



# WHH Council of Governors

**Thursday 10 February 2022**

**3.00pm – 5.00pm**

**Via MS Teams**

**COUNCIL OF GOVERNORS**  
**Thursday 10 February 2022, 3.00pm – 5.00pm**  
**Via MS Teams**

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
<b>FORMAL BUSINESS</b>					
COG/22/02/01		Welcome, Apologies and Declarations of Interest	<i>For noting</i>		Chairman
COG/22/02/02 PAGE 4		Minutes of the meeting and Action Log held on 11 November 2021	<i>For decision</i>	<i>Minutes &amp; Action Log</i>	Chairman
COG/22/02/03		Matters Arising	<i>To note for assurance</i>	<i>verbal</i>	Chairman
<b>GOVERNOR BUSINESS</b>					
COG/22/02/04 PAGE 13	3.05pm	Lead Governor Update - Board Observation Report	<i>Info/update</i>	<i>Verbal/ Briefing</i>	Lead Governor
COG/22/02/05 PAGE 16	3.10pm	Items requested by Governors a) Vaccination as a condition of deployment (VCOD) (Q&A Attached) b) Midwifery Services (Q&A Attached)	<i>Info/update</i>	<i>Briefing notes + Q&amp;A</i>	Chair
COG/22/02/06	3.20pm	Chairs Report – Governor Engagement Group (GEG)	<i>Info/update</i>	<i>Verbal</i>	Chair of GEG Keith Bland
COG/22/02/07	3.25pm	Patient & Public Participation Involvement Strategy Update	<i>Info/update</i>	<i>Presentation</i>	Director Comms & Engagement
COG/22/02/08 PAGE 15	3.30pm	Board Committee Observations (a) Audit Committee – S Fitzpatrick (b) Finance & Sustainability Committee – P Bradshaw (22.12.21 & 19.01.22) (c) Quality Assurance Committee - A Robinson <i>(to follow)</i> (d) Strategic People Committee - C Jenkins <i>(to follow)</i> (e) Charitable Funds Committee – S Fitzpatrick (f) Clinical Recovery Oversight Committee – J Howe (16.11.21)			
Copies of Chair's Committee Assurance Reports received in the Public Trust Board are included for information in supplementary pack					
<b>TRUST BUSINESS</b>					
COG/22/02/09	3.40pm	Infection Prevention Update	<i>Info/update</i>	<i>Presentation</i>	Assoc Chief Nurse/Director Infection Prevention Control
COG/22/02/10 PAGE 25	4.00pm	Chief Executives Report including: - CEO Board report January 2022	<i>Info/update</i>	<i>Report</i>	CEO
COG/22/02/11	4.10pm	Chairmans Briefing	<i>Info/update</i>	<i>Verbal</i>	Chairman
COG/22/02/12 PAGE 36	4.15pm	Strategy Delivery Report	<i>Info/update</i>	<i>Report</i>	Director Strat & Pships
COG/22/02/13 PAGE 59	4.20pm	Engagement Dashboard Q3	<i>Info/update</i>	<i>Paper</i>	Director Comms & Engagement
COG/22/02/14 PAGE 65	4.30pm	Complaints Report Q2 update	<i>Info/update</i>	<i>Presentation</i>	Director of Integrated Governance & Quality
<b>GOVERNANCE</b>					
COG/22/02/15	4.45pm	New Partner Governor	<i>Update</i>	<i>Verbal</i>	Trust Secretary

COG/22/02/17 <b>PAGE 71</b>	4.50pm	Compliance Trust Provider Licence	<i>To note for assurance</i>	<i>Report</i>	Trust Secretary
COG/22/02/18	4.55pm	Any Other Business and Closing		Verbal	Chair
<b>Date and Time of next meeting is Thursday 12 May 2022 4.00pm – 6.00pm</b>					

**COUNCIL OF GOVERNORRS**  
**Minutes of the Meeting held on Thursday 11 November 2021**  
**Via MS Teams**

<b>Present</b>	
Terry Atherton (TA)	Non-Executive Director (Chair)
Simon Constable (SC)	Chief Executive
Margaret Bamforth (MB)	Non-Executive Director
John Culshaw (JC)	Trust Secretary
Linda Mills (LiM)	Public Governor
Cliff Richards (CR)	Non-Executive Director
Lesley Mills (LeM)	Staff Governor
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Norman Holding (NH)	Public Governor & Lead Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Alison Kinross (AK)	Public Governor
Kuldeep Singh-Dhillon (KSD)	Partner Governor, Warrington Sikh Gurdwara
Colin McKenzie (CM)	Public Governor
Grant B Patterson (GP)	Director, Audit, Grant Thornton
Anita Wainwright (AW)	Non-Executive Director
Dave Marshall (DMA)	Public Governor
Susan Hoolachan (SH)	Public Governor
Louise Spence (LS)	Staff Governor
Nichola Newton (NN)	Partner Governor
Michael O'Connor (MOC)	Non-Executive Director
Dan Birtwistle (DB)	Staff Governor

<b>In Attendance</b>	
Lucy Gardner (LG)	Director of Strategy and Partnerships
Dan Moore (DM)	Chief Operating Officer
Medina Yassin (MY)	Corporate Governance (Minutes)

<b>Apologies</b>	
Steve McGuirk	Chairman
Pat McLaren	Director of Communications and Engagement
Sue Fitzpatrick	Public Governor

<b>COG/21/11/52</b>	<b>Welcome, Apologies &amp; Introductions</b>
	<p>The Chair welcomed everyone to the meeting, it was noted that this meeting was Alison Kinross' and Erin Dawber's last Council of Governors meeting, and they were thanked for their valuable contributions.</p> <p>A welcome was extended to Michael O'Connor - New Non-Executive Director. and apologies were noted as above.</p> <p>There were no declarations of interest in relation to the agenda items.</p>
<b>COG/21/11/53</b>	<b>Minutes of meeting held 13 May 2021</b>
	The minutes were taken as an accurate record and approved.

	<b>The Council of Governors approved the minutes of the meeting held on 13 May 2021.</b>
<b>COG/21/11/54</b>	<b>Matters Arising/Action Log</b>
	JC provided an update on Action COG/21/05/22, as elections were completing this month, the action would be carried forward to the next Council of Governors meeting.
<b>COG/21/11/55</b>	<b>Lead Governor Update</b>
	<p>NH continued to have monthly 1:1 meetings with SMcG, and had attended various meetings, including a Nomination and Remuneration meeting, a Governor workshop, and a meeting with the National Lead Governor Association. It was discussed in the latter how Governors could challenge and observe NEDs, as many Trusts were still not allowing Governor observers at meetings. Also discussed was how Trusts support sight impaired Governors which had not been considered and perhaps should be.</p> <p>An update had been sent to Governors which contained the new CQC strategy.</p> <p>NH attended a Governor workshop with NHS Providers which was good learning and perhaps there could be something from the Trust to showcase at one of these in the future.</p> <p>NH sat on the Transport Board Working Group where the main topic was car parking. Currently 3000 on site passes had been issued, 600 offsite and 200 staff on the waiting list. There were safety concerns mainly around speeding onsite, speed ramps and inadequate road markings/signage which was being looked at.</p> <p>NH has attended 3 Patient Experience Sub-Committees with one having an excellent report/HLBP from critical care on the progress being made.</p> <p>NH attended a Governor engagement group and a Patient Experience task and finish group. The latter focussed on obtaining a new patient system. There were 3 potential supplier's presentations which varied in terms of what patients would have to pay. Currently the document was being refined for tender.</p> <p>NH noted that there would be a cleaning standards taskforce being set up.</p> <p>NH said that he also had the opportunity to join the kitchen staff at the Trust with SMcG and the dedication of the staff was amazing. The visit went down well, and the kitchen team were appreciative of them attending.</p> <p><b>The Council of Governors noted the update.</b></p>
<b>COG/21/11/56</b>	<b>Chairs Report – Governor Engagement Group (GEG)</b>
	<p>KB said that the meeting was well attended both via MS Teams and in-person. The results of the staff survey were discussed which included, promotion of Governors and their constituencies within the Trust, hospital food, patient and public participation, and patient letters.</p> <p>The new Governors would start their tenure on 01/12/2021 and currently discussions to look at how to support them were taking place.</p> <p>NN would like to involve students with the Trust which KB feels was a good idea and hopefully would bring new members into the Trust.</p> <p>NN said that the students were engaging with the health and safety chat bot and this was going well, and currently were awaiting feedback from the chat bot.</p> <p><b>ACTION - Seek feedback from chat bot and add to agenda of Council of Governors meetings going forward.</b></p>

Patient experience provided an excellent report with the focus being on more choice of food, carers cafes, and the main entrance. The Wingman lounge is to close at the end of November as volunteers are returning to work.

LeM said on the Wingman lounge that feedback from staff is extremely positive, and it has been a big support over the last 18 months. It is disappointing that it is coming to an end and will look to see what is next in store for the space.

SC agreed with this sentiment and the Trust is sorry to see them go. However, the lounge will be retained as a staff wellbeing area as it is recognised that this space is required.

**The Council of Governors noted the update.**

COG/21/11/57

#### Items requested by Governors

It was noted that the third question has received a response and if there are any questions with regards to this, it is asked that Governors feedback these to JC.

***Question 1: Could we have an update on the current position with Vaccinations of Staff (Covid and Flu)?***

#### Slides/presentation/update provided by LG

As of 8<sup>th</sup> November – 62587 Covid vaccinations and 3529 boosters had been delivered at Warrington Hospital. In terms of staff figures, 94% have had the initial vaccine which was ahead of both the North West and overall NHS. 56% of staff have had the booster and communication had been received that there were plans to mandate Covid vaccinations for frontline healthcare and any staff who had direct patient contact. The information received has said that these staff will be required to have their 1<sup>st</sup> dose by the 3/2/22 and will need to be fully vaccinated by 1/4/22. Currently there are 307 staff who have not had any Covid vaccination however not all of these are in direct contact with patients. There are 4 main areas with 10 or more staff that have not received the vaccine, these are, radiology, urgent and emergency care, corporate nursing, and domestics. This update and guidance are happening in real time and the position may still change.

In terms of Flu vaccination, 1984 vaccines have been delivered and 62% of staff with direct patient care have received the vaccine. In terms of the whole Trust this figure is 45%.

#### Questions

**LiM asked what the situation was going to be for staff who do not have the vaccine and whether they will lose their jobs.**

LG said that the answer is currently unknown no formal guidance has been received, for now the focus is on encouraging staff to get the vaccine and an update will follow when more is known.

**LeM asked whether the number of staff vaccinated outside of hospital are incorporated into these figures and what the plan is for approaching the groups who are showing as 10 or more unvaccinated.**

LG said that for Covid the number of staff vaccinated outside the hospital are incorporated into the figures but not for Flu so there will be outliers in this. In terms of the plan for approaching groups, they have been approached via their leads. There is caution about approaching

individuals and so targeted communications to those staff groups will be done.

**CJ asked whether employers are worried about the duty of care implications and whether plans have been put into place regarding this.**

LG said that the Trust has been very proactive and offered vaccines to all staff. The programme has been running longer than many other organisations, and as such any member of staff who wishes to be vaccinated has been given the opportunity. For those who have yet to be vaccinated it is a personal choice.

**Question 2: Update on current position with the backlog waiting list?**

**Slides/presentation/update provided by DM.**

DM explained that the Trust has a lot of waiting lists, split in different ways so will provide the key headlines. For those who have been waiting for over a year, traditionally the Trust wouldn't have any, but this figure has come down significantly and is half the number it was. The expectation is to continue to see a reduction but not as rapidly over winter. Hopefully by March it will sit at around the same number currently.

For those waiting over 2 years for treatment this number is expected to increase but by the end of March there will hopefully be no patients in this group.

For priority 2 patients that have breached 4 weeks, this number has been brought down however there will always be patients who wish to defer.

DM felt it was important to share the totality of the waiting list; those who have been waiting under 18 weeks and those who have been waiting over 18 weeks. For those waiting over 18 weeks the figure is slightly going up as is the total waiting list. The reasons for this are that many clinics are now resuming, the Trust has been given patients referred during Covid, and more people are coming to get treatment. Currently focusing on what needs to be done and what capacity is needed to get them safely treated.

Questions

PB would like to assure Governors that this information was challenged monthly at FSC.

COG/21/11/58

**Board Committee Governor Observation Reports**

**The Council of Governors noted the committee update reports.**

COG/21/11/59

**Chief Executives Briefing**

SC happy to take any questions but will also provide an update on key issues.

In relation to the Covid position, there are currently 20 inpatients' with Covid. The total number of patients who have contracted Covid at any point within their stay is 46. In comparison, at the highest in the middle January the number was 246 and as such the current figure is a fraction of the peak of Wave 3. At the peak of Wave 4 the number was 61, so the figures are on their way down, as is the community prevalence on the back of the vaccination programme.

With regards to other challenges the Trust is facing, there is not an inconsequential number of inpatients. The backdrop to this being an increase in A&E attendance and the pressure this has on acute Trusts. Notably services like Maternity and Paediatrics are facing significant pressure in a way that they usually aren't.

The Trust is playing catch up with elective waiting lists and super stranded patients who are

those patients who have been in hospital over 21 days are currently sitting at 131 patients which is the highest since 2018. There are 78/80 in patients who are fit to be discharged; this reflects the difficulties with social care, and patient flow.

There are ongoing capital developments to the Trust's estate, with the Breast Unit at Halton, the new MRI facility, the mortuary, post anaesthetic, and the ED assessment plaza which will hopefully come online in the Spring. An expression of interest to be one of 8 bids for a new hospital has been completed and more details will be provided in the coming weeks. An announcement in Spring as to whether the Trust has been successful is expected.

A new tradition was started on 11/11/21 where there was an inaugural armistice day ceremony with the veteran staff network.

#### Questions

#### **LiM asked whether Covid patients are being treated with anti-viral medication.**

SC said that anything patients need that is licensed/granted authorisation they will receive. It has been found that things are being implemented very quickly and when research and guidance is given of any treatment, this is being deployed fast. Antibody treatments are not necessarily deployed to everyone, and this depends on the medical assessment.

#### **PC asked with regards to the super stranded patients and those 78 who are fit to go home, whether they are concentrated in wards or distributed evenly throughout the hospital.**

SC said it is largely a mixture and depends on the needs of that patient. He is hesitant about using the term medically fit as it doesn't quite mean that, rather there is nothing in hospital that can be added to their treatment journey. As such there is several wards who have a higher amount of these patients, for example wards that concentrate on care of the elderly.

COG/21/11/60

#### **Chairman's Briefing**

TA advised that he has nothing further to add to SC's summary update.

COG/21/11/61

#### **Annual Report and Accounts**

GP from Grant Thornton explained that the audit findings from the Annual Report have been taken to the Audit Committee and offer an unqualified opinion on the Trust's financial statements. What is in the Annual Report is consistent with their understanding of the Trust which is fair and balanced with statutory guidelines.

Currently the Trust is 4 million over accrued and working with the finance teams to put arrangements in place. There is a greater focus on expenditure and the team is working with the Trust to get this into a better position. A key area is the approach to depreciation, and it is being picked up as part of 2021/22. This year's audit did take longer but aware of the reasons for this being greater challenges considering the influence of the pandemic.

In terms of value for money there are no significant weaknesses. There was a recommendation for improvement with the financial position of the Trust and balancing out the challenge of the pandemic, but overall, a positive report with some underlying challenges. There is no requirement on the team to audit Quality Accounts for this year but will wait and see what the arrangements state.

TA said that the audit process has been challenging and this reflected the circumstances of the pandemic and will be key learnings to how the Trust deal with future audits.

GT said that the Trust is not alone in that and hopefully auditors being able to be onsite more will help in future and hopes the Governors are assured.

