



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

Council of Governors Meeting

Thursday 14 November 2024

3 – 5pm

Lecture Theatre, Education Centre, Halton
Hospital



COUNCIL OF GOVERNORS
Thursday 14 November 2024, 3.00pm – 5.00pm
Education Centre, Halton Hospital and Via MS Teams

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/24/11/54	3:00pm	Welcome and Opening Comments Apologies; Declarations of Interest		<i>Verbal</i>	Chair
COG/24/11/55	3:02pm	Minutes and Action Log of meetings held on 15.08.24 & Extraordinary Meeting held on 17.10.24.	<i>For approval</i>	<i>Minutes & Action Log</i>	Chair
COG/24/11/56	3:05pm	Matters arising	<i>To note for assurance</i>	<i>Verbal</i>	Chair
GOVERNOR BUSINESS					
COG/24/11/57	3:10pm	Chairs Update including Integration Update	<i>To note for assurance</i>	<i>Verbal</i>	Chair
COG/24/11/58	3:15pm	Hot Topic – Darzi Report what it means for WHH and the Council of Governors	<i>To note for assurance</i>	<i>Presentation</i>	Chair
COG/24/11/59	3:30pm	Non-Executive Director Assurance Highlights from Committees – <i>to be presented on the day</i> Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability (<i>August September, October</i>) – Jonathan Cliffe/Nathan Fitzpatrick/John Somers (b) Quality Assurance Committee (<i>August September, October</i>) Diane Nield/Cliff Richards (c) Strategic People Committee (<i>August September, October</i>) – Colin Jenkins/Julie Jarman (d) Audit Committee (August and November) Sue Fitzpatrick/Mike O'Connor		<i>Presentation</i> <i>Papers</i> <i>see Supplementary Pack</i>	Committee Chairs
COG/24/11/60	3:45pm	Lead Governor Update i) Trust Board Observation Reports ii) Governor Observation Visits • 21/08/24 Day Case Unit Halton • 16/09/24 A&E • 28/10/24 Ward A2	<i>Info/update</i>	<i>Report Reports</i>	Lead Governor

COG/24/11/61	3:55pm	Governor Engagement Group (GEG) Chairs Report from the meeting 6 November 2024	Info/update	Verbal	Diane Neild, Public Governor
COG/24/11/62	4:00pm	Items requested by Governors – Questions	Info/update	Paper	Chair
COG/24/11/63	4:10pm	Quarterly Communications & Engagement Update Q2	Info/update	Paper	Director of Communications and Engagement
COG/24/11/64	4:20pm	Membership Strategy Q1 & Q2 Progress Report	Info/update	Paper	Corporate Governance and Membership Manager

TRUST BUSINESS – ITEMS TO DISCUSS

COG/24/11/65	4:30pm	Bi-monthly Strategy Highlight Report	Info/update	Report	Deputy Director of Strategy & Partnerships
---------------------	---------------	--------------------------------------	--------------------	---------------	--

GOVERNANCE

COG/24/11/66	4:35pm	Governor Engagement Group - Terms of Reference - Cycle of Business	For approval	Report	Corporate Governance and Membership Manager
COG/24/11/67	4:40pm	Council of Governors Effectiveness Survey Outputs	Info/update	Report	Company Secretary
COG/24/11/68	4:45pm	Compliance Trust Provider License	Info/update	Report	Company Secretary
COG/24/11/69	4:55pm	Elections Activity Bi-Annual Report:	Info/update	Report	Corporate Governance and Membership Manager
COG/24/11/70	4:57pm	Extension of Term Non-Executive Director	Decision	Report	Company Secretary

CLOSING

COG/24/11/71	5:00pm	Any Other Business		Verbal	Chair
---------------------	---------------	--------------------	--	---------------	-------

Next Meeting Thursday 20 February 2025, Trust Conference Room, Warrington Hospital

SUPPLEMENTARY PAPERS* INFORMATION ITEMS TO NOTE

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

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

COUNCIL OF GOVERNORRS

**Minutes of the Meeting held on Thursday 15 August 2024
Lecture Theatre, Halton Hospital/MS Teams**

Present

Steve McGuirk (SMcG)	Chair
Cliff Richards (CR)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Hayley Heard (HH)	Deputy Director of Strategy & Partnerships
Simon Constable (SC)	Chief Executive
Carol Ann Kelly (CAK)	Public Governor
Sue Fitzpatrick (SF)	Public Governor
Diane Nield (DN)	Public Governor
Colin Jenkins (CJ)	Public Governor
Gemma Leach (GL)	Staff Governor
Jonathan Cliffe (JC)	Staff Governor
Rachel Bold (RB)	Staff Governor
Akash Ganguly (AG)	Staff Governor

In Attendance

Jane Hurst (JH)	Chief Finance Officer
John Culshaw (JC)	Company Secretary
Liz Walker	Board Secretary (minutes)

Apologies

Keith Bland (KB)	Public/Deputy Lead Governor
John Fagan (JF)	Public Governor
Nigel Richardson (NR)	Public Governor
Norman Holding (NH)	Public/Lead Governor
Edward Rawlinson (ER)	Public Governor
Lucy Gardner (LG)	Director of Strategy & Partnerships
Anne Robinson (AR)	Public Governor
Linda Mills (LM)	Public Governor
Nathan Fitzpatrick (NF)	Public Governor
Colin McKenzie	Public Governor
Kevin Keith (KK)	Public Governor
Nichola Newton (NN)	Partner Governor

AGENDA REF	AGENDA ITEM
COG/24/08/31	WELCOME, INTRODUCTION, APOLOGIES AND DECLARATIONS OF INTEREST SMcG welcomed those in attendance to the meeting, the apologies were noted as above. There were no declarations of interest.
COG/24/08/32	MINUTES & ACTION LOG OF THE MEETINGS HELD ON 13 MAY 2024, 19 MAY 2024 AND 13 JUNE 2024 The minutes of the meetings held on 13 May 2024, 19 May 2024 and 13 June 2024

	<p>were approved as accurate records.</p> <p>Action Log – The actions on the agenda were noted</p> <p>The Council of Governors approved the minutes of the meeting held on 13 May 2024, 19 May 2024 and 13 June 2024</p>
COG/24/08/33	<p>MATTERS ARISING</p> <p>SMcG acknowledged that this would be SCs last meeting before leaving for his new role, and acknowledged the contributions made during his time at the Trust, as both Chief Executive and in his previous role as Medical Director. Everyone wished him success in his future endeavours.</p>
GOVERNOR BUSINESS	
COG/24/08/34	<p>HOT TOPIC - BRIDGEWATER INTEGRATION UPDATE</p> <p>SMcG provided a verbal update explaining that the integration and collaboration efforts were ongoing, the key messages taken from the update were as follows:</p> <ul style="list-style-type: none"> • Some progress had been made around moving to a single Chief Executive for both organisations, with a longer-term goal of a single Executive Team. • A meeting between Non-Executive Directors from both organisations had taken place with discussions around joint outcomes and ambitions to integrate to a single organisation. <p>GL and RB commented on the conversations taking place across staff groups, with mixed views on integration work particularly as there were still many unknowns. Digital transformation work was highlighted noting that both organisations were using different systems and alignment would need to be addressed.</p> <p>SC responded in relation to EPR, the procurement exercise was near completion and that Bridgewater could still share information across systems, so work would carry on regardless.</p> <p>SMcG added that it was important for both organisations to make key decisions sooner, rather than later. CR went on to say that the focus was on making positive changes for patients and to ensure there was efficient and effective working between the two organisations, and also with PLACE.</p> <p>The Council of Governors noted the update and the next steps.</p>
COG/24/08/35	<p>WHH ANNUAL REPORT & ACCOUNTS</p> <p>JC highlighted the following key points from the report;</p> <ul style="list-style-type: none"> • Annual Report & Accounts approved by Grant Thornton, and once approved at Audit Committee in June, it was laid before parliament on 29 July, which was then approved. The report would be presented at the Annual Members Meeting (AMM) on 2 October 2024. • The AMM would follow a similar format to that of last year and would coincide with prospective governors being invited along and it was proposed an information

	<p>stand would be set up one hour prior to the meeting.</p> <ul style="list-style-type: none"> • Appointment of External Auditors it was thought that the agreement to approve at today's meeting would be available, however there have been delays in the process due to queries raised by the Trust. Once this has been clarified an extraordinary meeting would be called to approve. <p>The Council of Governors noted the updates.</p>
<p>COG/24/08/36</p>	<p>LEAD GOVERNOR UPDATE</p> <p>SF introduced the report in the absence of NH and it provided details of the meetings and activities NH had been involved in since the last Council of Governors meeting, these included:</p> <ul style="list-style-type: none"> • Board Observation Report – The following meetings had been observed, Trust Board 05.06.2024 and 08.08.2024. summaries were included in the papers. • Governor Observation Visits – 2 visits had been completed. <ul style="list-style-type: none"> a. 22 June 2024 – A5 Elective b. 17 July 2024 – B19 <p>In addition, the following areas were noted;</p> <ul style="list-style-type: none"> • 1 to 1 with SMcG/Norman • Monthly Chairs Briefings we continuing which were informative and valued by Governors. • Governor focus conference with 6 governors in attendance and governor pledges were made for the meetings • Transport group had been passed over to AR. • Mock ED inspection and also food review within ED had been undertaken <p>SMcG added that CQC meetings were taking place regularly and there had recently been an unofficial walk around in ED.</p> <p>RB advocated active hospitals and groups had been set up with HCAs etc., to support patients and engagement in activity and lots of work had been undertaken around community services in Bridgewater and Halton, making for better out of hospital for prevention and community care.</p> <p>The Council of Governors noted the update.</p>
<p>COG/24/08/37</p>	<p>GOVERNOR GROUP (GEG)</p> <p>SF provided a verbal update in relation to the GEG meetings which was chaired by NH chaired in the absence of KB, highlighting the following key points:</p> <ul style="list-style-type: none"> • updates were received from Governor constituency meetings – Warrington South constituency meetings were providing a good opportunity for governor to meet and discuss informally member engagement opportunities. • updates were received from the First Impressions Group, Patient Experience Sub-Committee, it was noted that the Nutrition and Hydration Steering Group had been set up however to date no meetings had taken place. • GEG had approved the content for the Members Newsletter – August 2024 • the membership stand had been facilitated on the Warrington site <p>The Council of Governors noted the update.</p>
<p>COG/24/08/38</p>	<p>ITEMS REQUESTED BY GOVERNORS – QUESTIONS</p>

	<p>SMcG introduced the report, it was noted that the questions had been discussed and put forward following the Governor agenda setting meeting. The report was taken as read no areas of concern were raised in relation to the responses to the questions, and further clarity would be covered in a later agenda item regarding constituency changes and governor elections.</p> <p>The Council of Governors noted the responses.</p>
<p>COG/24/08/39</p>	<p>BI-MONTHLY STRATEGY PROGRAMME HIGHLIGHT REPORT</p> <p>LG introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Work was continuing with the integration programme between Bridgewater Community Healthcare Trust and WHH. Workstreams had been established with representatives from both organisations and delivery plans were being developed. Stakeholder communication was also being developed. • Over 41,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since phase 1 opened in May 2023 with a push to get new pathways into CD settings • The Patient Engagement Portal went live on the 12th of June 2024. This enables the Trust to digitally send outpatient appointments, appointment reminders and for patients to request or reschedule appointments through the NHS App. • The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which was reported to the ICB regularly <p>CAK asked if trends in data relating to CDC usage could be provided in order to review capacity potential. HH explained that numbers had increased in some areas and they were hoping to open up to other cohorts of patients, activity data would be able to be provided to a future meeting.</p> <p>SC advised there was more to be done and it was not yet known for sure if it was being used to capacity, however a quiet waiting room doesn't necessarily mean there was less activity.</p> <p>A question was raised around hospital transport to Runcorn Shopping City as this was not very reliable and this was noted for action.</p> <p>The Council of Governors noted the report.</p>
<p>COG/24/08/40</p>	<p>AMENDMENTS TO THE CONSTITUTION</p> <p>JC introduced the report which set out the proposal to make 2 key changes to the WHH constitution, the following key points were taken from the discussion around each of the proposed changes:</p> <p>Governor Constituencies</p> <ul style="list-style-type: none"> • The proposal as detailed in the paper was to Merge the current Warrington North, Warrington South and Halton public constituencies to form a single Warrington & Halton constituency with 15 seats <p>Governor Eligibility</p>

	<ul style="list-style-type: none"> The proposal as detailed in the paper to amend Eligibility to be a Governor. Removal of point 2 which would prevent people from becoming a Governor of the Trust if they are a Governor of another NHS Foundation Trust given the plans to bring Bridgewater and WHH together, this would inhibit Bridgewater Governors to become Governors at WHH and would not support inclusive integration <p>In relation to the next elections there would 10 seats, 8 for public governors in Warrington & Halton and 2 staff governor vacancies. Nominations would be open from 12 September and close on 10 October at 5pm. Results would be available late October/early November and newly elected Governors would start their term on 1 December 2024.</p> <p>The Council of Governors approved the amendments to the Constitution</p>
COG/24/08/41	<p>ANNUAL COUNCIL OF GOVERNORS EFFECTIVENESS SURVEY – TO BE CIRCULATED</p> <p>JC advised the attendees that in line with best practice the annual effectiveness survey would be circulated to Governors during Q3 and the outcomes report would be presented to Governors at the November meeting.</p> <p>The Council of Governors noted the update</p>
COG/24/08/42	<p>FIT AND PROPER PERSONS REQUIREMENTS FOR BOARD MEMBERS – COMPLIANCE REPORT</p> <p>JC introduced the paper and explained its purpose to provide assurance to the Council of Governors that all directors remain fit and proper for their roles and that the required evidence as per the NHS England Fit and Proper Persons Test Framework was submitted to the Regional Director NHS England, by the required deadline of 30 June 2024, following approval by the Audit Committee.</p> <p>SMcG explained that as the Chair of the Trust, it was his responsibility to formally sign the process off, and that it was important to ensure the process was robust. He also explained the work that went in to undertaking the checklist and ensuring the correct documentation was recorded for individuals.</p> <p>The Council of Governors noted the update.</p>
CLOSING	
COG/24/08/43	<p>ANY OTHER BUSINESS</p> <p>No further business was raised.</p> <p>The meeting closed at 4.40pm</p>
Date and time of next meeting is Thursday 14 November 2024, 3-5pm (Halton)	
ITEMS TO NOTE (see Supplementary Pack)	
COG/24/08/44	<p>CHIEF EXECUTIVE'S REPORT</p> <p>The Council of Governors noted the content of the report.</p>
COG/24/08/45	Chair's Report – was verbal to Board (see August Trust Board Minutes)
COG/24/08/46	<p>GOVERNOR BOARD COMMITTEE OBSERVATION REPORTS & COMMITTEE ASSURANCE REPORTS</p> <p>(a) Finance & Sustainability</p>

The agenda and minutes of this meeting may be made available to public and persons outside of Warrington and Halton Hospitals NHS Foundation Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

	<p><i>(N/A no reports submitted)</i> – Jonathan Cliffe/Nathan Fitzpatrick/John Somers (b) Quality Assurance Committee <i>(May, June & July)</i> – Akash Ganguly & Diane Nield/Cliff Richards (c) Strategic People Committee <i>(May, June, July)</i> – Colin Jenkins/Julie Jarman (d) Audit Committee (20.06.24) Sue Fitzpatrick/Mike O'Connor</p> <p>The Council of Governors noted the contents of the reports.</p>
COG/24/08/47	<p>QUALITY ACCOUNTS 2023/24 The Council of Governors noted the content of the report.</p>
COG/24/08/48	<p>Quality Strategy Annual Update The Council of Governors noted the content of the report.</p>
COG/24/08/49	<p>Complaints Report & PALS Update The Council of Governors noted the content of the report.</p>

Signed Chair

Date

Chair

EXTRAORDINARY COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 17 October 2024, 3pm
MS Teams

Present	
Steve McGuirk	Chair
Nigel Richardson	Public Governor
John Fagan (JF)	Public Governor
Sue Fitzpatrick (SFP)	Public Governors
Nathan Fitzpatrick (NFP)	Public Governor
Colin Jenkins (CJ)	Public Governor
Diane Nield (DN)	Public Governor
Anne Robinson (AR)	Public Governor
Carol Ann Kelly (CK)	Public Governor
Gemma Leach (GL)	Staff Governor
Nichola Newton (NN)	Partner Governor

In Attendance	
John Culshaw (JC)	Company Secretary Associate Director of Corporate Governance
Emily Kelso (EK)	Corporate Governance & Membership Manager (minutes)

Apologies	
Norman Holding (NH)	Public Governor & Lead Governor
Akash Ganguly (AG)	Staff Governor
Colin McKenzie (CM)	Public Governor
Jonathan Cliffe (JC)	Staff Governor
Keith Bland (KB)	Public Governor
Kevin Keith (KK)	Public Governor
Edward Rawlinson (ER)	Public Governors
Linda Mills (LM)	Public Governor
Paul Bradshaw (PB)	Public Governor
Kevin Keith (KK)	Public Governor
Mansimran Singh (MS)	Partner Governor
Cllr Maureen McLaughlin	Partner Governor
Rachel Bold (RB)	Staff Governor

AGENDA REF	AGENDA ITEM
COG/24/10/51	<p>Welcome, Introduction, Apologies and Declarations of Interest</p> <p>JC welcomed everyone to the meeting and introduced MOC Senior Independent Director and Chair of the meeting.</p> <p>Apologies for absence were received as noted above.</p>
COG/24/10/52	<p>Extension of Term Non-Executive Director</p> <p>SMcG introduced the paper which explained that Mike O'Connor (MO'C) Non-Executive Director and Senior Independent Director, would come to the end of his first term of office on 31st October 2024. M'OC has expressed his interest in serving a second term of three years to commence on 1st November 2024.</p> <p>SMcG described MO'C commitment and highly valued contribution to the Trust, it was explained that M'OC was frequently head hunted most recently for 2 NHS Chair positions. It was noted that M'OC enjoyed his work with WHH and his contribution from a corporate legal perspective, provided valuable insight to the Trust Board.</p> <p>JC added that MOC currently held the role of the Trust Senior Independent Director, a</p>

	<p>role that he was both enjoying and executing to a high standard.</p> <p>CJ commented that he had earlier in the day observed a the Strategic People Committee which MOC had chaired as deputy Chair in Julie Jaman’s absence. The meeting had been chaired well with good discussion and challenge from Non-Executive Directors, SF agreed this was the case in the Audit committee which MOC held the position of Chair.</p> <p>SMcG explained that in accordance with the Trust’s Constitution and Monitors Code of Governance (Code of Governance provision C2.2), it was proposed that M’OC be granted a second term of office for a further period of three years from 1st November 2024 to 31st October 2027</p> <p>The Council of Governors</p> <p>1. Approved the extension of term of office for Mike O’Connor, Non-Executive Director of the Trust</p>
CLOSING	
COG/24/11/53	Any Other Business
	The meeting closed at 3:15pm
Date and time of next meeting is Thursday 13 August 2028	

Signed

Date

Chair

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/24/11/55iii	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	14 November 2024
-------------------------	-----------------	-----------------	---------------------------------	------------------------	------------------

1. ACTIONS ON AGENDA

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

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

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

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/24/08/39	15.08.24	Bi-monthly strategy programme highlight report	Breakdown of cdc usage data to be provided to governors at a future meeting	HH/LG	November 24	November 24	Data provided to governors via email	

RAG Key

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



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



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



National context – the Darzi report findings

Council of Governors 14 November 2024

National context – the Darzi report findings

- Lord Darzi completed an independent review into the NHS, to explore the challenges it faces and the impact of this on patients, service users and staff.
- The report was published on 12 September and will inform the forthcoming 10-year plan for the NHS.
- The report provides a helpful ‘state of the nation’ summary of the NHS nationally and recognises most of the key findings as being relevant to WHH and the Cheshire and Merseyside ICS.



NHS Performance Findings

- Ageing population = increased demand for healthcare = pressure on access to care. E.g. super stranded patients, no criteria to reside, increased waiting lists
 - Recognise improvements to patient safety but clinical negligence claims at highest levels – maternal deaths, avoidable deaths, mental health and children and young people's health
 - Health inequalities clearly prevalent – people in poverty are getting sicker and accessing services later
 - Under-investment in community-based care and prevention has led to pressure on hospitals.
 - Decline in NHS productivity – still below 2019 levels.
 - Lack of clarity re: the role of the ICB in population health
 - Significant long-term sickness for working age adults. Improved access to care will improve the contribution the NHS makes to the economy
- 

Drivers of Performance

- Spending increases by the government were lower than planned between 2019 and 2024 – with spending per capita lower than other comparable predominantly English-speaking countries.
 - Capital investment has declined since 2009 – leading to deteriorating infrastructure and significant backlog maintenance (now £11.6 billion).
 - The pandemic had a significant impact on the NHS after a decade of underinvestment – led to fewer resources and lower resilience than other health systems
 - Voices of patients are not sufficiently heard leading to compensation claims of circa £3 billion per annum, 1.7 per cent of the entire NHS budget
 - Many staff feel disempowered and overwhelmed – leading to higher sickness absence.
 - Identified cultural challenges, such as developing open, transparent and just cultures, take time to resolve and change.
 - Changes to NHS structures and system, such as the creation of ICBs and the CQC's inspection regime, have caused a lack of clear understanding and inconsistent approaches across the country
- 

Conclusions of the Report

- In summary, the report recognises that there are significant challenges ('critical condition') facing the NHS but its 'vital signs are strong'.
- The report reflects the importance of patient empowerment, digital technology, prevention, care closer to home and ensuring funding streams and capital investment support these principles.

