

We are WHH & We are
PROUD
to make a difference

NHS
Warrington and Halton
Teaching Hospitals
NHS Foundation Trust

WHH Council of Governors

Thursday 13 August 2020

3:00pm – 5:00pm

Via MS Teams

COUNCIL OF GOVERNORS – via MS Teams
THURSDAY 13 August 2020, 3.00pm-5.00pm

AGENDA ITEM	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
			Choose an item.	Choose an item.	
FORMAL BUSINESS					
COG/20/08 /27	3.00pm	Welcome and Opening Comments <ul style="list-style-type: none"> Apologies Declarations of Interest 			Chairman
COG/20/08 /28 PAGE 3		Minutes of meeting 14 May 2020	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/20/08 /29 PAGE 9		Matters arising/action log <ul style="list-style-type: none"> TV Services Progress of SLA discussions / host performance and interim solution for TV services to Governors – verbal update Chief Information Officer 	<i>For assurance</i>	<i>Action log</i>	Chairman
GOVERNOR BUSINESS					
COG/20/08 /30 PAGE11	3.05pm	Lead Governor Update including: <ul style="list-style-type: none"> Trust Board Observation (attached) Partner Governor survey (attached) 	<i>For info/update</i>	<i>Briefing papers1009</i>	Lead Governor
COG/20/08 /31 PAGEXX	3.15pm	Items requested by Governors – to follow	<i>For info/update</i>	<i>Briefing notes +Q&A</i>	Chair
COG/20/08 /32 PAGE14	3.25pm	Board Committee Observations <ul style="list-style-type: none"> Finance & Sustainability Committee– Paul Bradshaw Quality Assurance Committee – Anne Robinson Audit Committee – Mark Ashton – to follow <p>*copies of Chair’s Committee Assurance Reports received in the Public Trust Board are included for information in supplementary</p>	<i>For Assurance</i>	<i>Reports</i>	Governors
COG/20/08 /33 PAGE16	3.40pm	Report from <u>Governors Engagement Group (GEG)</u> <ul style="list-style-type: none"> Cycle of Business – to Approve Terms of Reference – verbal update 	<i>For info/update</i>	<i>Briefing paper</i>	Chair of GEG
TRUST BUSINESS					
COG/20/08 /34 PAGE17	3.50pm	Chief Executives Report including: CEO July Board report	<i>For info/update</i>	<i>Report</i>	Chief Executive
COG/20/08 /35	4.00pm	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
COG/20/08 /36 PAGE25	4.05pm	Compliance Trust Provider Licence - Bi-annual report	<i>To note for assurance</i>	<i>Report</i>	Trust Secretary
COG/20/08 /37 PAGE26	4.10pm	2019-20 Annual Report + Accounts (<i>in supplementary pack</i>) <ul style="list-style-type: none"> (ii) 2019-20 Auditors letter 	<i>For info/update</i>	<i>Report</i>	CFO & Deputy CEO Auditors
COG/20/08 /38	4.20pm	Quality Strategy Update (<i>in supplementary pack</i>)	<i>For info/update</i>	<i>Report</i>	Dep Director Governance
COG/20/08 /39 PAGE 40		Q1 Complaints and PALs Report	<i>To note for assurance</i>	<i>Slides</i>	Dep Director Governance
GOVERNANCE					
COG/20/08 /41 PAGE45	4.30pm	CoG Terms of Reference	FOR APPROVAL	<i>Report</i>	Trust Secretary
COG/20/08 /42 PAGE52		Audit Committee Chairs Annual Report - ratify Audit Committee - Approved Terms of Reference – to note (<i>papers in supplementary pack</i>)	RATIFY and Note	<i>Report</i>	Chair
COG/20/08 /43	4.40pm	Governor Training + Development MIAA as available	Choose an item.	<i>Verbal</i>	Trust Secretary
CLOSING					
COG/20/0844	4.50pm	Any Other Business + Closing		<i>Verbal</i>	Chair

Schedule of 2020-21 dates attached for information

Next Meeting Date will be on Thursday 12 Novmber 2020, 4.00pm-6.00pm, TCR WARRINGTON

COUNCIL OF GOVERNORS
Minutes of the Meeting held on Thursday 14 May 2020
Via MS Teams Video Conference

Present:

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

In Attendance:

John Culshaw (JC)	Trust Secretary
Julie Burke (JB)	Secretary to Trust Board (Minutes)
Apologies: Alison Kinross	Public Governor

COG/20/05 /14	Welcome, Apologies & Introductions	
	Apologies – noted above. There were no declarations of interest in relation to the agenda items for the meeting. Questions raised prior to the meeting by DM will be appended to the formal record of minutes.	
COG/20/05 /15	Minutes of meeting held 13 February 2020	
	Janice Howe, Public Governor was in attendance. Section 20/02/09 to be amended to incorporate question raised by NS and response provided by SC. With these amendments the Minutes of the meeting held on 13 February 2020 were agreed as an accurate record.	
COG/20/05 /16	Matters arising/action log	
	Number of actions paused due to COVID-19 pandemic, to be progressed when COVID-19 constraints have been relaxed. Actions closed since the last meeting noted. COG/20/02/06 (a) Hospedia TV Services (Interim Solution). Full update recorded on the action log, 3 month complimentary TV services for all inpatients provided. <u>Action closed.</u>	
COG/20/05 /17	Lead Governor Update	
	NH provided an update on pertinent matters since the last CoG: - NH continues to participate in virtual Trust Board and Trust Secretary meetings as well as all Governors receiving daily CEO messages, Staff COVID-19 bulletins and Stakeholder briefing providing real-time information to Governors. Governors Engagement Group,	

	<p>Quality in Care Group and Governors Working Group, all paused due to COVID-19 Pandemic, NH to contact interested Governors when meetings are resumed.</p> <ul style="list-style-type: none"> - National Association of Governors – a new Chair had been appointed. 	
COG/20/05 /18	Items requested by Governors	
	<p>SMcG referred to responses provided to questions raised prior to the meeting below:</p> <p>Q: To what extent, if any, is urgent investigation and/or treatment being adversely affected by covid19? An obvious concern is cancer investigation or treatment, but other clinical areas could be affected.</p> <p><u>Response provided by Chris Evans – Chief Operating Officer</u></p> <p><i>National guidance has been adhered to with regards to clinical prioritisation of all patients on a cancer pathway. Diagnostic and elective procedures have continued according to the prioritisation undertaken.</i></p> <p><i>All other elective activity was stood down by 15th April 2020 as per national guidance. However, similar to the clinical prioritisation for cancer cases, clinical review has been undertaken and urgent cases have continued. As we enter the next phase of the pandemic the region is now undertaking a planning process to be submitted 15 May 2020 in terms of ensuring sufficient capacity to meet the demands of other urgent and non-urgent elective activity.</i></p> <p>Q: I was most concerned to read that although all patients discharged to Care Homes were being tested, (excellent!), that such patients were still to be discharged to their Care Home even though the test result was not known. Is this a responsible decision? There are very few which can offer satisfactory isolation arrangements for virus infected residents. On the face of it, an infected patient can be discharged to a Care Home, without the ability to be isolated, and be at risk of introducing the virus to other residents and care workers. Can I be reassured, and our Care Home managers?</p> <p><u>Response provided by Chris Evans – Chief Operating Officer & Caroline Williams, Associate Director – Integrated Care</u></p> <p><i>With regard to transfers to care homes, care homes are an essential part of our system and our position from the outset has been to work with the Care Homes and support them. With this in mind, our CEO, COO and Deputy DIPC have joined council led tele-conferences with care homes listening to concerns and making changes to best support them. These calls have been well received by the sector and they are reporting feeling supported by their local councils and CCGs. For example COVID tests pre transfer are important to care homes and these are now routinely undertaken. National guidance recommends a transfer to a care home pending test result, this rationale being that the management of the patient in isolation with appropriate PPE is the same for 14 days whether the test is positive or negative. Locally it's the preference of the majority of our care homes to have a negative test result pre transfer and as such we are working with each of them on a case by case basis to support the ones who wish to accept cases pending test result and accommodating cases until the test result is available. The decision to accept and transfer always rests with the receiver not the sender, in this case the care home registered manager. Where the registered manager feels unable to safely isolate and barrier nursed for 14 days, its incumbent on local authorities to find an alternative solution, locally there are two facilities due to open this month. They are Lilly Cross that will predominantly support the Halton element of our patch and St H&K trust although will provide mutual aid to Warrington should it be needed, and Abbey Court that will support the Warrington element of our patch. The Trusts AD for Integrated Care has been involved in the planning of these welcome facilities and will oversee safe transfers as they open and scale up</i></p>	

