribution to improving care for those with Long-term conditions. The programme works with stakeholders across the care system, including WHH to look at creating an optimised pathway for those with heart failure and other long-term conditions.
- 

Cheshire and Merseyside strategic updates

Laboratory Information Management System (LIMS)

- The Full Business Case for a unified LIMS across 5 healthcare organisations was approved by the Trust Board last year and a formal programme to implement the new solution was launched in December 2024. The contract has been awarded to the preferred supplier and implementation is planned to begin in 2027.
- The current focus of the implementation programme is on harmonisation and clinical design to support development of the new system.
- The LIMS project team are linking closely with the pathology collaboration team working on the hub model to ensure alignment

Pathology collaboration

- The pathology hub delivery group (East) has been established and a potential Target Operating Model described. An outline Business Case has been approved by WHH Trust Board. Detailed work is ongoing to develop a full business case which will be presented to Trust Board in 2025. If the business case is approved, WHH will become an essential Services Laboratory working closely with the hub in MWL to form the East Pathology Hub

Paediatric surgery

- The pilot of Alder Hey @ Warrington continues with paediatric theatre lists being delivered by Alder Hey surgeons in Warrington. Further collaboration with Alder Hey is continuing with a view to expanding the project to incorporate activity on the Halton site to create a paediatric surgical hub. Demand and capacity data is currently being considered and a detailed project plan will be developed.





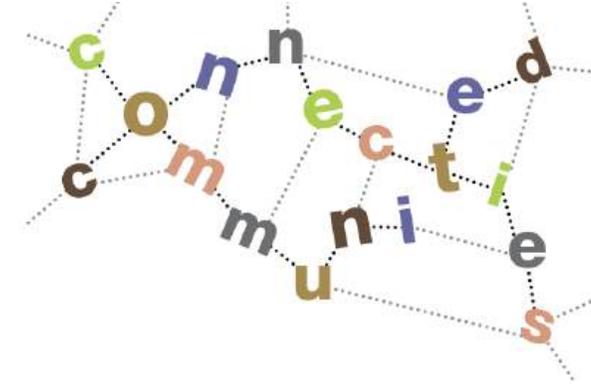
Update on development on a virtual offer for Place

Council of Governors

20th February 2025

Strategic Context

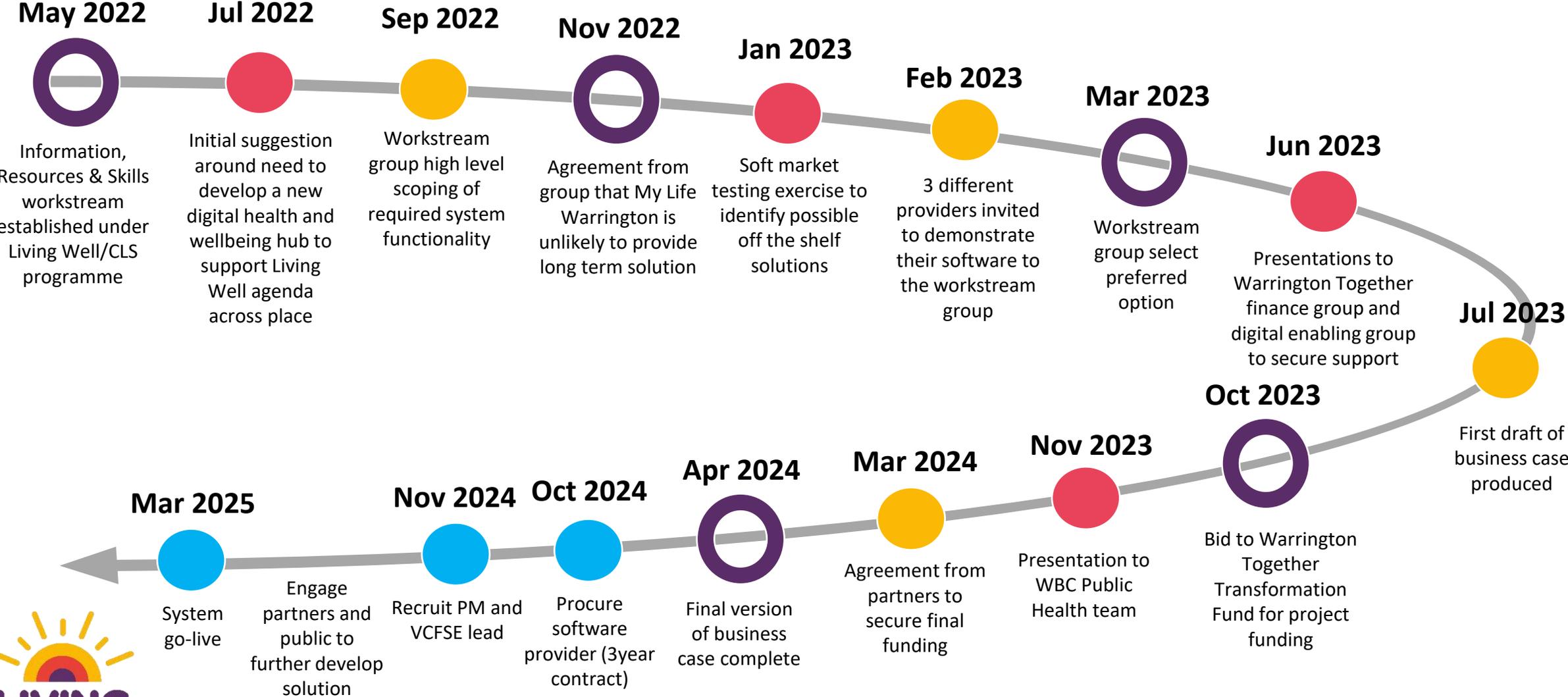
- Place based integrated care
- Shift to community
- Digital
- Prevention and self-care
- **Neighbourhood Health Care Model**