Lord Darzi identifies the following themes for how to 'repair' the NHS:

- Re-engage staff and re-empower patients
 - Lock in the shift of care closer to home by hardwiring financial flows
 - Simplify and innovate care delivery for a neighbourhood/community NHS
 - Drive productivity in hospitals
 - Tilt towards and embrace technology
 - Contribute to the nation's prosperity
 - Reform to make the structure deliver
- 

Final Conclusion

Darzi Report

‘Many of the solutions can be found in parts of the NHS today. The vast array of good practice that already exists in the health service should be the starting point for the plan to reform it. The NHS is a wonderful and precious institution. And no matter the challenges it faces, I am convinced it can return to peak performance once again’



What this means for WHH

We recognise the challenges and welcome the principles that Lord Darzi has identified

as being important to the solution for the NHS – this is a great opportunity to work together to develop an NHS which is fit for the future, Examples of how WHH is already taking forward these principles:

- Integration with Bridgewater “Better Care Together”
- New Hospitals and strategic estates planning
- Services in the Community – Living well hub Warrington, Runcorn Town Deal, Community Diagnostics Centre
- Patient Engagement Portal
- Procurement a new Electronic Patient Record
- PLACE based working - Urgent and Emergency Care System Improvement
- Warrington - development and implementation of a new digital health and wellbeing hub
- Halton - Delivery plans for each specialist area of the Wider Determinants of Health group
- LIMS Laboratory Information Management System – implementation to begin 2027 Pathology collaboration

Better Care Together

Home · Community · Hospital





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

Questions?



Non-Executive Director Committee Assurance Presentation

Council of Governors

14 November 2024



Working
Together



Excellence



Inclusive



Kind



Embracing
Change

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



QUALITY

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

1. Outpatient Backlog:

- Plans to reduce and mitigate the backlog.
- Impact of the Elective Recovery Fund and industrial action.
- Breakdown of low/high-risk categories.

2. Quality Surveillance in Surgery:

- Overview of quality surveillance mechanisms following an incident at Great Ormond Street.
- Strong processes in place for surgical case surveillance.

3. Arbury Court Update:

- Noted reduction in incidents and improved relationships.
- Further improvement needed in screening compliance.
- Stepped down from regular oversight by the Quality Assurance Committee

4. ED Improvement Update:

- Action planning is ongoing to address delays in the 4-hour standard.
- Improvement in ambulance handover times but challenges remain in triage times

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



PEOPLE

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

1. Workforce Race Equality Standard (WRES):

- Improvements in diversity (more diverse when compared with its local population) and shortlisting likelihood.
- Action plan approved for publication.

2. Workforce Disability Equality Standard (WDES):

- Improved disability declarations and reasonable adjustments.
- Action plan approved for publication.

3. Impact of CIP on Workforce Strategic Priorities:

- People Directorate CIP plans are opportunistic rather than pre-planned
- Concerns about resources for integration and PWC projects.

4. Freedom to Speak Up Annual Report:

- Highlights of disclosures received and new training initiatives.
- Assurance on governance mechanisms in place.

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



SUSTAINABILITY

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

1. Workforce Plan:

- Increase in workforce due to investments and external funding.
- Overspend due to industrial action and medical pay awards.

2. Bank Reduction Plan:

- Measures to reduce agency usage and costs.
- Moderate assurance given the reduction, with plans in place for further reduction.

3. PwC Forecast Update:

- Financial Incident Command and Control process in place.
- Focus on productivity, pay, and non-pay control.

4. Recovery Update:

- Progress in reducing 65-week breaches.
- High-risk areas identified for achieving the 52-week target.

5. Monthly CIP and Productivity Improvement Updates:

- On plan for CIP with identified schemes.
- Improvements in theatre utilisation and outpatient procedures.

6. Monthly Finance Position:

- Reporting a year-to-date deficit with risks around cost pressures and income targets.

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/08/98c(i)	Meeting	Trust Board	Date Of Meeting	2 October 2024
-------------------------	------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	28 August 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/24/08/88	EPR Procurement Update	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> Following receipt of advice from the Counsel, the Trust abandoned the Procurement of EPR on 20 August 2024. Cost of abandoning the process includes legal fees, appointment of counsel and cost of extending Lorenzo contract. Frontline Digitalisation fund – to be spent on the things we would've spent in the programme, although also looking at options available to maximise the funding that has been allocated Review to be undertaken to understand and identify lessons learnt Summary of the costs, updated timeframe, redress, next steps to be reported next month 	The Committee received limited assurance based on delivery of the EPR procurement	The Committee noted and discussed the presentation receiving limited assurance around the procurement process in place.	FSC September 2024
FSC/24/08/89	Hot Topic – C&M Mandated Support	<p>The Committee received the presentation noting:-</p> <p>Mitigating the gap</p> <ul style="list-style-type: none"> Risk adjusted financial forecast had been submitted with £12.4m gap. Mitigation identified and has reduced forecast to £8.4m 	The Committee received moderate assurance based on delivery of the actions identified	The Committee noted and discussed the presentation receiving	FSC September 2024

		<ul style="list-style-type: none"> WHH has been selected as one of the 4 Trusts to receive external support <p>PWC draft report</p> <ul style="list-style-type: none"> Recommendations provided in the draft PWC report has an executive lead assigned to each recommendation - only 1 area rag rated red. Variable pay, recruitment and non pay controls that took place in Leeds has been received and will be reviewed and implemented locally <p>Deep Dive Request for next month</p> <ul style="list-style-type: none"> Establishment - volume and value – demonstrate where we are Productivity – cases per week, down to specialty Unpalatable items – impact Demand v Acuity v LOS Urgent and emergency agenda 		substantial assurance around process and procedures in place.	
FSC/24/08/90	Deep Dive – Benefits Realisation – Urology	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> Utilisation of clinic space has been maximised and undertaking more minor surgical procedures Expanding the ‘Hot Clinics’ in UIU to support acute pathways Specialty Doctors recruited and enabled 24/7 three tier on call rota Work is still required to continue to improve delivery and performance 	The Committee received substantial assurance based on delivery of the implementation of the UIU project.	The Committee noted and discussed the presentation receiving substantial assurance around the benefits.	
FSC/24/08/92	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Tier 1 – improvement in 4hr and 14 day LOS 12 hours wait is still key area UEC improvement work on going UCR group – working with wider system in delivering better service for patients, identifying opportunities 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted and discussed the report receiving substantial assurance around level of detail reported	FSC September 2024

		<ul style="list-style-type: none"> Tier 2 – forecasting will treat last 65 week waiter by end of March 			
FSC/24/08/96	Monthly CIP Update	<p>The Committee received the report noting:</p> <ul style="list-style-type: none"> Fully identified £19.4m schemes, of which £1.2m is non recurrent and £3.9m is high risk. Month 4 CIP position is on plan £3.2m achieved – however stepped increase in the plan in the later part of the year. 	The Committee received moderate assurance based on delivery of the CIP plan	The Committee noted and discussed the report receiving substantial assurance around plans in place	FSC September 2024
FSC/24/08/97	Monthly Productivity Improvement Update – inc UEC & Integration	<p>The Committee received the report noting:-</p> <p>Outpatients improvement</p> <ul style="list-style-type: none"> Further work to be done on DNAs and New to Follow Up Ratio <p>Theatres</p> <ul style="list-style-type: none"> Utilisation levels impacted by cancellations and DNAs. Short notice cancellation is being picked up in PIOG as a deep dive Funded sessions v actual sessions delivered Late starts – improvements seen over the last 6 to 12 months, however, still further work to improve performance for each specialty. Forward wait / admission lounge is required to improve utilisation <p>Integration</p> <ul style="list-style-type: none"> £5m target across both organisation Data sharing agreement requires approval to progress ability to share information to quantify what potential savings identified 	The Committee received limited assurance on the delivery of the improvement savings	The Committee noted and discussed the report receiving moderate assurance of the plans in place	FSC September 2024
FSC/24/08/99	Cost pressures M4	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Cost pressures have continued, the majority relating to nursing and medical requirements Forecast overspend has reduced from £4.8m in month 3 to £4.6m Peer review by the Executive Team continues to be in place with an aim to reduce cost pressures further 	The Committee received limited assurance based on the continued overspend on cost pressures	The Committee noted and discussed the report receiving substantial assurance of the ongoing review	FSC September 2024

FSC/24/08/10 1	Cash Support Q2 Update	The Committee received the report noting:- <ul style="list-style-type: none"> The original revenue cash support request for Q2 was £10.373m. £5.145m was drawn in July with an expected draw of £5.228m in September Support for Q3 request of £14.954m. This includes temporary support of £9.475m if there is a timing delay in receiving funding from the ICB to cover the agenda for change pay award and back pay 	The Committee received substantial assurance on the monitoring of cash requirements	The Committee noted the report receiving substantial assurance and supported the cash request for Q3	Trust Board September 2024
FSC/24/08/10 3	Monthly Finance position – month 4	The Committee received the report noting:- <ul style="list-style-type: none"> £14.6m deficit with an adverse variance to plan of £1.0m which is the impact of Industrial Action (IA). Indications are that there will be no additional funding for this. Risks around cost pressures overspends, under delivery of CIP, risk of activity delivery to achieve the 104% income target and the impact of IA Revenue requests supported by the Executive Team highlighted in the report 	The Committee received moderate assurance due to risks to the financial position.	The Committee noted the paper receiving substantial assurance	FSC September 2024
FSC/24/08/10 4i	Capital Position Month 4	The Committee received the report noting:- <ul style="list-style-type: none"> M4 capital spend is £0.9m behind plan Movement in capital contingency was approved Supported review to be undertaken to confirm £83k will be for either Accommodation – EPCMS or CHP efficiency scheme RMO – additional £22k required from contingency was approved 	The Committee received moderate assurance due to spend being behind plan.	The Committee noted the presentation receiving substantial assurance and approved the contingency changes	FSC September 2024
FSC/24/08/104ii	Schemes over £500k	TIF / Endoscopy <ul style="list-style-type: none"> Overall handover of decontamination will be completed end of September and now moving into the final phase of the project. Elective theatres will be reorganised due to the closure of the Nightingale in order for this final phase Signed contract to be in place to ensure all works completed by March 2025. Version 4 cost submission is £67k above Trust budget, however mitigations have been identified. Support entering the contract of £3.313m with Kier. 	The Committee received moderate assurance due to risks to the delivery of the scheme within budget.	The Committee noted the paper receiving substantial assurance and support the contract based on version 4 cost submission	

Items for noting

FSC/24/08/91 Board Assurance Report & Corporate Risk Register
FSC/24/08/93 Recovery Update
FSC/24/08/94 Medical Workforce Review Group Q1 Update
FSC/24/08/95 Benefits Realisation Q1 Update
FSC/24/08/98 Runcorn Town Deal Collaboration Agreement
FSC/24/08/100 Pay assurance report
FSC/24/08/102 Revenue Request – None to report this month
FSC/24/08/104ii Schemes over £500k
FSC/24/08/105 Digital Strategy Group Update
FSC/24/08/106 EPRR Update

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/10/98c(ii)	Meeting	Trust Board	Date Of Meeting	2 October 2024
-------------------------	-------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	23 September 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up / Review date
FSC/24/09/1 12	Matters arising – PWC Update	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> All trusts in Cheshire and Merseyside have received a report from PwC and this report will also be presented to Private Board Recommendations raised by PwC have been included in an action plan which is being reviewed and discussed by the Executive Team Follow up meeting with PwC took place to identify areas of focus System wide Chairs of Finance Committees met they noted tangible actions across the System are not being seen 	The Committee received moderate assurance based on the initial action plan	The Committee noted and discussed the presentation receiving substantial assurance around process and procedures in place	Trust Board October 2024
FSC/24/09/1 13	Hot Topic – Theatre & Outpatient Productivity	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> 2024/25 activity is tracking above 104% of 2019/20 activity, note that this is not income which is below plan due to case mix Significant increase in outpatients productivity mainly Capped utilisation has improved since 2020/21 moving from Quartile 1 to Quartile 2 on the Model Health System Deep dive into on the day cancellations, key themes consistent across last 2 months 	The Committee received moderate assurance based on delivery of the actions identified	The Committee noted and discussed the presentation receiving substantial assurance around process and procedures in place	

FSC/24/09/1 14	Deep Dive – Establishment	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> • Workforce plan has increased by 617 between April 2019 and April 2024 due to investments, cost pressures and external funding • Significant pay CIP schemes including the 2% WTE reduction with a non-clinical focus and the recurrent vacancy factor from 2023/24 • At month 5, 72 WTE higher than plan and £2.4m overspend year to date (due to Industrial Action and the medical pay award) • Impact of sickness, annual leave usage and cost pressures driving the overspends in each staff group in month 5 • Controls in place around the ECF process and the additional controls following receipt of recommendations from external reviews 	The Committee received moderate assurance based on delivery against plan	The Committee noted and discussed the presentation receiving substantial assurance around process and procedures in place.	
FSC/24/09/1 15	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • Continued improvement in the 12 hour performance standard, however behind trajectory for 4 hour performance • Reduction in Type 1 attendance (seasonal variation), decrease in walk in however increase in more complex ambulance attends • Stabilisation of patients waiting over 6 weeks, issues continue in Echo, Sleep and Cystoscopy • Outpatient Follow up – increase in patients waiting over 17 weeks, review underway to understand this increase 	The Committee received moderate assurance given some metrics are not achieving	The Committee noted and discussed the report receiving substantial assurance around level of detail reported	FSC October 2024
FSC/24/09/1 17	Bank Reduction Plan	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • Agency in wards requires Chief Nurse or Deputy sign off • Weekly Lead Nurse meetings and cost pressure clinics in place • Stopped enhanced rates for speciality nurses • Review of supernumerary status eg ward managers working one clinical shift per week • Daily review of bank requests implemented 	The Committee received moderate assurance given the reduction, continuation of reduction required to move to substantial	The Committee received substantial assurance given the plans in place	
FSC/24/09/1 18	Elective Recovery	The Committee received the report noting:-	The Committee received moderate	The Committee received	

	Update – 65 week wait	<ul style="list-style-type: none"> Gynae and Max Fax are high risk for achieving the 65 week target The estimated final position is a potential 21 capacity breaches Circa £500k behind where spend expected to be at month 5 Improved 65 week position compared to other trusts in the region and commended for this 	assurance given the progress that has been made	substantial assurance given the plans in place	
FSC/24/09/1 19	EPR Procurement Update	<p>The Committee received the presentation noting:-</p> <ul style="list-style-type: none"> NHSE Frontline Digitisation independent review in procurement and implementation challenges underway (nine trusts in total nationally) Two options proposed, a full procurement or a re-launch with reduced timescales which is expected to be recommended Financial Impact Analysis undertaken to agree a plan for the Investment Agreement for funding in the current financial year, discussions ongoing with the FD team around deferral of funding in line with the revised timetable WHH internal lessons learned review underway 	The Committee received moderate assurance based on delivery of the EPR procurement	The Committee noted and discussed the presentation receiving moderate assurance around the procurement process in place.	FSC October 2024
FSC/24/09/1 20	Monthly CIP Update	<p>The Committee received the report noting:</p> <ul style="list-style-type: none"> Month 5 CIP position is on plan £4.5m achieved – however stepped increase in the plan in the later part of the year. Fully identified £19.4m schemes, of which £1.5m is non recurrent and £3m is high risk (£2.5m relating to the Improvement Schemes). 	The Committee received moderate assurance based on delivery of the CIP plan	The Committee noted and discussed the report receiving substantial assurance	FSC October 2024
FSC/24/09/1 23	Cost pressures M5	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> Cost pressures continue, the majority relate to nursing and medical Nursing expected to decrease with the additional controls in place Forecast overspend is currently £4.7m, with £2.3m year to date variance currently being offset in the current financial position Additional emerging cost pressures highlighted this month (£3.4m forecast overspend), £1.6m year to date is currently being offset More detail on the top three additional cost pressures requested 	The Committee received limited assurance based on the continued overspend on cost pressures	The Committee noted and discussed the report receiving moderate assurance of the ongoing review	FSC October 2024

<p>FSC/24/09/1 27</p>	<p>Monthly Finance position – month 5</p>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • £17.6m deficit with an adverse variance of £1.0m due to Industrial Action. Indications are this will be funded but may not be 100% • Risks around cost pressures, CIP and collaboration target, risk of delivering the 104% income target and the impact of IA • Revenue requests supported by the Executive Team included • £4m of the £5.2m September cash request has been approved, £16.4m deficit support to be received by the Trust (share of the £150m Cheshire and Merseyside ICS deficit) • Forecast variance to plan of £8.4m reduced to £4.7m through identification of further mitigations, work continues to improve 	<p>The Committee received moderate assurance due to risks to the financial position.</p>	<p>The Committee noted the paper receiving substantial assurance</p>	<p>FSC October 2024</p>
<p>FSC/24/09/1 28</p>	<p>Capital Position Month 5</p>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> • Month 5 capital spend is £0.9m behind plan, expected to catch up later in the financial year • Movement in capital contingency was approved • Aseptic Unit £290k ringfencing in 2025/26 Capital Programme approved 	<p>The Committee received moderate assurance due to spend being behind plan.</p>	<p>The Committee noted the presentation receiving substantial assurance and approved the changes and 2025/26 ringfencing</p>	<p>FSC October 2024</p>

Items for noting

- FSC/24/09/116 Winter Planning*
- FSC/24/09/121 Monthly Productivity Improvement Update – inc UEC & Integration – covered in Hot Topic*
- FSC/24/09/122 CDC Activity*
- FSC/24/09/124 Pay Assurance Report*
- FSC/24/09/125 Integration Update*
- FSC/24/09/126 Revenue Requests – None to report this month*
- FSC/24/09/128 Schemes over £500k*
- FSC/24/09/129 Senior Information Risk Owner (SIRO) Report*
- FSC/24/09/130 Digital Strategy Group Update*
- FSC/24/09/131 EPRR compliance submission update*

COUNCIL OF GOVERNORS

AGENDA REFERENCE	COG/24/11/29b (i)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s)	13 August 2024
GOVERNOR OBSERVER	Diane Nield, Public Governor
GOVERNOR COMMENTS	<p>There were 2 NEDs in attendance at the meeting (including chair)</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged the number of papers today and requested where possible for clarity that presenters do not use acronyms</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <p>Hot Topic - Delays to Follow-up The total waiting list has grown by 11% over the last 12 months. 37, 327 outpatients' appointments for follow-up overdue</p> <ul style="list-style-type: none"> • 21,472 more than 6 weeks • 26, 024 more than 12 weeks • High risk areas identified are in; Ophthalmology, Gynae, Urology, Gastro, ENT & Paeds • There is also an issue identified with Lorenzo risk stratification in that not all patients have a risk rating • Both NED's asked challenging questions to gain assurance. • Additional clinics are identified as a solution however this would incur more cost. • Overall, the picture is one of no real assurance, financial pressure and no real plan - Chair confirmed escalation to the Board <p>Fragile Services Update . Urology is seeing significant improvements along with Gynae which will have a full complement of staff by September (Follow up appointments still an issue - as above). Stroke - improvements seen with 1 further case whereby Whiston did not follow the pathway. Theatres - making good progress on their culture and 9-point plan. Fractured Neck of Femur -</p>

looking to increase theatre trauma capacity, particularly over weekends.

ED Improvement Programme

On trajectory for 4-hour standard. Ambulance Handover time reduced over June/July. **Corridor Care** - new 'Hub Wait 2' opened 15th July containing 5 curtained trolley spaces (corridor care standard) designed to improve environment and patient experience. ED time to Treatment - also seen further improvement. Decrease in antisocial behaviour vs last month. Staff on Staff verbal abuse increase has been seen - currently monitoring.

Future monitoring - ED Triage, Hub Wait 2

- **Mental Health Update**

Over 65% increase in referrals to CORE 24 in last 5 years. Emerging theme of 'out of area' patients. Training sessions have been well attended. Policies and Procedures built with MH colleagues have improved

- **Runcorn Health & Education Hub** - Runcorn Old Town Library building. Centrally funded (levelling up fund) project £2.8m. Providing services for families, LTC's and young people. Will also provide an education offering focusing on developing the health and care workforce. WHH services will include: Maternity, Respiratory clinics, Pulmonary Rehab, Phlebotomy. Timeline: Build complete July 2025. CQC registration and Hub opening September 2025

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/59b (ii)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s):	10 September 2024
GOVERNOR OBSERVER	Diane Nield, Public Governor
GOVERNOR COMMENTS	<p>There was 1 NED in attendance at the meeting (Chair)</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged the number of papers today and requested where possible that papers are submitted in a timely manner ahead of the meeting to enable reading.</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> ▪ Patient Story - Organ Donation Patient story ahead of 'Organ Donation Week' w/c 23rd Sept. There are currently 7702 people waiting for a transplant Only 10% of the population will become an organ donor 1349 people have received a transplant since April 2024 8-9 transplants per year at WHH <p>Each donor can save up to 9 lives</p> <p>Recent example in WHH resulted in 5 organs transplanted from one patient. 20 departments were involved in making this happen A real team effort!</p> <p>WHH staff form a guard of honour for the patient when they make their final journey to theatre with their family alongside. This is seen as a very unusual personal touch but helps the family enormously.</p> <ul style="list-style-type: none"> ▪ Hot Topic - Quality Considerations with ITU and UTC CIP schemes 2 schemes were proposed: <ol style="list-style-type: none"> 1. Reduction in GP hours at Halton 2. Closure of 1 ITU bed Both schemes were discussed at length. Challenges were acknowledged and QAC agreed they are assured about the risks with both proposals. Escalated to the Board. ▪ Fragile Services Update <ul style="list-style-type: none"> ○ Urology - still significant backlog - staffing issue. ○ ENT still outsourcing (costly) - Fundamental strategic change needed ○ F Neck of Femur - lack of theatre capacity cited

- Gynae - increasing waiting list, now has full complement of staff
- Stroke - 1 case where Whiston didn't follow procedure
- Theatres - making good progress on culture change

▪ **Hot Topic - Great Ormond Street Hospital Surgeon review**

Recent national news story revealed 39 cases identified with 30 significant issues

The chair encouraged the QAC members to discuss the latest news from GOSH and questioned if we would know if there is anything similar going on in WHH.

An interesting discussion took place highlighting various mechanisms in place at WHH to monitor performance and to 'speak up' if things were noticed

Escalation to the board for further discussion

▪ **Delays to Follow-up appointments**

Backlog identified 38,500 as of end of August. Some appointments are up to 4 years overdue. Many are from our 'fragile services'. Also identified a significant data quality issue in the sample group taken from Ophthalmology, in particular 'risk stratification' is an issue.

QAC agreed that a 'plan of action' needs to be designed and that this be a regular item on the QAC agenda. The chair challenged thinking around the patient perspective - 'how does the patient know they need to be seen?'