	<p><i>this month. Pathways are also in place should the Trusts need to use the NHS Nightingale facilities.</i></p> <p><i>With regard to infection prevention and control in care homes, there is also a national requirement to provide further support to them including refresher training. Local resilience forums have asked CCG's to oversee this programme of support for care homes and are seeking support from local partners to support the training. Our Chief Nurse, Deputy DIPC and AD for Integrated Care are meeting later today to agree how we as a Trust support this and continues to work with the care home sector.</i></p> <p>In addition SC explained the Trust is working closely with local care homes within government guidelines. The testing regime for NHS patients and care homes has evolved since the pandemic began with limited testing capacity initially. The Trust had ensured capacity to deal with the pandemic, moving patients who did not need to be in hospital at the time to alternative care setting. Testing is largely only useful at the moment in time it has been taken and there needs to be caution relating to negative tests. Maintaining a high standard of hygiene and infection control measures remains paramount, if care homes are unable to accept patients back, the local authority seeks alternative provision.</p> <p>SC left the meeting</p>	
COG/20/05 /19	Elections Activity Bi-Annual Report: Vacancies and Governors Terms of Office	
	<p>JC referred to Governors due for re-election in November 2020. Current guidance due to the COVID Pandemic is all elections are paused. One option being explored nationally is to carry forward terms of office for this group of Governors for an additional 12 months.</p> <p>SMcG advised that Prof John Williams, Partner Governor from University of Chester had resigned. A replacement Partner Governor will be sought in due course, building on new community relationships that had been borne out of the current Pandemic situation.</p>	
COG/20/05 /21	Chairmans Briefing	
	<p>The Chair had circulated a written briefing prior to the meeting. SMcG referred to the operational changes that had been implemented at pace to support the COVID Pandemic, including reconfiguration of ED and wards to provide appropriate capacity in the appropriate care setting, increase of oxygen capacity, constant monitoring of PPE and support of staff. Governance changes implemented for Board oversight and assurance included 2 weekly NED Assurance Committees, continued Trust Board and Formal Sub Committees, all held virtually with Lead Governor participating and nominated Governors observing the Sub Committees. SMcG referred to the recent Sky News documentary, the pride to be associated with the hospitals and the positive impact within the Community. SMcG commended the Executives on the outstanding response to the Pandemic across both sites.</p> <p>SMcG asked LeM and MA for a staff perspective. LeM explained staff are experiencing both physical and mental challenges, continued support of staff will be important as the Trust goes into Recovery stage. The daily CEO and COVID-19 staff bulletins had been welcomed as staff are receiving updates in real-time. AR asked what support staff are receiving, LeM explained in addition to manager/team support, support is provided by Occupational Health Counsellor and Occupational Health 7 day telephone advice support. In addition plans are being taken forward for staff 'sanctuary' and wellbeing areas.</p> <p>MA concurred that daily briefings had been well received. Staff are mindful of changes in working practices, what can be implemented and taken forward to support new ways of working in line with social distancing measures.</p> <p>SMcG explained collaboration with Bridgewater Community Healthcare FT had been paused</p>	

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>due to COVID-19 Pandemic and that arrangements for shared posts for M Cloney and A Crowe had ceased. In response to question from AR if the joint letter from WHH to BWCHFT approved at CoG on 13 February 2020 supporting Acquisition had been submitted to NHSE/I, SMcG confirmed the letter had been submitted with an acceptance to proceed, however the next stage in the process had been suspended due to the Pandemic. SMcG further explained it is likely to be post April 2021 before any further discussions on future NHS reconfigurations take place.</p> <p>Working relationships continue with local partners who will play a pivotal part in any configuration of Trust services to maximise integration of health and social care systems.</p> <p>SMcG further explained the Trust is formulating plans as part of its 'Recovery' for Non-COVID services and plans on both sites and potential opportunities for Governor engagement to ensure that ensure that feedback from Governor Observation visits is taken into consideration.</p> <p>Referring to questions raised by D Marshall prior to the meeting, SMcG thanked DM for raising these, adding that some of them related to national issue outside the control of the Trust. He proposed that the CEO address those items that related to WHH in his update, particularly, COVID expenditure/budget, wider Trust financial bugetting, COVID recovery of services, ie RTT.</p>	
COG/20/05/22	Extension of Non-Executive Director (NED) Terms of Office	
	<p>JC explained a GNARC had been convened on 30 April 2020. T Atherton and I Jones second term of office is due to expire 30 June 2020. Under the Trust Constitution (Section 25.5) NEDs may, in exceptional circumstances for business/continuity reasons serve longer than 6 years.</p> <p>Due to the significant period of challenge as a result of COVID-19 Pandemic, the Chairman had discussed with both NEDs the option to extend their tenure for a 12 month period, to support business/continuity during the current COVID-19 Pandemic. Both NEDs had expressed an interest and willingness to serve an additional 12 month term, commencing 1 July 2020-30 June 2021. No additional comments were raised by Governors.</p> <ul style="list-style-type: none"> • The Council of Governors approved this recommendation. 	
COG/20/05/23	COVID-19 Governance Arrangements	
	<p>JC introduced the paper which outlined the interim governance arrangements that the Trust had put in place to ensure effective corporate governance arrangements in line with national guidance and recognising operational pressures being experienced by the Trust's Executive, Clinical and Operational teams under the current circumstances. These measures had been approved by the Trust Board on 25 March 2020 and are reviewed on a monthly basis. These include:</p> <ul style="list-style-type: none"> - Board and Assurance Sub Committees and GoC continue, being held virtually - 2x weekly COVID NED Assurance Committee established, Chaired by Chairman, not CEO as referenced in the report. - Daily Strategic Oversight Executive Group established Chaired by CEO, reporting to the COVID NED Assurance Committee - Daily COVID Tactical Group established, Chaired by COO, reporting to SEOG and COVID NED Committee receiving notes from the meeting. <p>In addition SMcG explained that a number of Executives have a lead role in the C&M regional COVID Pandemic structure in addition to fulfilling their WHH responsibilities.</p>	
COG/20/05/24	Update on Complaints and Incident arrangements	
	JC explained the paper had been provided as an update on processes implemented by the	

	Trust to manage complaints and incidents during the Pandemic, following National guidance. This process had been presented to and supported at the Quality Assurance Committee on 5 May 2020. <ul style="list-style-type: none"> • The Council of Governors noted the updated processes within the report. 	
COG/20/05 /25	COVID-19 Media and Community Response – briefing	
	A briefing and dashboard of all media/community activity had been circulated with the papers, reflecting the considerable amount of increased activity both in national and local media. SMcG referred to the over-whelming response from the local communities in both Warrington and Halton supporting staff, patients and key workers, providing a wide range of goods and support including cooked meals, care packages, flowers, entertainment packs, IT equipment and monetary donations and recorded his thanks on behalf of the Board. SC rejoined the meeting.	
COG/20/05 /20	Chief Executives Report	
	<p>The CEO referred to his written report from March Board for noting.</p> <p>In addition he provided an overview of WHH Response and Situation report to COVID-19 Pandemic:</p> <ul style="list-style-type: none"> - A command and control structure in operation with daily Tactical Operational Group, daily Strategic Executive Oversight Group and 2x weekly NED Assurance teleconferences. - The senior leadership team remaining visible to support and look after the workforce to ensure they have the appropriate support to carry out their roles, remaining agile to respond promptly to sometimes hourly guidance received through the WHH Control Centre. The Trust completes and submits extensive documentation of all COVID-19 related processes and ensures they are followed. - The Trust continues to monitor PPE stock on an hourly basis, 1 single stock out had been successfully managed within a couple of hours in March and reported through DATIX. - The Trust had not experienced any operational capacity issues, shortage of ventilator capacity, unsafe staffing and no clinicians are working <i>well</i> outside of their usual role. - Operational challenges relating to oxygen delivery capacity and flow had been managed. - Challenges on some wards where patients were being managed on End of Life pathway and the Trust continues to support families to ensure a family member can be with their loved one. <p>SC explained data provided within the Sitrep report at 12 noon on 14 May:</p> <ul style="list-style-type: none"> - 57 COVID-19 positive cases (peak of 124) - Currently 9 COVID-19 patients in critical care - 108 COVID-19 deaths; 241 discharges - Utilising 15% of oxygen delivery capacity, capacity for 150 patients but this does not take into consideration high flow rates - Bed capacity in critical care and general bed-base - Super-stranded patients at 65 (nadir <50), this reduced to 24 when capacity planning at the beginning of the Pandemic. - Staff sickness absence: 12.4% (peak >17%), modelling in COVID-19 plans was 20%, and as high as 40%. - Staff tested: 981; Positive: 293; 5 hospitalised - ED attendances beginning to increase. <p>SC explained it could take 18 months for activity to return to pre COVID-19 activity.</p> <p>In relation to BAME staff, SC explained the Trust has 426 BAME staff, risk assessments are being undertaken for this group of staff, supported by management and Occupational Health to ensure a safe working environment for this cohort of staff.</p>	