‘to **connect** people, communities and services to enable people to Live Well’



Timeline



Why Living Well Warrington?

Laura and Bert's story



The old system

My Life Warrington Select Language
Powered by Translate

My Life Categories | What's on | Contact us | Include your service | Sign in | My Shortlist 0

dementia | Place name or postcode | Support for carers

Search results

Category

- Support for carers** (2)
- Carer health and wellbeing (2)
- Carer support (3)
- Respite care (7)
- Sheltered accommodation (1)
- Supported living (1)

Filter by

Offering services to:

- Adults (2)
- Carers (1)
- Older people (9)

Supporting people with:

- Addiction (1)
- Autism (1)
- Blind and visual impairment (2)
- Communication difficulties (2)
- Deaf and hearing impairments (2)

[More...](#)

Age:

- 18-25 (3)
- 26-49 (3)
- 50-64 (6)
- 65+ (8)

Related information

- [Support for carers](#)

Sorted by: Best match | Add all to My Shortlist | Show results on map

Dementia Carers Wellness Session
1.30pm - 3.30pm
The Gateway, 85, Sankey Street, Warrington, WA1 1SR
[Add to My Shortlist](#)

Alzheimer's Society - Warrington Dementia Adviser Service
Tanners Lane, Warrington, Cheshire, WA2 7NR
0151 420 8010

[Email](#) [Website](#) [Add to My Shortlist](#)

Dementia Carers Advice & Support Group
Birchwood Town Council, Parkers Farm, Delenty Drive, Birchwood, Warrington, WA3 6AN
[Email](#) [Add to My Shortlist](#)



The new system



Sign in Register Search Main menu



Live well in Warrington

Connecting you to people, communities and services.

Go Search options

 <p>Listing</p> <p>Alison Norman - Childminder Alison Norman</p> <p>Quick view ></p>	 <p>Listing</p> <p>Fearnhead Tots Group Fearnhead Community Centre</p> <p>Quick view ></p>	 <p>Listing</p> <p>Alison Norman - Childminder Alison Norman</p> <p>Quick view ></p>
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Event



Coffee & Chat - Mondays, 12-2 pm
St Margaret's Latchford's Community Hub

Quick view >



Listing



Budget boosting club with free tea and toast!
St Margaret's Latchford's Community Hub

Quick view >



Useful links in your community



The Datan

A community hub in the heart of Culcheth offering football, tennis, dance, table tennis, croquet, and a gym, alongside events and celebrations for everyone to enjoy.

[Visit](#)



Friends of Culcheth Library

We deliver a wide range of community activities and support Culcheth's library as a valuable resource

[Visit](#)



Culcheth Community Church

We are a welcoming gospel-centered church in Culcheth with a community cafe (Quench cafe) and a food bank collection point.

[Visit](#)



Rixton with Glazebury Community Hall

A lively venue offering indoor bowling, yoga, coffee mornings and more.