• **Escalation items**

- Organ Donation - WHH patient story
- Hot Topic - CIP schemes
- GOSH - discussion
- Paediatric Audiology
- Future Deaths - coroner's report
- Outpatient Follow-ups

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/59b (iii)
AGENDA ITEM	Committee Observation Report
COMMITTEE MEETING ATTENDED	Quality Assurance Committee
DATE OF MEETING(s):	8 October 2024
GOVERNOR OBSERVER	Diane Nield, Public Governor
GOVERNOR COMMENTS	<p>There were NEDs in attendance at the meeting inc Chair</p> <p>The meeting had a full agenda with multiple detailed papers. The chair acknowledged the number of papers today and requested where possible that papers are submitted in a timely manner ahead of the meeting to enable reading.</p> <p>The meeting was chaired very efficiently with lots of opportunities for questions. Apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> ▪ ED improvement programme update 4-hour standard - still behind trajectory with ambulance and corridor times increasing. Clarification was given regarding treatment of patients in corridor - patients are pulled off corridor for treatment/care then returned Delayed admissions, ambulance waits - an improving picture up to last week which then saw a deterioration Admissions/Discharges - numbers remain stable ▪ Hot Topic - Quality Surveillance in Surgical Outcomes (GOSH) Processes covered around what is currently available both internally and externally to report individuals regarding concerns/outliers in clinical practice following the current investigation of the surgeon at GOSH In addition, there is also appraisal and revalidation every 5 years. Discussions around culture took place ▪ Fragile Services Update Stroke and Gynae no longer considered. Cardio/Respiratory to be added following concerns regarding diagnostic delays + frailty of Cardio medical staffing Urology - improving waiting list position ENT still outsourcing (costly) - recruitment ongoing F Neck of Femur - lack of theatre capacity cited Theatres - all actions completed, await cultural survey Increased C-section surgical site infections, meeting planned with maternity team Deep Dive on Theatre culture planned for November QAC

Arbury Court

Reduction in the number of incidents reported following intensive governance and meetings with the AC management team.

No incidents reported since June '24. Strengthened relationship between WHH/AC personnel. Request to stop reporting to QAC but still continue to monitor - escalated to the board for assurance

PEDI update

Armed Forces Covenant Duty (2022). The trust has a legal duty to demonstrate 'due regard' to veterans and service personnel. Special provision includes the consideration of prioritisation of treatment

An E-learning package is being designed to increase staff awareness pf being 'veteran aware'

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/10/98a (i)	Meeting	Trust Board	Date Of Meeting	2 October 2024
-------------------------	-------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	13 August 2024
Name of Meeting & Chair	Quality Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/24/08/107	HOT TOPIC – DELAYS TO FOLLOW UP	<p>The Committee received the Hot Topic in relation to the Outpatient follow up tracking.</p> <ul style="list-style-type: none"> Significant increase in waiting lists noted. High-risk areas identified improvement plans in place for most specialities. (Ophthalmology requires additional focus) being reviewed and reported via Fragile Services Reports to Patient Safety and Clinical Effectiveness. Overview included a review of associated risk register. <p>Points of note include:</p> <ul style="list-style-type: none"> Further assurance requested relating to Ophthalmology. Further discussions required regarding costing implications to reduce backlog either by Limited Liability Partnership (LLP) or waiting List Initiative (WLI). <p>Further updates to be provided</p>	<p>Moderate:</p> <p>Further work required in relation Ophthalmology Services.</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through Patient Safety and Clinical Effectiveness escalating to Quality Assurance Committee.</p>	<p>PSCESC September</p>
QAC/24/08/108	DEEP DIVE – MEDICATION ERRORS	<p>The Committee received a Deep Dive Presentation on Medication Errors.</p> <p>The following key challenges, risks and actions were highlighted:</p>	<p>Moderate:</p> <p>Further review of training needs analysis required to align with other Trusts.</p>	<p>Substantial:</p> <p>Monthly reporting to Medicines Safety Group oversight</p>	<p>PSCEC September QAC November</p>

		<ul style="list-style-type: none"> • WHH benchmark in middle compared to other Cheshire and Mersey Trusts • Pharmacy Safety Team includes – Medicines Safety Officer, Medicines Safety Nurse and a Specialist Technician for Medicines Storage <p>The Committee agreed on the importance of ongoing monitoring and improvement in Medicines Safety, a further report will be received by the Quality Assurance Committee in November.</p>		<p>through PSCESC</p> <p>Escalation processes in place</p>	
QAC/24/08/110	PATIENT SAFETY AND CLINICAL EFFECTIVENESS SUB-COMMITTEE EXCEPTION REPORT	<p>An update from Patient Safety and Clinical Effectiveness Sub-Committee (PSCESC) was provided to the Committee which included reporting on Fragile Services:</p> <p>Of the items escalated from the Sub-Committee, of particular note was:</p> <ul style="list-style-type: none"> • Urology – Improvement in waiting times. • ENT- a deteriorating workforce position. Continued work with the LLP/insourcing/outsourcing was taking place to manage waiting lists. • Fractured Neck Of Femur- remains a challenge, concerns over resignation of consultant Geriatrician – plans being work through to mitigate. • Gynaecology – Increasing waiting lists, workforce gaps continue. Aging equipment risk now resolved. 	<p>Moderate:</p> <p>Backlog in Gynaecology waiting lists.</p> <p>ENT backlog</p>	<p>Substantial:</p> <p>Monthly reporting with Executive oversight through PSCESC</p> <p>Escalation processes in place</p>	PSCEC September 2024
QAC/24/08/112	Sepsis high level Q1 update	<p>The Committee received Q1 sepsis performance.</p> <p>Further points noted.</p> <ul style="list-style-type: none"> • Improving performance for antibiotics administered within 3 and 6 hours. • WHH noted as 5th best performing Trust in Cheshire and Mersey on Aqua sepsis metrics. • WHH pilot Trust for new NG51 Sepsis guidance for Launch on 13 September 2024. 	<p>Moderate</p> <p>Further improvement with Screening Compliance required.</p>	<p>Substantial:</p> <p>Monthly oversight through PSCESC</p>	PSCEC September
QAC/24/08/116	ED Improvement Update	<p>The Committee received an update on the ED Improvement Programme and noted the following:</p>	Moderate	Substantial:	QAC

		<ul style="list-style-type: none"> • Long Waits – hoping to achieve 78% by March 2025 • Challenging month re ambulance attendances • Improvement in 0–15 minute handover. 15–30-minute handover sustained. • Hub Wait 2 opened in July– 5 bed curtained area reducing the number of patients being nursed on the corridor. • ED attends marginally decreased 	12 hours in department times need to further improvement	Monthly reporting to Quality Assurance Committee	September
QAC/24/08/118	Mental Health Update	<p>The Committee received an update on Mental Health And specifically noted the following:</p> <ul style="list-style-type: none"> • Number of patients seen by Core 24 since 2017/18 has increased by 65%. • Right Care Right Person implementation underway • More out of area patients presenting to WHH. • WHH seen improvement in policies/legal frameworks, training for staff, CAHMs responses. • WHH has 24 hr Health Assessment area in ED available. 	Moderate Long length of stay in Department for mental health patients due to limited availability of acute mental health beds	Substantial: Non-Executive and Executive oversight via Quality Assurance Committee	QAC November

The Committee also received the following items.

QAC/24/08/111	New approach to 7 Day Services workstream
QAC/24/08/113	Compliance Q1 update
QAC/24/08/114	Quality IPR Metrics
QAC/24/08/115	Maternity Update
QAC/24/08/117	Runcorn Health Education Hub
QAC/24/08/119	Learning from Experience Update Q1
QAC/24/08/120	Infection Prevention and Control Q1 update
QAC/24/08/121	High level enquiries and external assessment/inspections

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/10/98a (ii)	Meeting	Trust Board	Date Of Meeting	2 October 2024
-------------------------	--------------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	10 September 2024
Name of Meeting & Chair	Quality Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
QAC/24/09/128	Organ Donation	<p>The Committee received a Patient Story and an overview of the Organ Donation Service</p> <p>This included</p> <ul style="list-style-type: none"> • Background to organ donation. • Overview of honorary contract / Memorandum of Understanding (MoU) with every Trust in country. • Patient Story resulting in 5 patients receiving organs. • Overview of Organ Donation Framework • Statistical data of number of patients on the list/successful transplants since April 2024. • Details of Guard of Honour Ceremony held for the patient to express gratitude for donation of organs. 	<p>Substantial:</p> <p>The Committee were assured that the that a collaborative team approach was in place</p>	<p>Substantial:</p> <p>Strong Policies and frameworks to support Organ Donation.</p>	As required
QAC/24/09/129	HOT TOPIC – Impact on quality considerations in UTC and ITU	<p>The Committee received a Hot Topic Presentation on two additional cost improvement programme schemes</p> <p>These were:</p> <ul style="list-style-type: none"> • Reduction of GP hours at Halton UTC - The presentation outlined the risks, mitigation strategies, and monitoring plans associated with these changes. • Closure of 1 ITU bed - The presentation noted SPC analysis of occupancy data 	<p>Moderate:</p> <p>Ongoing Culture work in Theatres – not yet concluded</p>	<p>Substantial:</p> <p>Monthly oversight vis Patient Safety and Clinical Effectiveness escalating to Quality</p>	PSCESC October

		The committee noted the risks and received assurance regarding the mitigations and monitoring in place for these schemes and agreed further update on culture work will be seen at QAC		Assurance Committee	
QAC/24/09/130	Reflections on the surgical failings at Great Ormerod Street	The Committee discussed the case of the surgeon who had performed operations on 700 patients resulting a number of cases of patient harm The committee noted WHH has good Freedom to Speak up processes	Moderate Culture work ongoing	Substantial Theatre services is a reviewed as a fragile service. With oversight at Patient Safety and Clinical Effectiveness monthly and reported to the Board	Presented as the Hot Topic in October QAC
QAC/24/09/132	Delays to Follow up – Outpatient backlog	The Committee received an update on the outpatient backlog highlighting <ul style="list-style-type: none"> • Plans to reduce and mitigate backlog • Increase in backlog • Impact of Elective Recovery Fund activity and industrial action on backlogs • Breakdown of low/high risk categories 	Moderate Increases in backlog	Substantial: Oversight through Patient Safety and Clinical Effectiveness escalating to Quality Assurance Committee	QAC November
QAC/24/09/134	Paediatric Audiology Biannual Update	The Committee received presentation in response to serious incident (2 February 2023) following which the Audiology Brainstem Response Service was paused The presentation noted <ul style="list-style-type: none"> • Mutual aid offered • Through review of 200 cases concluded (73 no further intervention required) 	Substantial All cases have been reviewed – 3 children remain who are being	Substantial Regular reports have been received at QAC and Board	QAC following PASQAT (part 2) Visit

		<ul style="list-style-type: none"> • PLACE closed the incident • Follow up Paediatric Audiology Assurance Quality Assessment Tool (PASQAT) part 2 visit expected – await date. 	monitored closely		
QAC/24/09/138	Prevention of Future Deaths	The Committee received an overview of a recent Coroner inquest and next steps for future Prevention of Deaths response to the coroner.	Substantial Response completed – Actions remain on track	Substantial Response to Coroner provided within timescales	n/a

The Committee also received the following items.

- QAC/24/09/131** Patient Safety and Clinical Effectiveness Sub Committee Exception Report
- QAC/24/09/133** Infection Prevention Control – Audit Findings
- QAC/24/09/135** Ed Improvement Update
- QAC/24/09/115** Maternity Update
- QAC/24/09/138** Learning from Death Update Q1
- QAC/24/09/139** Quality Priorities
- QAC/24/09/141** High level enquiries and external assessment/inspections

Trust Board: Committee Assurance Report

Agenda Reference		Meeting	Trust Board	Date Of Meeting	2 October 2024
------------------	--	---------	-------------	-----------------	----------------

Date of Meeting	Wednesday 21 August 2024
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

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

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/24/08/76	GP Collective Action	<p>Paul Fitzsimmons: Executive Medical Director</p> <p>An update to the Committee was provided on the GP collective action as a result of instability in primary care from national contract negotiations, workload issues and commissioning issues.</p> <p>The Committee were assured that the organisation have undertaken a lot of work in partnership with the Primary Care Networks and Primary Secondary Interface group and are proud of the relationship with local GPs.</p> <p>The Committee were advised of the suggested collective action that are likely to have the greatest impact on WHH including the limiting of daily GP contacts, stopping the engagement with e-referral advice and guidance, stopping locally agreed</p>	<p>Moderate assurance was received as there are mitigations and systems in place within WHH to respond and mitigate any risks but there is still further assurances to receive from the wider Primary Care Network which is outside of the organisation's control.</p>	<p>Substantial assurance was received in relation to the governance infrastructure that has been embedded and that the organisation are part of to mitigate any risks to patient care.</p>	September 2024

		measures and stopping the rationing referrals, investigations and admissions. The collective action is identified on an individual practice level and can be highly variable and unpredictable.			
SPC/24/08/78	Workforce Race Equality Standard report (WRES)	<p>Adam Harrison-Moran: Head of Culture and Inclusion</p> <p>The Committee were presented with the annual Workforce Race Equality Standard report whose data is taken from a variety of sources such as ER casework, national staff survey results and recruitment activity.</p> <p>The Report provided an action plan, which included an overview of 2022-23 actions to capture any substantial changes.</p> <p>Key finding included that the Trust overall is more diverse when compared with its local population and there have also been improvements in the relative likelihood of shortlisting which is the best score that the Trust has received. There is still more work to do regarding bullying and harassment. The Committee requested further assurance on the Trusts activities and responses to patient incidents of harassment, bullying and discrimination towards staff which will be reported at the next meeting as part of the Workforce EDI strategy update.</p> <p>The Committee approved the WRES Action Plan for publication.</p>	The Committee received substantial assurance on the delivery of the WRES actions for 2024-25	The Committee received high assurance on the governance mechanisms in place to respond to the WRES data.	September 2024

SPC/24/08/79	Workforce Disability Equality Standard Report (WDES)	<p>Adam Harrison-Moran: Head of Culture and Inclusion</p> <p>The Committee were presented with an annual overview of the Workforce Disability Equality Standard Report whose data is taken from a variety of sources such as ER casework, national staff survey results and recruitment activity.</p> <p>Highlights included workforce disability declarations have improved year on year, and that the reasonable adjustments question reflected in the staff survey is above the national average. There is still work to do in terms related to representation within the workforce when compared with the local population and declaration rates amongst senior colleagues.</p> <p>The WDES action plan was received and approved by the Committee.</p>	The Committee received substantial assurance on the delivery of the WRES actions for 2024-25	The Committee received high assurance on the governance mechanisms in place to respond to the WRES data.	September 2024
SPC/24/08/81	Chief People Officer Report	<p>Michelle Cloney: Chief People Officer</p> <p>The Committee received an update on initiatives relating to the workforce which included the annual EDI returns that the organisation has implemented, the support provided to staff in the wake of the ongoing unrest during a challenging period and the development of the Staff Voice Forum in response to staff survey results and the organisation's culture work.</p> <p>The Committee will receive an update and a full WHH response to the NHSE letter regarding the</p>	The Committee received high assurance on the work to respond to the needs of the workforce.	The Committee received high assurance on the ongoing monitoring of the issues that are important to the workforce.	September 2024

		unrest in the September 2024 Workforce EDI Strategy update.			
SPC/24/08/83	Midwifery Staffing Report Q1	<p>Ailsa Gaskill-Jones: Director of Midwifery</p> <p>The Committee received an overview of the midwifery staffing report which highlighted the lowest vacancy rate but this is likely to increase in the next report due to a number of upcoming retirements. The team are currently inundated with students who wish to work at WHH, which is testament to the hard work undertaking in the team to improve culture which is reflected in retention themes.</p> <p>The Midwifery Workforce plan was formally endorsed and approved by the Committee.</p>	Substantial assurance was provided on the actions that continue to be taken to improve midwifery retention, staffing and outcomes.	The Committee received substantial assurance on the governance processes that monitor this work.	November 2024

Other reports received by the Committee:

- SPC/24/08/77 – Board Assurance Framework
- SPC/24/08/90 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPC/24/08/82 – Monthly Safe Staffing Report
- SPC/24/08/84 – Guardian of Safe Working Report Q1
- SPC/24/08/85 – Integration update
- SPC/24/08/86 – Workforce Inclusion and Culture Sub-Committee Chairs Log
- SPC/24/08/87 – Workforce Review Group Chairs Log

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/10/98	Meeting	Trust Board	Date Of Meeting	2 October 2024
------------------	-------------	---------	-------------	-----------------	----------------

Date of Meeting	Wednesday 18 th September 2024
Name of Meeting and Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

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

Agenda Ref	Agenda Item	Issue and Lead Officer	Delivery Assurance	Governance Assurance	Follow Up/ Review Date
SPC/24/09/93	Deep Dive – Reward & Recognition	<p>Rebecca Patel: Associate Chief People Officer</p> <p>An overview was provided to the Committee on the Reward and Recognition offer within the Trust. This was asked for due to a concern from the Committee that some staff were unable to access some rewards.</p> <p>An update was provided on employer responsibilities and compliance with NLW, legislation and tax rules. An update was provided on the Trusts recognition package that has been developed. Reward and recognition is aligned to the NHS People Promise, considering best practice, are equality impact assessed and reviewed annually.</p> <p>The Committee were assured that the organisation have undertaken a lot of work in relation to reward and recognition and recognises that there are some limits as to how the Trust can influence reward. The Committee were informed that the capacity to expand</p>	<p>The Committee received moderate assurance on the deep dive update on Reward & Recognition. The Committee has asked for further staff communications r.e. affordability of schemes to manage expectations, and communications on the intranet.</p>	<p>Substantial assurance was received in relation to the reward and recognition offer that has been embedded within the organisation.</p>	N/A

		the offer was limited in light of the Trust's financial position and reduction in headcount in the People Directorate.			
SPC/24/09/94	Hot Topic – Impact of CIP on Workforce Strategic Priorities	<p>Michelle Cloney: Chief People Officer</p> <p>The Committee were presented with an update regarding the impact of cost improvement programmes (CIP) on workforce strategic priorities due to the reduction in non-clinical roles which is having a direct impact on the People Directorate.</p> <p>People Directorate CIP plans are from opportunities presented rather than taking a pre-planned approach, with opportunistic headcount reduction following resignations that has not resulted in like for like replacements. It has also had a direct impact on the diversity agenda as not able to recruit externally, recruiting from within.</p> <p>The Committee also received an update from the Finance team and not replacing vacancies impacting on responsiveness, time to develop, stepping down, etc. and reducing the hours in the Cash Office.</p> <p>Most recent People Pulse survey had a number of comments from staff regarding the impact of CIP, likely this impact will also be replicated in the Staff Survey which has just launched, and the Trust were recognised for excellent results last year.</p> <p>PWC and Bridgewater integration are additional priorities which will require resource to deliver. People Directorate coming together next week to prioritise and deprioritise and will report back to SPC next month.</p>	The Committee received limited assurance on the update provided due to the impact on the delivery of workforce priorities. Further update to be brought back to the Committee with regards to reprioritisation. Assurance to be discussed at Board.	The Committee received substantial assurance on the governance around the mechanisms in place to respond to CIP process.	October 2024

		Updates provided from Executive Directors regarding concerns of the resources required for Bridgewater integration.			
SPC/24/09/99	Freedom to Speak Up Annual Report	<p>Deb Carter: Freedom to Speak Up Guardian</p> <p>The Committee were presented with the annual Freedom to Speak Up Report for assurance.</p> <p>Highlights included 31 disclosures received in 23/24. Predominately similar themes r.e. culture, behaviour, relationships and unfairness. Quarterly break down of reporting which is reflective of new reporting requirements.</p> <p>New Guardian training linked to equalities agenda and for non-executive colleagues, training available in ESR. Training will be targeted for areas that are hot spots. New policy is under development along with a FTSU strategy. October FTSU month with communications and delivery plan.</p> <p>Nationally the number of those speaking up has increased. A number of important reports that have been published have been reviewed. Roll out of Martha's rules summarised in the paper.</p>	The Committee received substantial assurance on the Freedom to Speak Up Annual Report delivery.	The Committee received substantial assurance on the governance mechanisms relating to the Freedom to Speak Up Annual Report.	March 2025
SPC/24/09/96	Chief People Officer Report	<p>Michelle Cloney: Chief People Officer</p> <p>The Committee received an update on initiatives relating to the workforce which included an update regarding Band 2-3 Rebanding Resolution framework, delivery of lunch and learn sessions, 2024 Staff Survey approach, 2024 winter vaccination approach, an update regarding the continued support provided to staff in the wake of the Southport stabbings in the</p>	The Committee received high assurance on the work to respond to the needs of the workforce.	The Committee received high assurance on the ongoing monitoring of the issues that are important to the workforce.	October 2024

		<p>summer and subsequent public disorder, and the Supported Internship programme that the Trust rolled out in September 2023 which concluded in July 2024.</p> <p>The Committee will highlight to Trust Board that the Trust has been proactive, listened to feedback and changed the language regarding summer public disorder in their communications.</p>			
SPC/24/09/101	General Medical Council (GMC) Revalidation Annual Report / NHSE Statement of Compliance	<p>Paul Fitzsimmons: Medical Director</p> <p>The Committee received the GMC Revalidation Annual Report / NHSE Statement of Compliance for approval.</p> <p>Key findings were 321 doctors attached to WHH. Resident Doctors in training under Lead Employer approx. 151. 81 appraisers and an increasing number of SAS doctors acting as an appraiser. 149 fully signed off appraisal, 44 missed an appraisal due to valid reason e.g. sickness absence, maternity leave, 8 doctors have missed an appraisal without good reason. 85% completion rate which is good.</p> <p>54 doctors were due for revalidation, 45 were revalidated, 9 deferrals were made of which the vast majority did not meet the required number of appraisals required for revalidation and the first stage is to defer for 12 months to give the opportunity to get the required number up to date.</p> <p>The Trust is regularly in communication with GMC Revalidation Officer.</p> <p>The Revalidation Annual Report / NHSE Statement of Compliance was formally received and approved by the Committee to go to Board.</p>	Substantial assurance was provided on the update GMC Revalidation Annual Report / NHSE Statement of Compliance.	The Committee received substantial assurance on the governance processes that monitor this work.	September 2025

--	--	--	--	--	--

Other reports received by the Committee:

- SPC/24/09/97 – Workforce Integrated Performance Report
- SPC/24/09/96 – Workforce Brief on National, Regional, ICB or Local Workforce Issues
- SPC/24/09/98 – Monthly Safer Staffing Report
- SPC/24/09/102 – Integration and workforce update
- SPC/24/09/103 – Operational People Committee Chairs Log
- SPC/24/09/104 – Workforce Review Group Chairs Log

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG 24 11 59d
COMMITTEE ATTENDED	Audit Committee
DATE OF MEETING(s):	22 August 2024
AUTHOR(S):	Sue Fitzpatrick, Public Governor
GOVERNOR COMMENTS	<p>The meeting was held F2F with a few joining via Teams, and was chaired by Michael O'Connor. Papers were accessed via TeamEngine. The meeting started a little late and a number of Execs only attended for their section of the meeting.</p> <p>The minutes from the last meeting were accepted. The action log was empty.</p> <p>The BAF- All committees had conducted a deep dive on risk and the NEDS fed back that they found this a useful task that should be repeated periodically. There was discussion re the target scores meeting the risk appetite within the limitation of the 5x5 matrix. There were no major changes to the BAF but there were a couple of amendments to risk scores that were noted.</p> <p>The chairs of the committees verbally presented their assurance updates.</p> <p>QAC – There are number of services placed into fragile services. Due to lack of money the question was asked whether services are viable and do services improve if put into the fragile services grouping. There had been an extra QAC meeting because there were too many papers to allow for full discussion in a single meeting. The committee felt that the patient stories had an impact and often led to actions.</p> <p>FSC - The ICS chief Exec asked for the risk adjustment plan. There had been a lot of work and effort put into the plan by the finance department but we have been placed in the enhanced scrutiny or intensive support group and are awaiting confirmation of what this will look like in practice.</p> <p>SPC –There a large number and range of reports and they are given the scrutiny and assurance they require. The matrix data are all moving in the right direction. WHH have been recognised for best practice by the ICS on the work around agency and this is now to be extended to include the Bank. There are a number of cross committee issues regarding the Bridgewater process but from a people and staffing perspective we already have joint vacancy control and data sharing. But there is still work required around Comms. The safe nursing tool shows we need more staff but we</p>

have to reduce headcount further and direction is required from ICS on how to deal with this situation.