	<p>Referring to Phase 2 'Recovery', SC further explained the Trust is due to submit its Elective Recovery Plans on a C&M Footprint on 15 May 2020 which include maximising utilisation of Halton site as part of these plans as an 'Elective' Centre.</p> <p>In response to question raised by LiM about the reduction in A&E attendances, if this was due to safety concerns of patients not attending when the Pandemic first began, a reflection on patients attending A&E inappropriately or a mixture. SC observed it was likely to be only a small component of patients attending inappropriately before the pandemic and that there was a definite change in patient behaviour with patients staying away if possible, presenting late or not at all. We have been reinforcing that patients needing urgent treatment should continue to attend A&E.</p> <p>In relation to question raised by DM of the NW and the highest rate of cases, SC explained that excess death data is complex and comparison for deaths registered as COVID-19 and those deaths registered as 'associated' with COVID-19 symptoms will be undertaken.</p> <p>In response to question from DM of additional funds or a budget available for the reasons stated to redress the balance from COVID-19 to more normal duties and any potential surge in requirements following this crisis. SC explained the Trust submit weekly expenditure data to NHSE/I and that a robust approval process is in place for all COVID- related revenue and capital expenditure, with additional approximate £3m per month to be reimbursed to end of July. An internal approval process in place for capital spend up to value of £2m, which will be led on a regional footprint in the future.</p> <p>SC explained the Trust submit weekly expenditure data to NHSE/I and that a robust approval process is in place for all COVID- related revenue and capital expenditure, with additional £3m per month to be reimbursed to end of July Internal approval process in place for capital spend up to value of £2m, which will be led on a regional footprint in the future</p> <p>As Chair of the FSC, TA further explained the Trust had been reimbursed for the first 4 months of the year on cost recovery basis which may extend to March 2021. The FSC continue to meet monthly, FSC on 20.05.2020 to receive reforecast for first 6 months of the financial year. In addition the Capital Programme 2020-21 to be reviewed to enable early submission of bids.</p> <p>DM thanked SMcG and SC for responding to questions he had raised, acknowledging that other questions he had raised were generic, not necessarily for today and would be able to be discussed in the future with SMcG/Governors.</p>	
<p>COG/20/05 /26</p>	<p>Any Other Business - SMcG proposed continuing bi-monthly Chair and Governor briefing via MS Teams whilst social distancing measures remain in place..</p>	
	<p>Date and time of next meeting Thursday 13 August 2020, 3.00pm-5.00pm, via MS Teams.</p>	

Signed Date

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	CoG/20/08/29	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	13 August 2020
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1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02/06 (b)	13.02.2020	Items requested by Governors	TV Services Progress of SLA discussions / host performance and interim solution for TV services to Governors	Chief Information Officer	Verbal Update to COG August 2020		<p>06.05.2020</p> <p>Recommended Next Steps</p> <p>Site visit with 3rd party engineers to include review the TV services payment mechanism on cessation of the Trust procured TV services on the 09/07/2020.</p> <p>Conduct a review post-COVID-19 of patient entertainment services across the Warrington and Halton hospitals to inform the specification for a new solution prior to the contract end date with Hospedia on 20/08/2021.</p>	

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/19/11/58	14.11.2019	WRAG presentation	Further update in November 2020	WCCG	CoG 12.11.20		To CoG 12.11.2020	
COG/18/11/56	15.11.2018	Lead Governor Update	Date of visit to CoCH to be circulated	Trust Secretary	Paused due to Pandemic		<p>6.02.2019. Awaiting confirmation from CoCH. 16.05.2019. On-going discussion to agree date. 28.08.2019. HCA contacted counterpart at CoCH. NH contacted his counterpart to arrange.</p>	

							<p><u>02.09.2019</u> CoCH Interim Trust Secretary advised that new Dir Corporate Governance to commence Nov '19, visit to be arranged post commencement.</p> <p><u>14.11.2019</u>. Anticipated visit in January 2020. <u>27.12.2019</u> JC contacted Dir Comms+Corp Affairs to confirm date for visit.</p> <p><u>3.02.2020</u> Further email sent requesting visit by JC.</p> <p>On hold due to COVID-19 Pandemic</p>	
COG/20/02	13.02.2020	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/20/02/04	13.02.2020	Lead Governor update	Interested Govs to attend QiC and GEG and Governors Working Party to contact Trust Secretary/ Lead Gov	Governors	Paused due to Pandemic		GEG/QiC on hold due to current COVID-19 Pandemic. Working Party virtual meetings recommenced July 2020.	

3. ACTIONS CLOSED SINCE LAST MEETING

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

RAG Key

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

AGENDA REFERENCE:	COG/20/08/30
COMMITTEE ATTENDED	Trust Board Part 1 & 2
DATE OF MEETING(s):	27 May 2020, 24 June 2020, 29 July 2020
AUTHOR(S):	Norman Holding, Lead Governor
GOVERNOR COMMENTS	<p>27th May 2020</p> <p>I attended the Trust Board (Teams Meetings) as an observer. Part 1 - Public Board: There was a full agenda and papers that were circulated to all Governors. The NED's were all in attendance, they had submitted reports from their committees giving assurance that sufficient evidence had been provided to support actions being taken and actively participated and challenged the Executive team in all Agenda items. Both the Chair and CEO provided comprehensive updates.</p> <p><u>Part 2 - Private Board:</u> This followed in the afternoon. NED's taking a full and active part in the Agenda items. They questioned and challenged were necessary to gain assurance on the decisions being taken.</p> <p>24th June 2020 Board Time Out</p> <p>I was invited to observe this extra Teams meeting as an observer.</p> <p>Presentations were given by Executives, NED's questioned and they scrutinised the proposals being made.</p> <p>29th July</p> <p>I observed both Part 1 & Part 2 meetings (Team meetings)</p> <p>Part 1 – Public Board: All papers were circulated to governors. There was a full Agenda and all NED's were in attendance. NED's provided committee Assurance reports and were fully involved in discussions, questioning, and seeking in depth assurance from Executive members. The Chair and CEO provided detailed updates.</p> <p><u>Part 2 – Private Board:</u> A comprehensive Agenda was tabled. All NED's took an active part in the items and questioned in depth the relevant Executives.</p> <p>All meetings were Chaired well, all in attendance were given time to present their items to the Board. Designated time frames were met in most cases, were over-run did occur it was necessary to ensure relevant time was given to all present on critical agenda issues.</p>

Council of Governors

August 2020

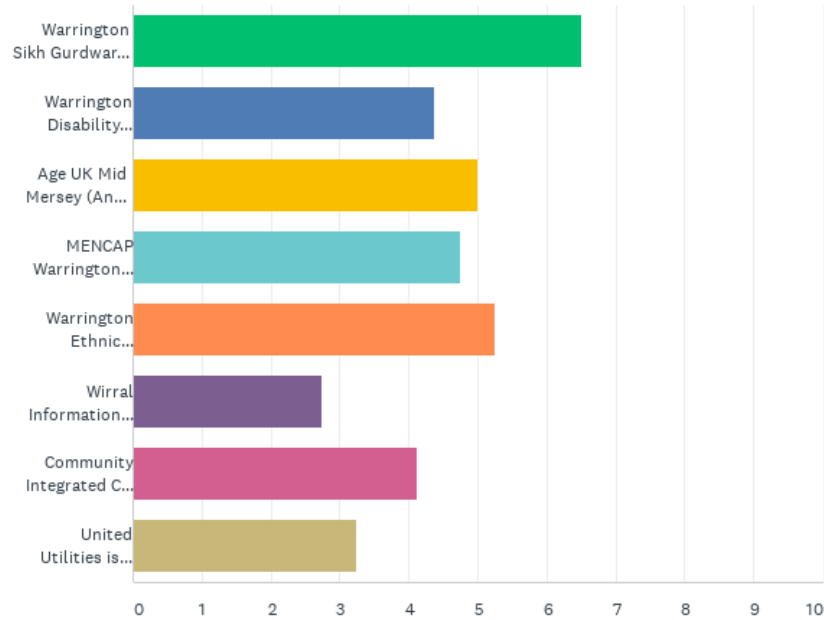
Lead Governor Update

Foundation Trust - Appointment of
Partner Governors

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Q1: Please rank your preference of potential partner governor where 1 is your most preferred choice

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Council of Governors

AGENDA REFERENCE:	COG/20/08/32
COMMITTEE ATTENDED	Finance & Sustainability Committee
DATE OF MEETING(S):	22/07/2020, 17/06/2020, 21/05/2020
AUTHOR(S):	Paul Bradshaw, Public Governor
GOVERNOR COMMENTS	<p>I have attended three meetings of the Finance & Sustainability Committee since the last Council of Governors in May. All have been expertly chaired by Terry, with considered interventions, challenges and questions from the Chair, and the other NEDs who sit on the committee, Anita and Margaret, respectively.</p> <p>I have benefited from having advance sight of the “Pre-meeting Questions and Responses” ahead of each meeting, where responses from the Chief Operating Officer, Deputy Director of Finance, the Chief Nurse and the Exec Medical Director, for example, have been thorough and have provided opportunities for further responses to be elicited during the meetings themselves.</p> <p>I have been representing the Governors at this Committee for just over a year and I can testify that the process is always one of <u>robust scrutiny</u>, as well as providing “critical friend” <u>support and encouragement</u> for the dedicated professionals who attend and present at these committee meetings.</p>