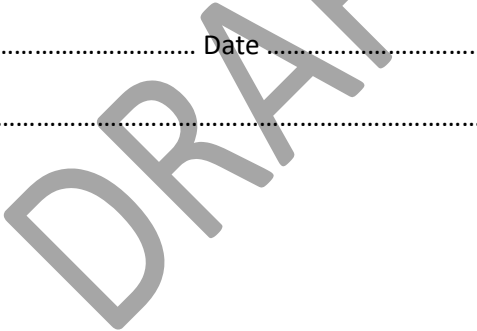


	<ul style="list-style-type: none"> <li>• <b>The Council of Governors noted the update report.</b></li> </ul>
<b>COG/21/11/62</b>	<b>WHH Strategy Delivery Report – Breast Screening Consultation</b>
	<p>The report was taken as read.</p> <p>LG highlighted that the Health and Wellbeing Hub in Warrington has had a series of approvals to go through and the final approval took place on Monday where it was approved. Therefore. this has now been submitted to parliament for review and approval.</p> <p>Breast assessment clinics have now been moved to a new Breast Unit in Captain Sir Tom Moore building at Halton, this second phase of the project plans to consolidate Bath Street and Kendrick Wing breast screening services, ideally to Bath Street as Kendrick Wing is not the best estate for the service. For this to progress a public consultation is being planned; health scrutiny support this and the move to Bath Street and have high praise for the breast services.</p> <p>LG advised with regards to the shopping city there has been a slight delay in progress, and it has changed hands in the period of the Trust negotiating the lease. This transition has now taken place and the Trust is in negotiations with the new owners. This combined with an increase in the cost of material led to the delay. The plan is that the services are opened in April 2022 compared to December 2021. A contractor has been appointed for the refurbishment and the consultation is complete; the service model remains the same. The next step is for the contractors to commence the refurbishment work.</p> <p><u>Questions</u></p> <p><b>CR asked if the discussions with the new owners of shopping city are positive.</b> LG said that the discussions have been very positive, the owners have been helpful and flexible, they are keen to ensure that the space is utilised and see the Trust as a good partner.</p> <ul style="list-style-type: none"> <li>• <b>The Council of Governors noted the update report.</b></li> </ul>
<b>COG/21/11/64</b>	<b>Audit Committee Chairs Annual Report and review of Terms of Reference</b>
	<p>JC presented this report on behalf of the former chair of the Audit Committee which will be taken over by Michael O’Connor. The paper was taken as read and JC explained that internal and external audit activities have been found to have moderate assurance. The paper gives details of issues going forward into the new financial year.</p> <p>No questions.</p>
<b>COG/21/11/65</b>	<b>Governor Training and Development MIAA</b>
	<p>JC advised on the Governor focused email with the training available, including online core skills on the 1/2/22, 1/3/22, and 29/3/22. If Governors are interested in any of the training, JC can provide further details and book them on.</p>
<b>COG/21/11/66</b>	<b>Amendments to the Constitution – Governor Responsibilities</b>
	<p>JC explained that the amendment proposals require the support from Governors prior to submission to the Board. They are to help support greater engagement and cohesive working for Governors.</p> <p>Discussions have been taking place for a while and some Governors attended a working party to develop these amendments. The amendments focus on increased participation of Governors and responsible use of social media. They are aimed to support Governors in their role, members of the Trust, and the public.</p> <p>NH said that KB and several other Governors have thought more engagement is needed, particularly now the constituencies have changed. This allows 4/5 Governors per constituency who can work together and discuss what actions are needed in their constituency. Hopefully this</p>

	<p>will allow for more engagement with Governors and the public, it will also help prospective Governors to see what commitment is required.</p> <p>KB agreed with NH and felt it was vital to attend observation meetings when restrictions enable Governors to do so. Something specific that he felt Governors should be looking at is mentoring the new Governors that come in; this will be easier now there are 4/5 Governors working together in a constituency.</p> <p>TA asked whether all understand and are happy to support the amendments.</p> <p><b>The proposed amendments to the Constitution carried unanimous support from Governors.</b></p> <p>The next step is for the amendments to go to Trust board on the 24/11/21 and if supported put these into action as soon as possible.</p>
<b>COG/21/11/67</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>• There is an Annual Member’s Meeting coming up which is to be held virtually, final details of this will be shared when known.</li> <li>• Louise asked if there was a plan to identify the individuals that worked at Wingman so people could write to them individually with thanks. SC said that events are planned for the last week of November to formally recognise their collective efforts, and it can be explored whether individuals are ok with being contacted. The Trust is certainly planning on marking it and thanking them appropriately. LeM suggested that thanks could also be given to the two pilots who set up the vaccination service.</li> </ul>
<p><b>Date and time of next meeting is Thursday 10 February 2022</b></p>	

Signed ..... Date .....

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## COUNCIL OF GOVERNORS ACTION LOG

<b>AGENDA REFERENCE</b>	<b>COG/22/02/03</b>	<b>SUBJECT:</b>	<b>COUNCIL OF GOVERNORS ACTION LOG</b>	<b>DATE OF MEETING</b>	11 November 2021
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## 1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
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## 2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02	13.02.20	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/20/08/33	13.08.20	GEG Report	Chair of GEG to be elected for next terms of office	Trust Secretary/K Bland/N Holding	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	
COG/21/05/	13.05.21	Refresh session for Governors	Proposed future refresh session to be arranged focus on Governor role/ priorities for 2021-22 if preferred	Chairman/Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic restrictions	
COG/20/02/06 (a)	13.02.20	Items requested by Governors	Hospedia Audit of services post COVID	Deputy Chief Information	Paused due to Pandemic		<p><b>06.05.2020</b>  <b>Recommended Next Steps</b>            (a) Site visit with 3<sup>rd</sup> party engineers to include review the TV services payment mechanism on cessation of the Trust procured TV services on the 09/07/2020.  <u>13.08.2020</u> Visit paused due to Pandemic. Conduct a review post-COVID-19 of patient entertainment services across</p>	

							the Warrington and Halton hospitals to inform the specification for a new solution prior to the contract end date with Hospedia on 20/08/2021. <u>12.11.2020</u> . (a) Hospedia to audit current system, due December 2020. <u>18.02.2021</u> . (a) Hospedia audit on hold (Minute COG/21/02/03) due to COVID restrictions <u>02.08.2021</u> Hospedia Audit remains paused.	
COG/21/08/34	14.08.21	WRAG Presentation	Presentation to be shared at a future Board session	Trust Secretary	Board date to be agreed			

### 3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/21/11/56	11.11.21	Governor Engagement Group	Seek feedback from chat bot and add to agenda of Council of Governors meetings going forward	Director of Comms & Engagement	COG 10.02.2021	03.02.22	Feedback from PESC, Governors and Warrington Vale Royal received and integrated into the chatbot – further, wider testing will follow the next issue with our advocates and community supporters. Feedback will be provided as part of the engagement report.	

#### RAG Key

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

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (a)</b>
<b>COMMITTEE ATTENDED</b>	<b>Trust Board Meetings</b>
<b>DATE OF MEETING:</b>	24/11/2021 & 26/01/2022
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p><b>24th November 2022</b></p> <p><b>Part 1 - Public Board</b></p> <p>Governors were circulated the papers for the Public Board in advance of the meeting. All NEDs were in attendance, this included newly appointed NEDs and Associates. The meeting had a full agenda. The meeting started with a Digital patient story.</p> <p>The CEO and Chairman gave full and comprehensive reports.</p> <p>NED chairs updated the meeting with their key issues reports in support of the Dashboard Assurance Reports from Executives, these reports showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams.</p> <p>Other areas of discussion took place around Quality and Sustainability.</p> <p>The Strategic Risk Register was reviewed, and items amended as agreed by the Board.</p> <p>All the above were debated and questioned or challenged as necessary by NEDs. The meeting was chaired well, and time given to all contributors.</p> <p>There were several items for Approval and Matters for noting and Assurance, all were agreed.</p>

**Part 2 – Private Board**

Following Part 1 in the afternoon I observed the Private Board. All NEDs were in attendance. The meeting had a substantial agenda were again the NEDs all participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance before decisions were made.

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

**26th January 2022****Part 1 – Public Board**

Governors were circulated the papers for the Public Board in advance of the meeting. All NEDs and Associates were present. The meeting had a full agenda.

The CEO and Chair gave comprehensive reports.

The meeting received a full and detailed update on the current Covid-19 position.

NED chairs updated the meeting with their key issues reports in support of the Dashboard Assurance Reports from Executives,

There was in-depth questioning and challenges from NEDs to all agenda items The new NEDs brought a freshness to the questioning, with different expertise being brought to the Board.

Other areas of discussion took place around Quality, Sustainability and People.

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

	<p>All the above were debated and questioned or challenged as necessary by NEDs. The meeting was chaired well, and time was given to all contributors.</p> <p>There were several items for Approval and Matters for noting and Assurance, all were agreed.</p> <p><b>Part 2 – Private Board</b></p> <p>This meeting took place in the afternoon following the Public Board. There was a smaller the normal Agenda for the meeting but several important areas for discussion.</p> <p>Again, the questioning and challenges from all NEDs was good and in-depth on each of the items. Each item had a presentation which was given by an executive board member.</p> <p>Again, the new NEDs brought a refresh in questioning through their individual expertise. The meeting was well chaired, and each item was given appropriate time for explanation and questioning, all in attendance were able to contribute to the discussions. The meeting concluded on time.</p>

## COUNCIL OF GOVERNORS

<b>Date of Meeting: 10<sup>th</sup> February 2022</b>
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<b>Agenda Ref: COG/22/02/05 (a)</b>	<p><b>Q1:</b> I have been reading about the Government, that they may delay the mandatory deadline for Covid vaccinations for NHS staff.</p> <p>Would the trust go ahead as planned or would they welcome a delay?</p>	<p><b>Proposer:</b> <b>Kerry Maloney,</b> <b>Public Governor,</b> <b>Warrington North</b></p>
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**Answer Provided by: Simon Constable / Steve McGuirk**

Verbal update to be provided in the meeting

<b>Agenda Ref: COG/22/02/05 (b)</b>	<p><b>Q2:</b> I've become aware of growing concerns about midwifery services across England with staff shortages, problems retaining experienced staff and large numbers of staff planning to leave the service. What is the situation at WHH? Has the new midwifery-led NEST unit at Warrington Hospital, that we heard about last year, helped to address these issues?</p>	<p><b>Proposer:</b> <b>Janice Howe,</b> <b>Public Governor</b> <b>Warrington South</b></p>
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**Answer Provided by: Catherine Owens, Director of Midwifery/Associate Chief Nurse**

The staffing of maternity services at Warrington and Halton Teaching Hospitals NHS Foundation Trust is our priority to ensure the safe care and positive experience of the women and families we serve. Staffing levels are reviewed by the senior management team on a daily basis where we review the daily acuity and staffing ratio and also review the next 7 days where we can plan and correct any potential shortfalls.

During each staffing review we identify current and upcoming vacancies which currently stands at 3.88 Whole Time equivalent and proactively go out to recruitment prior to staff leaving the organisation. The staffing challenges we have experienced have been in relation to COVID 19 absence which has followed the national picture. We have a very committed and flexible workforce which has enabled the continuation of maternity services.

When we go out to advert, we routinely appoint to any midwifery vacancies without any problems. The reputation and facilities of the maternity service attracts staff far and wide across the region; the main attraction of why staff aspire to join our work family is the warm welcome and support they receive and proven offer of continuity of carer (CoC) pathway to women. Following review of recent exit interviews, the themes for leaving are in relation to



new role opportunities/ promotion, reducing traveling time and 10 out of 26 staff have taken retirement in the last 12 months.

The national profile of the midwifery workforce has predicted a 50% reduction within the next 5 years, and it is fair to say midwifery is an aging workforce. At WHH midwives who had planned to retire have done so; 10/26 midwives leaving the trust retired and 5 of these have flexi retired and returned on reduced hours. WHH has a robust training plan of increasing clinical placements to student midwives. It is noteworthy that we retain the majority of students we train and where vacancies are not available the midwives will return when positions become available. WHH offers a unique and equitable offer to students by facilitating the whole of their training within a CoC pathway.

The midwifery retention rate over the last 12 months is 88.5%. This is comparable with the trust overall nursing and midwifery retention rate being 89.28 % in 2021

The recent national VCOD planning identified 2 midwives who had opted not to be vaccination. We also identified 6 midwives who were pregnant or were on maternity leave and therefore temporarily exempt.

The Nest is a state-of-the-art midwife led birthing centre. Midwives historically will be divided in their opinion and preference of working in a midwife led setting or on a consultant led birthing environment. Categorically midwives wish all women to be offered choice and personalisation of their care which includes offering choice in relation to a range of birth settings which include The Nest. We are very proud to be able to offer 3 birth settings and despite the challenges of COVID 19 and impact on women's health needs and staffing hotspots The Nest facilitated 231 births in its first year of opening. This is extremely credible where many providers have been forced to suspend this offer to women.

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 a</b>
<b>COMMITTEE ATTENDED</b>	<b>Audit Committee</b>
<b>DATE OF MEETING:</b>	18 November 2021
<b>AUTHOR:</b>	Sue Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired Michael O'Connor. Michael who has recently been appointed as a NED has been asked to take on the role of chair of this committee.</p> <p>The minutes of the previous meeting were reviewed and accepted. The chair received assurances that things were moving in the right direction since the last meeting.</p> <p>Verbal description of the various reports was given. It was noted that there has been improvements in the quality of data presented to the CROC which now meets monthly.</p> <p>Reassurance was gained for actions to mitigate the CQC red flags which had been delayed by an extensive policy review. QAC group identified two major issues which are actively being managed although the group could only give moderate assurance regarding sepsis but the work is ongoing.</p> <p>BAF update was accepted and the comment made that the BAF was seen to be actively managed. The chair queried if consideration could be given to reduce the number of risks, it was accepted that some risks may be amalgamated but some needed quite specific detail.</p> <p>The extensions to the deadlines of internal audit actions were accepted but the Chair asked for notification that actions have been completed as soon as they are completed rather than wait for the next audit committee meeting to prevent slippage.</p> <p>Grant Thornton plan for the next audit is underway and reassurance was given that there would be sufficient resource to provide a draft plan Feb 2022.</p> <p>.</p>

The chair challenged the stores losses and a full explanation was received and accepted.

The chair was excellent in challenging the NEDS and would like to introduce mechanisms for notification on ongoing issues to ensure no recorded deadlines are missed. His prior experience will be invaluable in his stewardship in how this committee functions in the future. It was recommended that training on asking the right questions at quality committee may be useful for NEDs.