There was discussion around Investing in the community. The question was around what Place is doing to help the situation. It is their role. The Chair summed up the discussion and concluded that the following core issues need to be fed back by LG

- 1) We need to quantify the mental health provision
- 2) Bridgewater integration has to improve the situation
- 3) Need more visibility of the business case from the Place aspect

The chair asked questions around productivity and which Execs and in what forum issues are discussed. There was a lot of good discussion on productivity and how, since 2020, on paper we are spending more to do less. FSC taking it up as a hot topic.

The Chair's report was taken as read and there were no questions.

Internal audit there were 3 outstanding audit actions, 2 of which (relating to performance indicators and medicines reconciliation) should be closed by the end of the month whilst the other, waiting list management, is to be brought back to the committee in Nov.

MIAA Internal audit report was presented no concerns. There was limited assurance re devices with issues regarding consistency and approach.

Anti-fraud overall there was a green light. There has been a positive move whereby the police can issue cautions to avoid CPS involvement. All 3 fraud cases now closed.

External Audit: there was a tendering process to appoint the auditors but only GT actually put a bid in. There is an issue with the framework as they have gone above the ceiling. The Chair wanted assurance that we will be able to overcome the framework issue and an understanding of what would happen if we could not come to an agreement. JH assured that NHSE would have to be consulted and they would appoint auditors.

Review of Losses and Special payments - The paper was taken as read. There was an increase in store losses again with chemo drugs in pharmacy contributing to the costs. There was also an increase in personal injury with a couple of big claims this quarter. There were no questions.

Review of Waivers paper taken as read. There is definitely an improvement only 13 retrospective waiver compared to 38 last year. We are definitely moving in the right direction and still providing training for repeat offenders. Noted that there was a great

improvement in estates and the committee acknowledged the work put in by a member of the finance team to achieve the improvement.

AK presented the **risk management report** - MIAA gave substantive assurance and BAF issues addressed by the committee. The risk review group is currently meeting every 2 weeks to keep on top of the issues.

On call and overtime report taken as read there is to be a significant piece of work conducted on SMOC (Senior Management on Call rota) next year. The committee was also asked to note the process for the approval of overtime for staff on agenda for change

NW skills development. DE reported that they are using a new model which has been approved by the Board and is in place across the north west. The report was noted. There were no significant risks brought to the committee.

ICON bi annual report. They are looking to be set up as a charity

There were no items for escalation to the Board other than EPR where we are seeking legal advice. Questions need to be asked, and lessons learnt are to be presented at a future meeting.

What went well? The NEDS felt the discussions during the meeting had been interesting. All agenda items were discussed in depth and the meeting finished on time

Next meeting: 21st November

Trust Board: Committee Assurance Report

Agenda Reference	BM/24/10/98d	Meeting	Trust Board	Date Of Meeting	2 October 2024
-------------------------	---------------------	----------------	--------------------	------------------------	-----------------------

Date of Meeting	22 August 2024
Name of Meeting & Chair	Audit Committee, Chaired by Mike O'Connor
Was the meeting quorate?	Yes

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

Agenda ref	Agenda item	Issue and lead officer	Delivery Assurance	Governance Assurance	Follow up/ Review date
AC/24/08/47	Committee Chair's Annual Report	The committee received the Annual Report from the Committee Chair which set out the work that the committee had undertaken during 2023/24.	High – the committee received evidence that there was a strong system of internal control to meet the Committee objectives.	High – the committee received evidence that there was a strong system of internal control to mee the Committee objectives.	n/a
AC/24/08/48	Progress Report on Internal Audit Follow Up Actions	The committee received the progress report on internal audit follow up actions and noted that there were 3 overdue management actions, however since the last meeting the action relating to Badgernet had been closed.	Substantial – the committee received assurance the actions were being reviewed and progress updates to the committee would continue.	Substantial – the committee received high assurance on the systems and processes in place to review actions.	n/a
	Internal Audit Progress Report	The Committee received the report which provided progress on outcomes of reviews completed since the last Audit Committee meeting. It was noted that 4 reports had been issued since the last meeting and 1 review was in progress	Substantial - The Committee received substantial assurance on the progress of actions	Substantial - The Committee received substantial assurance on the progress of the internal audit plan.	

AC/24/08/52	Renewal/Refresh of External Audit Contract	The Committee were advised that the tender process was ongoing, given the limited tenders received. The committee discussed the lack of competition in the market for NHS auditors and the risk of the Trust being unable to appoint an External auditor. The single tender received was being reviewed as the Trust had raised a number of queries. The committee were reassured that the Governance process for appointing Auditors to an NHS FT were be followed. Updates would be provided to the committee when available.	Limited –until the queries had been answered the Trust was not yet able to move forward with the process for appointing an External Auditor	High – The Trust was following the appropriate Governance and procurement systems and process to appoint an External Auditor.	a.s.a.p.
AC/24/08/56	Risk Management Strategy Annual Report 2023/24	The committee received the Annual Report on Risk Management arrangements for 2023/24. The committee received assurance on the risk management systems and processes in place across the Trust along with the actions taken in year to strengthen risk management at both corporate and strategic levels. The committee were provided with a list of actions to further strengthen risk management during 2024/25.	Substantial – it was evidenced that the Trust were delivering to a substantial standard	Substantial – it was evidenced that the Trust had substantial Governance systems and processes in place to manage risk.	n/a

Other agenda items:

- AC/24/08/45 – Board Assurance Framework
- AC/24/08/46 - Committee Assurance update from Chairs of FSC, SPC, QAC
- AC/24/08/49 - Internal Audit Progress Report follow up actions (MIAA)
- AC/24/08/50 - Internal Audit Progress Report (MIAA)
- AC/24/08/51 - Anti-Fraud Progress Report (MIAA)
- AC/24/08/53 - Review Losses & Special Payments
- AC/24/08/54 - Review of Quotation + Tender Waivers
- AC/24/08/55 – Treasury Management Policy
- AC/24/08/57 – On-Call and Overtime Annual Update Report
- AC/24/08/58 – NW Skills Development Agency Bi-Annual Report
- AC/24/08/59 – ICON Programme Bi-Annual Update

Assurance Key:

Delivery Assurance: Assurance in achieving outcomes

Governance Assurance: Assurance in the internal controls in place

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

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

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
Date: 21/08/2024 Time: 14:30hrs Ward: Day Case Unit Halton	Department Manager: Nurse in Charge: Sue Lynum	Governors Present: N Holding, J Fagan		
Number of Patients: Capacity: 10 Total on day of visit: 10	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	2		
	Medical Team	1		
	Healthcare Assistants	1		Matron: Rachale Baxter
	AHP's			Lead Nurse: Lucy Parry
	Students	1		
	Domestic Assistants	1		
	Administration	1		Ward Manager: Beverley Clein
	Housekeepers	1		

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

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

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i></p> <p><i>What do you see?</i></p> <p><i>What do you smell?</i></p> <p><i>What do you feel?</i></p> <p><i>How does that make you feel?</i></p> <p><i>What do you notice? Does that build your confidence and trust?</i></p> <p><i>Is information relevant, within date and displayed appropriately?</i></p> <p>Signage from main reception not very clear When approaching the unit main entrance was not secure. The unit information board was complete and up to date. We were not challenged on entry, reception not occupied Bright. Clean. No smells Quite Well Decorated. Appropriate lighting level.</p>	3

WELL LED	Well Led	Confidence Score
	How confident are you that this Ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>Staff were very complimentary about working on the unit Staff stated that they were well supported by the CBU, and senior staff were all available when needed. Time is allocated for training and staff development. 98% mandatory training completed. All staff were in appropriate uniforms. Staff were aware of the management structural route and if necessary to their Speak UP champions if they had issues. Very good team working, this was stated by the staff on duty. Training is available for staff to progress and to update their skills. 98% mandatory training Daily safety brief carried out each morning. Unit information board up to date.</p>	3

	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>Safety brief given each day and at each shift change. Incidents and complaints are discussed, and action put in place were required (this is documented file seen). Staff were aware of incidents and actions taken. Any Incidents or complaints are discussed by the team, and actions put in place. Staff are aware of the risks with each patient. A Safe Care brief is carried out daily Quality improvements underway are: 1) Omitted Medication, 2) New Pain Pathway.</p>	3
	<p>Is there anything that you notice that could improve how the department is led? <i>(provide details)</i></p> <p>No</p>	

SAFE	Safe	Confidence Score
	How confident are you that this ward is SAFE?	0 / 1 / 2 / 3
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i></p> <p>Staff asked were aware of the processes to escalate procedures. Staff spoken to felt that they could raise issue and problems with their managers. Very open team working. All staff were aware of their Speak Up Champion.</p>	3
	<p>Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i></p> <p>Main Entrance door unsure and reception not occupied. All other doors in the unit were secure We were not challenged on entry until we found a staff member. Ward clerk sited at reception only works till 14:00hrs All patients had I.D wristbands. All patient information were secure. Doors into the Bay area was secure has was the door to the Theatre area. Staff are aware of the escalation procedures.</p>	2

	<p>Are there any visible 'hazards' on this ward? <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked; medicines left on the side? etc.)</i></p> <p>There was no clutter on the ward. There were no visible hazards on the ward. Alarm in Toilets and Bathrooms satisfactory. All storerooms were locked</p>	<p>3</p>
	<p>Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i></p> <p>Medicines well controlled, stored in a secure room in secure cabinets with double locks</p>	<p>3</p>
	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</p> <p>The ward has an alternative exit via A5 Gastro. No locked exit doors.</p>	<p>3</p>

CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i></p> <p>Staff were observed communicating with the patients and using their preferred name. Feedback from patients was very complimentary of the care provided by all the staff.</p>	3
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i></p> <p>Patients can wait a few hours for procedures, patients spoken to happen with the care and treatment no issues with the wait. We observed staff using patients preferred names. Very flexible staff, if delay in discharge staff work on until patients ready to leave</p>	3
<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>During the visit, the noise level was appropriate. Minimal activity going on.</p>	3	

	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>Patients spoken to stated that they were being kept up to date and plans and procedures were explained, any views they had were listen too.</p>	3
FOOD and NUTRITION	<p>Food and Nutrition</p>	Confidence Score
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	0 / 1 / 2 / 3
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>Has a day unit minimal food is offered, sandwiches, biscuits and drinks are available. Patients were happy with the offering.</p>	3
	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p>	N/A
	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required?</p> <p>Patients stated that they were provided drinks / Hydration, all bed had water available. Hydration is available for staff.</p>	3

	<p>Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible)</p> <p>Not Observed</p>	
RESPONSIVE	<p>Responsive</p>	<p>Confidence Score</p>
	<p>How confident are you that staff on this ward are RESPONSIVE to patient’s needs?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?)</p> <p>Patients spoken to, stated that care plans had been explained. The ward operates Nurse led discharge.</p>	<p>3</p>
	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?)</p> <p>Not Observed during our visit.</p>	

	<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have)</p> <p>Patients confirmed that they were given help and help was always available. Pain is management in place. The ward is developing a revised Pain pathway. The ward makes adjustments were required for patients with special needs, there is a larger bay available for wheelchairs or for other with special needs.</p>	<p>3</p>
	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>Staff were aware of available support around disabilities and languages. Staff have access to Language Line. The ward utilises a larger cubicle for any patients that require additional support.</p>	<p>3</p>

EFFECTIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	0 / 1 / 2 / 3
	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>The Ward is very clean, all cleaners record sheets up to date. The storerooms are very neat, tidy. The Ward was very tidy and appeared very well organised.</p>	3
	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>The ward manages their discharges and have their own stock of discharge medications, therefore no issues with delays obtaining TTO's. Staff will work on until all patients are able to leave.</p>	3

LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	Provide reasons for any change, from first impressions to your confidence levels: . Patient comments around care were positive. The ward appeared very well organised. Staff working well as a team. Flexibility of the staff. Patients impressed with the unit and the treatment.	3

Governor Observation Visit

Date / Time: 21/08/24 14:30hrs

Ward / Department: Day Case Unit Halton

Team: N Holding, J Fagan

Well Led

Positives	Recommendations
Good team working	
Staff liked working on the ward	

Safe

Positives	Recommendations
Medicine management	Ensure main entrance is locked at all times or that the reception is occupied

Caring

Positives	Recommendations
Patient comments around care	
Staff Flexibility	

Food and Nutrition

Positives	Recommendations
Availability of Hydration	

Responsive

Positives	Recommendations
Use of adapted cubicles for patients with special needs.	

Effective

Positives	Recommendations
Cleaning standard	Review Signage from Building Main Reception
Dispensing of ward help discharge Medications	

GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<p>Date: 16 Sept 2024</p> <p>Department: A&E</p>	<p>Department Manager: Daniel Meredith</p>	<p>Governors Present: S Fitzpatrick D Nield A Robinson</p>		
<p>Number of Patients: 87 patients in the department 42 waiting to be seen Average waiting time 4Hours Capacity:</p> <p>Chose to view A&E non-emergency side</p>	<i>Staff on duty:</i>	<i>Days</i>	<i>Nights (if applicable)</i>	CBU Manager:
	Nurses	22 +2 band 7s		Matron:
	Healthcare Assistants	Should be 7	Actually 4 at time of visit	
	AHP's			Nurse in charge Miriam Walsh: Nurse Lead Yasmin Habib
	Students			
	Domestic Assistants			
	Administration			Departmental Manager(s):
Housekeepers				
FIRST IMPRESSIONS	First Impressions			Confidence Score
	Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?			0 / 1 / 2 / 3
	<p>Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p>Outside there were 7 ambulances waiting 5 emergency 2 patient transport. 1 was Spark Medical covering Wirral and Liverpool (This ambulance was still there with the patient having just made it into the department when we had completed our visit 2 hours later) Outside were the usual mountain of cigarette butts. Good signage On entering the department the atmosphere was busy but calm. Going further into the department the impression was organised chaos. Mondays are usually busy after the weekend. But both Monday and Sundays are busy.</p>			2

WELL LED	Well Led	Confidence Score
	How confident are you that this department is 'well led'?	0 / 1 / 2 / 3
	<p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported?</p> <p>The A&E consultant said it was busy. The department split into emergency and other patients. There were 48 patients under his watch which is really busy he said there is not much give in the system they are just managing not looking forward to the winter.</p> <p>The HCA praised the leadership she had 1:1 with Yasmin who discussed her future and helped her look at apprenticeships. She felt well supported and felt very much part of the team</p> <p>The Department manager was helping with the tea and coffee trolley as they was no one else available</p> <p>Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience. The staff all knew how many patients were waiting. The nature of patients are more serious than the worried well. A lot of time is spent on waiting for other departments e.g. x ray</p> <p>Is there anything you notice to suggest this department/area is not well led?</p> <p>None</p>	<p>3</p> <p>As they control what they can</p>
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive	Confidence Score
	How confident are you that this department is safe and caring?	0 / 1 / 2 / 3
	<p>Do staff know how to escalate concerns and are there any visible hazards?</p> <p>Yes The a HCA reported that she felt uncomfortable treating a mental health patient but knew that there were other staff members close by and someone would immediately come to help if requested</p> <p>All staff said they are happy and content and development is considered.</p> <p>Do staff communicate and interact with patients or service users in a caring manner?</p> <p>Yes many patients reported that staff always had a smile</p> <p>Laurie Davies A&E sister makes a point of telling the staff even if they have had a long shift that the next patient is still important and to smile.</p> <p>Do staff provide care that meets individual needs of patients?</p> <p>The tea trolley had been around once but there did not appear to be any hydration stations. We did not observe a nurse in the waiting room by they may have been in the emergency corridor as there were a number of trolleys coming in off the ambulances</p>	<p>2</p>

Governor Observation Visit

Date / Time: 18.00 16 Sept 2024

Ward / Department: A &E

Team:

Positives	Recommendations
Good team spirit	
All knew their role and their area	
White boards up to date and clear	

Well Led

Positives	Recommendations
Praise for leadership	
Staff felt well supported and part of a team	
All staff knew how many patients were waiting	

Safe

Positives	Recommendations
HCA felt if there was a situation there were staff nearby	
Staff were made aware of a disruptive patient that was making others in waiting room uncomfortable	Obvious security required

Caring

Positives	Recommendations
Patient told what was happening but long periods in between updates	All patients would like to see electronic update of waiting times
Patients reported staff smiled	

Food and Nutrition

Positives	Recommendations
Tea and coffee trolley available	Increase how often the trolley is deployed at least 4 hourly, could this be manned by a volunteer?
	Availability of hydration stations

Responsive

Positives	Recommendations
	Electronic waiting times.

Effective

Positives	Recommendations
Busy department but clean and organised	Attention needed outside the department to get rid of cigarette butts
	Halton/Warrington referrals process need review

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
Date: 28/10/2024 Time 10:00hrs Ward: A2	Department Manager: Nurse in Charge; Clairese	Governors Present: N Holding, A Robinson, Carol Ann Kelly.		
Number of Patients: Capacity: 30 Total on day of visit: - 30	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	5	2	
	Medical Team	3		
	Healthcare Assistants	3	4	Matron: Yasmin Habib
	AHP's			Lead Nurse: Yarmen Burns
	Students	2		
	Domestic Assistants	2		
	Administration	1		Ward Manager: Kelly Johnson
	Housekeepers	1		

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

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

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i> <i>What do you see?</i> <i>What do you smell?</i> <i>What do you feel?</i> <i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i> <i>Is information relevant, within date and displayed appropriately?</i></p> <p>Noticeboards on ward have missing information around the days staffing. Other information boards were clear and not cluttered, information up to date. The Ward is well signed from Main Entrance. Signage in and around lifts was easy to understand and easily followed. Ward is Bright, Very Busy No noticeable smells. Not Challenged on entry, walked to nurse's station before asked who we were. All doors onto ward were open, no secure entry, no reception by entrance. Very welcoming at nursing station.</p>	2

WELL LED	Well Led	Confidence Score
	How confident are you that this Ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>Staff were very complimentary about working on the ward and really work well as a team. Staff stated that they were well supported by the CBU, and senior staff were all available when needed. All staff were in appropriate uniforms. Staff were aware of the management structural route and their Speak Up champions if they had issues. The ward has a Educator and training is scheduled for all staff. PDRs are up to date.</p> <p>.</p>	3
	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>Good MDT working. Safety brief given each day and at each shift change. All ward issues are recorded for noting by all staff daily. The ward issues a monthly newsletter to all staff members. Staff are aware of the risks with each patient and which patients need additional help and support. The ward hold lesson learned session following any incidents or complaints. The ward has two improvement initiatives ongoing: Falls and Pressure Ulcers.</p>	3

	<p>Is there anything that you notice that could improve how the department is led? <i>(provide details)</i></p> <p>Ensure that information board is refreshed daily.</p>	
SAFE	<p>Safe</p>	<p>Confidence Score</p>
	<p>How confident are you that this ward is SAFE?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?</i></p> <p>Staff asked were aware of the processes to escalate procedures. Staff spoken to felt that they could raise issue and problems with their managers. Very open team working. All staff were aware of their Speak Up Champion.</p>	<p>3</p>

	<p>Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</p> <p>We were not challenged on entry to the ward. Ward nurses' station, which is located at the mid-point of the ward was staffed. We were challenged when we approached. The nurse station has obstructed viewed of both ward entrances. Corridor doors have electronic locks but all doors we open with unobstructed entrance to the ward. All patient information were secure. Patient electronic information board was active and in full view of all on the ward. Patients had identity wristbands. The ward has a relative's room for staff to talk with patients and relatives in private</p>	2
	<p>Are there any visible 'hazards' on this ward? (NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked; medicines left on the side? etc.)</p> <p>The ward did look cluttered on arrival but the cleared as ward round finished. There were no visible hazards on the ward. Other that a floor fan outside one bay. Alternative exit door clear. A storeroom door open. Alarm cords in toilets and bathrooms correctly placed.</p>	2
	<p>Are there any medication safety issues? (NOTICE Are any medications not locked away? Are there any delays in giving medications?)</p> <p>Medicines are stored and dispensed from a lock room (Observed) and from locked storage cabinets.</p>	3

	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</p> <p>The ward has an alternative exit, Exits are at each end of the ward and are shared exits from adjacent wards. There were no locked doors.</p>	<p>3</p>
<p>CARING</p>	<p>CARING</p>	<p>Confidence Score</p>
	<p>How confident are you that the staff on this ward are CARING?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i></p> <p>Feedback from patients was very complimentary of the care provided by all the staff. We observed staff communicating with patients and using their preferred names.</p>	<p>3</p>
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?</i></p> <p>We observed staff using patients preferred names. Thank You cards displayed on ward boards. One patient commented that the care was good but other health issues (sight and hearing which were being referred to RNIB before admission had not been talked about). Staff provided welfare checks and reviewed any Hospital passports patients had. Were appropriate side rooms were used for special needs patients. Staff were aware of language line.</p>	<p>3</p>