Council of Governors

AGENDA REFERENCE:	COG/20/08/32
COMMITTEE ATTENDED	Quality Assurance Committee (QAC)
DATE OF MEETING(S):	07/07/2020
AUTHOR(S):	Anne M Robinson (Public Governor)
GOVERNOR COMMENTS	<ol style="list-style-type: none"> 1. Minutes now available as official record 2. Future meetings to be monthly, not bi-monthly 3. Spinal services will not operate from WHHFT. In future will be Liverpool University FT and The Walton Centre 4. Moving to Outstanding (M2O). From 63 actions, 14 remain. Emergency Services Framework (ESF) covers 4 aspects – Safe Care + Treatment, Staffing Arrangements, Protection from Abuse, Assurance processes, monitoring + risk management 5. Patients discharged to Care Homes who later die. Can we identify if from COVID? IT to action. Also IT to continue with work on Lorenzo for Maternity. 6. COVID and Strategic Risk Register amendments discussed. 7. Lorenzo discharge letters – medication details; there are questions of accuracy. IT are working on this and will report to next months QAC. 8. Waiting Lists review 9. Complaints reviews restarted 10. Mortality review. Medical Examiner recruitment ongoing 11. Annual reports reviewed <p>Two items referred to WHHFT Board – Care Homes Discharges + IT review for Maternity</p> <p>Next QAC mtg 04/08/2020</p>

GOVERNOR ENGAGEMENT GROUP – DRAFT CYCLE OF BUSINESS 2020-22

<u>2020-22</u>	May 2020/21	Aug 2020/21	Nov 2020/21	Feb 2021/2
Chair's Opening Remarks & Welcome	X	X	X	X
Apologies & Declarations of Interest	X	X	X	X
Minutes of Previous Meeting	X	X	X	X
Action Log	X	X	X	X
YH Newsletter Editorial	X			
Engagement Dashboard	X		X	
Patient and Public Participation and Involvement annual work plan	X			X
PPP&I Strategy – progress report	X	X	X	X
Annual Members Meeting Planning/feedback		X	X	
Terms of Reference Review	X			
Cycle of Business	X			

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/20/07/66			
SUBJECT:	Chief Executive's Briefing			
DATE OF MEETING:	29 th July 2020			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/20/07/66
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 27th May 2020, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ELEMENTS

2.1 Briefings shared with the Board since the last meeting

There have been no new briefings since the last meeting.

2.2 Key issues

2.2.1 Current COVID-19 situation

As at the time of writing, 22nd July 2020, we have a total of 9 COVID-19 inpatients at WHH – 6 fewer than one week previously; 8 of these 9 patients have been retested during their stay and are now COVID-19 negative, which makes the current swab-positive number of COVID-19 positive inpatients actually 1.

Since March, we have performed 12004 COVID-19 tests on patients; 1192 have been positive in total. We have discharged a total of 381 patients with COVID-19 to continue their recovery at home. Sadly, a total of 136 patients have died in our care. No patient has died with COVID-19 in our hospitals since 9th July 2020.

Since March, we have performed 1424 COVID-19 tests on staff; 387 have been positive in total (this will include repeat tests). We have completed 411 BAME Risk Assessments (100%) with a Quality Assurance process also now complete. We have also launched an online risk assessment process for all staff. This starts with a self-assessment.

In terms of PPE stock, based on estimated current usage, we have 145 days' worth of FFP3 masks, 12 days' worth of Fluid Resistant Surgical Masks, 95 days' worth of gowns, 27 days' worth of gloves and 7 days' worth of aprons. Mutual aid with other C&M/NW organisations is available, in both directions.

2.2.2 Staff COVID-19 Antibody testing

We started rolling out our COVID-19 antibody testing programme for both staff and patients on 29th May, and since then 4458 members of staff (and volunteers) have been tested, and of those 16.5% have tested positive, in keeping with the Cheshire & Merseyside position overall for NHS staff. The significance of a positive result is uncertain. There is no strong evidence yet to suggest that those who have had the virus and have antibodies detected develop long-lasting immunity which would prevent them from getting the virus again. It does not change clinical management and must not change our behaviour with PPE or social

distancing. Antibody testing at this stage is useful primarily to improve our understanding about the virus, and therefore at this moment in time it is predominantly a research tool.

WHH has been serviced by both our own laboratory and Liverpool Clinical Laboratories, using Roche testing kits at the present time, with our own lab taking over fully.

2.2.3 Recovery Care Groups

On 1st June 2020 the Recovery Care Groups were formed to focus on operational recovery from the unprecedented effects of COVID-19.

The Planned Care Group objectives are:

- Restarting elective surgery – with all the safety processes required to enable this
- Develop an Elective Centre – increase surgical capacity on the Halton site with dedicated ‘green’ pathways
- Brilliant basics – ensure governance processes and performance measures are embedded and compliant to provide assurance of safe, quality care

The Unplanned Care Group objectives are:

- Bed reconfiguration
- Emergency Department capacity and flows
- Winter planning

Patients need to be able to trust that it is safe to come into hospital for surgery and it is key that we have the processes and pathways in place to instil this confidence. We started a ‘green’ pathway on B18 for urgent elective cancer patients at Warrington. This involves a designated ‘green’ theatre and recovery area. Since May, 150 patients have been cared for via this ‘green’ pathway. Work has begun to mirror this service within the CMTC at Halton (the now renamed Captain Sir Tom Moore Building, or TMB for short) for patients who require Trauma & Orthopaedic and Breast surgery. Confidence in the system has been demonstrated by patients themselves and the surgical teams caring for them. Patient and public involvement will be factored in to ensure that we are optimising our patient experience as we develop the Halton elective programme further.

Each service has to complete a recovery proforma detailing all aspects of the impact of switching the service back on. Progress so far includes Endoscopy, Trauma & Orthopaedic ambulatory, Trauma & Orthopaedic elective and outpatients. Also general surgery outpatients, oral surgery, orthodontic surgery, Audiology and Ophthalmology services. Moving forward, the Planned Care Group are in the midst of the development of a 4 bed Post Anaesthesia Care Unit (PACU) at TMB (CMTC) which will provide Level 1.5 Enhanced Care to enable patients with a higher anaesthetic risk to have their surgery there. There is also the commencement of elective surgery for Urology and ENT patients at TMB (CMTC), and the restart of paediatric elective surgery, Chronic Pain service and gynaecological surgery.

We undertook a bed reconfiguration at Warrington in the week commencing 13th July. This will support our patients being admitted to the right bed with the right medical and nursing input thus improving their patient experience whilst they live with us. The key changes are

– A9 is now a medical ward, B18 cares for our elective patients as they recover from their surgery in a COVID-secure environment as described above, A6 is our trauma and orthopaedic ward and C21 cares for our patients who are medically optimised for discharge.

2.2.4 Ward B1 at Halton Hospital

The Trust has worked closely with partners in primary, community and social care throughout the pandemic with long stay patients (ie those with a length of stay of >21 days) falling to an all-time low of 40 before settling at around 60 patients. This is a reduction of over 50% from the worst days in the Trust's year and provides a significantly enhanced experience for patients through this integrated working.

There is intermediate ('step down') care provision at Halton's ward B1 which is commissioned by Halton Borough Council and jointly funded by the Borough Council and NHS Halton Clinical Commissioning Group. Over recent weeks, thanks to this integrated working, the Halton commissioners have been able to free up additional capacity within community and home-care services with an emphasis on home-based re-ablement.

At time of writing there are no patients on B1 and staff are consequently being temporarily reassigned to support other wards. The plans for the long term, including the coming winter, are being discussed as part of winter-planning. As described above, Halton Hospital development features very heavily in the Trust's operational recovery plans and we are keen to make best use of our ability to separate patient flows across our two sites.

2.2.5 Pilot Projects – NHS111 First and Elective Surgery Home Testing

We have signed up as a Trust to be pilot sites to try out national initiatives before they are rolled out across the country.

The first is the Elective Surgery Home Testing Pilot. Elective patients will need to self-isolate before their procedure and be tested for COVID-19 within 48-72 hours of their procedure. To avoid them having to leave home and get a test elsewhere the protocol is that they book a home test online, have it delivered and collected and then come in and have their procedure when the result is available. We are one of first 7 trusts across the country participating in the pilot.

The second pilot is for non-elective emergency patients needing to access urgent and emergency care, including our ED. Three NW trusts are doing this with North West Ambulance Service; we are the only trust in Cheshire and Merseyside taking part in the NHS111 First Pilot, aiming to smooth out the peaks and troughs of patients coming to hospital but also making sure they go to the right place first with full access to hot clinics and assessment areas as well as booked appointments in the Emergency Department itself.

2.2.6 COVID-19 Clinical Research at WHH

It was announced in June from the RECOVERY clinical trial, based at the University of Oxford, that treatment with the low-cost steroid drug dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19. Among participants receiving oxygen alone, the risk of death was reduced by 20%, and among participants receiving ventilation on ITU the risk of death was reduced by 35%.

In March of this year, the RECOVERY trial was established as a randomised clinical trial to test a range of potential treatments for COVID-19, including low-dose dexamethasone. Over 11,500 patients have been enrolled so far from hospitals all over the UK. WHH has been one of those hospitals – we enrolled our first patients on 21st April. On 8th June, recruitment to the dexamethasone arm was stopped since, in the view of the trial Steering Committee, sufficient patients had been enrolled to establish that the drug had a meaningful benefit.