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (b)</b>
<b>COMMITTEE ATTENDED</b>	<b>Finance &amp; Sustainability</b>
<b>DATE OF MEETING(s):</b>	17/11/21 – apologies sent (I was unable to attend due to work commitments) 22/12/21 19/01/21
<b>AUTHOR(S):</b>	Paul Bradshaw
<b>GOVERNOR COMMENTS</b>	<p>As always, I would like to commend the hard work and input of all staff who attend and present at this meeting, but particularly the Chair of this committee, Terry, who always provides robust challenge and support during these monthly sessions.</p> <p>In recent months as well as the standard agenda items the Committee has received updates on the following (not an exhaustive list)...</p> <ul style="list-style-type: none"> <li>• Capital Position/Capital Expenditure (schemes above £500K)</li> <li>• B3 and K25 wards</li> <li>• Electronic Patient Care Management System (EPCMS)</li> <li>• Warrington Town Deal - Health &amp; Wellbeing Hub Project Next Steps</li> </ul> <p>As a public governor, I am always reassured by the level of scrutiny and probity that this committee brings to the workings of WHH.</p>



### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (d)</b>
<b>COMMITTEE ATTENDED</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING:</b>	7 <sup>th</sup> December 2021
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p>There were 2 NEDs in attendance on the TEAMS meeting.</p> <p>This meeting was held as the hospital was experiencing exceptional high levels of patients and therefore attendees left as they were required in their departments.</p> <p>There was a full and detailed pack of papers received by all attendees</p> <p>The meeting had a full Agenda, the chair managed the meeting well and all parties were able to contribute to the various Agenda items.</p> <p>The NEDs challenged and questioned to ensure they had evidence and assurance on the various items.</p> <p>Approval was given for submitted matters following in-depth discussions.</p> <p>Matters for discuss were given appropriate time and were fully reviewed. There were several quality improvement topics discussed, all items were scrutinised by the NEDs</p> <p>Matters for Assurance, High level briefing reports were taken as read or moved to the next meeting due to the high staff pressures</p> <p>The meeting was completed to time and the chair ensured that all essential items received full debate and approval has required.</p>

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08(d)</b>
<b>COMMITTEE ATTENDED</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING(s):</b>	11/1/22 and 01/02/22
<b>AUTHOR(S):</b>	Anne M Robinson
<b>GOVERNOR COMMENTS</b>	<p>As usual, efficient and effective Chairmanship was necessary as a large number of topics were covered, in detail, under considerable time pressures.</p> <p>The 'Hot Topics' considered had the same basic underlying theme</p> <ul style="list-style-type: none"> <li>i. 12 hr breaches in ED and</li> <li>ii. staffing shortages</li> </ul> <p>Moving to Outstanding work continues and was well discussed.</p> <p>Standard Agenda items are always fully covered -</p> <p>Strategic Risk Register, Clinical Harm Reviews, Maternity Services</p> <p>In addition, ongoing SEPSIS reviews were discussed at both meetings with details referred to Board.</p> <p>The COG can remain assured that the work of the QAC meets the standards required.</p>

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 d</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	19 <sup>th</sup> January 2022
<b>AUTHOR(S):</b>	Colin Jenkins
<b>GOVERNOR COMMENTS</b>	<p>This was the first meeting chaired by the new chair, Julie Jarman.</p> <p>All attendees were welcomed by the Chair who outlined the agenda and highlighted items that were linked to previous meeting agenda's that the committee would be receiving updates to and informed the meeting that any pre-submitted questions to any item would be addressed at the appropriate point.</p> <p>Each responsible officer gave a verbal overview of their respective reports and answered any questions that arose from them.</p> <p>The committee ongoing action plan was reviewed and updated where necessary with targets applied to items that were incomplete.</p> <p>Assurances, where sought, were given along with any necessary parameters. The dates were agreed for the next required update after each key item.</p> <p>The meeting was professionally chaired by Anita, who throughout the meeting invited colleagues for their input, made salient comments and confirmed for assurance.</p> <p>I'm happy that the business of the SPC was conducted in line with the WHH policies and procedures.</p>



### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (d)</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	11 <sup>th</sup> November 2021
<b>AUTHOR(S):</b>	Colin Jenkins
<b>GOVERNOR COMMENTS</b>	<p>All attendees were warmly welcomed by the Chair at the start of the meeting. Anita introduced (as an observer) the next Chair who succeeds her in the new year.</p> <p>The Chair outlined the agenda and highlighted items that were linked to previous meeting agenda's that the committee would be receiving updates to and informed the meeting that any pre-submitted questions to any item would be addressed at the appropriate point.</p> <p>Each responsible officer gave a verbal overview of their respective reports and answered any questions that arose from them.</p> <p>The committee ongoing action plan was reviewed and updated where necessary with targets applied to items that were incomplete.</p> <p>A number of questions were raised and fully answered by the respective report authors. Assurances, where sought, were given along with any qualifying parameters. Where necessary, dates were agreed for the next required update after each submitted report.</p> <p>The meeting was professionally chaired by Anita, who throughout the meeting invited colleagues for their input, made salient comments and confirmed for assurance.</p> <p>I'm happy that the business of the SPC was conducted in line with the WHH policies and procedures.</p> <p>All those present thanked Anita for her stewardship of the committee with one person clarifying for the group how much she had benefited from Anita's time at the helm. I too have much to thank her for although I'm confident her successor will be equally beneficial to me and the rest of the committee in the future.</p>

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (e)</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	19 <sup>th</sup> January 2022
<b>AUTHOR(S):</b>	Colin Jenkins
<b>GOVERNOR COMMENTS</b>	<p>This was the first meeting chaired by the new chair, Julie Jarman.</p> <p>All attendees were welcomed by the Chair who outlined the agenda and highlighted items that were linked to previous meeting agenda's that the committee would be receiving updates to and informed the meeting that any pre-submitted questions to any item would be addressed at the appropriate point.</p> <p>Each responsible officer gave a verbal overview of their respective reports and answered any questions that arose from them.</p> <p>The committee ongoing action plan was reviewed and updated where necessary with targets applied to items that were incomplete.</p> <p>Assurances, where sought, were given along with any necessary parameters. The dates were agreed for the next required update after each key item.</p> <p>The meeting was professionally chaired by Anita, who throughout the meeting invited colleagues for their input, made salient comments and confirmed for assurance.</p> <p>I'm happy that the business of the SPC was conducted in line with the WHH policies and procedures.</p>

### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/02/08 (f)</b>
<b>COMMITTEE ATTENDED</b>	<b>Charitable Funds Committee</b>
<b>DATE OF MEETING:</b>	9 December 2021
<b>AUTHOR:</b>	Sue Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired Cliff Richards.</p> <p>The minutes of the previous meeting were reviewed and accepted.</p> <p>Verbal description of the reports was given. The main discussion was around the future 3 year strategy for the charity.</p> <p>The NEDs felt that the decisions to be made and the consequences/outcomes of those decisions should have been presented to the meeting rather than the whole strategy.</p> <p>The 5 pillars of the strategy were accepted in principle.</p> <p>However there was a lot of discussion around a big single appeal for a CT scanner and how this would fit in with the proposed strategy.</p> <p>There were a number of useful ideas shared by the NEDs.</p> <p>There was a lot of meaningful discussion which was summarised by the chair.</p> <p>“At this point in the development of the charity strategy it was felt that to make a decision on the way forward more information was required. Several things need to be worked through and it was felt it was too risky to make a decision to focus on one big appeal to the possible detriment of the sustainability of the charity and its activities.”</p> <p>The committee and Chair felt the discussion needs to be escalated to the executive board level for clarification and support.</p> <p>Unfortunately I left the meeting before the end due to another commitment.</p>

### Council of Governors

<b>AGENDA REFERENCE:</b>	COG/22/02/08 (g)
<b>COMMITTEE ATTENDED</b>	Clinical Recovery Oversight Committee (CROC)
<b>DATE OF MEETING:</b>	16 <sup>th</sup> November 2021
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p>A number of escalations from CSOG were highlighted to be addressed during the relevant part of the agenda.</p> <p>An update was given on the Artificial Intelligence software pilot, which aims to help consistency and standardisation of harm reviews across Cheshire &amp; Merseyside.</p> <p>The significant increase in the Outpatient waiting list was discussed in detail and assurance given that a recovery plan is being agreed. It was noted that although numbers have increased, the length of wait has decreased.</p> <p>Growing Outpatient waiting lists are a nationwide problem, although it was clarified that other specialist Trusts in the area don't have the same acute pressures as WHH.</p> <p><b>Summary</b></p> <p>The meeting was expertly chaired by Terry with suitable challenge and in depth questioning throughout the meeting by the attending NEDs.</p> <p><i>NB It was agreed to stand down the meetings scheduled for December &amp; January due to operational pressures. The next meeting will be on February 15<sup>th</sup>.</i></p>

# Infection Prevention & Control

**Update to Trust Council of Governors  
February 2022**

# Session Content

- Update on Healthcare associated infections
- Revised Infection Prevention & Control Strategy
- Covid-19



# Healthcare Associated Infections – MRSA BSI

31 of 84

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2006/07 = 24 hospital-onset Cases

- Last case - September 2020
- **16 months MRSA bloodstream infection free**
- Avoidable cases



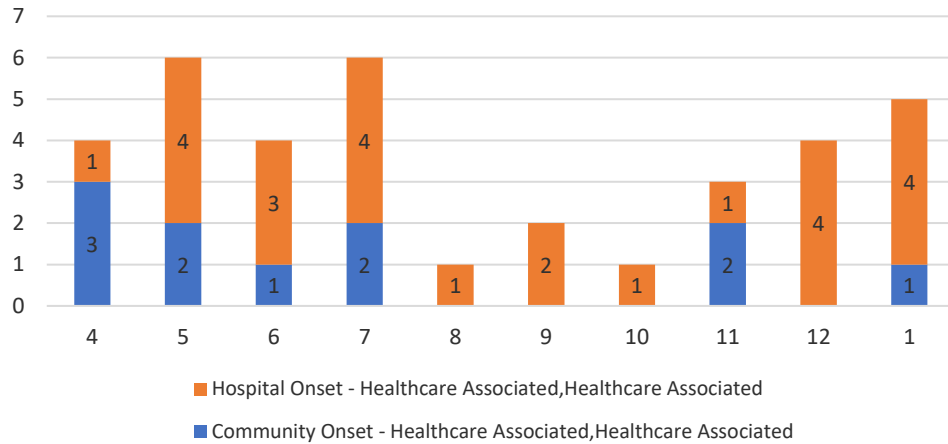
- ✓ Admission screening
- ✓ Care of invasive devices
- ✓ Sepsis management
- ✓ Skin antisepsis

31 of 84



# Healthcare Associated Infections - CDT

Trust Apportioned C. difficile cases Apr 2021 – Jan 2022



2007/08 = 393 Hospital-onset Cases

- Threshold = 44 cases
- YTD Total = 36

- ✓ Patient monitoring
- ✓ Isolation/ sampling
- ✓ Antibiotic prescribing
- ✓ SIGHT mnemonic



# Healthcare Associated Infections - GNBSI

**Threshold = 81 cases**

**YTD Total = 53**

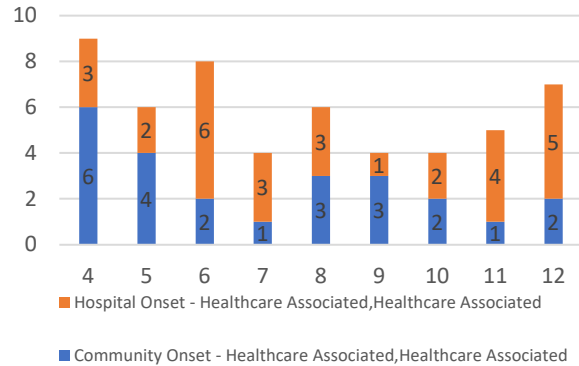
**Threshold = 23 cases**

**YTD Total = 16 cases**

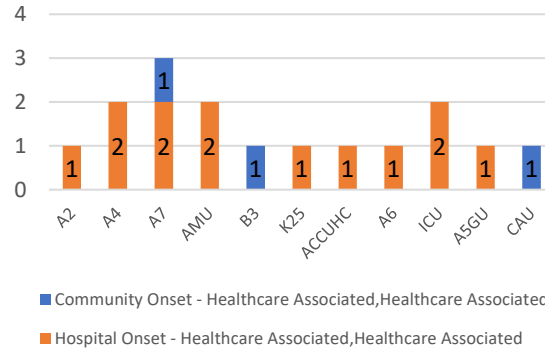
**Threshold = 4 cases**

**YTD Total = 3**

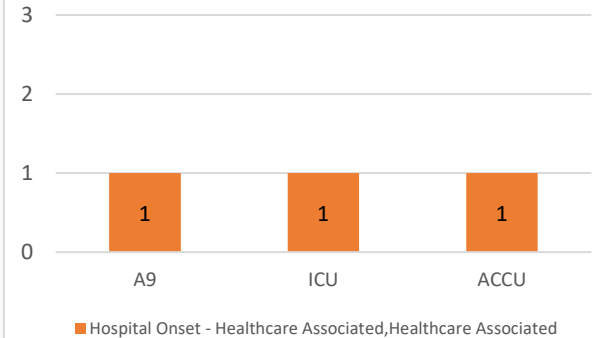
Trust Apportioned E. coli Bacteraemia Cases Apr - Dec 2021



Trust Apportioned Klebsiella spp. bacteraemia cases by ward Apr - Dec 2021



Trust Apportioned Pseudomonas bacteraemia cases by ward Apr - Dec 2021



# Revised IPC Strategy- SPACE-R



## Our Objectives are...

Linked to the WHH Quality Strategy and NHS England/Improvement (NHSE/I) requirements. These objectives will be revised annually, and progress considered when monitoring the strategy for success.

### Healthcare Associated Infections

Linked to the patient safety domain of the WHH Quality Strategy: -

- 5% reduction in GNBSI by March 2022
- Reduction in *C. difficile* cases by one
- Zero avoidable MRSA bacteraemia

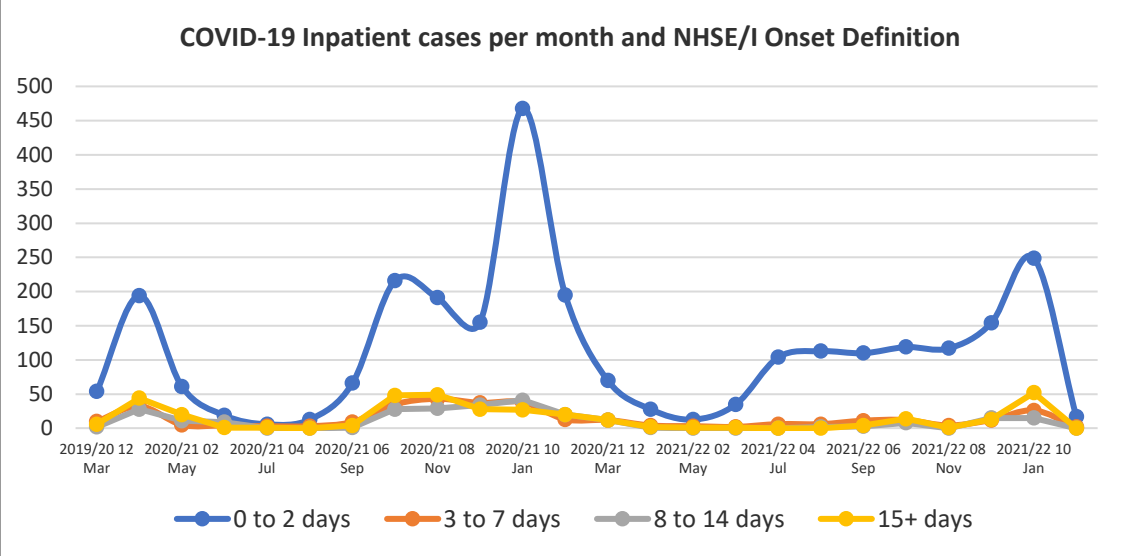
### Antimicrobial Stewardship

- Strengthening the current approach to antimicrobial stewardship
- Empower staff by education on optimum prescribing choices
- Provide assurance on optimum prescribing choices by robust auditing

### Cleanliness

We recognise that all patients deserve to receive care in a clean and safe environment and the vital link this provides to preventing healthcare associated infections. In collaboration with the First Impressions programme WHH will: -

- Sign up to the Commitment to Cleanliness Charter
- Display star ratings for cleanliness in all areas
- Ensure the highest standards of cleanliness through our time to shine campaign
- Monitor cleaning standards and take action to improve where required



- Inpatients are a subset of our local community
- Admission testing
- Patient placement
- Treatment
- Discharge including to social care
- Investigation of hospital onset cases



## REPORT TO BOARD OF DIRECTORS

<b>AGENDA REFERENCE:</b>	BM/22/01/04			
<b>SUBJECT:</b>	Chief Executive's Briefing			
<b>DATE OF MEETING:</b>	26 <sup>th</sup> January 2022			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.			✓
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future			✓
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.			✓
<b>LINK TO BAF RISK:</b>	All			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
<b>PURPOSE: (please select as appropriate)</b>	Information ✓	Approval	To note	Decision
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee		Not Applicable	
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Chief Executive's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/22/01/04</b>
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## 1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 24<sup>th</sup> November 2021, some of which are not covered elsewhere on the agenda for this meeting.

## 2) KEY ISSUES

### 2.1 Current COVID-19 Situation Report

As at the time of writing, 24<sup>th</sup> January 2022, we have a total of 59 COVID-19 positive inpatients (14 days or less since their first positive sample); 4 of those patients are in critical care. In total, 112 of our inpatients have tested positive at any time during their admission (7 of these in critical care). A week previously those COVID totals were 76 and 122 respectively. We have discharged a total of 2947 patients with COVID-19 to continue their recovery at home. Sadly, a total of 603 patients with COVID-19 have died in our care.

In terms of community numbers, after a sharp rise in December 2021, new daily COVID-19 cases remain high but continue to fall. In the latest 7 days fully published (11<sup>th</sup> January – 17<sup>th</sup> January) in Warrington there were 947 cases per 100,000 people (the average area in England had 935); 1983 new cases were reported in that week, down 1688 compared with the previous week. In Halton, there were 1061 cases per 100,000 people; 1377 new cases in that week, down 1141 compared with the previous week.

Vaccination of our boroughs (aged 12s and over) has achieved 84% for the first dose, 78% for the second dose and 61% for the booster in Warrington; for Halton, the figures are 81%, 75% and 56% respectively.