[Visit](#)



Hollins Green Community Shop

We are a friendly, volunteer-run village shop and community hub on the Manchester Road.

[Visit](#)

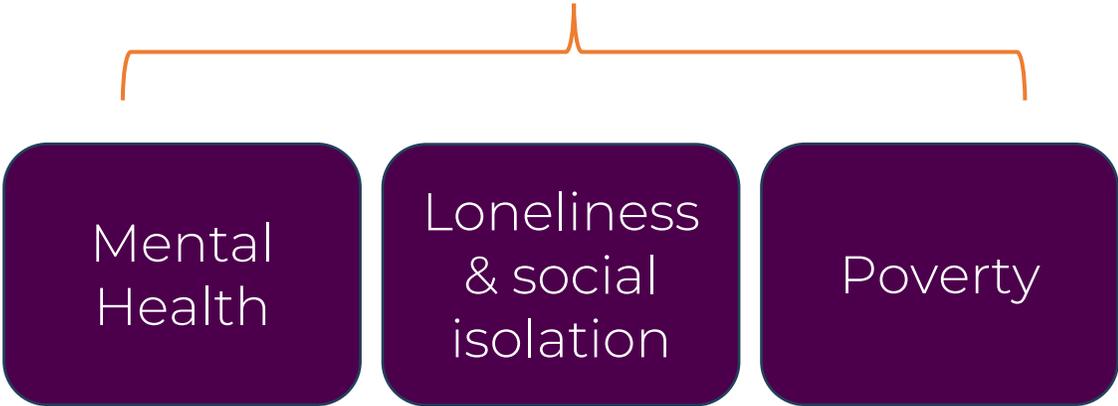


[Visit](#)

Targeted Advice and Support



Critical drivers of health concerns



Next steps

Phase 1:

Mar 25

Migrate from My Life and launch new platform

Health management apps and online support tools



ORCHA

ORCHA checks health apps to make sure they are safe and reliable. They then create lists of trusted apps that people and health professionals can easily use.

[Visit the app library](#)



The National Databank

Like a foodbank but for mobile data, the National Databank provides free mobile SIM cards for people who can't access the internet.

[Visit](#)



Do more with the NHS App!

The NHS App

The NHS App lets you book appointments, order prescriptions, and see your health information all in one place.

[Download the NHS App](#)

Phase 2:

April 25- Mar 27

Software licencing

Scale and spread users

Ongoing development/ refinement

systemonline
BOOK REQUEST REGISTER



Takeaway messages

- Much more than a service directory and will help to grow the Living Well brand
- Targeted advice and support landing pages
- Neighbourhood approach
- Will require system wide effort and engagement to keep it relevant and up to date (shared ownership and responsibility for content)



COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/25/02/88			
SUBJECT:	Revised Chair Appraisal Process and Plan			
DATE OF MEETING:	20 February 2025			
ACTION REQUIRED:	To approve			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Mike O'Connor, Senior Independent Director			
LINK TO STRATEGIC OBJECTIVE	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			✓
EXECUTIVE SUMMARY:	<p>In February 2024, NHS England (NHSE) introduced a revised framework for the annual appraisal of NHS Chairs, including those of ICBs, NHS Trusts, and Foundation Trusts.</p> <p>The goal of the framework is to provide a consistent, objective, and valuable evaluation of the Chair's leadership impact, while identifying development opportunities. The process is aligned with the NHS Leadership Competency Framework, ensuring a comprehensive and constructive review of Chairs' performance across six key leadership domains.</p> <p>The Chair's appraisal process will follow consist of 4-stages as per the Leadership Competency Framework and in line with the Cheshire and Merseyside Standard Operating Procedure issued to all FTs within the system, which outlines clear roles, responsibilities:</p> <ol style="list-style-type: none"> 1. Stage 1 - Appraisal Preparation 2. Stage 2 - Multi-source Assessment 3. Stage 3 - Evaluation 4. Stage 4 - Appraisal Output <p>Assurance is provided that the proposed process complies with the Leadership Competency Framework requirements and the ICB and NHSE timescales for appraisal completion.</p>			
PURPOSE: (please select as appropriate)	Approval ✓	To note	Decision	
RECOMMENDATION:	The Council of Governors is asked to review and approve the processes for the Chair's Appraisal 2024/25.			

PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None	

COUNCIL OF GOVERNORS

SUBJECT	Revised Chair Appraisal Process and Plan	AGENDA REF:	COG/25/02/89
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1. BACKGROUND/CONTEXT

In February 2024, NHSE published the revised Framework for conducting annual appraisals of NHS chairs. The framework established a more standardised approach to the annual appraisal of chairs, including ICB, NHS trust and foundation trust chairs.

The aim being that appraisals should be a valuable and valued undertaking that provide an honest and objective assessment of a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered.

The framework is aligned with the NHS Leadership Competency Framework and informed by multi-source feedback.

The Leadership Competency Framework

[The Leadership Competency Framework](#) (LCF) provides a standardised and consistent approach to the recruitment, appraisal and development of Board Members nationally.

The LCF outlines six leadership competency domains:

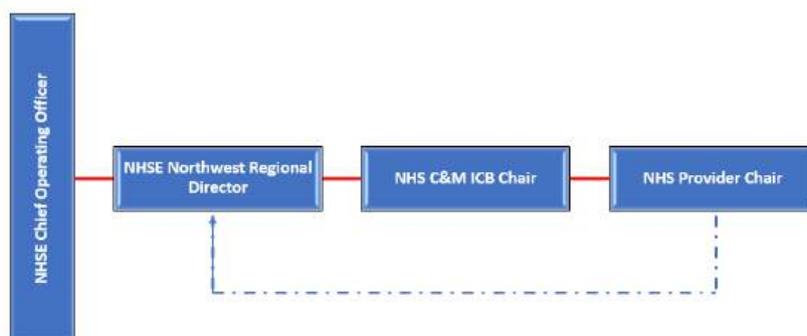
1. Driving high quality and sustainable outcomes
2. Setting strategy and delivering long-term transformation
3. Promoting equality and inclusion, and reducing health and workforce inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building a trusted relationship with partners and communities.

From 2024 these competencies have been applied to all Board Members and now form a core part of appraisals and ongoing development. Section 5 of the LCF provides detailed competency statements ('I' statements) which underpin each of the six competency domains.

In addition, the ICB have provided all ICS FTs with a Standard Operating Procedure (SOP) for Chair's appraisals across the system, which the Trust will be adopting.

2. Cheshire and Merseyside SOP for the Chair Appraisal

Governance Arrangements for the Chair's Appraisal



A vertical line of accountability regulates the Chair appraisal process as above. However, NHSE maintains the right to have direct input into Chair leadership reviews in agreement with the ICB Chair, where deemed appropriate to do so.

Roles and Responsibilities

Provider Chair	Company Secretary	Senior Independent Director
<p>Participate effectively in an evidence-based approach to leadership reviews through the cyclical annual appraisal process</p> <p>Prepare effectively for the annual appraisal meeting and</p> <p>Undertake developmental opportunities as agreed ahead of the review with view to demonstrating leadership impact.</p>	<p>Oversee the process of stakeholder feedback</p> <p>Support chair in evidence collation</p> <p>Oversee leadership review process implementation including submissions to ICB within agreed timeframes in accordance with regional approach</p>	<p>Administer appraisal cyclical process</p> <p>Undertake an objective evidence-based review of the Chair's leadership impact responsive to stakeholder feedback</p> <p>Agree local Chair objectives</p> <p>Integrate NHSE / ICB system objectives into the review process</p> <p>Agree chair development plan</p> <p>Check continuation of FPPT compliance</p>

The Cheshire and Merseyside ICB Chair Role and Responsibilities

NHS C&M ICB Chair will take responsibility for **system oversight** of the region's process for annual Chair leadership appraisals for review with the NHSE Regional NW Director, to include:

- Setting of the Chair system objectives for alignment to Integrated Care System leadership priorities.
- Oversight of the region's appraisal submissions to NHSE via the ICB administration office, with view to:
 - Quality assuring the appraisal process
 - Addressing any leadership concerns emerging from stakeholder feedback or escalated by the SID to the ICB
 - Forecasting the scope for at-scale commissioning of leadership development based on a thematic analysis of aggregated trends to inform the NHS NWLA Board development offer and
 - Providing regulatory oversight of leadership practice as directed by NHSE.

3. Stages in the Appraisal of the Chair

The appraisal process is broken down into 4 stages, which are summarised below:

Stage 1. Appraisal preparation (31 January 2025)

The Chair and the Senior Independent Director (SID) will meet to identify the contributors for the multi-source assessment and review the revised Cheshire and Merseyside (C&M) process for annual chair appraisal.