These results are very significant. They have immediate implications around the world for the clinical treatment of many thousands of patients currently in hospital receiving oxygen. Such treatment will be recommended as standard care for hospitalised patients with COVID-19 receiving oxygen.

I am delighted that we have mobilised all that we can as a Trust to participate in this study, and I am grateful to all of those involved from the clinical teams, our clinical research team here, as well as Pharmacy.

2.2.7 Financial position

We were pleased to report a financial position of breakeven at the end of June. This was helped of course by the write off of our historic debt that came with the major financial reset of the NHS announced in the Spring as well as the top-up of COVID-19 expenditure that came with the request for us to do the right things for our patients and staff and not let financial constraints inhibit us doing this. We also got cash support to make sure we could pay our suppliers promptly. We were able to pay 95% of our suppliers promptly by the end of May, compared with only 34% at the end of March.

In terms of capital money for improvements in our facilities and equipment over the last few months, we have ordered smaller schemes and items to the value of £2.8m, and have requested approval for a further £1.8m. We are still awaiting decisions on bigger schemes designed to make us fitter for COVID-19 as we try and do normal work alongside playing ‘catch up’ in the midst of managing an infectious disease. In addition to our business-as-usual capital programme this year, these pending funding requests total £12.2m including developments for Halton and an Assessment Plaza at Warrington.

2.2.8 Senior Leadership Team Changes

On 29th May I was delighted to announce that after approximately six months in an ‘acting’ role, and following a competitive selection and appointments process that concluded on 28th May, Dr Alex Crowe was appointed as our Executive Medical Director. Dr Anne Robinson has been appointed as Deputy Medical Director.

Our Chief Operating Officer, Chris Evans, will leave us in September to join Portsmouth Hospitals NHS Trust as their Chief Operating Officer. While we are naturally disappointed to lose Chris, this is a fantastic achievement for him as he joins a significantly bigger trust, looking after a patient population of nearly 700,000 including hosting the largest of the UK’s four military hospital units.

Daniel Moore, Director of Operations & Performance (Deputy COO), will become Acting Chief Operating Officer from the time of Chris' departure until further notice. In line with our well established succession plans, there will be a seamless handover and transition which will commence over the coming weeks. 'Backfill' arrangements for Dan's role as Director of Operations & Performance have already commenced.

2.2.9 Local political leadership communication

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

All have, unanimously, asked me to pass on their sincere thanks and good wishes to staff. Both Warrington MPs have also recorded this recognition and thanks in speeches made in various debates in the House of Commons in late June, as well as paying special tribute to Jo Habab.

2.2.10 Our Buildings

The ambition is for Kendrick Wing, in the wake of the fire two years ago, to become a dedicated management suite and administrative building with staff welfare, training and development part of its remit. It is a great building in many ways – and we cannot do without it - but it is not suited to 21st century patient care. Clinical services have already got (or will have soon) plans for relocation into other parts of our hospitals in due course.

This month I have also announced the renaming of the two hospital buildings on the Halton campus. As described above we have recommenced our planned care programme at Halton and the renaming is linked to the further development of Halton Hospital as an elective site, with more procedures carried out in what is deemed a 'COVID-secure' environment.

The Cheshire and Merseyside Treatment Centre (CMTC), our best and most modern piece of estate that we have at this time, will be known as the 'Captain Sir Tom Moore Building', honouring the centenarian who raised over £30m for NHS charities during the pandemic. The General Hospital building will be known as the 'Nightingale Building' in honour of the world's most famous nurse who celebrates a bicentennial anniversary in 2020 - the WHO Year of the Nurse and Midwife. These names were selected by staff in an online poll, with Captain Tom and Florence emerging as the most popular choice. The Captain Tom Foundation was approached for permission, and this was graciously given.

It is entirely appropriate that we are honouring two different individuals who have done so much in such unique ways. Their names will be forever associated with a positive human spirit in 2020.

2.2.11 A legacy for Jo Habab

In consultation with Jo's wife Michelle and son Dylan, as well as Jo's close friends and colleagues, we will ensure Jo Habab has a lasting legacy at WHH through the creation of a training and development fellowship as well as a dedicated clinical simulation suite named after him in a new clinical training facility in Kendrick Wing. We will continue to invest in clinical simulation as a means of learning new clinical skills and keeping them up-to-date in a team environment, and it seems absolutely perfect that Jo's name will live on in something that is in keeping with his role and approach to multi-professional learning and development over many years.

2.2.12 Award Nominations

We have been nominated for a number of awards. The prestigious Health Service Journal (HSJ) Patient Safety Awards celebrate the teams and individuals within the healthcare sector who are striving to improve hospital care in a number of ways. The ceremony will be held virtually in November this year. The annual awards are an opportunity for trusts to showcase their work at a national level on driving patient safety improvements. We have been shortlisted in the following three categories:

- Deteriorating Patients and Rapid Response Systems Award: 'THINK Delirium in Intensive Care'
- Service user engagement award: 'Hearing those hard to reach voices: using social media as a platform for engagement'
- Urgent and Trauma Care Safety Initiative: 'The Introduction of a Thoracic Injury Pathway to a Major Trauma Unit' and 'Improving patient safety by reducing length of stay in the Emergency Department'

We have also been shortlisted by the London Business School for the Innovation in Diversity award, a new category for 2020 in the COVID-19 pandemic for enterprises that rapidly repurposed existing assets or reconfigured their organisations to meet an urgent societal need, that radically changed their business model to survive the crisis or that mobilised to fill a new opportunity created by the crisis. Our innovative use of CPAP (continuous positive airway pressure) devices at scale on ICU, the 'black boxes' featured on Sky News a couple of months ago, has been nominated.

Finally, we have been nominated for a Patient Experience Network (PEN) Award for our volunteer-led Shared Reading programme enhancing patient experience as an integrated part of the Dementia 'Forget Me Not' ward, wards primarily associated with care of the elderly or children, and for those living with long term conditions such as cancer or living with the impact of a stroke.

I am especially delighted that all of these projects collectively touch all three key domains of quality of care – patient safety, clinical effectiveness and patient experience – and so many parts of the Trust in one way or another.

2.2.13 Retirements of longstanding employees

I have had the pleasure of attending two retirement events recently for members of staff with extremely long service; I have been able to officially wish very happy and healthy retirements to Marcia Anthony from Estates & Facilities and Margaret Hughes from the Bereavement Office on their very last day in the Trust. Between them they have had very nearly 100 years of long and varied careers in WHH. There are lots of words to describe such longevity – commitment, dedication and persistence amongst them. It was my privilege to thank them both and wish them well.

2.2.3 Employee Recognition

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

Chief Executive Award (May 2020): Microbiology Team

On 27th May I presented the Microbiology Team a Chief Executive Award for the pivotal role of the whole team (clinical and laboratory staff) in the ongoing WHH response to the COVID-19 pandemic. This has been an exceptional performance by the whole team at a very challenging time.

3) MEETINGS ATTENDED/ATTENDING

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

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

4) RECOMMENDATIONS

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

Council of Governors

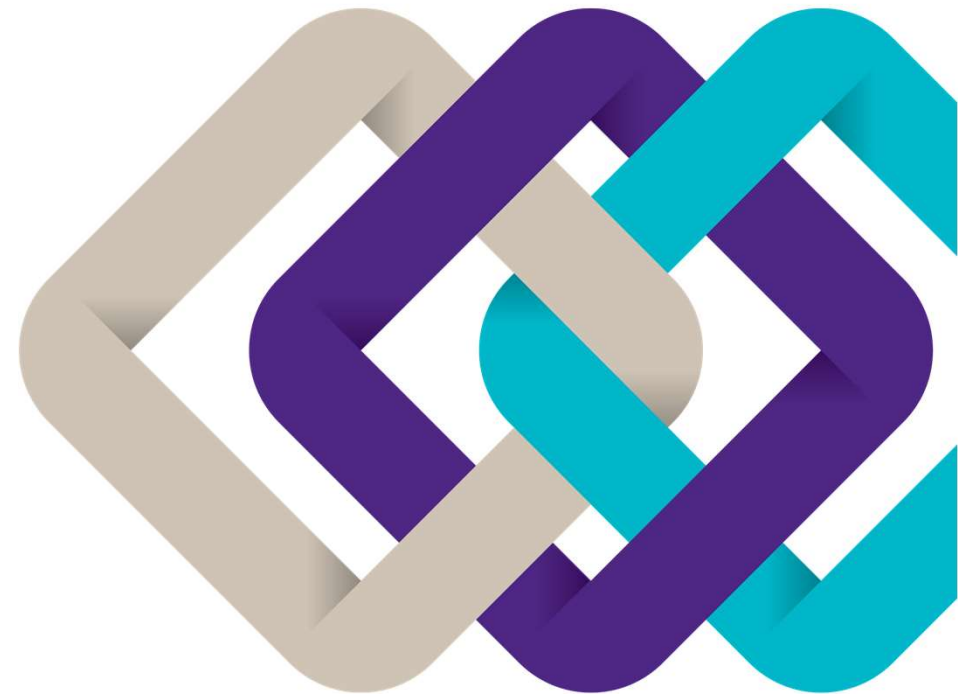
AGENDA REFERENCE:	COG/20/08/36			
SUBJECT:	Review the Trust's Compliance with Provider Licence 2019-20 Bi-Annual report			
DATE OF MEETING:	13 August 2020			
ACTION REQUIRED	For assurance			
AUTHOR(S):	John Culshaw, Trust Secretary			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
	Choose an item.			
	Choose an item.			
EXECUTIVE SUMMARY	<p>This update details any changes to the various declarations of compliance with the Trust's Provider License.</p> <p>Following review of the Trust's compliance with its License, the Trust continues to declare full compliance with all conditions.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note full compliance with all license conditions.			
PREVIOUSLY CONSIDERED BY	Committee	Choose an item.		
	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: (if relevant)	None			



The Annual Audit Letter For Warrington and Halton Teaching Hospitals NHS Foundation Trust

Year ended 31 March 2020

30 July 2020



Contents



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2. Audit of the Accounts
3. Value for Money conclusion

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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Warrington and Halton Teaching Hospitals NHS Foundation Trust (the Trust) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit Committee as those charged with governance in our Audit Findings Report on 17 June 2020.