### 2.2 Overview of Trust Performance

For the first time this month, I have included a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete datasets. In this case, this is month 9, December 2021. Further detail is provided in the Integrated Performance Dashboard and associated Committee Assurance Reports.

The last few weeks have once again continued to see urgent and emergency care under real pressure across the North West and Cheshire and Merseyside; WHH has been no different. The sharp rise in COVID-19 burden in December has significantly impacted patient flow, and staff sickness absence both inside and outside of hospital, also affecting our partners, especially with care home closures. Emergency Department attendances at Warrington have also been high, although the acuity of COVID-19 patients has not been as significant as in previous waves with fortunately less demand for oxygen and critical care.

As a result patient flow has been a real challenge over the last few weeks, despite best efforts with two big patient flow and discharge campaigns: Home For Christmas (December 2021) and New Year New Start (January 2022). Whilst both of these campaigns have had a positive

impact and enabled us to safely navigate our way through the Christmas and New Year bank holiday fortnight, as well as the early part of 2022, our super-stranded position of patients with a length of stay greater than 21 days has peaked at the extraordinary level of 170 in the week commencing 17<sup>th</sup> January 2022. Those patients who do not meet the 'criteria to reside' has also been uncomfortably in the 25-30% range.

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

Total staff absence, including COVID-19 related-absence remains the most challenging 'People' metric at the current time. The Omicron variant has had a significant impact with total staff absence peaking at approximately 11%. This is a higher figure than we have had for all but wave 1 of the pandemic, reflecting the increase in community COVID-19 prevalence and its impact on staff self-isolation.

### **2.3 Cheshire & Merseyside System Development**

The C&M Integrated Care System moves towards a statutory footing, although this has now been delayed until 1<sup>st</sup> July 2022. We have continued to be involved at all levels of development, including the development of partnerships at a place level for both our boroughs as well as leadership of the C&M-wide system. We also play an active role in the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative; Ann Marr is the lead chief executive and Linda Buckley is the Managing Director. I continue to play a role as medical lead chief executive for the hospital cell as it transitions into the CMAST model, as well as an interim medical representative on the C&M System Transition Board, pending the formal appointment of the ICS Medical Director.

### **2.4 Vaccination as a Condition of Deployment (VCOD) regulations**

Thanks to the enthusiastic take-up by us all, and the extraordinary efforts by our WHH COVID-19 Vaccination Team, we have one of the best COVID-19 vaccination rates for NHS staff in the country. Less than 7% of WHH staff remain fully unvaccinated. That number is improving all the time.

From 1st April 2022, it will become law that all NHS workers, who have either incidental or direct face-to-face contact with patients in a (CQC-regulated) patient care setting, must be fully vaccinated to continue to be deployed in their usual roles. In other words, if individuals are not fully vaccinated (and, for the purposes of the regulations, this currently means two doses) by 1<sup>st</sup> April 2022 they will no longer be able to work in their usual role. Although the Trust will of course support individuals through potential VCOD redeployment, redeployment is not guaranteed. If individuals decide to remain unvaccinated and if no VCOD redeployment opportunities are available, a possible outcome is that employment will cease, effective 1st April 2022.

This means the first dose must be received by 3rd February 2022 in order to have the second dose in time for the 1st April deadline.

These regulations do not apply to individuals who are medically exempt (and there are only a very small number of reasons for medical exemption); medical exemptions must be applied through HM Government's 119 service. Individuals who are pregnant, or have recently given birth, receive a temporary exemption from the regulations until 16 weeks after giving birth.

I understand that those who have not yet had the vaccination course may have strong reasons for not doing so, on health, religious or personal belief grounds. However, it is our responsibility as an NHS Foundation Trust to implement the law. We will continue to actively encourage vaccine uptake amongst all WHH staff and will be supporting them in doing so. We have been running a series of VCOD Q&A sessions, led by myself. Additionally, line managers will be holding online drop in sessions. We will put on further sessions, including, 1 to 1s where necessary.

### **2.5 Ambulance Handover and Turnaround Times**

An initiative between ourselves and North West Ambulance Service has resulted in significant reductions in the amount of time it takes to transfer a patient from an ambulance to the care of our Emergency Department Team. Since implementing a dedicated ambulance reception process, we are now delivering handover times of 15 minutes or less in over half of all ambulance arrivals. In the first working week of January 2022, 95% of the 326 ambulance-delivered admissions to our Emergency Department were processed (turned-around) in 30 minutes or under – significantly better than the England average of 77%. The statistics show that Warrington Hospital has not only the best overall ambulance handover times in the region but also one of the region's most improved performances – rising from 69% of patients processed under 30 minutes two years ago to 95% today.

Although a small change, by speeding up the handover time, we are not only improving the patient experience but we are enabling the ambulance crews to reduce their time at Warrington – giving them more time to other urgent calls, which is really important for patients waiting for an ambulance at home. This is an important measure for patient safety across the whole system.

### **2.6 The Thank You Awards 2021**

Congratulations must go to all the winners and finalists in December's Thank You Awards. A list of all the winners and finalists are below:

- ***Star of the Future***, sponsored by Law by Design  
Chloe Cunliffe  
  
Silver Award – Claire Beard  
Bronze Award – Laura James  
Highly Commended – Lucy Garnett
- ***Wingman Team Care and Support***, sponsored by Seymour John and Causeway Electrical  
Mental Health and Wellbeing Team



Silver Award – Angela Millward  
Bronze Award – Allen Hornby and Sarah Brennan  
Highly Commended – Denise Dugdale

- ***Inclusion Advocate***, sponsored by Jagtar Singh & Associates  
Lynn Shaw

Silver Award – Joanne Maskell  
Bronze Award – Mandy Glover  
Highly Commended – Claire Beard

- ***Innovation and/or Quality Improvement***, sponsored by Patchwork  
Maternity Team River

Silver Award – Respiratory/ICU/Acute Care Team/Physiotherapy Collaborative  
Bronze Award – Vaccination Team

- ***Leadership***, sponsored by NHS Professionals  
Ailsa Gaskell-Jones

Silver Award – Jill Tomlinson  
Bronze Award – Ellen Quinn  
Highly Commended – Diane Matthew, Ruth Heggie, Anne Harrison

- ***Volunteer of Year***, sponsored by Portakabin  
The Wingmen

Silver Award – Tony Weetman  
Bronze Award – Forget me Not Garden Volunteers

- ***Student/Trainee of Year***, sponsored by Essential Healthcare, Greiner and Jenkinsons  
Erin Schofield

Silver Award – Joanne Flynn  
Bronze Award – Christopher Cunliffe

- ***Supporting Excellence in Patient Care***, sponsored by JMBC  
Mortuary Team

Silver Award – Estates  
Bronze Award – Chaplaincy  
Highly Commended – Medical Engineering

- ***Excellence in Patient Care***, sponsored by Hill Dickinson  
Breast Team

Silver Award – Children's Diabetes

Bronze Award – Interventional Radiology  
Highly Commended – Emergency Department

- **Outstanding Contribution**, as chosen by the Chief Executive Diane Matthew

Also commended were:  
Integrated Medicine and Community/Discharge Team  
PACU, CSTM Ward and Theatres

## 2.7 Visiting

COVID- 19 has brought many challenges for our staff and our patients. Since March 2020 restrictions have been in place across the NHS which has meant that in many cases patients have not been able to receive a visit from their loved ones whilst in hospital. This is even more important when community prevalence rates have been so high, as has been the case with the latest Omicron variant.

We recognise the value of seeing loved ones whilst in hospital and how this enhances the wellbeing and experience for all for our patients and at here at WHH the opportunity to reintroduce visiting for our patients is something that is under constant review. In the meantime, we are continuing to review opportunities to support the emotional wellbeing of our patients in its many forms.

The current exemptions to visiting restrictions are as follows:

- One carer that is supporting someone with a mental health issue such as dementia, a learning disability or autism or other similar complex conditions where not being present would cause the patient to be distressed.
- Patients at the end of their life.
- Women in labour - one birthing partner.
- Pregnant women undergoing ultrasound scan - Partner may accompany.
- Neonatal Unit - both parents.
- Children's Unit - One parent or appropriate adult visiting a child at one time, interchangeable.
- In exceptional cases consideration should be given to individual requests following a comprehensive risk assessment and support from the Senior Nursing Team.

## 2.8 COVID-19 Inquiry Stop Notice

From the beginning of the pandemic we have been aware that there will be national inquiry into COVID-19. The inquiry will focus not only on healthcare but also on education, the furlough scheme and travel and tourism amongst others. The purpose of the inquiry is to understand the challenges in greater detail with learning obtained and shared nationally, should a pandemic be encountered in future years.

At present the Terms of Reference have not been released but I will ensure that regular updates are provided Trust-wide. The inquiry will be led and supported by the Trust's Governance Team where information will be held and collated in preparation for any requested submission to the inquiry. The focus of the inquiry will be around the decisions

made to keep both patients and staff safe through what we know has been the most challenging time that the NHS has ever faced. It is also an opportunity to demonstrate and evidence the innovative methods of working that have been undertaken during this time.

It is extremely important that we start to prepare for this now and that all documents are saved and shared with the Governance Team dating back to January 2020. This maybe information held on computer systems, memory devices or mobile phones amongst others.

## **2.9 Farewell to The Wingmen**

In November, the Warrington Wingman Lounge opened for the very last time, 18 months after we started. Since then, the Wingman Lounge has had nearly 44,000 visits from our staff. In total, there have been 87 volunteers from both the flight deck and the cabin. Our lounge has been one of the most successful in the country since Project Wingman began.

The Wingman Crew didn't know us, but they came and lived every single one of our values every day. They brought us hope and cheered us on that this would pass; as indeed it did, albeit in the waves along to the new 'normal' we find ourselves in. They shared stories of what we see as their 'glamorous' lifestyles, the places they've flown to and the luxury stopovers they have had. They shared what it was like to be in highly stressful situations and keep people safe. We shared that too.

Whether they realise it or not, what they have done, as volunteers in the midst of a crisis, has been truly amazing, especially in the face of such uncertainty and disruption in their own lives. We didn't want to see them go. However, there is a legacy that lives on and that is The Wingman Wellbeing Lounge.

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

Since our last Board meeting in November 2021, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised, embraced and celebrated all of these.

World Antibiotic Awareness Week: 18<sup>th</sup> – 26<sup>th</sup> November 2021

Carers' Rights Day: 25<sup>th</sup> November 2021

World AIDS Day: 1<sup>st</sup> December 2021

## **2.11 Local political leadership engagement**

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

## **2.12 Employee Recognition**

In the summer of last year we announced the start of a slightly different approach to the Employee of the Month and Team of the Month awards scheme that we used to run pre-pandemic, and that we suspended in 2020. These have become the 'You Made a Difference' awards.

### ***You Made a Difference Award (October 2021) – Ward A6, Pam Ward and Carol Baskett***

Ward A6, Matron Carol Baskett and Pam Ward, Trusted Assessor, won the WHH 'You Made a Difference Award' for October. A6, Carol and Pam were nominated due to their brilliant team working which enabled them to provide excellent patient care, particularly for a lady living with dementia. The teams supported the patient during her stay at WHH, and worked to find the best residence for her upon discharge, improving her quality of life and supporting her to continue on her recovery journey.

### ***You Made a Difference Award (November 2021) – Tom Owens, Security Officer***

Tom Owens, Security Officer, was awarded the 'You Made a Difference Award' for November 2021. Through his quick thinking and actions, and going above and beyond in his role, Tom helped to save the life of a patient last autumn. Following this incident, changes have been implemented that will support others in doing the same. Tom demonstrated such presence of mind and quick thinking, most certainly making a difference to the life of the patient, as well as creating an initiative for future patients needing similar support.

The winners of my own award since my last Board report have been the following:

### ***Chief Executive Award (November 2021): Paediatric Team***

This was a long overdue award for a whole team approach to looking after a very challenging set of highly specialised circumstances in a young man who was on the ward in the autumn.

### ***Chief Executive Award (December 2021): Marcia Harris***

I made an award to Marcia Harris, healthcare assistant, for something she did outside of work earlier in 2021. On 20th August 2021, Marcia was leaving her home in Warrington to travel to work in Halton PACU; a car accident had occurred and Marcia pulled over to assist. This is where she witnessed an elderly man been pinned against his car bonnet by a man holding a knife. She tried to calm the situation down and at one point he held the knife to Marcia's throat. Her act of heroism at this time quite probably saved lives. Subsequently, on 22<sup>nd</sup> November the man with the knife was convicted and handed a five year prison sentence. Marcia was commended by the judge, for bravery and being a good Samaritan.

### ***Chief Executive Award (December 2021): Layla Alani***

Layla Alani, Director of Integrated Governance & Quality, has been given a Chief Executive Award for her leadership throughout the pandemic, keeping us all safe with a conscientious attention to detail, careful stewardship of the regulations at the same time as helping us make continuous improvements in our processes and outcomes.

### ***Chief Executive Award (January 2022): Angela Millward***

I have also been pleased to present Angela Millward in radiology a Chief Executive Award for her outstanding support of colleagues during the last year or so. Angela was nominated multiple times in the Team Care and Support category in the Thank You Awards 2021, and she was the Silver Award Winner. That was a really strong category as you might imagine, and all the nominations were really powerful. However, I was totally struck by what was written about Angela by so many of her colleagues in the nominations and wanted to recognise her additionally for exceptional care and support of her colleagues.

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

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

- Dr Alex Gomez, Consultant Geriatrician, Integrated Medicine & Community
- Anna Upham, Sister – PIU, Digestive Diseases
- Pamela Jacobs, Clinical Nurse Specialist – PIU, Digestive Diseases
- Lynda Sibert, Waiting List Clerk, Digestive Diseases
- Dr Anne Robinson, Deputy Medical Director
- Jacqueline Graham, Medical Secretary, Women's & Children's Health
- Georgia Berry-Price, Student Nurse - Ward B1, Integrated Medicine & Community
- Hellan Owens, HCA - Ward B12, Integrated Medicine & Community
- Dr Eshita Hasan & Team, Associate Medical Director, Women's & Children's Health
- Jill Nuckley, Ward Manager – CAU, Urgent & Emergency Care
- Louise Foley, Cancer Nurse Specialist, Digestive Diseases
- Mr Mark Tighe & Team, Digestive Diseases
- Jeanette Jones, Ward Clerk, Women's & Children's Health
- Lesley McKay & Team, Infection Control Team, Corporate Nursing
- Tom Poulter, Chief Information Officer
- Dan Moore, Chief Operating Officer
- Rachael Browning, Associate Chief Nurse, Corporate Nursing
- Valerie Fidler, Assistant Practitioner – Physiotherapy, Clinical Support Services
- Anita Wainwright, Non-Executive Director
- Rachel Lamb & Team, Matron, Urgent & Emergency Care
- Mr Rajiv Sanger & Team, Consultant Orthopaedic Surgeon, Surgical Specialities
- Angela Chiweshe, Staff Nurse, Urgent & Emergency Care
- Kelly Johnson & Team, Ward A2, Urgent & Emergency Care
- Pearl Arnold, Sister, Urgent & Emergency Care
- Jennie Myler, Executive Assistant, Trust Executives
- Loretta Lowe, Sister – ITU, Medical Care

**2.13 Signed under Seal**

Since the last Trust Board meeting, the following has been signed under seal by the Chairman and myself:

New MRI Scanner and construction

### 3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in December 2021 and January 2022 since the last Trust Board Meeting (meetings generally taking place via Zoom or MS Teams). It is not intended to be an exhaustive list.