Stage 2. Multi-source assessment (3 February 2025 - 21 February 2025)

ICB approved digital surveys will be circulated, seeking feedback from a range of stakeholders as directed by the SID to include Governors, all WHH board members, senior colleagues at Place and across key providers in the C&M system.

A multi-source assessment template has been provided by the ICB for each of the stakeholder groups, they differ slightly to align the stakeholder roles and responsibilities. Each is aligned to the Leadership Competency Framework.

This stage involves assessing the Chair against each of the six leadership competency domains. Through six multiple choice questions

Example from the Governors multi-source assessment template (ICB):

Competency: Driving high-quality and sustainable outcomes

Description: *Chair leads a visible consistent commitment to doing their best for the improved health outcomes of patients, service users, residents, communities and the population served. (1 = not at all - 10 = always).*

1	2	3	4	5	6	7	8	9	10
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The final question (Question 7) asks governors to:

“Please provide your top 2 tips that can support the Chair in their ongoing commitment to provide meaningful leadership of NHS services for better health outcomes for all” . This is a free text response.

The Governors multi-source assessment template is included as **Appendix 1**.

Also at this stage, the Chair will complete a self-assessment against the 6 leadership competency domains and statements.

Stage 3. Evaluation (week commencing 3 March 2025)

The Senior Independent Director will evaluate the collated assessments provided by stakeholders including governors, alongside the Chair’s self-assessment.

Stage 4. Appraisal Output (week commencing 10 March 2025)

- i. **Appraisal Meeting** – The Chair and SID will meet formally to complete the appraisal using the template NHS England Chairs appraisal form template **Appendix 2** (which will include evidence). Data will be imported from the Chair appraisal form into the template **Appendix 3**.
- ii. **Governors Approval** (date TBC, likely week commencing 17 March 2025) - An extraordinary Council of Governors meeting will be scheduled, where Governors will be presented with the outputs of the Chairs appraisal by the SID. Governors will be recommended to support the final version for submission.
- iii. **Submission (by 31 March 2025)** - submission to ICB Chairs by 31st March

3. RECOMMENDATIONS

The Council of Governors is asked to review and approve the processes for the Chair’s Appraisal 2024/25.

Steve McGivern, WHH Chair - Annual 360 Feedback Form - Governance

7 Feb 2025

An anonymised 360 feedback tool to support the Chair leadership review process - understanding your experience of leadership in the context of improving access to, experience of and outcomes of care for all.

* Required

* This form will record your name, please fill your name.

1. Competency: Driving high-quality and sustainable outcomes

Description: Chair leads a visible consistent commitment to doing their best to improve health outcomes of **patients, service users, residents, communities and the population served**: (1 = not at all - 10 = always). *

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. Competency: Setting strategy and delivering long term transformation

Description: Chair leads consistently in enabling the organisation to improve access to, experience of and outcomes of care: (1 = not at all - 10 = always). *

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3. Competency: Leading for social justice and health equality

Description: Chair consistently checks and challenges impact of decisions on under-represented groups in partnership with under-represented groups: (1 = not at all - 10 = always). *

1	2	3	4	5	6	7	8	9	10
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NHS Chair of Excellence Review - SID

7 Feb 2025

Deadline: 31st March

To be completed by Chair and Senior Independent Director with ICB oversight for NHSE assurance with regard to excellence in service of the populations served.

* Required

* This form will record your name, please fill in your name.

Section: Appraisal Detail

1. Name of Chair *

2. Name of Organisation *

3. Name of Appraiser (SID) *

4. Date of Appraisal *

Section Partnership Performance Review

As this is year 1 of the new partnership - please map your current year objectives to the 6 theme descriptors of the HS Board Competency Framework

5. Please upload **current year objectives** in any associated documents deemed of relevance that **evidence performance** (aligned to the 6 areas of the Board Competency Framework) (BCF). This must include stakeholder feedback results.

(Zippe files enable larger file sizes to be uploaded more easily)

 Upload file

File number limit: 10 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

- 6 Please select progress level achieved against the current year's objectives (table below) (to be completed by SID) *

	no evidence objective achieved	limited evidence objective achieved	Sufficient evidence objective achieved	Strong evidence objective achieved
1 Patient safety, improvement & innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategy & Transformation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Equality & inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Assurance & Governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Partnerships & Communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section effective setting for the forthcoming year

Up to 6 objectives can be agreed, dependant on leadership priorities based on the above conversation's outcomes.