Our work

Materiality	We determined materiality for the audit of the Trust's financial statements to be £4.5m, which is 1.6% of the Trust's reported gross operating expenditure.
Financial Statements opinion	We gave an unqualified opinion on the Trust's financial statements on 24 June 2020. We included a going concern material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern. We included an emphasis of matter paragraph in our report on the uncertainty over asset valuations as at 31 March 2020 given the pandemic. Such paragraphs are added to indicate matters which are disclosed appropriately in the Trust's financial statements but which we consider are fundamental to a readers' understanding of them.
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.
Value for Money arrangements	We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the Directors of the Trust on 24 th June 2020.
Quality Report	Due to the Covid-19 pandemic, the Department of Health and Social Care suspended the requirement for the Trust's Quality Report to be certified.
Certificate	We certified that we have completed the audit of the financial statements of Warrington and Halton Teaching Hospitals NHS Foundation Trust in accordance with the requirements of the Code of Audit Practice on 24th June 2020.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the National Health Service Act 2006 (the Act). Our key responsibilities are to:

- give an opinion on the Trust's financial statements
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion).

In our audit of the Trust's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Executive Summary (continued)

Working with the Trust

The outbreak of the Covid-19 coronavirus pandemic has had a significant impact on the normal operations of the Trust. Given the unprecedented operational challenge for Trusts, the Department of Health and Social Care (DHSC) extended the deadline for preparation of the financial statements up to 27 April 2020, with flexibility to extend to 11 May 2020, and the date for audited financial statements to 25 June 2020.

Restrictions for non-essential travel has meant both Trust and audit teams have had to adapt to new remote working arrangements such as remote access to financial systems, video calling and different means to verifying the completeness and accuracy of information produced by the entity.

Despite these challenges, the Trust submitted their accounts in line with the original submission date of 24 April 2020 and is keeping up to date with emerging guidance in relation to the requirements impacted by the pandemic.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff during these extraordinary times.

Grant Thornton UK LLP
July 2020

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £4.5m, which is 1.6% of the Trust's gross operating expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

In accordance with ISA320 we considered the need to set lower levels of materiality for sensitive balances, transactions or disclosures in the accounts. Given this and our assumptions in respect of readers' interest in certain elements of the financial statements we set lower levels of specific materiality for:

- senior officer remuneration disclosures of £25,000, and
- the cash value transfer value (CETV) of senior officer pension entitlement of £250,000. [CETV is the amount that is available to transfer to an alternative pension plan in exchange for a member giving up their rights under their current scheme.]

We set a lower threshold of £225,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on a five-yearly basis to ensure the carrying value in the Trust's financial statements is not materially different from current value in use at the financial statements' date.</p> <p>In 2019/20, the Trust requested a full valuation as at 31 March 2020 from its valuation expert. This valuation represents a significant estimate by management in the financial statements. The valuation of land and buildings is based on key accounting estimates which are sensitive to change in assumptions and market conditions.</p> <p>We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p> <p>Management engaged the services of a qualified valuer through Cushman and Wakefield to estimate the current value of its land and buildings. The valuer is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS),</p> <p>The effects of the COVID-19 virus affected the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members therefore considering whether a material uncertainty declaration was appropriate in their reports. Its purpose was to ensure that any client relying upon the valuation report understood that it had been prepared under extraordinary circumstances.</p> <p>In their 2019/20 valuation report the Trust's valuer included a material uncertainty disclosure. This was reported within Note 1.3 to the Trust's financial statements.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the Trust's valuation expert and the scope of their work. • Evaluating the competence, capabilities and objectivity of the valuation expert. • Writing to the valuer to confirm the basis on which the valuation was carried out and challenging the key assumptions used. • Testing the information used by the valuation expert to assess completeness and consistency with our understanding. • Testing the revaluations made during the year to confirm if they had been input correctly into the Trust's asset register and accurately recorded in the financial statements. 	<p>Management identified the material uncertainty regarding the valuation of land and buildings due to market uncertainty arising from the Covid-19 pandemic reported by their expert valuer as a significant issue in Note 1.3 to the financial statements, and also described the action that it had taken to address this issue.</p> <p>The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates.</p> <p>We obtained sufficient audit assurance to conclude that:</p> <ul style="list-style-type: none"> • the basis of the valuation of land and buildings was appropriate, • the assumptions and processes used by management in determining the estimate of valuation of property were reasonable, and • the valuation of land and buildings disclosed in the financial statements is reasonable.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>The Trust's significant income streams are operating income from patient care activities and other operating income.</p> <p>Over 90% of the Trust's operating income from patient activities is from contracts with NHS commissioners. These contracts include the rates for, and level of, patient care activity to be undertaken by the Trust.</p> <p>The Trust recognises patient care activity income during the year based on the completion of these activities. This includes block contracts, which are agreed in advance at a fixed price, and patient care income from contract variations.</p> <p>Any patient care activities provided that are additional to those incorporated in these block contracts with NHS commissioners (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners.</p> <p>We did not identify a significant risk of material misstatement in relation to the income streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We determined these to be:</p> <ul style="list-style-type: none"> block contract income from patient care activities, and education and training income. <p>We identified a significant risk of material misstatement in relation to all other elements of patient care income and other operating income. We therefore identified the occurrence and accuracy of patient care income from contract variations and other operating income (excluding education and training income) and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> Evaluating the Trust's accounting policies for recognition of income from patient care activities and other operating income for appropriateness and compliance with the Department of Health and Social Care (DHSC) Group Accounting Manual 2019 to 2020. Updating our understanding of the Trust's system for accounting for income from patient care activities and other operating income and evaluating the design of the associated controls. <p>In respect of patient care income:</p> <ul style="list-style-type: none"> Obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records and obtaining supporting information for a sample of differences over £300,000, to corroborate the amount recorded in the financial statements by the Trust. Agreeing on a sample basis income from contract variations and associated receivable balances to signed contract variations, invoices or other supporting evidence such as correspondence with the Trust's commissioners. <p>In respect of other operating income:</p> <ul style="list-style-type: none"> Agreeing, on a sample basis, income and year-end receivables from other operating income to invoices and cash payment or other supporting evidence. Agreeing Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET) funding to NHS Improvement notifications. 	<p>The Trust's accounting policy on recognition of income is shown in Note 1.4 to the financial statements and related disclosures are included in Note 3.</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> The Trust's accounting for income from patient activities is in accordance with the Department of Health's Group Accounting Manual for 2019 to 2020, and Income from patient care activities and other operating income is not materially misstated.

Audit of the Financial Statements

Key Audit Matters

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Going Concern</p> <p>It has been a challenging year due to the Covid-19 pandemic, and the impact of this has been cancellation of planned treatments, staff absences due to illness, and the need to free up capacity for the influx of patients with Covid-19, all in addition to the Trust's normal responsibilities.</p> <p>The Trust's accounting policy Note 1.2 in its draft financial statements disclosed a material uncertainty highlighting the cumulative deficit position on retained earnings of £52.4m and negative net current assets and liabilities in the Statement of Financial Position of £66.5m as factors which may cast doubt on the Trust's ability to continue as a going concern.</p> <p>We therefore identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the Trust's ability to continue as a going concern in the financial statements as a significant risk.</p>	<p>Our audit work included but was not restricted to:</p> <ul style="list-style-type: none"> Assessing the likelihood of NHS Improvement transferring services to other NHS bodies. Assessing the information available regarding future funding and planning assumptions for the Trust included in the Trust's cash flow forecast over the period under assessment. Assessing whether the Trust had updated its cash flow forecast and financial plans to reflect the impact of Covid-19. Assessing the completeness and accuracy of the disclosures in the going concern note. 	<p>Management prepared a paper setting out their going concern considerations which was presented to the Audit Committee on 22 April 2020. Considerations included:</p> <ul style="list-style-type: none"> Going concern guidance in the DHSC Group Accounting Manual, the Financial Reporting Manual (FRoM), and IAS 1. The Trust's 2019/20 Annual Plan and financial targets <p>Going concern is about the ability of the Trust to continue in the future. The Trust's going concern paper primarily focused on 2019/20 rather than looking forward into 2020/21 and did not provide any specific detail of the factors which management had considered in its assessment of going concern in the future.</p> <p>We therefore sought supplementary evidence as part of our audit and are satisfied that this supports management's assessment of going concern.</p> <p>The supplementary evidence provided by management indicated that the Trust may need additional support in the 2020/21 financial year for an unsupported deficit of £8.9 million, which at this stage is not certain. Note 1.2 was updated to reflect this and that prior to the suspension of the annual operational planning process as the result of Covid-19 that the Trust was working towards accepting a control total for 2020/21 that would have included additional funding of approximately £17 million, but would potentially have left the residual unsupported deficit in respect of cost pressures and additional capacity due to increased occupancy.</p> <p>These conditions, along with the other matters as set forth in Note 1.2, indicate the existence of a material uncertainty. We therefore included a going concern material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern.</p>