- NHSE/I COVID-19 System Leadership (Monthly)
- NHSE/I COVID-19 NW Hospital Cell Gold
- C&M Integrated Care System Transitional Oversight Board
- C&M Provider Collaboration CEO Group (Bi-weekly)
- C&M Acute And Specialist Trust (CMAST) Provider Collaboration CEO Group (Monthly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- C&M and NW Critical Care Network Gold Command Calls (Twice Weekly)
- Steve Broomhead, Chief Executive, Warrington Borough Council
- David Parr, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- C&M Hospital Cell (Weekly)
- Warrington Wider System Sustainability Group (Monthly)
- Warrington System Pressures Meeting (Weekly, then Daily)
- Clinical Research Network North West Coast Health Research Alignment

### 4) RECOMMENDATIONS

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

# Appendix 1: Chief Executive Dashboard - Month 9 (December 2021)

## Quality

Quality of Care		
Indicator	Target	Actual
Incidents over 40 days	0 open	0 (29 open over 20 days)
Sepsis	90%	71% 64% 65% 68%
Duty of Candour	100%	100%
Inpatient Falls (YTD)	Less than 612 (for the year)	416
VTE	95%	95.3%
Pressure Ulcers (YTD)	Less than 65 (for the year)	62
Medication Reconciliation (24 hrs)	80%	61.00%
Staffing Average Fill Rates	90%	Above 84.0%
Care Hours Per Patient Day (CHPPD)	7.9	7.7
NICE Compliance	90%	88.26%
Friends & Family Test (IP/Day Case)	95%	97%
Friends & Family Test (ED & UTC)	87%	75%
Complaints over 6 months	0	0
Continuity of Carer	51%	78.90%
Healthcare Infections - MRSA	0	0
Healthcare Infections - CDI	Less than 44 for the year	31
Healthcare Infections - E. coli	Less than 81 for the year	53
COVID-19 nosocomial – 8-14 Days (In Month)	N/A	15
COVID-19 nosocomial – 15 Days +		13
Mixed Sex Accommodation Breaches	0	0

Operational Performance		
Indicator	Target	Actual
Diagnostic 6 Weeks	99%	77.50%
RTT 18 Weeks	92%	70.25%
RTT 52 Weeks	0	1,005
A&E 4 Hour Wait	95%	68.92%
A&E 12 Hour Wait	0	24 patients
Cancer 14 Days	93%	78.29%
Breast Symptomatic 14 days	93%	36.76%
Cancer 28 Day Faster Diagnostic Standard	75%	76.47%
Cancer 31 Days First Treatment	96%	98.48%
Cancer 31 Day Surgery	94%	100%
Cancer 31 Day Drug	98%	100%
Cancer 62 Days Urgent	85%	73.47%
Cancer 62 Days Screening	90%	90.91%
Ambulance Handovers 30-60 mins	0	91
Ambulance Handovers 60+ mins	0	30
Discharge Summaries 24 hours	95%	81.60%
Discharge Summaries 7 days	0	394
Cancelled Operations – nonclinical	Less than 2%	0.11%
Cancelled Operations – nonclinical not rebooked 28 days	0	5
Urgent Operations Cancelled for a 2 <sup>nd</sup> time	0	0
Fracture Clinic – 72 Hours	95%	38.51%
Super Stranded Patients	Trajectory	132

## People

Workforce		
Indicator	Target	Actual
Sickness Absence	4.2%	7.38%
Return to Work	85%	55.70%
Recruitment Time to Hire	65 days or less	73 days
Vacancy Rates	9% or less	8.93%
Turnover	Less than 13%	15.71%
Retention	85%	82.48%
Core/Mandatory Training	Trajectory	84.67%
Role Based Training	Trajectory	86.86%
Safeguarding Training	Trajectory	68.00%
Workforce Carrying Out a Qualification	2.3%	3.59%
Payspend (month)	£19.37m (Plan)	£19.40m
Bank/Agency Reliance	Less than 9%	15.59%
PDR Compliances	Trajectory	62.70%

## Sustainability

Finance		
Indicator	Plan	Actual
Income & Expenditure	Breakeven	£1.4m deficit
Capital	£11.4m	£5.3m spend
Cash	£10.1m	£42.97m balance
Better Practice Payment Code	95%	94% cumulative
CIP In Year	£1.85m	£1.9m savings
CIP Forecast <sup>47 of 84</sup>	£4.9m	£1.7m recurrent saving

## Strategy

Strategy
<ul style="list-style-type: none"> <li>Warrington Town Deal – Full Business Case approved by Government for new £3.1m health and wellbeing hub in town centre.</li> <li>Establishment of formal Integrated Care Systems and Partnerships, including new statutory body in Cheshire and Merseyside – deadline extended from April 2022 to July 2022.</li> <li>New breast unit opened at CSTM. Further public consultation planned for Spring on proposed consolidation of breast screening services in Warrington to increase capacity, reduce waits and improve patient experience.</li> <li>Expression of Interest for national funding for new hospitals in Warrington and Halton submitted and prioritised by Cheshire and Merseyside. Awaiting response from NHS England.</li> <li>Work on new ED plaza commenced.</li> </ul>

# Strategy Programme

## Highlight Report - February 2022

Page	Project	SRO	Strategy Lead	Status
5	Warrington Town Deal	LG	SB/CL	On track
6	Runcorn Town Deal	LG	CM	On track
7	Runcorn Shopping City	LG	CM	In progress but slippage that is recoverable and does not impact completion date
8	New Hospitals Programme	LG	KJ/RO'D	On track
9	WHH Green Plan	IW	VR	On track
10	Warrington Wider Estates Review	LG	RO'D	On track
11	Halton Blocks	LG	CM/RO'D	On track
12	Breast Service Reconfiguration – Phase 2	LG	CL	On track
13	C&M Pathology Network	LG	KJ/VR	Not started and start date has passed, or in progress and end date has passed
14	Community Diagnostic Centre	LG	SB	On track
15	Health & Care System Reconfiguration	LG	KJ/SB/CM	On track
16	Health & Social Care Academy	WVRC	SB/CL	On track
17	Partnership with St Rocco's Hospice	LG	SB	On track
18	Academic Collaboration with University of Chester	KSJ/PF	SB/VR	On track
19	Anchor Programme Development	LG	KJ	On track

### Key code



On track

In progress but slippage that is recoverable and does not impact completion date

Not started and start date has passed, or in progress and end date has passed



Page	Project	SRO	Strategy Lead	Status
20	Prevention Pledge	LG	CM	
21	Development of Overall Trust Strategy	LG	SB	

## Pipeline of Strategic Opportunities

22	Brief updates on other potential strategic opportunities for the Trust
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This strategy report provides a progress update on key strategic projects and initiatives that underpin WHH's Quality, People and Sustainability (QPS) Aims and Objectives.

The stakeholder engagement log provides a snapshot of external stakeholder engagement over the 2 month period. It is not a comprehensive list of all stakeholders engaged and does not include the extensive stakeholder engagement via regular external meetings and forums.

Should further information be required on any projects contained within the report, please contact the strategy team directly.

### Key code

On track

In progress but slippage that is recoverable and does not impact completion date

Not started and start date has passed, or in progress and end date has passed

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement	Outcome [if applicable]
Lisa Sculpher	Strategic Estates, NHSEI	Warrington Wider Estates Review and New Hospitals Programme	Agreed to sit on project steering group. Engagement will remain ongoing.
Nick Armstrong	Strategic Estates, Warrington CCG	Warrington Wider Estates Review	Agreed to sit on project steering group. Engagement will remain ongoing.
		Breast Screening phase 2 financial support for the project from CCG	Ongoing, capital split agreed. Ongoing revenue contribution in negotiation.
Arthur Pritchard	Head of Estates & Valuation, Warrington Borough Council	Warrington Wider Estates Review	Agreed to sit on project steering group
		Warrington Town Deal , lease transfer	Point of contact for lease transfer
Colin Parry	CEO, Peace Centre	Warrington Wider Estates Review	Confirmed involvement in the project
Kathryn Sloan	Head of System Transformation, AQUA	Progression of anchor programme	Input secured to develop driver diagram
Thara Raj	Director of Public Health	Population health management	Application to host a HEE population health fellow. Developing proposal to Warrington Together Partnership Board to secure funding for a population health manager
		Warrington Town Deal, Chair of Stakeholder and Engagement group	Ongoing input and support of the project.
Tracey Cole	Diagnostics Programme Director	Cheshire and Merseyside Pathology Network	Discussed direction of travel for network and agreed attendance at internal steering group
Anton Fields	Head of Business Intelligence, WBC	Town Deal Health and Wellbeing Hub, finance arrangements	Liaising around funds transfer from WBC to WHH.
Laurence Pullan	Head of Communications	Discussion around integration with the Living Well brand. Comms plan to be delivered in partnership	Living Well brand development. Communication planning.

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement	Outcome [if applicable]
Carl Marsh	Chief Commissioner, Warrington and Halton CCG	Ongoing revenue funding of WTD Health and Wellbeing Hub	Discussions ongoing but uncertainty around commissioning arrangements beyond Spring 2022
Dr Laura Mount	Clinical Director Central and West Warrington PCN	Discussions around the Hub and benefits to primary care	Positive discussions including targeted approach to provision.
Dr Ted Adams	Medical Director, Bridgewater Community Healthcare NHS FT	Ongoing revenue funding of WTD Health and Wellbeing Hub and exec representative for Bridgewater on this project.	Engagement with design of services for the hub and ongoing engagement regarding revenue funding.
Nichola Newton	Principal and Chief Executive, Warrington and Vale Royal College	Development of syllabus for Health and Social Care Academy	Closer links with the College created, including influencing the design of the Health and Social Care Academy syllabus.
Alison Cullen	Chief Executive Warrington Voluntary Action	Discussion around the role of the voluntary sector in the Hub and the development of an improved Directory of Services for Warrington	Alison directed us to Tyneside Council who have produced a good example of a DoS
Ian Triplow	CDC Programme Director Cheshire & Merseyside	Scoping potential for a Community Diagnostic Centre in Warrington/Halton	Ian is advising on next steps and looking to provide further info/data from across C&M
Dan Burdett	Regional Partnership Director (North West), NHS Property Services	Further discussions around potential to partner with NHSPS on Warrington Town Deal Hub project	Positive discussions. Opportunity identified and now working with NHSPS to look at how this might work in practice.
Dave McNicholl	CEO, Warrington Youth Zone	Potential to connect developing WHH paediatric diabetes offer into wider Warrington place-based services	Closer links established to ensure the Youth Zone and Hub support and complement each other.
Warrington & Halton GPs	Warrington & Halton GPs	Update to GP forum on Warrington Town Deal Health & Wellbeing Hub	Update provided.
Ian McClure	Warrington Speak Up Advocacy Service	Opportunity to link Speak Up mental health services into the Town Deal Hub in Warrington	Support offered around the design of the hub.
Ifeoma Onyia	Interim Director of Public Health, Halton Borough Council	Population Health Management	Developing proposal to secure funding for a population health manager

## Project Overview

WHH is leading a major project to develop a system-wide Health & Wellbeing Hub in Warrington Town Centre. The project forms part of the Town Deal programme, which covers 7 different infrastructure projects across Warrington, funded as part of the Government’s “levelling up” agenda. The Health & Wellbeing Hub will be designed to target and address health inequalities in Warrington by providing a range of services focussed on prevention and early intervention in a town centre location with close proximity to the areas of the town with the highest levels of deprivation. The Hub will be a space where providers from across mental and physical health, social care and the third sector can come together to deliver integrated services, support and learn from one another for the collective benefit of the local population.

Progress since last report	Financial Implications/ Budget Update			
<p>The full business case for the project was completed in August 2021 and submitted to DHLUC in November 2021. This has subsequently been approved with the first tranche of funding available to draw down in January 2022.</p> <p>Work continues to identify a suitable third party provider who can provide expertise and experience to elements of this project. Areas for consideration are; negotiation of the lease, procuring and overseeing the capital refurbishment works, providing ongoing facilities management services.</p> <p>Re-engagement with potential service providers has commenced.</p> <p>Exploration of the Directory of Services for the Warrington system as an integral part and a virtual reflection of the hub continues.</p>	Total project value is £3.1m, which is funded via central government. Ongoing revenue implications and how they will be covered across all system partners are to be confirmed.			
	Upcoming Key Milestones	Date	Status	Comments
	Decision on lease ownership of the building and third party involvement	Feb-22		Negotiations around lease with property owners commenced formally at end of November.
	Appoint design partner to complete design stage 3	Feb 22		Can commence immediately following approval of NHSPS as a consultation partner
	Implement project mobilisation infrastructure	Mar 22		
	Stakeholders' engagement			
Multiple stakeholders from across health, local authority and third sector.				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Formal agreement to be reached with all partners around ongoing financial and management arrangements of the Hub.	Significant impact on project if agreement is not reached. Alternative options will need to be considered.	20	All partners fully engaged in discussions around possible options and impacts.	12
Failure to spend the funding within required timeframes	Potential for current year and subsequent funding to be withdrawn.	18	Progress GFA with legal partners and WBC as quickly as possible. <ul style="list-style-type: none"> <li>Progress discussions with third party providers asap.</li> </ul>	12

## Project Overview

WHH is a key partner within Runcorn Old Town’s submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health projects being forwarded at this stage include: Community Health Hub – to deliver diagnostic and potentially other services from a hub location in Runcorn

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

Progress since last report	Financial Implications/ Budget Update			
Initial meeting of Strategic Oversight Group in December 2021	Total value of project as submitted through Runcorn Town Deal Programme: £3.89mil (across 5 years). Town Deal contribution: £2.85mil. Providers, including education, Council and Health bodies expected to meet remaining project costs of: £1.04m (across 5 years)			
Development of workshop to confirm target demographics and begin identifying operating model	Upcoming Key Milestones	Date	Status	Comments
Initial engagement with Architect to develop initial designs following workshop. Architect to be commissioned directly by Halton Borough Council.	Stakeholder Workshop	Jan-22		Workshop delivered 28-Jan.
	Business case submission to Town Deal Board	Jun-22		
	Construction commencement	Apr-23		
<b>Stakeholders' engagement</b>				
Multiple stakeholders from across health, local authority and third sector.				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: secure funding Caused by: Government rejecting business case Resulting in: failure of project	Failure of project, no health and education hub	10	Strong governance, oversight and local engagement, sound project management and lessons learned from similar	5

## Project Overview

The Runcorn Shopping City programme aims to utilise void space in Runcorn Shopping City to deliver health and wellbeing services closer to community in line with the NHS Long Term Plan.

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

Progress since last report	Financial Implications/ Budget Update			
<p>Further negotiation on Lease and Agreement to Lease legal documents, to ensure favourable and competitive terms to the Trust, and to ensure that Unit is handed over in best condition possible.</p> <p>Initial meetings with contractor and centre management underway</p> <p>Board approval of Public Consultation Report</p>	<p>Total Programme Costs: £844.5k, funded via:</p> <p>Internal Trust Capital Programme: £494.5k</p> <p>Donated income: £350k (via LCR Town Centre Commission)</p>			
	Upcoming Key Milestones	Date	Status	Comments
	Agreement of lease	Jan-22		Lease delayed due to change in ownership of shopping centre
	Contractors Onsite	Feb-22		
	Unit handover	May-22		
	Service Delivery	May-22		
	Stakeholders' engagement			
	Internal engagement ongoing through regular catch ups			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
<p>Failure to: Occupy unit on schedule</p> <p>Caused by: Delays to removal of asbestos by landlord</p> <p>Resulting in: Project delay</p>	<p>Delay to project, difficulties securing funding</p> <p>54 of 84</p>	15	<p>Escalation through Halton Borough Council</p>	10

## Project Overview

Development of new WHH hospital estate and infrastructure.

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

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

Progress since last report	Financial Implications/ Budget Update			
<p>Engagement continues with key stakeholders to demonstrate the case for investment in WHHs New Hospitals Programme.</p> <p>PA Consulting, supported by internal colleagues have commenced work to further develop the benefits case and financial and economic modelling for the Strategic Outline Case. Work expected to be completed by end of March 2022</p> <p>Both SOC's have been reviewed and detailed plans developed to refresh the content and enhance the case for change with emerging examples, such as links to the Green Agenda and case studies.</p> <p>Programme milestones and timelines have been refreshed based on two scenarios – being successful at EOI stage for inclusion in the Health Infrastructure Plan and not being successful.</p> <p>Communication plans are being refined to support both scenarios, alongside key messages for partners.</p>	<p>Financial phasing of costings for overall programme completed by Turner &amp; Townsend in October 2021. This is being reviewed by Edge £27k of the £96k agreed capital funding to progress with financial affordability model and benefits enhancement work has been spent. The remaining budget is allocated for spend in Q4.</p>			
	Upcoming Key Milestones	Date	Status	Comments
	Outcome received from EOI stage	Jan-22		Results will determine next steps in the comms plan and project direction
	Refresh of the Warrington and Halton Strategic Outline Cases due to Internal Review	Mar-22		On track
	Contracts awarded for delivery of the two OPE projects – Archus and PHD. Results of Warrington Estate Review and Halton Blocks will due by end of Q4	Apr-22		In development and on track
	Stakeholders' engagement			
	Local public engaged via MP petition for new hospital Revised focus on proactive engagement will take place in the next period.			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
The required investment may not be available if unsuccessful with the EOI process	May lead to scope of implementation being limited to meet affordability envelope, reducing the benefits able	12	Request for funding via internal capital. Exploring opportunities for external funding and buy in from C&M for investment	12



## Project Overview

The NHS has set the target to achieve net zero by 2040. The “For a Greener NHS” campaign was launched in 2020 by NHS England. While this is a nationally mandated programme, the Trust has a strategic commitment to developing and expanding on its role as an anchor organisation. The Green Plan will form a core pillar of this programme.