	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>During the visit, the noise level was appropriate. No patients spoken to had issue with noise at night.</p>	3
	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>Patients stated that they were being kept up to date with plans and procedures were explained, any views they had were listen too. Plan were discussed with relative were appropriate.</p>	2 5
FOOD and NUTRITION	Food and Nutrition	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	0 / 1 / 2 / 3
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>Patients had complaints around menus particularly at lunch time. They stated that the quality and temperature varied. It seemed that this may be due to which bay patients are in when meals are being served.</p>	2

	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p> <p>Patients generally happy with the selections. Patients complained that they sometimes received the wrong selection Other issues around only getting what the last patient in the bed had ordered before their discharge. The ward holds a variety of snacks if patients require them. Patients with special dietary needs are catered for.</p>	2
	<p>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required?</p> <p>Patients stated that they were provided drinks. Hydration is available for staff.</p>	3
	<p>Notice – are patients prepared for mealtimes? <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i></p> <p>Not Observed</p>	

RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) Patients spoken to, stated that care plan had been explained. The ward works with continuous flow, co-ordinated discharges. Doctors keep patients updated and relatives also. Discharge summaries are given and forwarded to patients GP.	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) Not observed during visit.	
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Patients confirmed that they were given help and help was always available. Patients special need are taken into account and adjustments made. Pain management is carried out at medication rounds, otherwise patient need to ask for pain relief.	3

	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>Staff were aware of available support around disabilities and languages. Any reasonable adjustments are put in place and side rooms are utilised when needed.</p>	<p>3</p>
EFFECTIVE	<p>Effective</p>	<p>Confidence Score</p>
	<p>How confident are you that the ward processes are EFFECTIVE?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>The Ward is very clean, the storerooms are tidy only issues was one room was unlocked. The Ward was tidy and appeared organised. Bathrooms and toilets were clean, cleaning records were up to date Domestic staff feel part of the team and assist were appropriate. Some of the bedside tables were cluttered during the visit. Reported job to repair some bare wires still outstanding. (urgent repair needed) Staff stated that they required more storage space.</p>	<p>3</p>

	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>There is a fairly large turnover of patients, and a continuous flow system is in place. Discharges are managed well but there can be hold ups, these may be getting TTO's and confirmed discharge from doctors. Also due to the acuteness of the patient some decline and must stay on the ward.</p>	<p>3</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE</p>	<p>Lasting Impressions</p>	<p>Confidence Score</p>
	<p>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</p>	<p>0 / 1 / 2 / 3</p>
	<p><i>Provide reasons for any change, from first impressions to your confidence levels:</i></p> <p>.</p> <p>Patient comments around care were positive. The ward appeared organised. Staff working as a team. The staff very committed with good culture. The security / Safety around the open doors and location of the reception remains an issue.</p>	<p>2</p>

Governor Observation Visit

Date / Time: 28/10/24 10:00hrs

Ward / Department: A2

Team: N Holding, A Robinson, C Kelly

Well Led

Positives	Recommendations
Good team working	Ensure ward information board is updated daily
Staff liked working on the ward	
Educator employed on Ward	
Well supported by CBU	
The provision of a monthly ward staff newsletter	

Safe

Positives	Recommendations
Medicine management	Ensure storeroom is locked
The provision of a relative's room adds to the patient / relatives experience	Review Security / Safety of Ward and location of reception
	Ensure staff are aware to challenge visitors
	Utilise existing security / entry system.
	Is the electronic patient information screen in the most appropriate position.

Caring

Positives	Recommendations
Patient comments around care	Review / ensure good communications around discharge plans
Very caring staff	

Food and Nutrition

Positives	Recommendations
Patients generally happy with choices	Ensure food temperatures are consistent across all bays
	Ensure patients get the correct order
	Provide alternatives when patient is new and not ordered first meal

Responsive

Positives	Recommendations
The wards response to patients with special needs and the available support.	Discharge plans need to be clearly / carefully explained to patients to ensure they are fully informed.

Effective

Positives	Recommendations
Cleaning standard	Chase up outstand repair of exposed cable.
Integration of domestic staff on the ward	Ensure storeroom locked
	Ensure discharge plans are explained in a timely manner to both patients and relatives.

**COUNCIL OF GOVERNORS
14 November 2024**

SUBJECT	Governor Questions	AGENDA REF	COG/24/11/62
----------------	---------------------------	-------------------	---------------------

QUESTION 1	How can WHH Governors contribute to listening to patients and the public as per the Darzi Report summary point 19.	Proposer: Sue Fitzpatrick and Niel Richardson Public Governors
RESPONSE	To be covered in Darzi Report agenda item COG/24/11/58 .	Responder(s):

QUESTION 2	What is the likely impact to the ICS of a devolution agreement for the Cheshire & Warrington region?	Proposer: Norman Holding, Lead Governor
RESPONSE	To be covered under the Chair's Update COG/24/11/57 .	Responder(s):

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/63			
SUBJECT:	Quarterly Communications & Engagement Update Q2			
DATE OF MEETING:	14 November 2024			
ACTION REQUIRED:	To note			
AUTHOR(S):	Alison Aspinall, Head of Communications and Engagement & Esstta Griffiths, Engagement and Involvement Officer			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications & Engagement			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients ✓	Workforce ✓	Public ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No ✓	N/A
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<p>This report updates on communications and engagement activity during quarter 2 of 2024-25. It incorporates the quarterly reporting on the Working with People and Communities Strategy and elements of the previous Communications and Engagement Dashboard into one report.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> • Overview of Q2 communications and engagement activity from July 2024 to September 2024 • Updates on Experts by Experience activity and involvement • Key communications campaigns and highlights from Q2 • Working with People and Communities Strategy Q2 2024-25 update • Details of the current plan of upcoming engagement events which the Trust is hosting or attending during autumn / winter 2024 and dates currently scheduled for 2025 			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	
RECOMMENDATION:	The Council of Governors are asked to note the report			
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group		
	Agenda Ref.	GEG/24/11/28		
	Date of meeting	Wednesday 6 November 2024		
	Summary of Outcome	To note		

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

Communications and engagement update

Quarter 2 2024-25 (July to September)

Council of Governors

14 November 2024



Working Together



Excellence



Inclusive



Kind



Embracing Change

Our role within WHH

The Communications and Engagement Team remit covers:

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

During the Q2 period (July to September 2024) the Communications and Engagement Team...

- processed and allocated **45** communications 'Job Requests' for design, film, photography and communications campaign support
 - prepared / issued a total of **9** media statements
 - issued **9** media releases
 - arranged and facilitated **1** media feature
 - handled **13** enquiries from local, regional and national print and broadcast media
- 

Q2 activity and achievements overview

- Delivered both a new intranet and website during August / September
- Provided design support for the introduction of WHH Charity donation stations across Trust sites and relaunched the 'Pennies from your payslip' campaign / payroll giving
- Started to redevelop the website for Warrington, Halton, St Helens and Knowsley Breast Screening Service
- Developed initial communications and engagement approaches with Bridgewater colleagues to support the Better Care Together programme
- Supported Cheshire and Merseyside Endoscopy Transformation Programme with an opening event for the new Endoscopy Hub
- Provided communications support for governor elections campaign
- Supported NHS Staff Survey campaign and staff flu / COVID campaigns
- Re-introduced a monthly Stakeholder Bulletin
- Updated Production of Patient Information Policy and initiated policy approval process



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

Media

The Trust issued 9 media releases and 1 media feature during Q2 including:



WHH maternity initiative shortlisted for the HSJ Patient Safety Awards

[Read the release](#)



Warrington and Halton patients can manage appointments online

[Read the release](#)



New garden balcony to transform care for patients on Intensive Care Unit

[Read the release](#)



Expectant parents urged to take up new RSV vaccination

[Read the release](#)

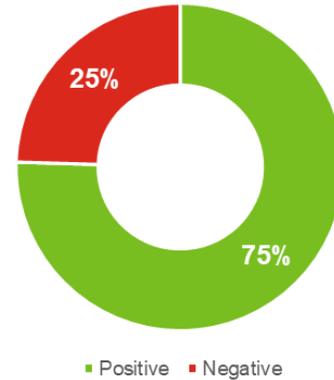
Engagement, involvement and insight

During Q2 (July to September 2024) we recruited 19 Experts by Experience (EbyEs)

We received requests for engagement support for the following projects:

- Signage and wayfinding survey
- Translation and interpretation service feedback
- Digital questionnaire feedback for COPD / lung conditions
- PLACE Assessors recruitment
- EbyE equality and diversity monitoring

PATIENT EXPERIENCE
ONLINE REVIEWS



A total of 53 online reviews from patients rating their WHH experience were published in Q2.

Sources of data:

- NHS Choices
- Google reviews
- I want great care

Experts by Experience (EbyE) projects

Project Name	Overview	No of EbyEs req	Outcomes
Signage and wayfinding survey	Request for EbyE feedback on Trust signage, maps and wayfinding	Unlimited	<ul style="list-style-type: none"> • 23 EbyEs participated in survey • 15 EbyEs recruited to join future work • 2 Governors recruited to join Task and Finish Group
Interpretation and translation services survey	Request for EbyE feedback on current WHH interpretation and translation services	Unlimited	<ul style="list-style-type: none"> • 7 EbyEs participated in survey • Feedback shared with project lead (Patient Experience Team)
PEP - digital questionnaire feedback for COPD / CPAP	Request for EbyEs to inform PEP questionnaires for patients with experience of respiratory conditions	Unlimited	<ul style="list-style-type: none"> • 2 EbyEs recruited to take part in questionnaire development and testing
PLACE Assessors	Request for EbyE involvement in PLACE assessments, exploring how environment supports provision of clinical care	2	<ul style="list-style-type: none"> • 2 EbyEs recruited • Assessments held 07/10/2024

Experts by Experience projects (continued)

Project Name	Overview	No of EbyEs req	Outcomes
EbyE demographic survey	Request to explore representation within EbyE programme	Unlimited	<ul style="list-style-type: none"> • 36 EbyEs participated in survey • Final results to be built on, to ensure community representation within EbyE programme
Website user testing	Request for EbyE testing of newly redeveloped website (via 16 tasks)	Unlimited	<ul style="list-style-type: none"> • 14 EbyEs participated in testing • 3 staff participated in testing • Website pathways moved following feedback, with search engine functionality improved

Local / national campaigns shared with EbyEs: 3

- Ageing Well in Warrington (Warrington Borough Council)
- Runcorn Old Town investment (Halton Borough Council)
- Pharmacy First (Healthwatch Warrington)



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



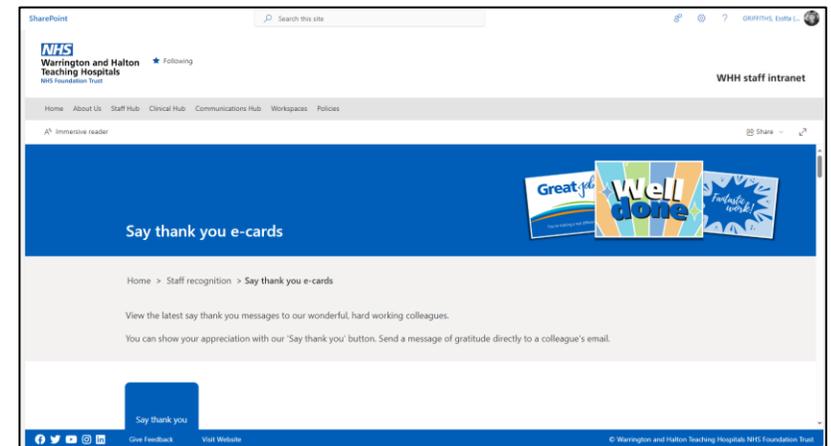
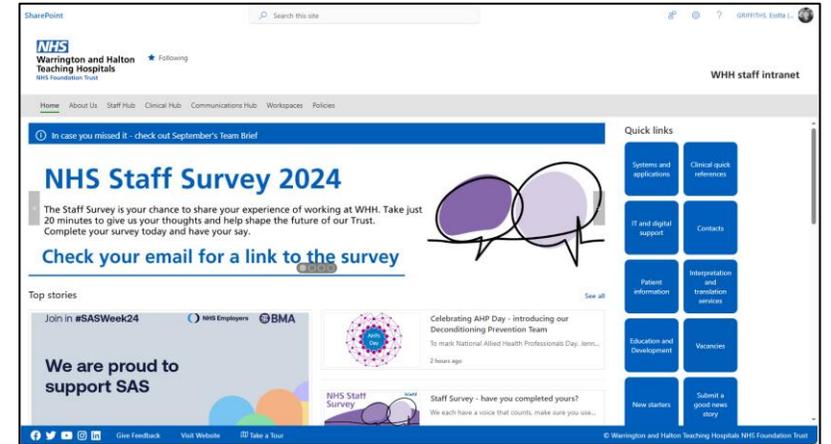
Key campaigns / highlights from Q2

Intranet launch

A complete redevelopment of the Trust's intranet on the **SharePoint** platform went live on **22 August 2024**:

New features

- Dedicated 'Hub' pages (including three key areas - staff, clinical and communications)
- New display system for applications and systems, including quick links
- Redeveloped team workspaces
- Links to share good news stories
- e-cards/messages to thank colleagues
- Online staff events calendar



Intranet analytics and feedback

First month activity (September 2024)

Overall traffic

- Average unique viewers: 1,016
- Site visits: 163,104
- Average daily site visits: 5,624

Top three most popular pages (after home page)

1. System: 8,565 views
2. Staff Hub: 5,033 views
3. Workspaces: 2,823 views

Device usage

- 99% of traffic comes through the desktop – a mobile SharePoint app is due to be launched in 2025

“I love the new intranet it’s very easy to use with everything in one place. Well done WHH.”

Suzanne Miller, Staff Nurse

“I very much like the appearance of the new site, and the quick links make searching a lot easier.”

**Julie Ann Kiernan,
Clerical Worker**

'Say thank you'

A new function added to the intranet to allow staff to say thank you or congratulate their colleagues on a job well done has proved popular.

In addition to a post on the home page, it sends an e-card to recipient via email with the full message and details of who has submitted it. In September (the first full month since launch) 42 messages were shared.

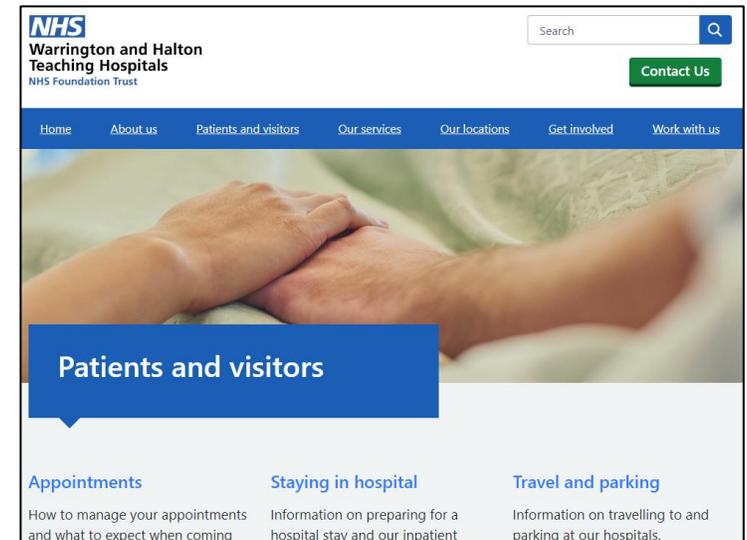
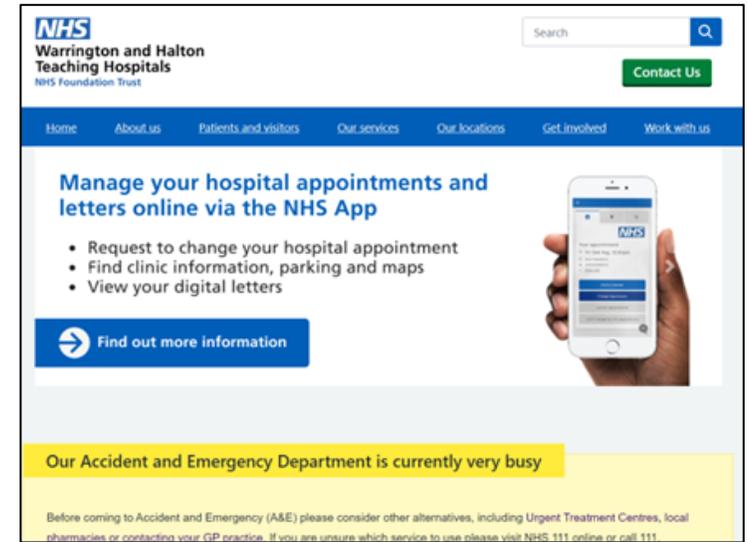
Recipient	Message	Card
CORNTHWAITE, Kathryn	Kat has been very instrumental in helping me organise our Shared Learning Forum and other events. Her organisational skills and value are commendable!	 1 like
CARR, Michelle DEAN, Susan	Thank you for coordinating and leading the Inclusion Masterclass, this was received very well and will make such a difference, thanks for being you!	 1 like
CARR, Michelle DEAN, Susan	Thank you for arranging and facilitating a brilliant Inclusion Masterclass yesterday. Well done!	 1 like
BARLOW, Sophie	Congrats on completing your specialist portfolio (finally!!!)	 1 like
DIXON, Abbey	A big thank you for all your help over the last couple weeks!	 1 like
FALLON, Christopher MORRISON, Amy REDDINGTON, Matthew FURFIE, Tim	Just wanted to say thank you for all of the extra work in supporting the Trust in managing the financial position with the extra scrutiny on orders.	 1 like
DONEGAN, Susan DOBSON, Matthew MASTERS, Daniel TWIGG, Jane DENBRABER, Rebecca STOREY, Julie	The team have successfully built an new trust induction to offer an immersive and engaging start with our organisation. Starting 07/10/24.	 1 like



Website redevelopment

Fundamental principles

- Clear NHS branding using NHS templates
- Simplification of information
- Consistent format for service and location entries
- Clearer navigation structure
- Reduced image use (must include alt text)
- Mobile friendly
- Built using the '3-click rule'
- [Web Content Accessibility Guidelines \(WCAG\) 2.2](#) compliant
- Celebrate and explain accreditations
- Housekeeping process for review of all sections



Website redevelopment engagement

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

- Website redevelopment survey (Nov 2023)
 - Equality and Health Inequalities Impact Assessment (EHIA) completed
 - Online website redevelopment session (May 2024)
 - Individual website redevelopment session (May 2024) with a specific focus on accessibility for people who are visually impaired
 - Governor Engagement Group demo (July 2024)
 - Accessible form testing (August 2024)
 - User testing of set navigation tasks - included staff, governors, EbyEs, Healthwatch and community partner / advocacy groups (August / September 2024)
 - Website showcase (September 2024)
 - **Website launched 18 September 2024** with a feedback form to gather further feedback from users
- 

Website analytics and feedback

First month activity (18 September to 17 October 2024)

Overall traffic

- Total unique users: 31,123
- Total page views across the site: 104,928

Top three most viewed pages (after home page)

1. Job vacancies: 10,695 page views
2. Our services: 3,447 page views
3. Work with us: 3,326 page views

Device usage

1. Mobile: 20,140 users (64.9%)
2. Desktop (computer or laptop): 10,234 users (33%)
3. Tablet: 667 users (2.1%)

“Generally [the new site is] much better.”

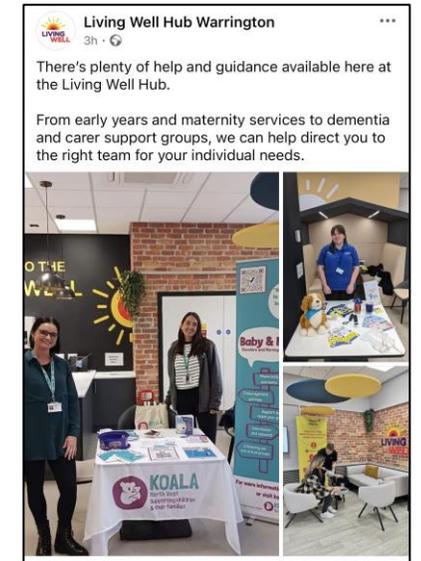
Claire Kirk

“So much easier to read. The previous website seemed cluttered and hard to navigate.”

**Suzanne Taylor,
Expert by Experience**

Living Well Hub

- Extensive coverage undertaken to mark the first six months of the Living Well Hub and the milestone of its 5,000th visitor through the doors.
- Media reports included a double page spread in the print edition of the Warrington Guardian.
- NHS Property Services also spent a day filming video interviews with staff and representatives from many of the partners involved.
- Dedicated new Living Well Hub Facebook page launched in October which gained more than 600 followers in its first two weeks.
- Communications worked with the hub team to create branded templates, draft content and provided advice and guidance in relation to our Trust style and social media policy.



Endoscopy Hub opening

On Friday 6 September we invited staff, contractors and colleagues from Cheshire and Merseyside Endoscopy Transformation Programme's Endoscopy Network to celebrate the opening of the new £5m Endoscopy Hub at Halton Hospital Nightingale Building.

The hub comprises:

- three new endoscopy rooms
- state of the art Olympus scopes
- a five-bed recovery area

For more information [read WHH's news article](#).