7. HS Competency **Patient safety, improvement and innovation**

Description I enable my organisation to maintain consistent commitment to patient safety, continuous improvement and innovation through my role as Chair?

Please detail your agreed leadership objective for 2025- 2026 N

8. HS Competency **Strategy & Transformation**

Description I maintain continual alignment between my organisation's strategy and C&M ICS strategic priorities through my role as Chair?

Please detail your agreed leadership objective for 2025 -2026 N

9. HS Competency **Equality and Inclusion**

Description I maintain visible consistent dedication to reducing workforce and health inequalities through my role as Chair?

Please detail your agreed leadership objective for 2025 - 2026 N

10. HS Competency **Assurance and Governance**

Description The assurance I seek for decision making is based on robust governance practice (evidence-based decision making) through my role as Chair.

Please detail your agreed leadership objective for 2025 - 2026 N

11. NHS comp c **Culture**

Description: Visible Leadership - a value-based approach to creating a culture of compassion, inclusion and civility, through my role as Chair.

Please detail our agreed Leadership objectives for 2025 - 2026

12. NHS Comp c **Partnerships & Communities**

Description: My Leadership consists of engaging stakeholders and having an impact on decision-making with public accountability (public accountability)

Please detail our agreed Leadership objectives for 2025 - 2026 with

Section 2 Leadership Development Plan

Opportunities for self-reflection based on student leader feedback in peer review process

13. Student leader Feedback - key themes * y

14. Leadership development priorities responsive to performance review in student leader feedback (please list out the desired timeframes for completion of each priority) * y

Section 5: Assurance Questions

To be completed by SI for submission to IC Chair

15. Ongoing supply/management of training compliance handbook maintained by Chair? * **D**

Yes

No

16. Ongoing compliance with FPPT Framework handbook maintained by Chair? * **D**

Yes

No

17. A copy of the compliance policy document marked 'confidential' is forwarded to NHS C&M ICB chairs@cheshireandmerseyside.nhs.uk for sign-off of development of Chair across C&M. *

Yes **D**

No **D**

This content is in the public domain and is not to be used for any purpose other than that for which it was provided.

Microsoft Forms D

NHS Chair appraisal reporting template.



Chair Leadership Review (confidential)

Please import the data from the Chair appraisal form into the template below, in readiness for submission to your ICB at chairs@cheshireandmerseyside.nhs.uk by 31st March of the year. Submissions will be treated with the utmost confidentiality and not shared outside the ICB Chair / NHSE Director's office. If you are unable to respond to this timeframe due to internal corporate governance (COG) arrangements), please ensure you agree the date for submission accordingly by the 24th of March with your ICB Chair.

Name of chair:	
Appraisal period:	

Part 1A: Leadership Review – key insights from review



Please insert a copy of the **completed** scoring matrix in Question 6 of the Chair appraisal form:

Part 1B: Summary of Chair / SID discussions (including consideration for stakeholder feedback)

Areas identified as leadership strengths	Areas identified for leadership development

Part 2: Leadership development plan

Personal development and/or support needs identified:	
Agreed action:	Timeframe:



NHS Chair appraisal reporting template.

Part 3A: Agreed organisational objectives for forthcoming year:

Objectives (import from Chair appraisal survey form)
•
•
•
•
•
•

Part 3B: Agreed system objectives for forthcoming year:

System Objectives (agreed with ICB Chair)
•
•
•
•
•
•

Part 3C: Risk mitigation planning

Any expected risks identified to achieving leadership objectives that require further support:	
Expected risks:	Planned mitigating action:

Part 4: Suitability for appointment (for completion by chair and appraisal facilitator)

The appraisee has been assessed in the last 12 months under the NHS England FPPT Framework and it is confirmed that they continue to be a 'fit and proper person' as outlined in regulation 5 and there are no pending proceedings or other matters which may affect their suitability for appointment. [Regulation 5: Fit and proper persons: directors - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/regulation-5)

YES/NO – If NO please provide details.

The submission of this document should be made to NHS Cheshire and Merseyside ICB at chairs@cheshireandmerseyside.nhs.uk by the 31st of March or alternatively, an agreed date provided for submission for ICB / NHSE oversight.

The submission should be made via email and once submitted, will be considered as an agreed record of submission between appraisee and appraiser with mutual consent.