WHH has worked in partnership with WRM Sustainability to assess the Trust’s current position and develop an implementation plan to achieve our emissions targets.

Progress since last report	Financial Implications/ Budget Update			
<p>Green Plan circulated to FSC and Trust Board in November 2022 for feedback and comments.</p> <p>Implementation leads and timescales being identified ahead of final approval at FSC and Trust Board in February 2022.</p> <p>Green Plan submitted to Cheshire and Merseyside ICS to be incorporated in to the ICS Green Plan.</p>	TBC. Significant investment will be required to enhance Trust estates to meet required carbon savings.			
	Upcoming Key Milestones	Date	Status	Comments
	Submission of Green Plan to ICS	Jan-22		Submitted as provision subject to approval
	Approval of Green Plan at Trust Board	Feb-22		
	Stakeholders' engagement			
Communication plan in development to maximise staff, patient and stakeholder engagement.				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Insufficient funding to enable deliver against actions e.g. estate improvements, technological solutions	Do not achieve required reductions in emissions	20	Capital pressures to be assessed and logged via Capital Planning Group	
Capacity and expertise – prog lead required to oversee and progress plan supported by technical expert	Do not achieve required reductions in emissions	15	Explore funding recurrent roles to provide Sustainability and Technical Lead	



## Project Overview

The Trust, in partnership with Halton Borough Council and Warrington Borough Council, submitted a bid to the One Public Estate Programme in November 2020, via the Liverpool City Region Combined Authority, partly to:

- Review the wider estate across the Warrington region, and produce a shared delivery plan, recommendations and opportunities to improve utilisation of buildings, with an end product of a framework to utilise estate asset database to enable informed decisions on future use, configuration and occupancy

AIM: To get more from collective public sector assets, and take a strategic approach to asset management.

Progress since last report	Financial Implications/ Budget Update			
<p>The 16 week programme timeline has been agreed.</p> <p>Weekly Meetings with Archus/Turner and Townsend, WHH Project Leads (Rachel and Kelly), as well as Nick Armstrong, Lisa Sculpher and Arthur Pritchard are in place. The PID, Project Plan and format of weekly reports have been approved by the group.</p> <p>External stakeholders have been identified and the 'request for information' forms have been sent out with a deadline for completion 28/01/2022.</p> <p>Turner and Townsend are organising Stakeholder Interviews and visits to ensure all data and relevant information is captured in the Asset Map. This includes estates information and strategic plans that impact estates and potential utilisation opportunities.</p>	<p>Total costs (inc. VAT) = £42,637</p> <p>Externally funded via One Public Estate 8 funding agreement</p>			
	Upcoming Key Milestones	Date	Status	Comments
	Partner engagement complete	Feb-22		Planning for stakeholder engagement underway.
	Asset database created	Mar-22		
	Stakeholders' engagement			
<p>Nick Armstrong – Warrington CCG</p> <p>Lisa Sculpher - NHSEI</p> <p>Arthur Pritchard – Warrington Borough Council</p> <p>Colin Parry – CEO, Peace Centre</p>				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Partner capacity to complete information requests to schedule	Delay of delivery	12	Good engagement and buy-in from compelling vision	8
Technical queries around database hosting and enabling external access to refresh the database remain unresolved.	The potential solution may require capital investment and/or capacity from WHH to support a refresh.	12	Technical queries around database hosting being discussed at project meeting and options being developed with IT.	Under Review

## Project Overview

The Trust has been engaged with local partners, including Halton Borough Council, since 2016 in contributing to regeneration schemes within Halton Lea. This is reflected within the Trust's New Hospitals Programme, which outlined a bold and exciting future for the site as the Halton Hospital and Wellbeing Campus.

The Trust and its local partners are now keen to identify how best the Halton Blocks could be used to generate social value in line with the regeneration plans of the area, as well as providing a financial benefit to the Trust if developed and / or disposed in some form.

Progress since last report	Financial Implications/ Budget Update			
<p>In November 2020 the Trust applied, via Liverpool City Region Combined Authority, for One Public Estate funding of £90,000 to complete two strategic projects, a public sector estates Review within Warrington, and a feasibility study, including economic assessment and proposed timelines for the disposal of the Halton Blocks. It was confirmed in June 2021 that the Trust had been successful in this application.</p> <p>A procurement exercise was completed across November and December 2021, and Pinnegar Hayward Design (PHD) were selected as the contractor to undertake the Halton Blocks programme. The Trust was able to engage with PHD in January 2022 to begin the study.</p>	<p>Total costs (inc. VAT) = £44,733.60 Externally funded via One Public Estate 8 funding agreement</p>			
	Upcoming Key Milestones	Date	Status	Comments
	Liaison with Trust Leads to define scope of requirements and location options for relocation of each service	Feb-22		
	Identify potential options for land release / sale / re-purpose to maximise value	Mar-22		
	Sign off Appraisal Paper, including costed options and detailed delivery plan	Apr-22		
Stakeholders' engagement				
Internal engagement to begin February 2022				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Internal capacity to complete information requests to schedule	Delay of delivery	12	Good engagement and buy-in from compelling vision and Executive awareness	4

## Project Overview

Warrington, Halton, St Helens and Knowsley Breast Screening Service (WHSKBSS) provides routine breast screening, diagnostic and onward referral services to around 92,000 people from across the 4 boroughs. In the summer of 2021 the Breast Assessment and Symptomatic clinics relocated from Warrington Hospital to Halton Hospital's Captain Sir Tom Moore building, where a new £2.1m Breast Centre has been created in part of the Trust's flagship estate. Phase 2 of the project plans to consolidate and expand Breast Screening Services at Bath St Warrington and relocate Breast Screening services from Kendrick Wing Warrington Hospital. This would improve WHSKBSS by increasing staffing efficiencies, using more modern facilities and increasing the physical space available to carry out the screening.

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> <li>The proposed changes to the service were shared at WBC Health Scrutiny Committee in November, with the proposals being well received.</li> <li>The changes will now be shared with additional council area were the public will be impacted: Halton St Helens Cheshire West and Chester Cheshire East</li> <li>The Renova project plan has been provided and shared with the group. This has a predicted go live date of 5<sup>th</sup> September for the extended facility.</li> <li>Finance implications for the project are being finalised:</li> <li>The CCG and WHH have agreed a 50:50 split on the 6% Capital charge equating to approx. £11,000.</li> <li>Confirmation from the CCG with regards to their contribution to the ongoing rental costs of the space is pending a response from NHSE/I as to their position.</li> <li>Design plans have been produced and are being discussed.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Confirm funding arrangements and sign off PID</li> <li>Agree a design</li> </ul>	<p>The renovation works for this project will be financed and completed by Renova. As such, the Trust do not share any of the financial risk surrounding the renovation element of the project. Funds secured for the first phase of the project included £30,000 for relocation of existing mammography equipment from Kendrick Wing to Bath Street.</p>			
	<p><b>Upcoming Key Milestones</b></p>	<p><b>Date</b></p>	<p><b>Status</b></p>	<p><b>Comments</b></p>
	<p>Sign off PID</p>	<p>Feb-22</p>	<p style="background-color: #90EE90;"></p>	<p>Requires design and finance approval and clarification.</p>
	<p>Project completed and allocated capital for this financial year spent.</p>	<p>Sep-22</p>	<p style="background-color: #90EE90;"></p>	
	<p>Public Consultation finished and reported to CCGs</p>	<p>Jun-23</p>	<p style="background-color: #90EE90;"></p>	
<p style="text-align: center;"><b>Stakeholders' engagement</b></p>				
<p>Ian Butterworth- Project manager, Fulcrum Libby Doherty- Regional Property Contracts Manager CHP Nick Armstrong- NHS Warrington and Halton CCG Estates Lead</p>				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
<p>Disruption to current service caused by build works</p>	<p>Reduced number of appointments available 59 of 84</p>	<p>9</p>	<p>Produce a contingency plan and liaise closely with build team to minimise risk</p>	<p>6</p>

## Project Overview

The transformation of the provision of pathology services in Cheshire & Merseyside by restructuring pathology services to generate levels of efficiency savings to the local health economy whilst maintaining and improving high quality standards.

Progress since last report	Financial Implications/ Budget Update			
<p>A strategic document intended to summarise progress has been received and is under review. The document should provide clarity on wider network reconfiguration, governance structures and the timeline for identifying a preferred TOM for each Hub.</p> <p>Strategy document will be reviewed at the internal steering group on 2<sup>nd</sup> February 2022.</p> <p>PID approval is still outstanding. Development will be recommenced following approval of the strategic document.</p> <p>Staffing risks within histopathology have been escalated and work is underway to mitigate the impact</p>	Financial implications to be worked up through development of Collaboration Agreement to Business Case.			
	Upcoming Key Milestones	Date	Status	Comments
	Sign off of Collaboration Agreement at Cheshire and Merseyside HCP.	Nov-20		Collaboration agreement reviewed but not formally approved.
	Circulation of Strategic Network Document	Dec-21		Document expected end of Jan 22, to be discussed at internal steering group early Feb 22.
	Risk and Gain Share Principles agreed	Jun-21		Paused pending strategic
	Stakeholders' engagement			
Tracey Cole – Diagnostics Programme Director, C&M HCP				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Cellular Pathology – Cohort of Pathologists nearing retirement.	Shortage of staff in service and difficulties in recruiting until service configuration confirmed.	16	Mitigations to be discussed at next steering group.	Pending

## Project Overview

As part of the national strategic direction to create Community Diagnostics Centres (CDC) across England, there is a real opportunity to develop an out-of-hospital diagnostic model to serve the populations of Warrington and Halton. This will be a regional resource rather than serving an individual organisation.

Funding for the development and implementation of a CDC was announced by the Government in Autumn 2021 and is likely to be made available in mid-2022.

Progress since last report	Financial Implications/ Budget Update			
<p>Detailed data analysis of the current WHH capacity and demand by imaging modality has been completed and validated by the Radiology management team.</p> <p>An initial high level proposal to develop a CDC on the Halton site was submitted to the C&amp;M regional team on 1<sup>st</sup> February 2022. The proposal sets out 2 options for either a large scale new build or a substantial refurbishment of part of the Nightingale building on the Halton site to potentially accommodate the Trust's outpatient (non-acute) diagnostic activity as well as creating additional capacity to take activity from across the wider C&amp;M region.</p>	£52m capital available across 3 years from 22/23 for programme across Cheshire & Merseyside. Revenue funding allocation to support mobilisation still to be confirmed.			
	Upcoming Key Milestones	Date	Status	Comments
	Feedback from C&M regional team on initial Halton CDC proposal	Feb-22		Review of initial proposals to understand how high level plans “fit together” as a regional plan against potential funding
	Potential requirement to develop full business case for a CDC by March 2022 (depends on feedback from regional team)	Mar-22		
<b>Stakeholders' engagement</b>				
Ian Triplow – Programme Director, Cheshire & Merseyside H&CP Steve Park – Director of Growth, WBC				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Availability of workforce across multiple specialties to staff a potential large scale CDC in the short to medium term	Will significantly impact on ability to operate enhanced capacity.	20	National discussions re: workforce development strategy.	12

## Project Overview

Subject to the passage of the Health and Care Bill into law, Integrated Care Systems (ICS) were due to be established, on 1st April 2022 comprising an Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to: improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and help the NHS support broader social and economic development. During this transition, WHH is working with system leaders to ensure organisational priorities and interests are understood at region and relationships developed to support attainment of organisational objectives.

Progress since last report	Financial Implications/ Budget Update			
<p>Governance structures, alongside place delegation and routes for joint commissioning are emerging. During this process, work continues to understand the implications for the Trust across system and place and to influence as appropriate. Key actions progressed include:-</p> <ul style="list-style-type: none"> <li>• Work continues to ensure Trust representation during transition and to ensure influence is in place across any associated workstreams.</li> <li>• The ICS stakeholder matrix is being refreshed to ensure changes are captured and relationships are in place with key individuals.</li> <li>• An update on development of the Cheshire and Merseyside ICS, is being developed for February Board.</li> </ul> <p>The date when integrated care systems go live will be delayed until July 22.</p>	The ICS will be the regional commissioning Body through which finances will flow. Relationships may influence the status of WHH at region and any financial benefits derived by will be captured and quantified.			
	Upcoming Key Milestones	Date	Status	Comments
	Recruitment and selection completed for ICB	Dec-21		CEO appointed, other ICB roles in progress.
	NHS bodies and ICS Partnerships to be ready to operate in shadow form.	Dec-21		Timeline for ICS transition has been extended nationally until July 22
	NHS bodies and ICS Partnerships to be ready to operate in shadow form.	Dec-21		Timeline for ICS transition has been extended nationally until July 22
<b>Stakeholders' engagement</b>				
C&M ICS Warrington Together Place Based Board One Halton Place Based Board				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Lack of ICS/Place-based governance	May hinder progress in some areas of work, particularly some collaborative strategic projects.	12	Establishing interim governance arrangements, incorporating multi partner sign off processes, to enable	8



## Project Overview

The Trust is working closely with another local anchor institution, Warrington and Vale Royal College, to develop a Health & Social Care Academy on the college’s main campus in Warrington.

The project is led by the college team and forms part of the Town Deal programme but WHH is a key partner and will play a fundamental role in helping shape the curriculum and identify the areas of greatest need in terms of the health and social care workforce in future.

Progress since last report	Financial Implications/ Budget Update			
<p>Joint oversight committee meetings with the Health and Wellbeing hub are ongoing to ensure synergy across both projects. The college Principal attends these meeting.</p>	N/A			
<p>Debbie Howard, represents WHH at the HSCA steering group meetings</p>	Upcoming Key Milestones	Date	Status	Comments
<p>HSCA focus steering group meetings are ongoing with direct input into shaping the curriculum to meet the Trust’s needs by the Trust’s Head of Education and Wellbeing.</p>	Curriculum decided upon and to enter the College’s approval process	Mar-22		
<p>Meeting with WHH HR and education teams to discuss workforce planning and the opportunity for the Trust to influence the College’s new curriculum to meet any identified upcoming skills gaps.</p>				
<p>Representatives from the Trust attended the College to provide advice and support around the fit out of the simulated hospital ward.</p>				
<p>Links were made between the College and Healthwatch Warrington which will provide students with the opportunity to contribute their opinions on a wide range of issues in Warrington through the Healthwatch work.</p>	Stakeholders' engagement			
	<p>Nichola Newton – Principal, Warrington &amp; Vale Royal College                      Tracy Jones- Project Manager                      Amy Yorke- HSCA Manager                      Laura Williams- Director of Student Support and Inclusion</p>			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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N/A				
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## Project Overview

As part of the development of Place-Based integrated care across Warrington the Trust is developing partnerships with other local anchor institutions to support and strengthen core aspects of each organisation's operations and add social value.

One of those local anchor institutions is St Rocco's Hospice, with whom we are looking at ways to improve communication, pathways, recruitment and staff training/education for end of life services across Warrington.

Progress since last report	Financial Implications/ Budget Update			
<p>Discussion with CCG End of Life Care Lead around possibility of working collaboratively on a larger scale to develop a system-wide end of life strategy with partners from mental health and community services. This links closely with national direction of travel.</p> <p>Set up call between St Rocco's Medical Director and WHH CIO Tom Poulter to identify areas for improvement between the two organisations with regards IT and information access.</p>	Partnership is not necessarily financially motivated but any financial benefits derived by either organisation will be captured and quantified.			
	Upcoming Key Milestones	Date	Status	Comments
	Meeting between WHH CIO and St Rocco's MD to discuss and identify areas for improvement with regards data/info sharing to support improved end of life care.	Mar-22		
<b>Stakeholders' engagement</b>				
<p>Sonya Curry – CEO, St Rocco's            Guy Hindle – Chair of Trustees, St Rocco's            Esraa Sulaivany – Med Dir, St Rocco's            Jacqui Tudor – CCG Palliative Care Project Manager</p>				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Capacity within palliative care team to lead collaboration and improvements	Delay to delivery of improvements in joined up care	16	Strategy team to support and facilitate as far as possible	9





## Project Overview

As part of the development of Place-Based integrated care across Warrington the Trust is developing partnerships with other local anchor institutions to support and strengthen core aspects of each organisation’s operations and add social value.