Audit of the Financial Statements

Significant risks

These are the risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Covid – 19</p> <p>The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. These circumstances impacted on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;</p> <ul style="list-style-type: none"> • Remote working arrangements and redeployment of staff to critical front line duties potentially impacting on the quality and timing of the production of the financial statements, and the evidence we obtain through physical observation; • Volatility of financial and property markets increases the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates; • Financial uncertainty requires management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties have arisen; and • Disclosures within the financial statements require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1. 	<p>We worked with management to understand the implications the response to the Covid-19 pandemic had on the organisation's ability to prepare the financial statements and update financial forecasts and assessed the implications for our materiality calculations. We also:</p> <ul style="list-style-type: none"> • Liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arose. • Evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic. • Evaluated whether sufficient audit evidence could be obtained in the absence of physical verification of assets through remote technology. • Evaluated whether sufficient audit evidence could be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances. • Evaluated management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment. • Discussed with management any potential implications for our audit report if we had been unable to obtain sufficient audit evidence. 	<p>The results of our work concluded that the Trust had put in place arrangements to manage the COVID 19 situation, which included the Trust's Executive Team meeting daily to discuss and review Covid19 issues with daily reports back to a Directorate meeting. Additional governance processes were put in place to support and approve Covid-19 expenditure for both revenue and capital.</p> <p>Our audit report referred to the valuation of the Trust's Property, Plant and Equipment and a material uncertainty relating to going concern, both issues relate to Covid-19 disclosures.</p>
<p>Management over-ride of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk.</p>	<p>We:</p> <ul style="list-style-type: none"> • Evaluated the design effectiveness of management controls over journals. • Analysed the journals listing and determine the criteria for selecting high risk unusual journals. • Tested unusual journals made during the year and after the draft accounts stage for appropriateness and corroboration. • Gained an understanding of the accounting estimates and critical judgements applied made by management and consider their reasonableness. 	<p>Our audit work did not identified any issues in respect of management override of controls</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the Trust's financial statements on 24 June 2020.

Preparation of the financial statements

The Trust presented us with draft financial statements on 24 April 2020. They were prepared under the pandemic lockdown restrictions that existed at the time and were provided ahead of the revised national deadline of 27 April 2020. We worked proactively with the Trust's finance team under remote working conditions and were able to complete our audit in line with the national timetable.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit Committee on 17 June 2020.

The Trust has made one adjustment to the financial statements presented for audit. This arose from our work in respect of the accounting for land and buildings revaluations and resulted in an increase in the Trust's surplus position by £549,000.

A number of presentational and disclosure issues were identified within the financial statements and the remuneration report. These were all been amended by management.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. As a result of Covid-19 prioritisation the Annual Report and supporting evidence was provided later than originally planned. We worked with the Trust to address some disclosure omissions and no inconsistencies were identified.

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of Warrington and Halton Teaching Hospitals NHS FT in accordance with the requirements of the Code of Audit Practice on 24 June 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The Trust agreed a challenging 2019/20 control total target with NHS Improvement of breakeven Which was dependent upon the need to deliver savings of £7.5m that would in turn enable it to receive external support of £17.9m comprised of £4.9m Provider Sustainability Funding, £12.0m Financial Recovery Funding and £1.0m Marginal Rate Emergency Tariff Funding. The risk to the Trust was therefore a failure to deliver its in year financial targets such that it would not be able to fully access the external support.

Our review of the Trust's arrangements for delivering economy, efficiency and effectiveness in its use of resources is based on the following matters:

- The Trust delivered a surplus of £0.221m which was better than the break even planned control total agreed with NHS Improvement;
- Due to meeting the financial target the Trust received its full entitlement of £17.9m Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Efficiency Tariff;
- The Trust has now started to see the benefits of the improved working relationships across the Warrington and Halton system;
- The Trust is rated "good" overall by the CQC in its report on the Trust in July 2019.

Overall Value for Money conclusion

Based on the work we performed to address the significant risk, we are satisfied that the Trust had proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

Value for Money conclusion

Value for Money Risks

Risk identified in our audit plan	Findings	Conclusion
<p>Financial Sustainability</p> <p>The Trust agreed a challenging 2019/20 control total target with NHSI of breakeven, including the need to deliver savings of £7.5m, which would entitle the Trust to the receipt of external support of £17.9m comprised of £4.9m Provider Sustainability Funding, £12.0m Financial Recovery Funding and £1.0m Marginal Rate Emergency Tariff Funding.</p> <p>The risk to the Trust was failure to deliver its control total would not lead to the external support.</p>	<p>During 2019/20 the Trust exceeded its control total target of breakeven and recorded a surplus of £0.770m. Following the financial challenges in 2017/18 this is now the second year in a row that the Trust has either met or bettered its control total.</p> <p>Strengthened arrangements to support financial reporting and management and learning, that were put in place during 2018/19, such as the Move to Outstanding (MtO) Steering Committee (which has the aim is to ensure the Trust has actions in place to maximise its Use of Resources and is prepared for the next Use of Resources Assessment) operated throughout 2019/20.</p> <p>The Trust delivered £7m of its £7.5m Cost Improvement Programme (CIP) target during 2019/20 and improved partnership working within the Sustainability and Transformation Partnership (STP) has assisted both the Trust and the STP to manage the overall STP financial position. The Trust's Integrated Performance Dashboard Reports provide management and NED's with the in-year financial reporting position of the Trust. These are presented and summarised at every Trust Board meeting and at each Finance and Sustainability Committee meeting.</p> <p>The Trust obtained an overall score of "Good" from its CQC inspection, the report being published in July 2019. Our review of Trust papers confirmed that the quality of patient care remains at the core of the Trust's beliefs and that risks are monitored and managed. The Trust has risen to the challenge of the Covid-19 pandemic and put in place arrangements to manage it, including several daily strategic meetings as well as the implementation of Covid-19 governance arrangements.</p> <p>The Trust's in-year financial performance and cost savings figures are reported to Non Executive Directors (NEDs) and management on a monthly basis, through a variety of forums including the Finance and Sustainability Committee, the Moving to Outstanding (MtO) CQC Steering Group, the Finance Resources Group, as well as updates being provided at Audit Committee. The regular reporting and monitoring of the Trust's financial performance on a timely basis allows for NED challenge and scrutiny.</p> <p>The MtO Steering Committee undertakes robust scrutiny of the Trust's performance against the five Key Lines of Enquiry (KLOEs) including benchmarking a range of operational and financial Key Performance Indicators (KPI) against comparator Trusts. The benchmarked information is used to identifying areas where the Trust's performance can improve and those Trusts it can learn from.</p> <p>In respect of partnership working, there is closer working across the immediate Warrington and Halton system and improved relationships with Commissioners. The Trust is also seeing the benefits of improved working with other organisations across the Cheshire & Mersey Network on Scale Collaboration Opportunities across a number of corporate functions, whilst also working strategically with Bridgewater Community Healthcare NHS Foundation Trust. Across the Cheshire & Merseyside Network, a standardised agency rate card, with standard agreed rates across Trusts went live on 1st December 2019, an initiative which has helped manage agency costs at the Trust.</p> <p>The Trust's 2019/20 results do include £17.9m of planned support which the Trust received during the year through Provider Sustainability Funding (PSF), Financial Recovery Funding and Marginal Rate Emergency Tariff Funding and £0.2m relating to 2018/19 PSF bonus monies. Arrangements in 2019/20 enabled it to appropriately manage this position, although the position for 2020/21 remains uncertain and volatile. Government support has been promised but with national planning suspended the Trust has been proactive in reviewing its draft operational plan and realigning budgets to the anticipated post-Covid environment as it looks to move back to 'business as usual'.</p>	<p>We concluded that the Trust has appropriate arrangements in place for reporting and monitoring its financial position.</p>

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit.

Reports issued

Report	Date issued
Audit Plan	February 2020
Audit Findings Report	June 2020
Annual Audit Letter	July 2020

Fees

Audit Fees	Planned £	Actual fees £	2018/19 fees £
Statutory audit	54,000	TBC	46,200
Fees for non-audit services			
Audit related services			
- Quality Account	6,000	TBC	6,000
Total fees	60,000	TBC	52,200

Fees for non-audit services

Service	Fees £
Non-Audit related services	Nil
- None	

Non-audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust. The table above summarises all non-audit services which were identified.
- We have considered whether non-audit services might be perceived as a threat to our independence as the Trust's auditor and have ensured that appropriate safeguards are put in place.