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



Working with People and Communities Strategy

Q2 update

Pillar 1: Co-production in Service Change/ Development

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

1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH	<ul style="list-style-type: none">• 37 Experts by Experience recruited during 24/25 (19 in Q2).• 165 Experts by Experience total (cumulatively to date).• Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople).• Hosted 2 stands at community events to promote EbyE recruitment.(DAD and Warrington Mela).	<ul style="list-style-type: none">• Ongoing
2. Support EbyE recruitment and retention	<ul style="list-style-type: none">• 10 EbyE Projects delivered in 24/25 (plus 2 extended projects – PEP, WHH website).• Pending EbyE projects have been cleared from 2023/24.• 84 EbyEs (currently) participating in Q2 projects.	<ul style="list-style-type: none">• Ongoing
3. Enhance our programme for involvement	<ul style="list-style-type: none">• Annual involvement timetable for Awareness Days and Events informs engagement plan – dependent on team availability (see slides 21 and 22).• Ongoing discussions with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement / representation.	<ul style="list-style-type: none">• Ongoing
4. Undertake consultation and engagement to enable effective support for services	<ul style="list-style-type: none">• Inclusion of EbyE engagement from beginning of significant projects e.g. WHH website redevelopment has continued.• Ongoing EbyE participation to be included in Q3 projects including Breast Screening Service website redevelopment and Better Care Together engagement approach.	<ul style="list-style-type: none">• Ongoing
5. Ensure representation to support Place-Based integrated care delivery	<ul style="list-style-type: none">• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy/equality groups.• Involvement of PLACE leads within project events e.g. Endoscopy Hub launch, upcoming Q3 EDS work.	<ul style="list-style-type: none">• Ongoing

Pillar 2: Accessible Information Standard (AIS)

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

1. Patient Letters	<ul style="list-style-type: none">• Patient Engagement Portal (PEP) launched in Q2 / Q3, in partnership with DrDoctor.• Work has commenced on tendering for a new Electronic Patient Record (EPR) system to succeed the current system, Lorenzo. Functionality to support accessible information and communication needs will be key to this development.	<ul style="list-style-type: none">• 2024-25
2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards	<ul style="list-style-type: none">• Current website design and content has been developed in line with Web Content Accessibility Guidelines (WCAG) 2.2.• A new Trust website (and intranet) have been launched in Q2. Overall feedback has been positive, with both designs felt to be more accessible and easier to use.• Work has begun on a new more accessible website for the Warrington, Halton, St Helens and Knowsley Breast Screening Service based on the Trust website accessibility approach.	<ul style="list-style-type: none">• Ongoing
3. Accessible content creation	<ul style="list-style-type: none">• The maternity series of six animations to provide information to women and families during pregnancy have now been uploaded to the new Trust website and Badgernet. Videos include subtitles and interpretations of five languages most commonly requested by users of the service, plus British Sign Language.	<ul style="list-style-type: none">• Ongoing
5. Patient Information	<ul style="list-style-type: none">• An updated Patient Information Policy has been developed and is awaiting ratification to reflect increasing use of subtitled videos to support patients as part of the clinical pathway in addition to leaflets.• Awaiting completion of digital system changes to launch Communications Passport – see update on EPR above.	<ul style="list-style-type: none">• Ongoing
7. Signage/Wayfinding	<ul style="list-style-type: none">• Delivered via Wayfinding and First Impressions programme.	<ul style="list-style-type: none">• Ongoing

Pillar 3: Reducing Health Inequalities

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

1. Strengthen WHH engagement programme	<ul style="list-style-type: none">• Work ongoing with collective WHH teams (Patient Experience and Inclusion, Workforce EDI / Culture and Inclusion, Membership and Governance, Children / Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set/link events calendars and activities for 2024/25.• Relaunched Quarterly WHH events meetings to be scheduled in Q3, co-hosted by Engagement and Involvement/Patient Experience, to discuss and agree 2024/25 plans together.	• Ongoing
2. Provide opportunities for governors to engage in their communities	<ul style="list-style-type: none">• Promotion and encouragement of governor event engagement opportunities i.e. speaking with visitors about the constituencies they represent, showcasing their roles, sharing info, collecting details of visitors interested in becoming a WHH Foundation Trust Member. <p>Events undertaken in Q2 were:</p> <ul style="list-style-type: none">✓ WHH Shared Learning Forum✓ Warrington Mela	• Ongoing
3. Support Place Based activity and other key local events	<ul style="list-style-type: none">• Ongoing promotion of Warrington Living Well Hub via WHH social media.• Endoscopy Hub opened in September 2024.	• Ongoing

Pillar 4: Anchor Institution/Building Social Value

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

1. Establish WHH's position as an anchor institution in our communities	<ul style="list-style-type: none">• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key campaigns, health improvement and economic wellbeing initiatives.• Support Wellbeing Enterprises to promote the Active Travel project, being delivered from WHH's Halton Health Hub.• Inclusion of Apprenticeship Team information (and attendance where available) in Trust and community engagement events e.g. Warrington Mela.• Ongoing Team sharing of '350 Careers, One NHS, Your Future' booklet and online link to information.	• Ongoing
2. Promote opportunities for work, training or volunteering	<ul style="list-style-type: none">• Promote WHH as a great place to work, train or volunteer in order to enhance the aspirations and life chances of local people.• Level of engagement with social media and websites.• Promoted upcoming Clinical Careers event (Halton) in October 24.	• Ongoing
3. To utilise local suppliers and venues	<ul style="list-style-type: none">• Use local suppliers and venues to support engagement and involvement programmes, where possible.	• Ongoing
4. Support the work of the WHH Charity	<ul style="list-style-type: none">• Cherry Tree Courtyard hub – working with People Directorate to ensure this facility is accessible and available to support patient / community engagement where appropriate.• Continue work with charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at Patient Experience Sub Committee (PESC) and Patient Equality, Diversity and Inclusion Sub-Committee (PEDISC).• Charity stakeholder and staff newsletters created and shared monthly.	• Ongoing



**Warrington and Halton
Teaching Hospitals**

NHS Foundation Trust



Upcoming engagement events

Upcoming engagement events: 2024 / 25

Date	Event	Time	Venue	Event purpose
4, 6 and 7 Nov 24	Public EDS / annual equality review events	Various	Warrington Education Centre, MS Teams and Halton Education Centre	A public review of the last 12 months of WHH activity from an equality, diversity, and inclusion perspective, to jointly evaluate and grade our annual performance.
11 Nov 24	Armistice Day service and parade	10.40am to 12.30pm	Wellbeing Courtyard, Appleton Wing, Warrington Hospital, WA5 1QG	Each year, we mark Armistice Day with a two-minute silence at the 11th hour of the 11th day of the 11th month. The service allows us to pause and take time to remember the unique sacrifice and service of our brave armed forces personnel.
20 May 25	WHH International Clinical Trials Day	TBC	Atrium Warrington Hospital and George Lloyd Restaurant, Halton Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.
June 25	Warrington Pride	TBC	Warrington town centre / Golden Square	Annual partnership event celebrating the LGBTQIA+ community in the town.

Upcoming engagement events: 2024 / 25 (continued)

Date	Event	Time	Venue	Event purpose
13 July 2025	Disability Awareness Day	10tm to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.
Sept 25	Warrington Mela	TBC	Queen's Gardens, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.
Oct 25	Annual Members Meeting	TBC	Post Grad Centre, Warrington	Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/64			
SUBJECT:	Membership Strategy Implementation and Progress Report – Q2 & 3 2024/25			
DATE OF MEETING:	Thursday 14 November 2024			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso Corporate Governance and Membership Manager & Gina Coldrick. Corporate Information Specialist			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients ✓	Workforce ✓	Public ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A ✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<p>This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives:</p> <p>Strategic Objective 1: High Quality Information Provision of high-<u>quality</u> Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.</p> <p>Strategic Objective 2: Inclusivity Ensure our membership is reflective of the different <u>people</u> and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.</p> <p>Strategic Objective 3: Sustainability Taking meaningful steps so we can make sure that we are promoting <u>sustainability</u> in all membership communications and activities.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> • Overview of Q1+2 activity • Details of the plan of engagement events for 2024/25. 			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	

RECOMMENDATION:	The Council of Governors is asked to note the progress made on the strategy objectives.	
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group
	Agenda Ref.	GEG/24/11/25
	Date of meeting	6 November 2024
	Summary of Outcome	noted
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None	

Membership Strategy Update

Quarter 1 and 2
2024/25



Working
Together



Excellence



Inclusive



Kind



Embracing
Change

Strategic Objective 1: High Quality Information

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

Priorities	Activities in Quarter 1 and 2	Expected Completion
Educate current and prospective members on the membership offer at WHH.	<ul style="list-style-type: none"> Website updates complete – updated Governor's handbook added on 23/09/2024. Members Newsletters – August edition circulated 16 August 2024, 40% open rate. Governors attended Trust events: Day Case unit and theatre at CSTM opening – 3 April 2024, International Clinical Trials (ICT) Day 2024 – 20 May 2024, NIHR Clinical research outreach (at Orford Jubilee Hub) – 28 May 2024, Warrington Armed Forces Day 2024 – 29 June 2024, Disability Awareness Day (DAD) 2024 – 14 July 2024, Endoscopy Hub opening – 6 September 2024, Warrington Mela – 15 September 2024 Engagement Stand dates agreed with Governors to support. Space has been booked across sites to engage with and recruit new members. Each took place after GEG meetings: 2 May at Halton, 31 July and Warrington and one to take place before the meeting at Halton on 6 November 2024. This will continue into 2025 and be booked around the meetings. 	Ongoing Ongoing
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	<ul style="list-style-type: none"> Members Newsletter – December edition to include Governor election results, Welcome from new lead governor and goodbye from the retiring lead governor, Charity Christmas news and a roundup of WHH in the Community 2024 and getting involved in 2025. Experts by Experience (EbyE) programme is promoted via member newsletters. 	Ongoing
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	<ul style="list-style-type: none"> Members Newsletter provides details on upcoming Trust and Community Events. Engagement Stands (as above). Annual Members Meeting 2024 took place on, 2 October 2024, this also included the prospective Governors stand, 5 nominations for elections were received from members who attended the event. Annual Report - governor content approved Annual Report was submitted in line with NHSE deadlines. 	Next edition May Ongoing 4 October 24 June 2024
Retention of active members and recruitment of new Members.	<ul style="list-style-type: none"> Governor Engagement and Recruitment Stands (as above) Local community and internal WHH engagement events being utilised to recruit new members and engage with current members. 	Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	<ul style="list-style-type: none"> Governor Development Day took place 12 June 2024. Governor Handbook updated and published online 23/09/2024. 	12 June 24 Completed 23.09.24

Strategic Objective 2 : Inclusivity

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

Priorities	Activities in Quarter 1 and 2	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	<ul style="list-style-type: none"> Upcoming Engagement Events to be utilised to recruit members from underrepresented groups. Recruitment/Engagement Packs produced for Governors to support recruitment events - including a limited number of paper membership forms, QR leaflets to complete membership in own time, an iPad for online applications, Governor Handbooks, NHS Feedback Forms produced, to ask questions: In a sentence, tell us of a time when the NHS made a difference to you; Tell us 3 words you would use to describe the NHS; Tell us your 3 top priorities to help improve patient experience. Rota has been devised for Governors to attend upcoming Engagement Events (see slide 5). Governors invited to attend. Warrington Mela, 15 September 2024 – is run by Warrington Ethnic Communities Association (WECA) and acts as an informal venue for many of Warrington's health, social and third sector organisations. The event has just had its fifth event, which was attended by Norman Holding, Sue Fitzpatrick and Anne Robinson. 	<p>Ongoing</p> <p>Ongoing</p>
Simplifying our communications so that the message is clear and accessible.	<p>Civica Engage is being used with new Trust branding to circulate Members Newsletters. Newsletter has just had a re-design to make it more visually engaging.</p> <p>Following database cleanse all elections communications are now by email and all voting digital unless otherwise requested.</p> <p>Governors were involved in testing the new Trust Website.</p>	<p>Ongoing</p> <p>Ongoing</p>

Strategic Objective 3: Sustainability

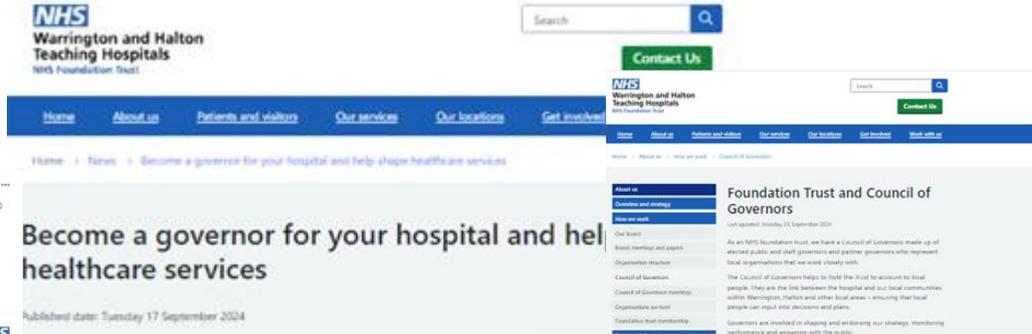
Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

Priorities	Activities in Quarter 1 and 2	Completion Deadline
Being environmentally conscious in production of our marketing material.	Membership stands will primarily use digital membership application rather than paper forms.	Ongoing
	QR codes will be used to direct members to the Governor Handbook available on the Trust website, very few hard copies will be made available.	Ongoing
	Only 3 hard copies of the Annual Report were printed, The report is available online via the Trust Website	
Playing an active role in contributions to the sustainability agenda at WHH.	Reduced printing	Ongoing
	<ul style="list-style-type: none"> Members Newsletter now circulated via email only – we now have 2145 email addresses for our 3104 members. As per the statistics following circulation of the August Members Newsletter an open rate of 40% was achieved, an increase on the May edition which achieved a 34% open rate. All future Governor elections communications including voting to be electronic unless specifically requested to be via post. All new members will be asked to add their email address via the application form, engagement stands will encourage current members to provide their email addresses if we do not have on file. 	Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	The Trust currently has 3,104 active members (a reduction from 9,940 - 31 March 2023).	November 2024
	Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees confirmed.	

Governor Election communications



Warrington and Halton Teaching Hospitals
NHS Foundation Trust



Warrington and Halton Teaching Hospitals NHS Foundation Trust
A reminder that nominations for Council of Governors elections close this coming Thursday 10 October!

Become a governor of your local hospitals

Your local hospital has never needed you more

Deadline for nominations Thursday 10 October 2024

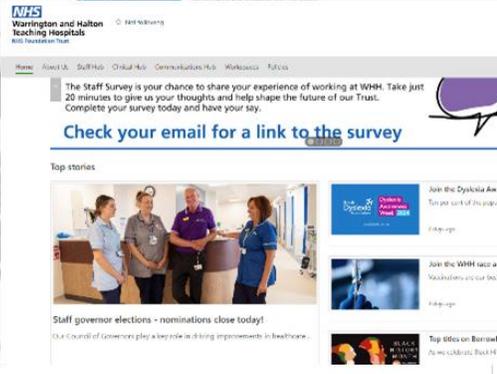


Nominations are now open for the Warrington and Halton Teaching Hospitals NHS Foundation Trust governor elections, with eight seats available for public governors.

Hospital governors play a key role in driving improvements in healthcare and supporting the Trust to bring the voice of local people and communities into planning and decision-making processes.

The Trust comprises of two acute (secondary) care hospitals across two sites in the boroughs of Warrington and Halton and provides services across several community hubs. Services are delivered by a workforce of around 5,000 staff. The Trust is part of the Cheshire and Merseyside Integrated Care System (ICS).

Steve McGuirk, Chair of Warrington and Halton Teaching Hospitals, said: "Our Council working with our leadership teams and the Trust Board to hold us to account on behalf of the public is essential to ensuring the right strategic direction of the Trust."



Become a governor of your local hospitals

Warrington and Halton Teaching Hospitals
NHS Foundation Trust



Find out more information by scanning the QR code



Governor Engagement Activities – Q1 and Q2



Warrington and Halton Teaching Hospitals
NHS Foundation Trust



Day case unit and theatre at CSTM opening – 3 April 24



Members stand – Halton, 2 May 24



Thank you Awards, 10 May 24



Forget Me Not 10-year anniversary, 13 May 24



International Clinical Trials (ICT) Day 2024 – 20 May 24



NIHR Clinical research outreach (at Orford Jubilee Hub) – 28 May 24

Governor Engagement Activities – Q1 and Q2



Warrington and Halton Teaching Hospitals
NHS Foundation Trust



Forthcoming Engagement Events: 2025

Date	Event	Time	Venue	Event Purpose	Governors Attending
2 Feb 25	Member Engagement & Recruitment Stand - Halton	TBC	TBC	Governors hosting a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
20 May 25	WHH International Clinical Trials Day	TBC	Atrium Warrington Hospital & George Lloyd Restaurant, Halton Hospital	An annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.	TBC
TBC June 25	Warrington Pride	TBC	Town centre, Warrington	Annual open event celebrating the LGBTQ+ community.	TBC
29 June 25	Armed Forces Day	9am to 6pm	Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual open event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.	TBC
July 25	Member Engagement & Recruitment Stand	TBC	TBC	Governors hosting a member engagement and recruitment stand at Warrington Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC
July 25	WHH Quality Academy Showcase	TBC	Post Grad Centre, Warrington	Trust-wide learning event, showcasing examples of improvement work taking place across the organisation. With a programme of events, including presentations from internal and external speakers, project poster presentations and a series of breakout sessions.	TBC
13 July 25	Disability Awareness Day	10am to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.	TBC
Sept 25	Warrington Mela	TBC	Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	TBC
Oct 25	Annual Members Meeting	3.30pm to 5pm	Post Grad Centre, Warrington	Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.	TBC
Oct 25	Member Engagement & Recruitment Stand	TBC	TBC	Governors facilitating a member engagement and recruitment stand at Halton Hospital, to engage with current members and members of the public and recruit new members with a focus on underrepresented groups.	TBC

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/65			
SUBJECT:	Bi-monthly Strategy Highlight Report			
DATE OF MEETING:	14 th November 2024			
ACTION REQUIRED:	To note			
AUTHOR(S):	Megan Wainwright, Strategy Project and Team Support Officer			
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Chief Strategy & Partnerships Officer			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			✓
EXECUTIVE SUMMARY:	<ul style="list-style-type: none"> • A single Chief Executive Officer has been appointed for Warrington and Halton Hospitals NHS Trust and Bridgewater Community Healthcare NHS Trust. Nikhil Khashu started in post on the 4th of November. • The Living Well Hub in Warrington has seen over 7,500 visitors attend since the doors opened in mid-March 2024. Around 55% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments. • Over 64,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023. • A new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) is due to be implemented by the end of the year. Clinical posts are currently being recruited to and the project team are engaging with primary and secondary care colleagues to develop the clinical pathway. • Work continues with the integration programme between Bridgewater Community Healthcare Trust and Warrington and Halton Hospital Trust. A high-level strategic case for change has been approved along with the high- level milestone plan. Workstream teams are developing delivery plans and the Clinical and Operational services group have facilitated their first 			

	<p>workshop to bring senior clinical and operational staff together to shape the way forward and begin prioritising services for integration.</p> <ul style="list-style-type: none"> The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to Urgent Community Response (UCR) and Same Day Emergency Care (SDEC) have increased and are consistently above target, ED attendances are down by 4% compared to the same period last year and time spent on the ED corridor has reduced from 10 hours to 4. Trusted assessor and direct referrals have been implemented in Halton. Over 65 admissions remain a challenge. The contract was recently signed to develop a new virtual health and wellbeing hub for Warrington following work to secure funding and support from across place partners. A new project manager has now commenced in post to lead the project over the next 12 months. 		
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision
RECOMMENDATION:	To note		
PREVIOUSLY CONSIDERED BY:	Committee	Choose an item.	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

Strategy update

September-October 2024



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

Section 1 - Key messages

Slide 2 Summary of key developments this reporting period

Section 2 - Stakeholder engagement

Slide 3-5 Summary of key stakeholders engaged during the reporting period

Section 3 - Key strategic projects

Page	Project	Strategy Lead	Status
Slide 6-7	WHH/BCH Integration programme	Hayley Heard	Yellow
Slide 8-9	Runcorn town deal	Carl Mackie/Viviane Risk	Yellow
Slide 10-11	Community diagnostic centre	Stephen Bennett/Lefteris Zabatis	Green
Slide 12-13	New hospitals programme and strategic estates	Carl Mackie/Viviane Risk	Yellow
Slide 14	Completed projects	Strategy team	Green

Section 4 - Other trust strategic updates

Slide 15-17 Summary of other Trust strategy related updates

Section 5 - Place-based strategic updates

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

Section 6 - Cheshire and Merseyside strategic updates

Slide 19 Summary of strategic updates from Cheshire and Merseyside

Key messages

- A single Chief Executive Officer has been appointed for Warrington and Halton Hospitals NHS Trust and Bridgewater Community Healthcare NHS Trust. Nikhil Khashu started in post on the 4th of November.
 - The Living Well Hub in Warrington has seen over 7,500 visitors attend since the doors opened in mid-March 2024. Around 55% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments.
 - Over 64,000 additional diagnostic tests have been undertaken in Community Diagnostic Centre (CDC) spaces since the first phase of the development opened in the Nightingale building in May 2023.
 - A new pathway for paediatric respiratory diagnosis in CDC Phase 2 (Runcorn Shopping City) is due to be implemented by the end of the year. Clinical posts are currently being recruited to and the project team are engaging with primary and secondary care colleagues to develop the clinical pathway.
 - Work continues with the integration programme between Bridgewater Community Healthcare Trust and Warrington and Halton Hospital Trust. A high-level strategic case for change has been approved along with the high-level milestone plan. Workstream teams are developing delivery plans and the Clinical and Operational services group have facilitated their first workshop to bring senior clinical and operational staff together to shape the way forward and begin prioritising services for integration.
 - The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to Urgent Community Response (UCR) and Same Day Emergency Care (SDEC) have increased and are consistently above target, ED attendances are down by 4% compared to the same period last year and time spent on the ED corridor has reduced from 10 hours to 4. Trusted assessor and direct referrals have been implemented in Halton. Over 65 admissions remain a challenge.
 - The contract was recently signed to develop a new virtual health and wellbeing hub for Warrington following work to secure funding and support from across place partners. A new project manager has now commenced in post to lead the project over the next 12 months.
- 