One of those local anchor institutions is the University of Chester, with whom we are looking at ways to improve education and training/development for both partners as well as access and entry to employment into health sector roles for the local population.

Progress since last report	Financial Implications/ Budget Update			
<p>A list of opportunities for partnership working have been identified and an initial programme of work subsequently compiled. The specific outcome required from each individual project has been agreed and a named individual from both WHH and University of Chester have been identified to take each individual project forward.</p> <p>Kick off meetings between the WHH and UoC representatives have commenced on 24<sup>th</sup> Jan 22.</p> <p>Outputs from each meeting include an agreement on next steps and planned timeframes for completion.</p>	TBC as programme develops			
	Upcoming Key Milestones	Date	Status	Comments
	Individual meetings with identified project leads across the whole programme to develop and agree project plans and timescales	Feb-22		
	Agree ongoing governance structure for programme i.e. how to monitor and maintain progress on each project and manage risk moving forwards.	Feb 22		
	Stakeholders' engagement			
<p>John Alcolado – Executive Dean, University of Chester            Jill Pye – Research, Evidence &amp; Knowledge Manager, University of Chester</p>				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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TBC when programme is developed				
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## Project Overview

As an anchor institution, WHH has an opportunity to positively influence the health and wellbeing of the patients we service and the local communities we are part of. The anchor programme seeks to ensure we use our position and influence to work with others in responsible ways, to have an even greater impact on the wider factors that create happy, healthy and thriving communities.

Collectively the Trusts strategic projects support delivery of the ambitions of the anchor programme

Progress since last report	Financial Implications/ Budget Update			
<p>A review of progress against anchor objectives has been undertaken.</p>	<p>Finances are managed at project level.</p>			
<p>Baseline data has been reviewed to identify work underway, gaps and to outline next steps.</p>	Upcoming Key Milestones	Date	Status	Comments
<p>Conversations have commenced with Public Health Teams across Warrington and Halton to explore a collaborative approach to population health management and to develop a proposal for ICS funding to take a programme of work forward.</p>	<p>Agree a way to harness the potential of staff to contribute to anchor objectives</p>	<p>Apr-22</p>	<p style="background-color: #92d050;"></p>	<p>To be discussed at Board in February.</p>
<p>A communications plan for anchor is in development and will link with the launch of the Green Plan.</p> <p>Conversations have taken place with the Quality Improvement Team to develop a process to enable staff to take forward projects that actively contribute to our anchor priorities.</p>	<p>Agree a suite of metrics to measure the impact of projects</p>	<p>April-22</p>	<p style="background-color: #92d050;"></p>	<p>Will link into emerging Anchor charter and metrics being developed by ICS.</p>
<p>Attended Cheshire and Merseyside Anchor workshop, to understand positioning of the ICS and emerging metrics they are developing.</p>	Stakeholders' engagement			
	<p>Kathryn Sloan - Head of System Transformation, AQUA                      Thara Raj – Director of Public Health, Warrington Borough Council                      Ifeoma Onyia – Interim Director of Public Health, Halton Borough Council</p>			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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## Project Overview

In 2021 the Trust was accepted as a pilot site in the roll out of the Prevention Pledge, a set of commitments developed to ensure NHS Trusts: meet sub-regional prevention priorities (Marmot):-

- develop role as anchor institutions & system leaders
- deliver Making Every Contact Count at scale
- meet ambitions/commitments set out in the NHS Long-term Plan
- drive a cultural shift towards prevention and empowering staff, patients & public

Progress since last report	Financial Implications/ Budget Update			
<p>Action plan developed and in place to monitor progress against each of the 14 commitments within the Pledge.</p> <p>Dr Paul Fitzsimmons confirmed as Executive Sponsor for smoking cessation programme.</p> <p>Much of the work described within the prevention pledge commitment is picked up through the other projects contained within this report.</p>	N/A			
	Upcoming Key Milestones	Date	Status	Comments
	"Community of Practice" meeting – sharing key learning with second wave sites	Feb 2022		
<b>Stakeholders' engagement</b>				
Ongoing through linked projects.				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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## Project Overview

Development and subsequent delivery of overall WHH Trust strategy.

Support to the development, delivery and governance of enabling strategies, clinical strategies, and strategic priorities.

Progress since last report	Financial Implications/ Budget Update			
Trust strategy review booklet content agreed with Exec team. Awaiting input from designer to create booklet.	No financial implications			
Strategy and a Greener WHH Sub-Committee meeting is now established on a bi-monthly basis to update on strategic developments and ensure alignment of strategies and enabling strategies across the organisation.  Trust Strategy Map detailing how strategic vision and priorities map down to individual projects has been produced and is now ready to be printed and circulated.	Upcoming Key Milestones	Date	Status	Comments
	Trust mid-point strategy review to designer	Nov-21		Link with Comms team to understand delays and agree next steps
	Refresh of the Trust Strategy Map, including Governance.	Nov-21		Now ready for print.
	Stakeholders' engagement			
Broad internal, external and public engagement was undertaken to inform the development of the Trust's strategy. Clinical strategy priorities are refreshed annually by CBU and clinical teams.				

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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## Overview

This section describes the strategic opportunities that are currently in the pipeline and are in the process of being explored/assessed for the potential to progress by the Strategy Team.

Proposal Name	Brief Description	Strategy Lead	Stage of Development	Comments
Population Health Management	Opportunity to develop proposal for ICS/ICP funding to secure investment in population health at place level. This would be in the form of a role hosted by WHH.	KJ	Scoping	Discussion with Directors of Public Health for Warrington and Halton highlighted potential to develop proposal for investment in a single role to work collaboratively across the boroughs and be hosted by WHH.
OPE 9	Opportunity to bid for next round of One Public Estate funding (OPE 9) in partnership with Warrington Borough Council.	CM	Opportunity pushed back to 22/23 (OPE 10)	Potential for bid to be worked up in 2022/23, likely based on outcome of strategic estates review. Decision to wait for next round of funding (OPE 10) when projects will be in a more advanced state of readiness
Warrington Peace Centre	Discussions taking place between the Trust, Warrington Borough Council, Warrington and Vale Royal College, and the Peace Foundation around potential future use of the Peace Centre.	LG/CM	Opportunity pushed back to 22/23	Agreement that Warrington Borough Council to assess immediate opportunity to utilise location for in-borough provision of post 16 and post 18 SEN. Following that assessment, should there be any potential capacity, the Trust will explore any additional opportunity.
Improved utilisation of UTC in Halton, in partnership with GPs and community services	Initial meeting held with GPs and Bridgewater, agreed priority.	CM	Initial scoping	Follow-up meeting planned for February 2022

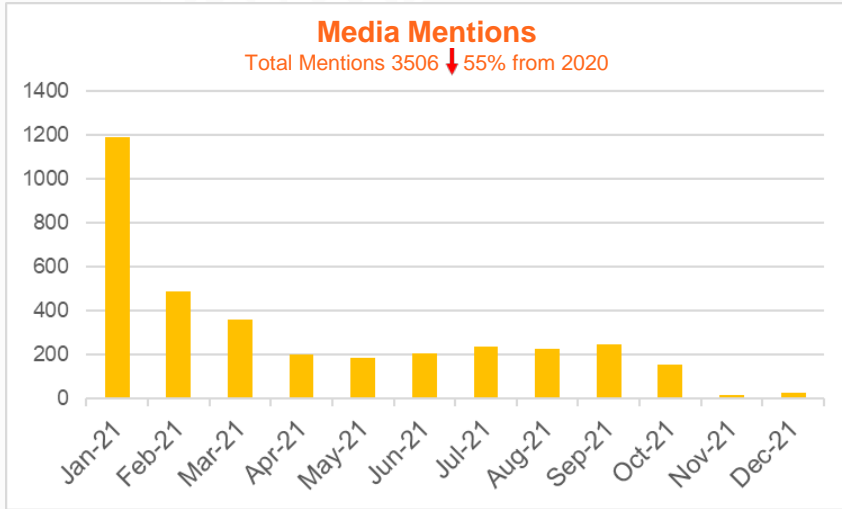
## Overview

This section describes the strategic opportunities that are currently in the pipeline and are in the process of being explored/assessed for the potential to progress by the Strategy Team.

Proposal Name	Brief Description	Strategy Lead	Stage of Development	Comments
Warrington Wolves Community Hub	Potential opportunity to collaborate with Rugby club on new training facility with associated health and wellbeing facilities.	LG/CM	Scoping	Shared our views and opportunities with Will Woan, who has been commissioned by Warrington Wolves to develop initial proposal with a view to securing funding.
Respiratory One Stop Shop	Explore potential to establish a one stop shop to confirm diagnosis of COPD/review those with suspected COPD/review medications and ensure they're optimised and suitable for current condition. This was piloted previously in Widnes	R'OD	Initial scoping	Clinicians engaged and interest confirmed to develop opportunity further.

# WHH Engagement Dashboard

**January – December 2021**



During October 2021 the trust ended their contract with media monitoring system *Cision*.

*Cision* provided analytic data on media reach and delivered a more accurate figure for mentions within online and print base media.

November and December 2021 the trust began using *Google Analytics* which does not provides analytic data such as reach and does not accurately pick up on all online media mentions.

## TOP STORIES 2021

**February 2021** Daily Mail  
**Charlotte Dawson claims motherhood has 'changed her world'**

**January 2021** Daily Mail  
**Covid pair beat virus lying side-by-side in ICU in time to see in 2021**

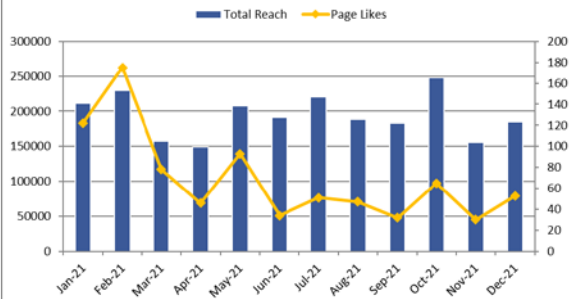
**September 2021**  
**Breast services to move from Warrington Hospital to Halton**



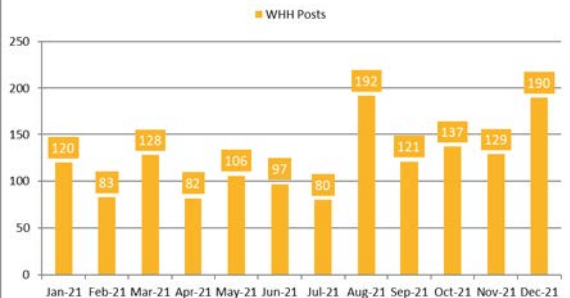
## FACEBOOK

Total Reach 2.3M, Total followers 10.3K

### FACEBOOK ENGAGEMENT



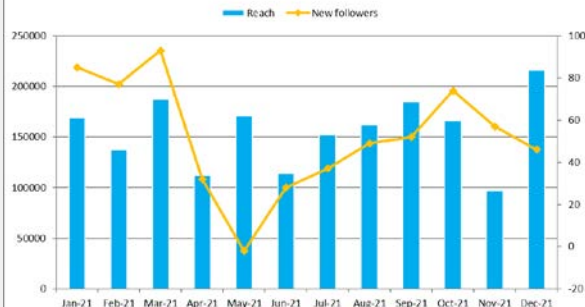
### WHH FACEBOOK POSTS



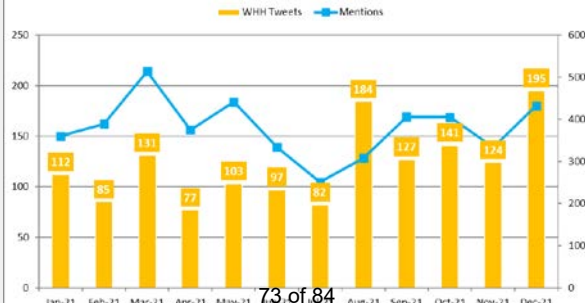
## TWITTER

Total Reach 1.8M, Total followers 12.8K

### TWITTER ENGAGEMENT



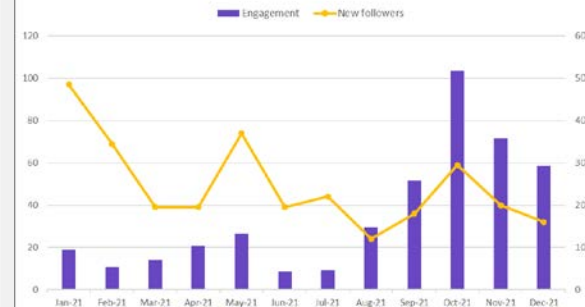
### WHH TWITTER POSTS



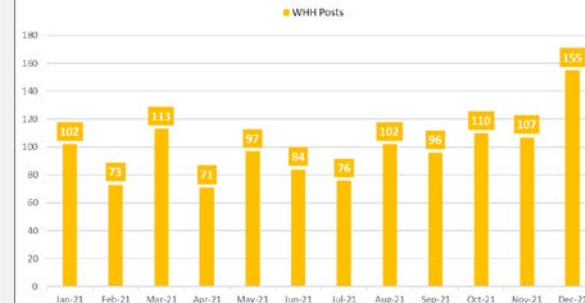
## INSTAGRAM

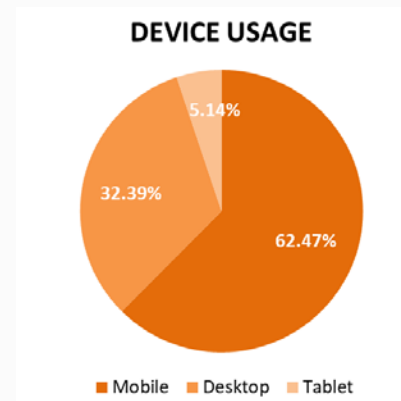
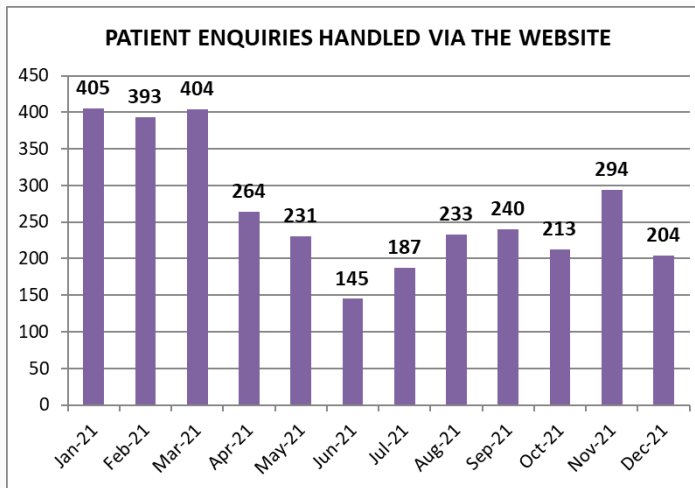
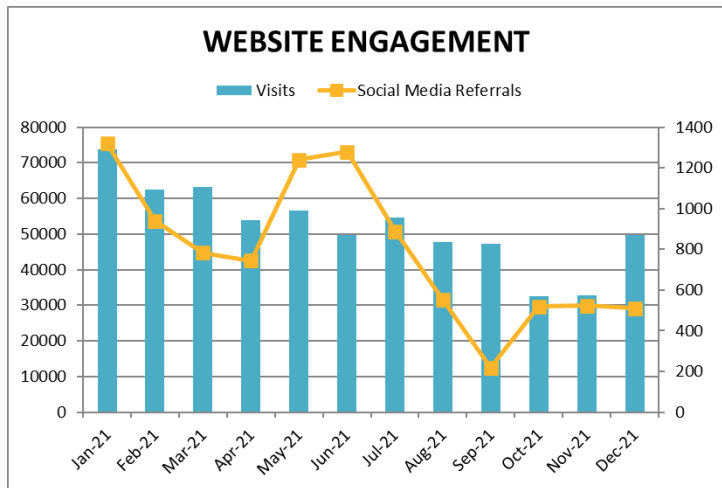
Total Engagement 21K, Total followers 2.9K