We have not provided any non-audit services to the Trust in 2019-20 and the Quality Account work provided in 2018-19 was consistent with the Trust's policy on the allotment of non-audit work to your auditor.



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Complaints and PALS Q1 Report

Council of Governors

August 2020

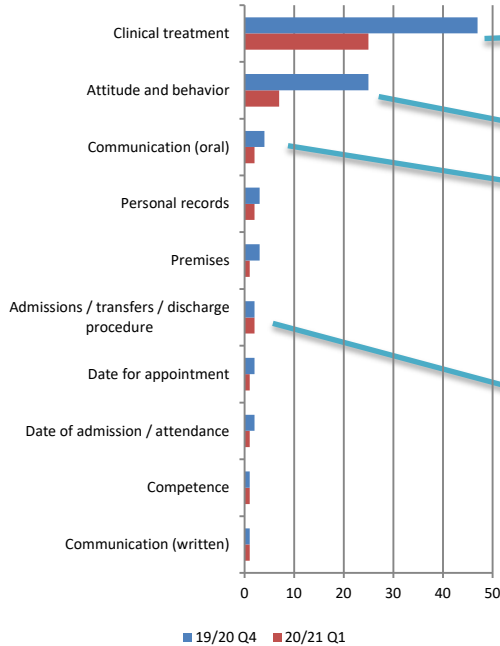
We are **WHH** & We are
PROUD
to make a difference

Complaints Analysis Q4 vs Q1

Page 42 of 54

The information shows the top subjects in complaints in Q4 vs Q1.

Note: Complaints can have more than one subject.



Clinical treatment:

- There was a decrease in the number of complaints received in Q1 compared to Q4 regarding clinical treatment (25 in Q1 versus 47 in Q4). Concerns include wrong diagnosis, delay in treatment, coordination of medical treatment and poor nursing care.
- Insensitive to patients needs and communication issues can also be linked to when the Trust is on full capacity.

Communication and Attitude and Behaviour:

- Staff attitude and behaviour has decreased by 18 in Q1 compared to Q4.

Admissions, transfers or discharge procedures:

- In Q1 there has been a similar theme for complaints relating to inappropriate discharges.

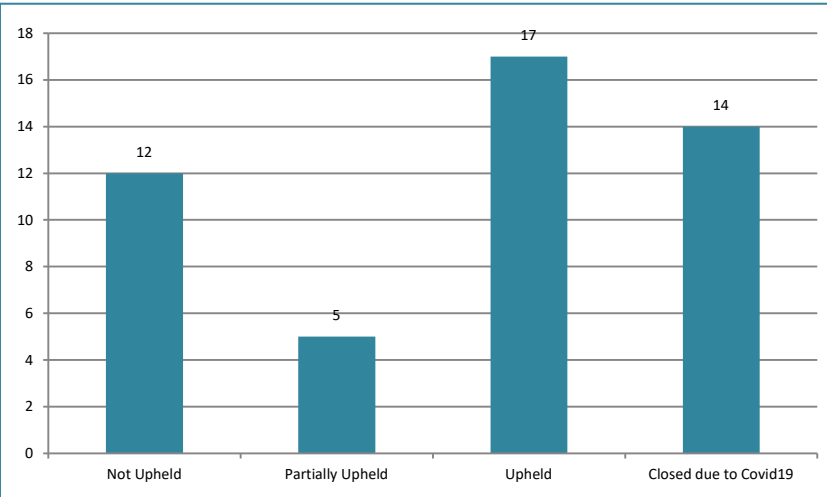


Complaints Outcomes Q1

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

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

During the Covid19 pandemic the Executive Team made the decision to close complaints that were considered low to moderate risk and invited the complainants to contact the Trust if they still required a written response. These complaints are recorded as “closed due to Covid19”.



PHSO Q1

So how many complaints do they investigate?

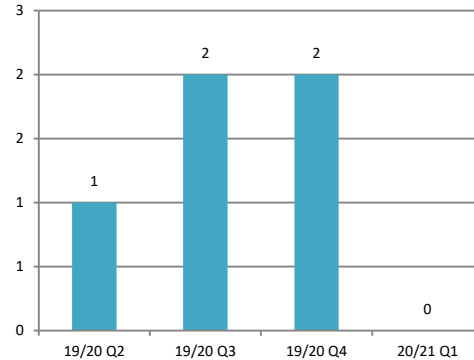
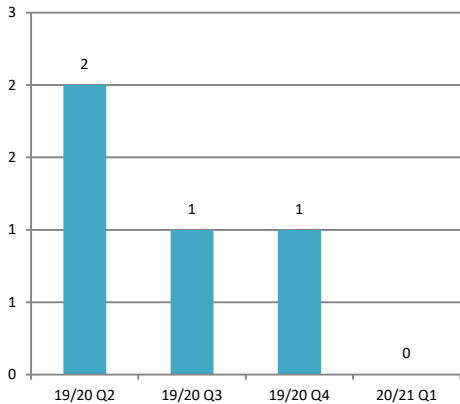
From 22 March 2020 the PHSO placed a pause on their investigation process due the Covid19 pandemic and therefore there were no new investigations into the Trust in Q1.

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

NOTE: The PHSO have changed how they investigate complaints and when investigations start; therefore previous graphical data may have changed in this report.

And what are the outcomes?

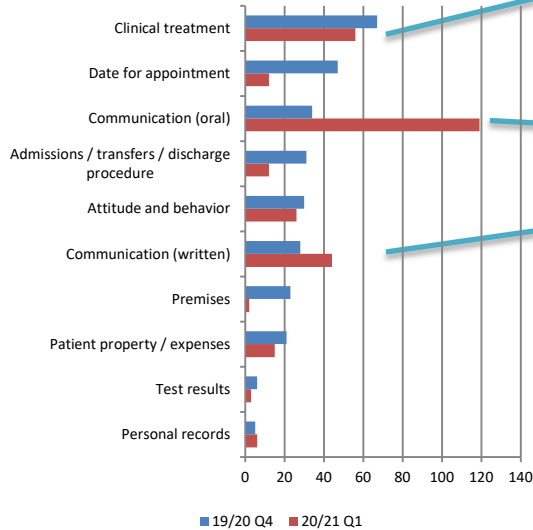
The Trust currently has 5 open PHSO cases. The PHSO closed no investigations in Q1.



PALS Analysis Q1

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



Clinical Treatment:

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

Communication:

During the Covid19 pandemic there has been an increase in the number of PALS concerns relating to Communication including -

- Difficulties with telephone communication
- Lack of clear explanation
- Misunderstandings
- Wording in letters
- Test results not communicated to patient

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

Q4	Q1
5 days	7 days

PALS to Complaints:

Q4	Q1
2	0



Council of Governors

AGENDA REFERENCE:	COG/20/08/41		
SUBJECT:	Council of Governors – Terms of Reference 2020-21		
DATE OF MEETING:	13 August 2020		
ACTION REQUIRED	To Approve		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:			
	All		
	Choose an item.		
	Choose an item.		
EXECUTIVE SUMMARY	<p>The Council of Governors is asked to review to and approve the Committee Terms of Reference.</p> <p>There is one proposed amendment to the Terms of reference previously approved by the Council of Governors in 2019. The proposed amendment in section 10 relates to the change in title from the Head of Corporate Affairs to Trust Secretary.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	The Council of Governors approved the Terms of Reference.		
PREVIOUSLY CONSIDERED BY	None		
	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>	Submit to Trust Board		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on XX.XX.2020

Council of Governors - Terms of Reference

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

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

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

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

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

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

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

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

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

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

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

Some of the following may support this process and dialogue:

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

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

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

10. MINUTES

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

11. REVIEW

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

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	V4 V3
Implementation Date	August 2020
Review Date	August 2021 2020
Approved By	Council Of Governors xx.xx.2020 13 August 2019

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

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

Council of Governors

AGENDA REFERENCE:	COG/20/08/42		
SUBJECT:	Audit Committee Chairs Annual Report and Audit Committee Terms Of Reference		
DATE OF MEETING:	13 August 2020		
ACTION REQUIRED	Approve		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:			
	All		
	Choose an item.		
	Choose an item.		
EXECUTIVE SUMMARY	<p>This report seeks to deliver assurance to the Board and Council of Governors that the Audit Committee has met its Terms of Reference and has gained assurance throughout the reporting period of the efficacy of the Trust's internal system of controls. The Audit Committee approved the Terms of Reference 21 February 2020, ratified by Trust Board in 25 March 2020.</p> <p>The overall Head of Internal Audit opinion for the period 1st April 2019 to 31st March 2020 provides Substantial Assurance. This provides assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	The Council of Governors ratify the Audit Committee Chairs Annual Report and note the Terms of Reference		
PREVIOUSLY CONSIDERED BY	Audit Committee		
	Agenda Ref.	AC/20/08/70	
	Date of meeting	6 August 2020	
	Summary of Outcome	Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

Council of Governors

DATES 2019-2021

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

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

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