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Fiona Watson	Public Health, Halton	One Halton- SRO delivery group
Su Foster	Estates Delivery Lead, Cheshire and Merseyside	Halton Place Estates
Naz Ghodrati	CEO, Warrington Voluntary Action	Warrington and Virtual Hub, UEC Steering group
Ian Triplow	CDC Programme Director, Cheshire & Merseyside	Community Diagnostic Centre
Damian Nolan	Director Commissioning and Provision, Adult Social Care, Halton Borough Council	Urgent and Emergency Care System Improvement
Caroline Williams	Director of Adult Social Services, Warrington Borough Council	Living Well programme and Virtual Hub
Sally Yeoman	CEO, Halton And St Helen's Voluntary and Community Action	Wider determinants of health priorities and prevention programme in Halton
Gill O'Hare	Service Development Manager, Adult Social Care, Warrington Borough Council	Development of Community Networks across Warrington and links to Living Well programme
Rob Cooper	Managing Director, Mersey and West Lancashire Teaching Hospitals	Pathology Collaboration
Sangeetha Steevart	General Practitioner, Clinical Director, Warrington Place	Living Well Hub and women's health
Steve Cullen	CEO, Warrington Citizen's Advice Bureau	VCFSE connections as part of Living Well programme
Wesley Rourke	Executive Director, Environment and Regeneration	Runcorn Shopping City, Levelling up, Runcorn Town Deal
Nichola Newton	CEO, Warrington Vale Royal College	Health and Social Care Academy
David Wilson	One Halton Clinical director	UEC Steering group

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Tony Leo	Place Director, Halton	Place development
Carl Marsh	Place Director, Warrington	Place development
Nick Armstrong	Cheshire and Merseyside ICB	Strategic estates planning, Warrington
Tim McPhee	Associate Director Integration, Transformation and Partnerships, Mersey Care	Living Well Hub, Runcorn Health and education Hub, One Halton delivery plan
Ben Wakerley	CEO, Warrington's Own Buses	Potential to deliver health checks on buses in Warrington
Augustine Ikeakor	Strategic Programme Lead, Mid-Cheshire hospitals	Living Well Hub and transfer of learning
Michael Wood	Head of Health Economic Partnerships, NHS Confederation	Healthy Cities conference Liverpool, discussing health on the high street and WHH community Hubs
Stephanie Lord	Strategic Account Manager, ORCHA	Warrington Virtual Hub
Mike Northey	GP	Urgent and emergency care system improvement steering group
Graham Urwin	CEO, NHS Cheshire and Merseyside	Integration
Harriett Corbett Neil Herbert Richard Hayhurst Steve Roberts Sarah Bowman-Jones Mathew Jones Asia Bibi	Alder Hey Children's Hospital, Paediatric Surgical team	Paediatric hub project team meeting

Stakeholder and engagement overview

Key stakeholder engagement in period	Job title, organisation	Topic/Nature of engagement
Senior operational pathology team	Mersey and West Lancashire Teaching Hospitals	Pathology collaboration network meeting
Chris Woodforde	GP- Halton	CYP CDC Respiratory diagnosis pathway
Debbie Watson	Director of Public health, Warrington Borough Council	Warrington- Urgent and emergency care system improvement
Paul Tyerman Lee Matthews Laurence Pullan Tom Kearney Rachel Cartwright	Warrington Borough Council	Living well virtual Hub
Louise Berry	Partnership Manager, Warrington disability partnership	Living well virtual Hub
Jay Deakin	Talk Hub C.I.C	Living well virtual Hub
Jane Kinnaird	Samaritans Warrington Manager	Living well virtual Hub
Sam Birchall	Warrington Housing	Living well virtual Hub
Alice Fairhurst	Warrington Youth Zone/CAMHS Partnership	Living well virtual Hub
Paul Corless	Transformation and PCN Lead, ICB	Living well virtual Hub
Charlotte Nichols	MP	New hospitals programme
Sarah Hall	MP	New hospitals programme

Integration – part 1

Programme Overview

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

The integration programme- “Better Care Together” has been established with 7 workstreams: Clinical and operational services, corporate services, communication, digital, finance, estates and workforce. Each workstream is developing a delivery plan and working with partners to deliver objectives.

What does this mean for WHH?

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

Progress:

- Nikhil Khashu commenced as Chief Executive Officer for both Trusts on the 1st November
- Each workstream has allocated senior responsible officers and project management support
- Drafted and approved high level summary case for change
- Workstreams identified 6, 12 and 24 month priorities
- Programme governance arrangements in place, including joint executive team meetings, delivery group and steering group
- Held joint board sessions
- Developed and approved initial milestone plan
- Signed data sharing agreement
- Held first clinical and operational services workshop to identify where services can align to deliver patient benefit

Integration – part 2



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

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

Milestone	Date
Joint Chief Executive Officer commenced in post	November 2024
High-level case for change approved	November 2024
Contract review	November 2024
Communication and engagement plan	November 2024

Better Care Together
Home · Community · Hospital

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

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

Hayley Heard
Deputy Director of Strategy and Partnerships
Hayley.heard@nhs.net

Runcorn town deal-part 1

Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long-term conditions from a central location in Runcorn.

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

What does this mean for WHH?

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

Progress since last report

- Tender documents issued and tenders received. Currently undergoing assessment and moderation, with a preferred way forward due mid-November.
- Continued development of the Heads of Terms for the lease agreement for the location, the current library building on Granville Street, Runcorn.
- Impact of the legally binding collaboration agreement which formally sets out roles and responsibilities of all parties when operating the hub currently being assessed by partners.

Runcorn town deal- part 2



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

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

Milestone	Date
Tender applications reviewed	November 2024
Approval of Collaboration Agreement	December 2024
Heads of Terms drafted	November 2024



Contact details

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

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

Community diagnostic centre-part 1

Project Overview

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

What does this mean for WHH?

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

Progress since last report

- Over 64,000 additional diagnostic tests have been undertaken in the new CDC spaces (Phases 1+2) since Phase 1 went live in May 2023.
- Basic external structure for the final phase is now complete and brickwork is now in progress.
- New substation and generator is installed to support the power supply to the new building.
- Completion of the final phase of the programme is planned for March 2025 with clinical activity scheduled to commence from April 2025.
- Funding has been secured to implement a new pathway for paediatric respiratory diagnosis and a new gynae bleeding pathway in CDC Phase 2 (Runcorn Shopping City).

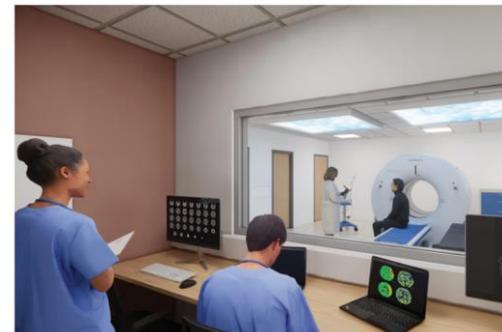
Community diagnostic centre- part 2



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

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

Milestone	Date
Breakthrough into existing CSTM space to connect new build	Nov 2024
Completion of new build CDC (phase 3)	Mar 2025



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

New hospitals and strategic estates planning- part 1



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

Project Overview

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

What does this mean for WHH?

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

Progress since last report

- Assessment of latest draft of Cheshire and Merseyside NHS Infrastructure Plan
- Meetings with local MPs, including Mike Amesbury and Sarah Hall to discuss the recent estates developments and the progress of the new hospital plans in both Warrington and Halton, as well as key opportunities for investment and development.
- Key public sector contacts, including representatives from Halton Borough Council, Liverpool City Region, and Homes England, toured the Trust's Halton site, in relation to opportunities around the regeneration of Halton Lea as per the Council's local plan, and the Trust's vision for the Halton Hospital and Wellbeing Campus
- Communications plan in development to engage with staff on the upcoming publication of the Trust's estate strategy

New hospitals and strategic estates planning- part 2

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

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

Milestone	Date
Commissioning of updated new hospital plan including phased opportunities for investment	December 24



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

Completed Projects

Halton Health Hub

- Halton Health Hub Phase 1 was completed in November 2022, enabling the delivery of orthoptics, optometry, audiology, and dietetic therapy services from within the Runcorn Shopping City centre in Halton Lea.
- Services in Phase 1 have since been expanded to add MSK therapies, a GP out-of-hours service, public health services, including weight management and smoking cessation, and a Wellbeing Service delivered by Wellbeing Enterprises CIC.
- In November 2023, Phase 2 opened. Phase 2 comprises a Community Diagnostics Centre, offering residents improved access to range of diagnostics and treatments usually only accessible via an acute hospital.
- By October 2025, more than 50,000 patient contacts have occurred at the hub.

Warrington Living Well Hub

- The Living Well Hub has seen over 7,500 visitors attend since the doors opened in mid-March 2024. Around 55% of these attendances have been people “dropping in” to the hub to access a service, and the remainder have been for pre-booked appointments.
- The service model continues to evolve with the following new services commencing in
 - Female contraceptive fitting clinic (Primary Care)
 - Breast Cancer Fit to Move Forward exercise group (WHH)
 - South Asian dementia support group (Warrington Speak Up - VCFSE partner)
 - Prostate Cancer Workshop (Clatterbridge)
 - Domestic Abuse “Own My Life” workshop (WBC)
 - Later life adult memory service – post diagnostic dementia support group (Merseycare)
 - Youth Service Drop in (WBC)
 - Neuro diversity support group (DWP)

Other Trust strategic updates

Daycase Unit & Theatre 5 at CSTM, Halton

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

C&M Endoscopy Hub at Nightingale Building, Halton

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

Theatre 3 at Nightingale Building, Halton

- Isolations completed and currently in construction phase
- WHH Project Team working closely with contractors to manage early warning notices and compensation events

Upgrade to Ward B2 at Nightingale Building, Halton

- WHH Project Team and Estates Capital Team are appointing construction company
 - Aim for construction works to start November 2024
- 

Other Trust strategic updates

Digital Projects

EPCMS Update

- EPCMS Readiness workstream will continue at pace
- Preparation is underway for the next procurement, clinicians are currently reviewing and amending the OBS technical questions structure as well as the demonstration scripts.
- Pre-market engagement is taking place in December with interested suppliers and the trust.
- Procurement timelines have been revised with a current go-live of September 2027.
- Work is on-going on the revised OBC ready for internal and NHSE sign off.
- Lessons learnt has been conducted and finalised and will be going to the FSC board meeting.

PEP

- 47% of appointment letters have been read digitally reducing the need for printing and postage of letters
 - 111k Messages have been sent to our patients, 20k were read in the NHS App giving us an 18% reduction in SMS message costs
 - The PEP Engagement Showcase took place on 4th October. WHH had the opportunity to connect with a handful of highly engaged staff members who stand to benefit significantly from various elements of the PEP, particularly in the areas of two-way messaging and assessments. Looking ahead, we plan to collaborate closely with the Anti-Coagulant and Physiotherapy departments in the coming months to further integrate and support their use of the PEP platform
 - Phase 2 planning has begun and is expected to start early November. Phase 2 consists of 2 Way Messaging and Video Consultations
 - The Trust is now live with appointment letters directly into the NHS App. This feature is expected to significantly reduce the need for SMS reminders, leading to potential cost savings on SMS services.
 - 59% of patients have registered on the NHS app, 61% at Warrington and 56% at Halton
- 

Other Trust strategic updates

Digital Projects

Connectivity & Wi-Fi

The aim of this workstream is to ensure that secure network connectivity is available to all health and social care staff within the WT partnership arrangements.

- Broadcasting the WHH Wi-Fi network in Bridgewater and Council buildings where “hot desking” or drop-ins are beneficial to save on travel time
- Broadcasting the Council Wi-Fi network at NHS sites, so that social care staff can easily connect to the Council’s systems
- Broadcasting Bridgewater Wi-Fi network at WHH and Council sites, providing Community staff with additional connectivity options

As part of WHH and Bridgewater integration, a network connection has been specified and ordered, enabling the core network infrastructure for Wi-Fi sharing – switch on expected by end of 2024

With regards to connectivity for Warrington residents to access public services online, a “Digi Care” project is being led by Warrington Council, planning to provide wireless digital connectivity in more deprived areas of the Borough – planning meeting scheduled for 21st Nov 2024



Place based strategic updates

Urgent and Emergency Care System Improvement

- The Urgent and Emergency Care System Improvement Programme continues. All five workstreams are working to agreed delivery plans and making progress which is reported to the ICB regularly. Referrals to Urgent Community Response (UCR) and Same Day Emergency Care (SDEC) have increased and are consistently above target, ED attendances are down by 4% compared to the same period last year and time spent on the ED corridor has reduced from 10 hours to 4. Trusted assessor and direct referrals have been implemented in Halton. Over 65 admissions remain a challenge.

Warrington

- A new project is now underway to develop and implement a new digital health and wellbeing hub for the population of Warrington. The “virtual hub” will create a single point of access and/or information for residents to find out about services on offer in the borough to support health and wellbeing. The initial version of the software is planned to be live to the public before the end of the financial year. A new project manager (Rachel Moran) is now in post and will lead the project over the coming 12 months.

Halton

- Delivery plans for each specialist area of the Wider Determinants of Health group are being developed and priority areas for focus have been identified. Priority areas include, employment, workforce and education, violent crime reduction, economic regenerations and living conditions and each has established a subgroup to take this work forward.



Cheshire and Merseyside strategic updates

Laboratory Information Management System (LIMS)

- The Full Business Case for a unified LIMS across 5 healthcare organisations was approved by the Trust Board in June 2024. The contract has been awarded to the preferred supplier and implementation is planned to begin in 2027. The LIMS project team are linking closely with the pathology collaboration team working on the hub model to ensure alignment.

Pathology collaboration

- The pathology hub delivery group (East) has been established and a potential Target Operating Model described. An outline Business Case has been developed and approved by WHH Trust Board. Detailed work is ongoing to develop a full business case which will be presented to Trust Board early in the new year.

Paediatric surgery

- The pilot of Alder Hey @ Warrington continues with paediatric theatre lists being delivered by Alder Hey surgeons in Warrington. Further collaboration with Alder Hey is continuing with a view to expanding the project to incorporate some activity on the Halton site.



COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/66			
SUBJECT:	Governor Engagement Group ToR and CoB			
DATE OF MEETING:	14 November 2024			
ACTION REQUIRED:	To note			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications & Engagement and John Culshaw, Company Secretary			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients ✓	Workforce ✓	Public ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
			✓	
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<p>The Governor Engagement Group are required to refresh their Terms of Reference (ToR) and Cycle of Business (CoB) on an annual basis to assure itself that it will support the discharge of its duties before presenting to the Council of Governors for formal ratification.</p> <ul style="list-style-type: none"> Proposed amendments to the ToR and CoB are detailed in Appendices 1 and 2. 			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	
RECOMMENDATION:	The Council of Governors is asked to approve the revised GEG Terms of Reference and Cycle of Business as recommended by the Governors Engagement Group			
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group		
	Agenda Ref.	GEG/24/11/30		
	Date of meeting	Wednesday 6 November 2024		
	Summary of Outcome	To note		
NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

TERMS OF REFERENCE

GOVERNORS ENGAGEMENT GROUP

1. CONSTITUTION

- 1.1 The Council of Governors has established a Sub-Group of the Council of Governors, known as the Governors Engagement Group (*hereinafter referred to as 'the GEG'*).

2. REMIT AND FUNCTIONS OF THE GROUP

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

- 2.2 The main functions of the Group are to:

2.1.1 Agree ~~an annual workplan~~ / Cycle of Business with key priorities identified

~~2.1.2 Annually review the Trust's Working with People and Communities Strategy~~

~~2.1.3 2.1.2 Receive quarterly Communications and Engagement Updates the Working with People and Communities Workplan and report on its progress to the Council of Governors~~

~~2.1.4 Receive the Trust's Engagement Dashboard and report progress to the Council of Governors~~

~~2.1.5 2.1.3 Consider the content of the Annual Report relating to Membership and advise the Council of Governors accordingly.~~

~~2.1.6 2.1.4 Develop the Trusts Membership Strategy which will be presented to the Council of Governors and the Trust Board for approval~~

~~2.1.7 2.1.5 Monitor the Implementation of the Membership Strategy and report on progress to the Council of Governors~~

~~2.1.8 2.1.6 Monitor the Trust's membership profile to ensure that it is representative of the population served by the Trust and in turn ensure that the Working With People & Communities strategy and workplan addresses any inequalities.~~

~~2.1.9 2.1.7 Support membership recruitment initiatives as and when appropriate with regard to ensuring that the profile is representative of the patient populations served by the Trust~~

~~2.1.10 2.1.8 Consider and recommend initiatives to facilitate effective engagement and involvement between Governors, Members and the wider public to enable stakeholders' views to be heard.~~

~~2.1.11 2.1.9 Input to the Trust's E-Newsletters ensuring that items of interest and relevance to Members on Trust developments are featured, including ways that members of the public/patients can get involved.~~

Formatted: Highlight

2.1.122.1.10 Carry out such other functions as may from time to time be delegated by the Council of Governors.

3. COMPOSITION AND CONDUCT OF THE GROUP

- 3.1 The Group shall be comprised of at least five Governors (staff or public or appointed)
- 3.2 The Group will elect a Chair to serve for a period of three years or the remainder of their term of office, whichever is shorter.
- 3.3 In the event that the Chair is not present, the members present will nominate one member to Chair the meeting.
- 3.4 The following staff members of the Trust shall routinely attend meetings to report to and advise the GEG accordingly:
 - Head of Communications and Engagement
 - Corporate Governance & Membership Manager
 - Engagement and Involvement Officer
 - Corporate Information Specialist

4. QUORUM

No business shall be transacted unless at least three members are present.

5. ADMINISTRATION AND SUPPORT

- 5.1 The Governors Engagement Group is supported by the Communications and Engagement team and Corporate Governance team.
- 5.2 Notice of meeting. An annual schedule of meetings will be circulated to the Council of Governors during Q3 of the previous year.~~Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by electronic mail to the usual place of business or residence of each member, so as to be available at least five clear days before the meeting.~~
- 5.3 Meeting papers: The agenda will be agreed in advance with the GEG Chair, the Corporate Governance & Membership Manager and the Head of Communications & Engagement ensuring that items identified on the Cycle of Business and actions are brought forward in a timely manner.
- 5.4 Action notes from the meetings shall be taken by Corporate Governance/ Communications and Engagement Staff~~by the Corporate Governance & Membership Manager or the Head of Communications & Engagement~~ and checked by the Chair before submission for agreement at the next meeting.
- 5.4 Report to the Council: A summary report of the meeting shall be made to the Council of Governors by the GEG Chair

6. FREQUENCY AND ACCOUNTABILITY

- 6.1 The GEG will convene four times per year as a minimum.
- 6.2 The GEG will report to the Council of Governors
- 6.3 The GEG will evaluate its own membership and review the effectiveness and performance of the Group on an annual basis.

6.4 The GEG will review its Terms of Reference annually and recommend any changes to the Council of Governors for approval.

Approved:

Meeting: Council of Governors Meeting ~~9th November 2023~~
Agenda Reference: ~~COG/23/11/65~~

GOVERNOR ENGAGEMENT GROUP – CYCLE OF BUSINESS 2025 -26

	Lead	FEB 25	MAY 25	AUG 25	NOV 25	FEB 26
Welcome, Apologies, Introductions & Declarations of Interest	Chair	X	X	X	X	X
Action notes from previous meeting	Corp G / C&E	X	X	X	X	X
Membership Strategy 2023-25 Approval	Corporate Governance & Membership Manager				X	
Membership Strategy Implementation and Progress Report	Corporate Governance & Membership Manager	Q3	Q4	Q1	Q2	Q3
Members Newsletter Content	Corporate Information Specialist	X	X	X	X	X
Bi-annual Catering Update	Head of Facilities		X			X
Communications & Engagement Dashboard including Working with People & Communities	Head of Communications and Engagement	Q3	Q4	Q1	Q2	Q3
Governor Constituency Meetings – Outputs Reports <ul style="list-style-type: none"> • Warrington & Halton • Rest of England • Staff 	Governors	X	X	X	X	X
Updates from Trust Groups and Sub Committees <ul style="list-style-type: none"> - First Impressions Group - Patient Experience Sub Committee - Hospital Entertainment Working Group - Nutrition & Hydration Steering Group 	Governors	X	X	X	X	X
Annual Report Content Review	Corporate Governance & Membership Manager		X			
Annual Members Meeting Planning and Content Review	Corporate Governance & Membership Manager			X		
Governor Elections – Comms Planning	Corporate Governance & Membership Manager			X		
Governor Elections – Progress Update	Corporate Governance & Membership Manager				X	
Annual Review of WHH Governor Handbook	Corporate Information Specialist			X		
Review of the Governor Engagement Group Effectiveness	Corporate Governance & Membership Manager	X				X
Terms of Reference Review	Corporate Governance & Membership Manager				X	
Cycle of Business (Annual Workplan)	Corporate Governance & Membership Manager				X	

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/67			
SUBJECT:	Council of Governors Effectiveness Survey Outputs			
DATE OF MEETING:	14 November 2024			
ACTION REQUIRED:	To Note			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			✓
EXECUTIVE SUMMARY:	<p>This report provides an overview of the Governor responses to the self-assessment survey.</p> <p>It provides evidence that the Council of Governors has undertaken a formal review of its effectiveness, with outputs determining actions to improve on those themes identified.</p> <p>The scores from the yes/no questions were largely positive.</p> <p>Key focus areas for improvement have been identified and actions are suggested to improve the Council of Governors effectiveness.</p> <p>The Council of Governors together with the Company Secretary and Corporate Governance and Membership Manager are responsible for taking forward any actions for improvement identified in this report.</p>			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	
RECOMMENDATION:	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the outputs of the Effectiveness Survey • agree actions to drive improvement 			
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable		
	Agenda Ref.			
	Date of meeting			

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

Agenda	Council of Governors Effectiveness Survey Outputs	Agenda Reference	COG/24/11/67
---------------	--	-----------------------------	---------------------

1. Background/Context

The Council of Governors Effectiveness Review Survey has been completed in line with best practice.

The aim of the survey was to review the experience of Governors and their confidence in the tools and knowledge they have to be effective in their role and to identify areas for improvement which can be implemented to improve the Council of Governors effectiveness going forward.

The Process

The review process has been co-ordinated by the Corporate Governance & Membership Manager.

The views of Governors were sought through completion of an online survey. Responses including supporting comments were then collated and actions identified to improve the Council’s effectiveness going forward.

The Survey

All responses have been treated in confidence i.e., they are not individually attributed.

The survey consisted of 22 yes/no questions with the opportunity to make comments on 10 of the questions.

There were 15 responses received out of a possible 21 (a 71% completion rate, down 8% on the previous year).

2. Areas of Focus to improve the Effectiveness of the Council of Governors

It should be noted that most Governors responded with ‘yes’ to the statements in the survey.