### INSTAGRAM ENGAGEMENT



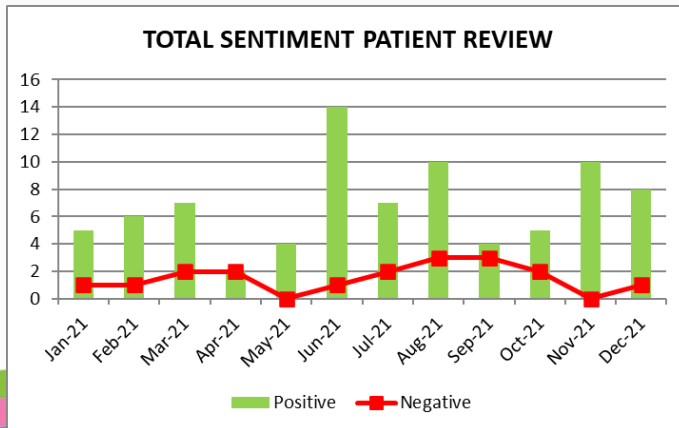
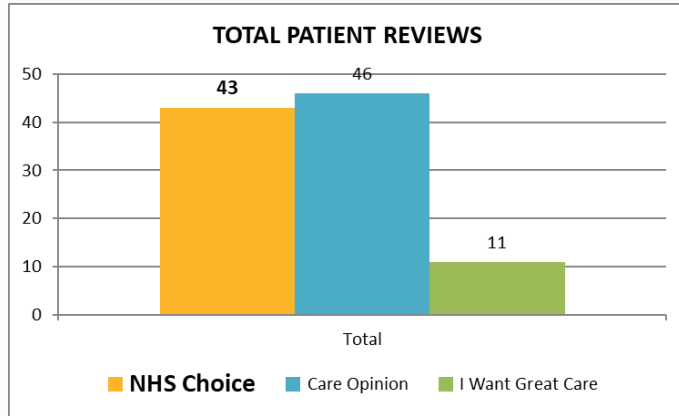
### WHH INSTAGRAM POSTS





Total website sessions: 623,977 ↑ 53% from 2020

Total patient enquiries handled: 3213 ↓ 9% from 2020



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"This is a review to say thank you so much to the vaccination team. I have now had both vaccinations and both times the service was seamless and really quick, and the staff were absolutely lovely! The girl who takes your name and checks you in upon arrival is so lovely and I am especially grateful to her for maintaining such an amazing standard of care both times. Thanks again x"

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

"My husband was admitted to ICU last week and was there for almost a week. I cannot praise the staff enough. Every member of staff we came into contact with did everything they could to make his stay easier and they always made sure that I was ok too. They went above and beyond to make sure he was safe and happy and took the time to have a chat with us as well. I knew when I was leaving him that he would be in the best hands. We both very much appreciate all their hard work."

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### Warrington Hospital

Lovely Lane, Warrington

3.3 234 reviews

### Halton General Hospital

Hospital Way, Runcorn

3.9 113 reviews

### Halton General Hospital - CSTM

Earls Way, Runcorn

4.8 14 reviews



### Warrington Hospital

Lovely Lane, Warrington

17 reviews

### Halton General Hospital

Hospital Way, Runcorn

66 reviews

### Runcorn NHS Urgent Treatment Centre

Hospital Way, Runcorn

16 reviews

# Complaints & PALS Q2 Report

**Layla Alani**

**Director of Governance**

**February 2022**

# Complaints Headlines Q1 vs Q2

## How many people are raising complaints Q1 vs Q2?

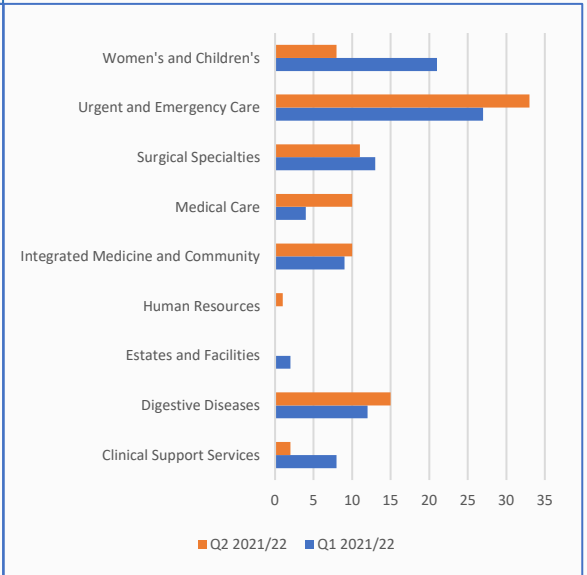
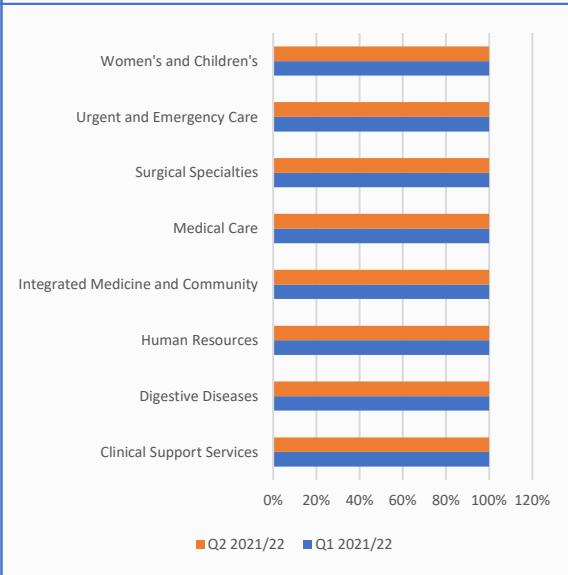
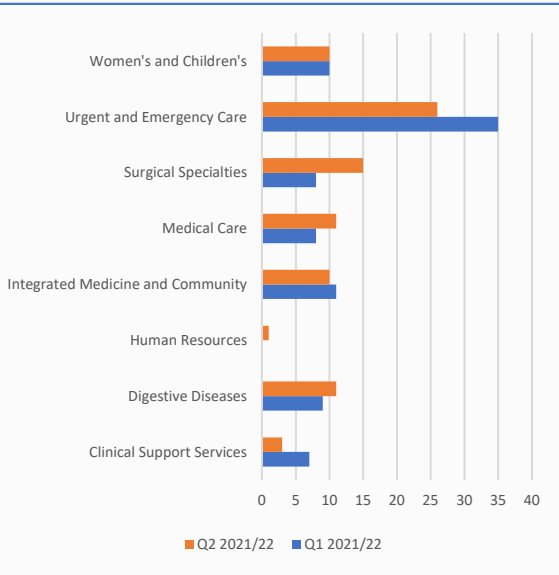
- There was a 1% decrease in complaints opened Trustwide in Q2 (88 in Q1 versus 87 in Q2).
- Digestive Diseases, Human Resources, Medical Care and Surgical Specialties saw an increase in the complaints opened.
- Integrated Medicine and Community, Clinical Support Services and Urgent and Emergency Care saw a decrease in their complaints.

## Are we Responsive Q1 vs Q2?

- 100% of complaints were responded to within timeframe in Q2.
- All specialities have responded to complaints within timeframe in Q2.
- The Trust had a target to respond to 90% of complaint on time and in Q2 the Trust continued to achieve 100%.
- The Trust currently has 0 breached complaints and there are no complaints over 6 months old.

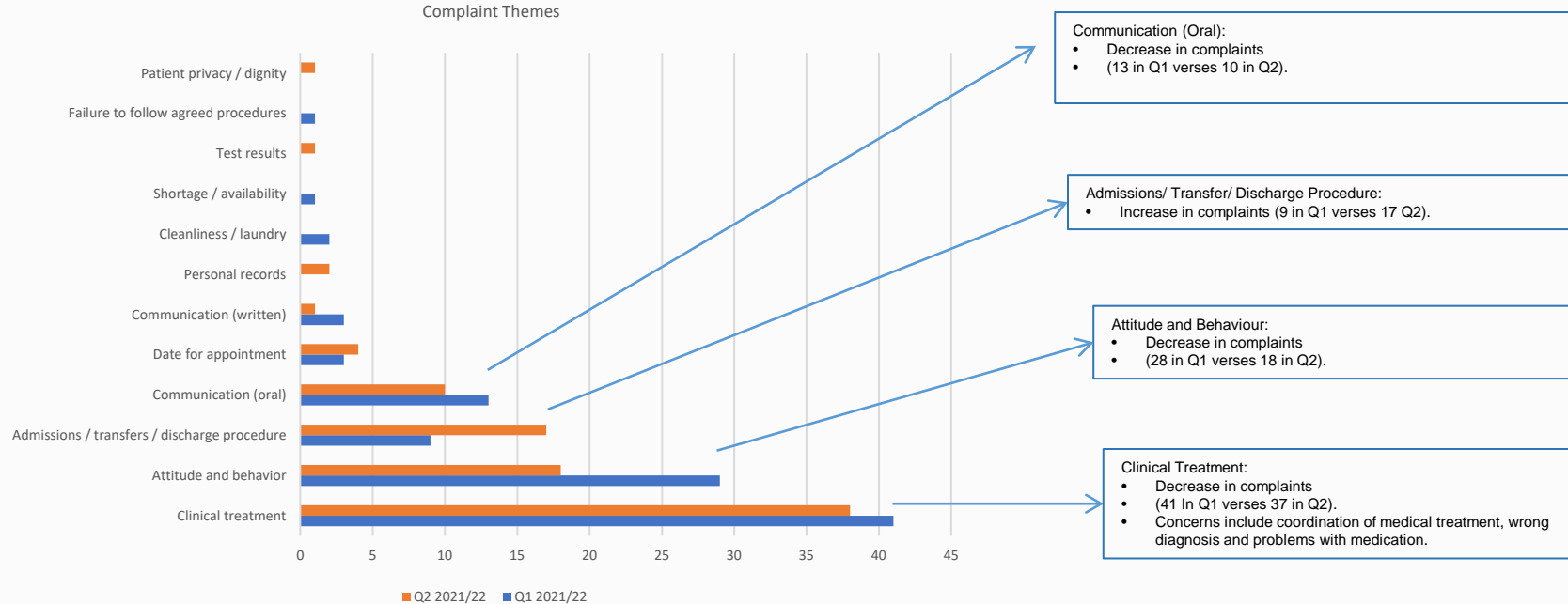
## How many complaints has the Trust closed Q1 vs Q2?

- There was a decrease in the number of complaints closed in the Trust in Q2 (96 in Q1 versus 90 in Q2).
- Digestive Diseases, Human Resources, Integrated Medicine and Community, Medical Care and Urgent and Emergency Care have increased the number of complaints closed in Q2.
- All other specialities have decreased the number of complaints closed in Q2.



# Complaints Analysis Q1 vs Q2 79 of 84

The information shows the top subjects in complaints in Q1 vs Q4.  
Note: Complaints can have more than one subject.



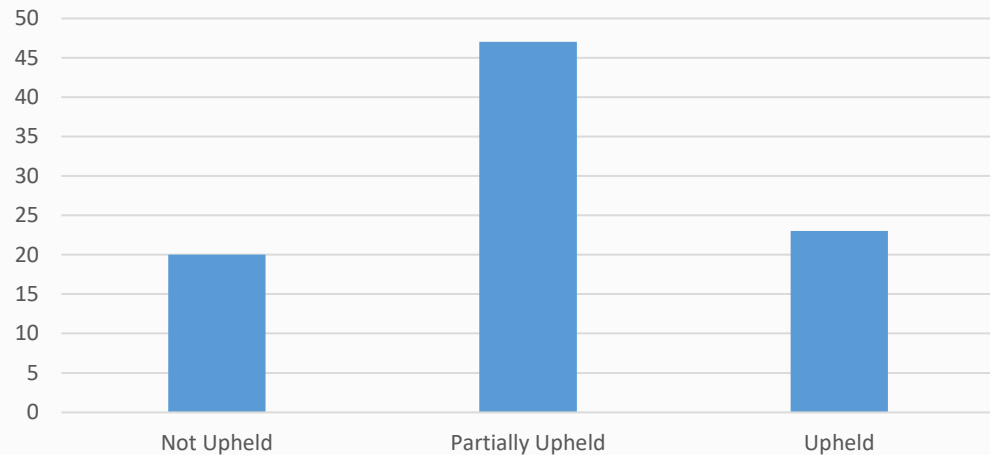
# Complaints Outcomes Q2

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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”.

Complaint Outcomes Q2 2021/22

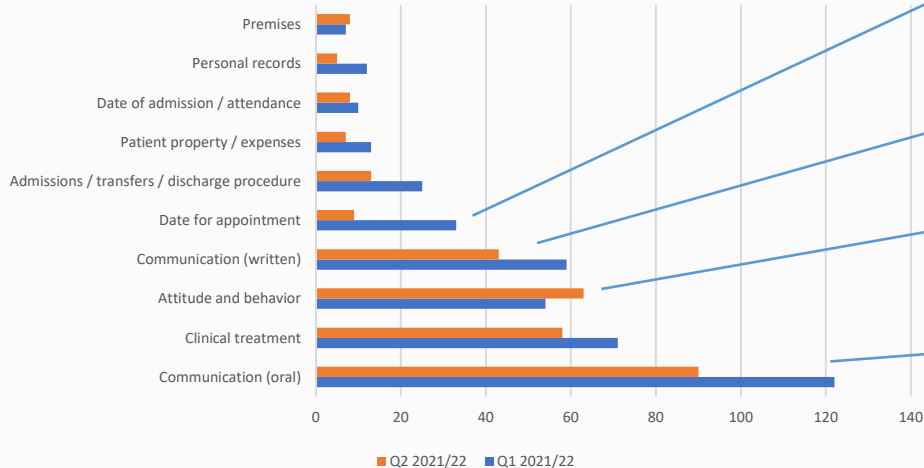




# PALS Analysis Q1 vs Q2

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

PALS Themes



Date for Appointment  
• Decrease in concerns

Communication (Written)  
• Decrease in concerns

Attitude and Behaviour  
• Increase in concerns  
• During the Covid-19 pandemic we have noted an increasing trend in PALS related to attitude and behaviour.

Communication issues:  
• Decrease in concerns

**PALS to Complaints:**

Q1	Q2
6	2

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

Q1	Q2
3 days	5 days

# Complaints Headlines

82 of 84

- In Q2, the number of complaints relating to communication (oral) have decreased compared to Q1.
- There has been a decrease in the number of complaints regarding attitude and behaviour in Q2 compared to Q1.
- 465 PALS concerns were received during Q2 2021/22, which is a decrease of 17.1% compared to Q1.
- There has been an increase in the number of PALS concerns received for attitude and behaviour and there has been a decrease in the number of PALS concerns received regarding communication (oral and written).
- The Trust received 5 dissatisfied complaints in Q2 2021/22; which is a decrease of 2 compared to Q1 2020/21.
- In Q2, 3 complaints were reviewed and deemed to require an incident investigation.

## Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/21/02/17</b>		
<b>SUBJECT:</b>	<b>Review the Trust's Compliance with Provider Licence Bi-Annual report</b>		
<b>DATE OF MEETING:</b>	10 <sup>th</sup> February 2022		
<b>ACTION REQUIRED</b>	<b>For assurance</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	<p>NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.</p> <p>Following review of the Trust's compliance with its License, the Trust continues to declare full compliance with all conditions.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval	<b>To note</b> ✓
<b>RECOMMENDATIONS</b>	The Self-Certification for the items G6 and CoS7 is attached and the Council of Governors is asked to note full compliance with all license conditions.		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee Trust Board</b>		
	<b>Agenda Ref.</b>	<b>BM/21/05/77</b>	
	<b>Date of meeting</b>	26 <sup>th</sup> May 2021	
	<b>Summary of Outcome</b>	Approved	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

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

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

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

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

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

**EITHER:**

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed

**OR**

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

**OR**

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

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

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

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

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

Signature

Signature

Name Steve McGuirk

Name Simon Constable

Capacity Chair

Capacity Chief Executive

Date 26th May 2021

Date 26th May 2021

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