Based on the responses provided to the questionnaire, it is suggested that the following areas be considered for future development:

Council of Governors		
Identified themes/areas for Improvement	Recommended actions to improve effectiveness	Date
Question 2: The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders.		
Communicating and engaging with Trust members & wider stakeholders	The WHH Membership Strategy 2023-25 is now in place. The Governor Engagement Group is tasked with overseeing and leading the implementation of the strategy by creating implementation plans. The 2023 Addendum to Governors’ statutory duties expanded their role to represent the wider public, not just their constituency members,. To fulfil this	Ongoing

	<p>responsibility, Governors are encouraged to meet with groups in their communities on an informal basis to listen to and gather views, which they can bring back to the Trust via GEG and Council of Governors meetings.</p> <p>Due to low attendance at organised member events like the Annual Members Meeting, the Trust will focus on supporting Governor engagement with the wider community. Governors are provided with a list of community and Trust wide engagement events via the quarterly communications and engagement updates and via the quarterly membership strategy updates, which they are encouraged, and supported to attend.</p>	
<p>Question 3. I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.</p> <p style="text-align: center;">&</p> <p>Question 9: Council of Governors meetings work well, are productive and business is done efficiently, and</p>		
<p>Increased NED involvement in Council of Governors meetings</p>	<p>NED attendance at Council of Governors meetings has seen a decrease, often due to unforeseen circumstances.</p> <p>To support Governors fulfilling their statutory duty of holding NEDs accountable for Board performance, NEDs are committed to attending the Council of Governors meetings.</p> <ul style="list-style-type: none"> • Furthermore, in addition to the longstanding Governor observation of board committees, and to complement the NED Committee Assurance reports presented at Trust Board meetings, and subsequently shared at Council of Governor meetings; NEDs will present the key items discussed at the Committees at the Council of Governors meetings. See agenda item COG/24/11/57. <p>Effective from the Trust Board Meeting in October 2024, Governors are now invited to participate in Leadership Observation visits prior to Trust Board meetings, with their Executive and Non-Executive colleagues.</p> <p>Governors also observe all committee meetings, this provides an opportunity for Governors to observe NEDs fulfilling their duty of holding Executive Directors to account for the performance of the Trust.</p>	<p>Ongoing</p>
<p>Question 5: The Council of Governors is consulted on the development of forward plans for the Trust</p>		
<p>Consolidation work on the development of Forward plans for the Trust</p>	<p>Work to be undertaken to ensure Governors are kept informed and consulted on forward plans, well in advance.</p>	<p>Ongoing</p>

Q14: Information, papers and presentations provided for the meetings are easy to understand.		
Strengthening of Reports presented at Council of Governors meetings – avoiding acronyms and jargon, production of concise reports.	The Corporate Governance Team have developed a Guide to Effective Report Writing, which has been presented at all committee meetings, circulated to report authors and is available to Trust staff on the Trust Intranet.	Q2 Complete
Q21: I understand the skills I need as a Governor and the additional development I may require		
Improved Prospective Governor Information	<p>To support existing and prospective governors during the 2024 elections, a dedicated website www.cesvotes.com/whh2024 was launched. It consolidates all relevant information for governors.</p> <p>The "Guide to Being a Governor" handbook has been refreshed with the valuable input of governors.</p> <p>A Prospective Governor Stand was facilitated prior to the Annual Members Meeting and was well attended. All 5 prospective Governors who attended, submitted a nomination form for elections.</p>	Q2/Q3 complete

3. What are we doing well?

Whilst overall the results of the survey were positive, those areas noted that the Council of Governors were particularly positive, were:

- Understanding of Governors role and statutory duties
- Responding to the views of members
- Understanding of the Council of Governors role in appointment of the Chair and Non-Executive Directors
- Ensuring awareness of the Trust Values and the Council carrying out its work in accordance with the Trust Values
- Sufficiency in regularity of Council of Governors meetings
- Providing clear information as published in the Annual Report and Accounts

Conclusion

The feedback received on the Councils effectiveness has been largely positive. As anticipated review outputs have also identified some areas of focus and actions to improve effectiveness, as detailed above.

Recommendation

The Council of Governors is asked to:

- note the outputs of the effectiveness survey
- agree actions to drive improvement

Council of Governors – Effectiveness Survey

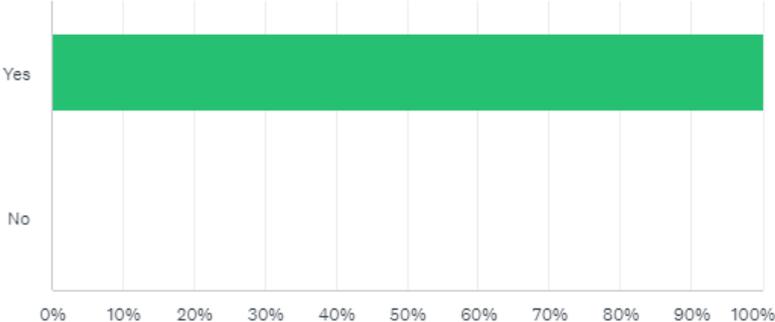
July - 2024

Total Responses: 15



Q1: I understand the role and statutory duties of the Council of Governors

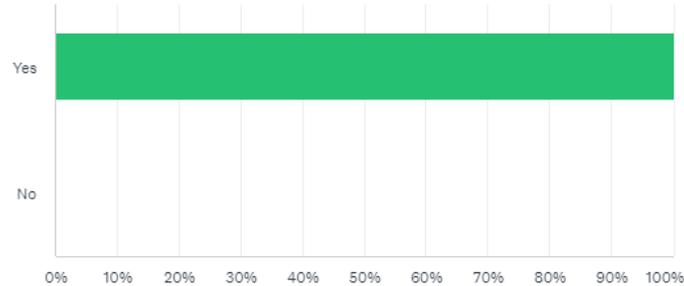
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
TOTAL		15

Q2 The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders

Answered: 15 Skipped: 0

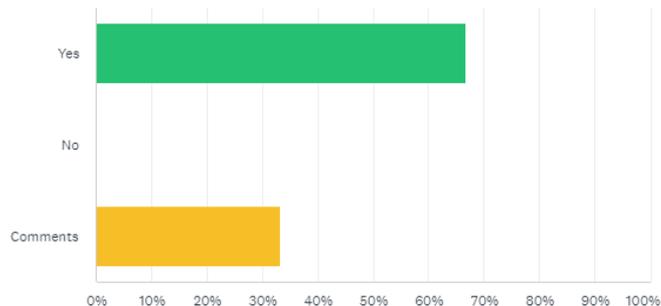


ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
TOTAL		15

- Only in hospital environment through Observation visits primarily or Comms engagement events
- Whilst there appears every attempt to do this, opportunities for consultation with the members, public and wider stakeholders is somewhat limited
- Although as a staff governor and therefore representing staff there is still a lot of ambiguity about what we can and cannot raise
- We need to have more public engagement events

Q3. I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.

Answered: 15 Skipped: 0

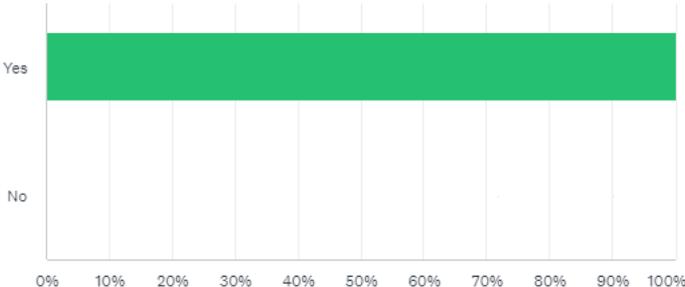


ANSWER CHOICES	RESPONSES
▼ Yes	66.67% 10
▼ No	0.00% 0
▼ Comments Responses	33.33% 5

- Works well as we build relationships with NEDS
- I think this warrants further clarification. Whilst I understand the overall interaction between Governors and the directors, I'm unsure how we could raise concerns (if any)
- It is very good that governors do written reports on NEDs
- I think this works better through attendance at committees rather than the CEG itself
- The committee observers report are good, but to see and engage more with NEDs will provide better understanding of both roles

Q4: I understand the role of the Council of Governors in the appointment and removal of the Chair and Non-Executive Directors

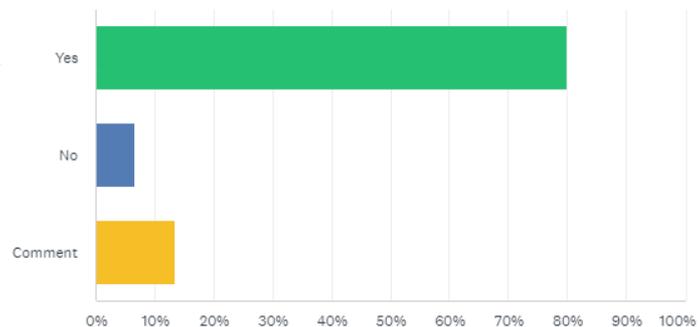
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
TOTAL		15

Q5: The Council of Governors is consulted on the development of forward plans for the Trust.

Answered: 15 Skipped: 0

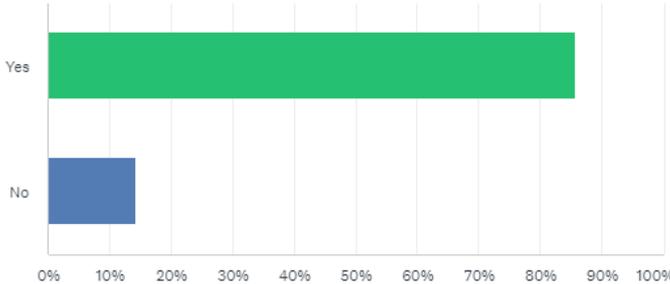


ANSWER CHOICES	RESPONSES	
Yes	80.00%	12
No	6.67%	1
Comment	13.33%	2
TOTAL		15

- Plans are often presented rather than consulted on, nevertheless opportunities for raising concerns is available.
- It is sometimes very late when Governors are aware of plans

Q6: The Council of Governors has been appropriately involved in the development of the Trust Strategy.

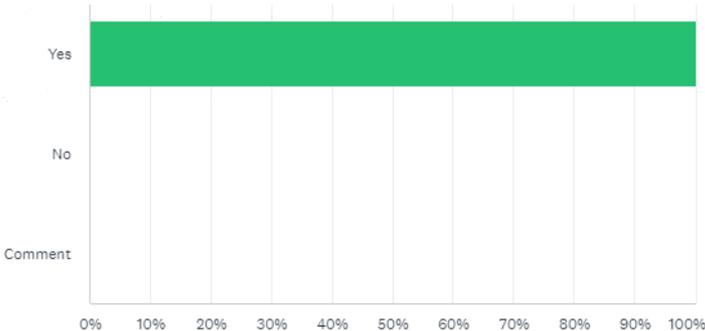
Answered: 14 Skipped: 1



ANSWER CHOICES	RESPONSES
Yes	85.71% 12
No	14.29% 2
TOTAL	14

Q7: I am aware of the values the Trust has committed itself to.

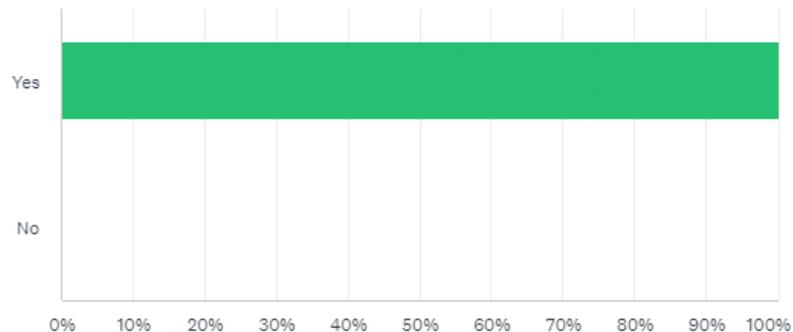
Answered: 14 Skipped: 1



ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	14
▼ No	0.00%	0
▼ Comment	Responses 0.00%	0
TOTAL		14

Q8: The Council of Governors carried out its work in accordance with the values of the Trust.

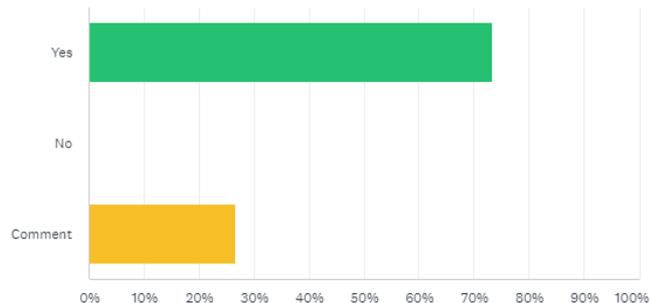
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	100.00% 15
No	0.00% 0
TOTAL	15

Q9: Council of Governors meetings work well, are productive and business is done efficiently.

Answered: 15 Skipped: 0

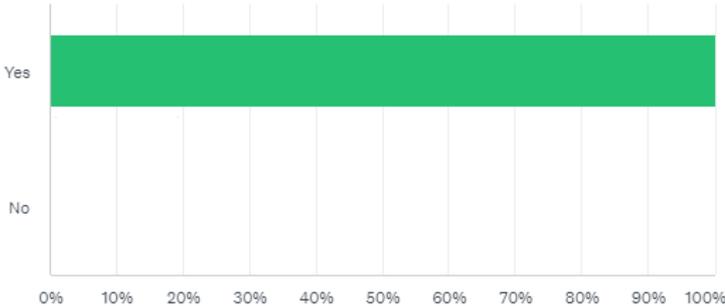


ANSWER CHOICES	RESPONSES	
▼ Yes	73.33%	11
▼ No	0.00%	0
▼ Comment	Responses 26.67%	4
TOTAL		15

- Lots of good pre work goes into setting appropriate Agenda for COG with Questions pre agreed and topics to be prioritised
- Further expansion of online availability would be nice. Whilst all meetings are available online, sometimes plagued by audio issues etc.
- Although attendance of NEDs has improved at the CEG, it is often the Execs who answer any questions or queries raised, yet it is the NEDs who we are meant to holding to account. There are other opportunities to this however through attendance at committee meetings.
- More involvement by NEDs would improve the meetings

Q10: The Council of Governors meets sufficiently regularly to discharge it's duties.

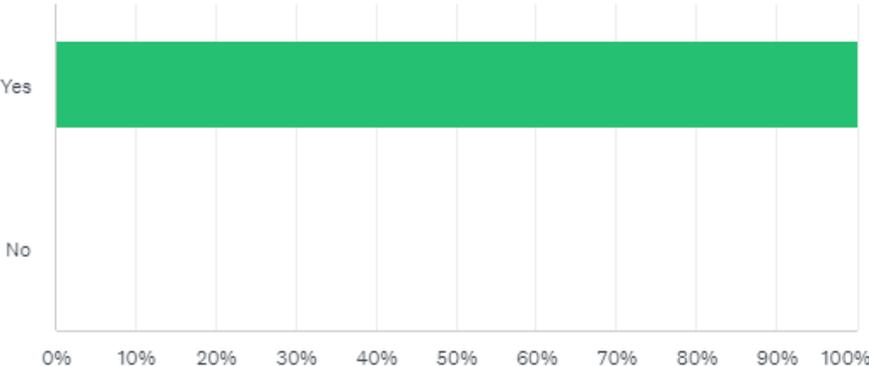
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	100.00% 15
No	0.00% 0
TOTAL	15

Q11: The Council of Governors meetings are well managed in accordance with the agenda.

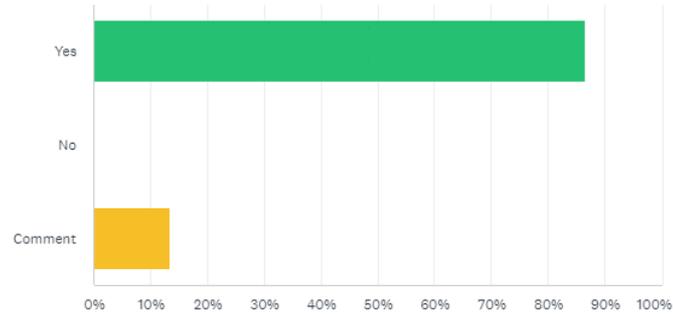
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	15
▼ No	0.00%	0
TOTAL		15

Q12: There is sufficient time for discussion and for Governors to contribute their views at the meeting.

Answered: 15 Skipped: 0

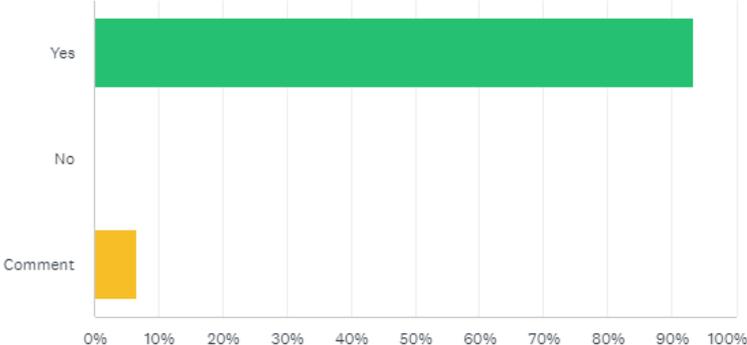


ANSWER CHOICES	RESPONSES
▼ Yes	86.67% 13
▼ No	0.00% 0
▼ Comment	Responses 13.33% 2
TOTAL	15

- This is for Governors to drive the proportionate engagement in the meetings
- Sometimes the governors feel not much time is given to answering their questions

Q13: The Council meeting agendas include appropriate topics for discussion

Answered: 15 Skipped: 0

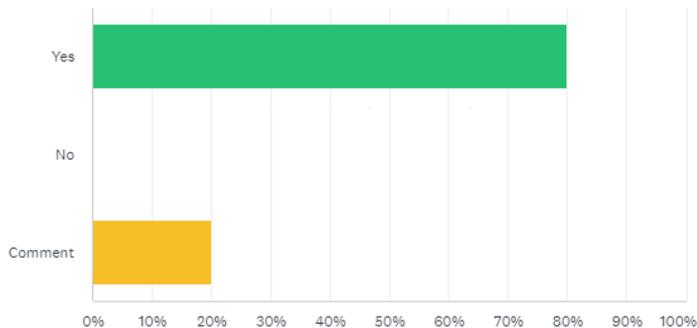


ANSWER CHOICES	RESPONSES
Yes	93.33% 14
No	0.00% 0
Comment	Responses 6.67% 1
TOTAL	15

- Some aspects are over extensively covered and there is a need to ensure the COG does not try to repeat the Board

Q14: Information, papers and presentations provided for the meetings are easy to understand.

Answered: 15 Skipped: 0

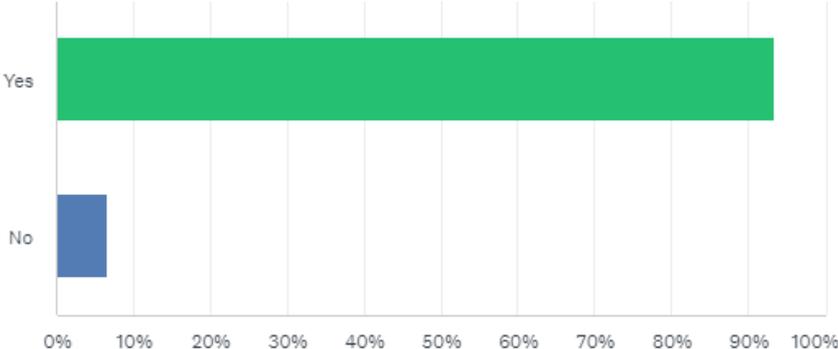


ANSWER CHOICES	RESPONSES	
▼ Yes	80.00%	12
▼ No	0.00%	0
▼ Comment	Responses 20.00%	3
TOTAL		15

- Too many NHS acronyms
- Can be lengthy
- Can be lengthy and contain NHS jargon

Q15: Information is circulated in a timely manner

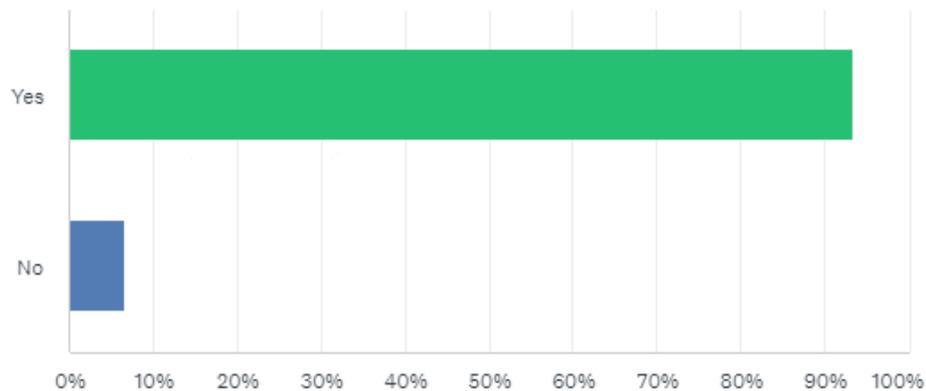
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	93.33% 14
No	6.67% 1
TOTAL	15

Q16: All members of the Council of Governors take a collective responsibility for Council decisions

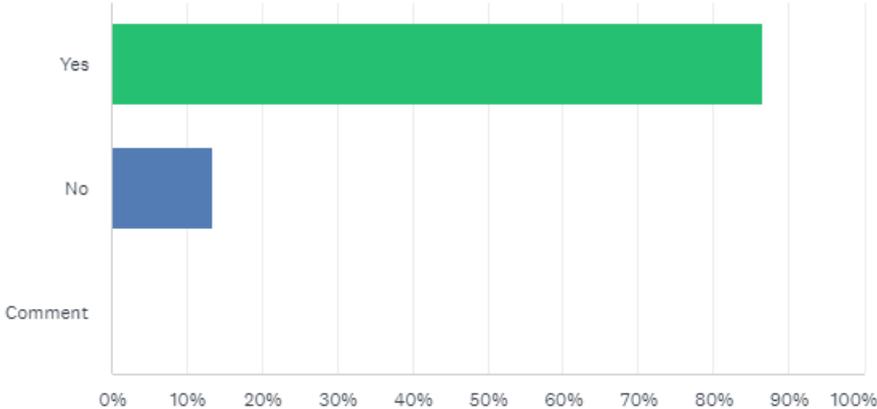
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	93.33% 14
No	6.67% 1
TOTAL	15

Q17: I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them.

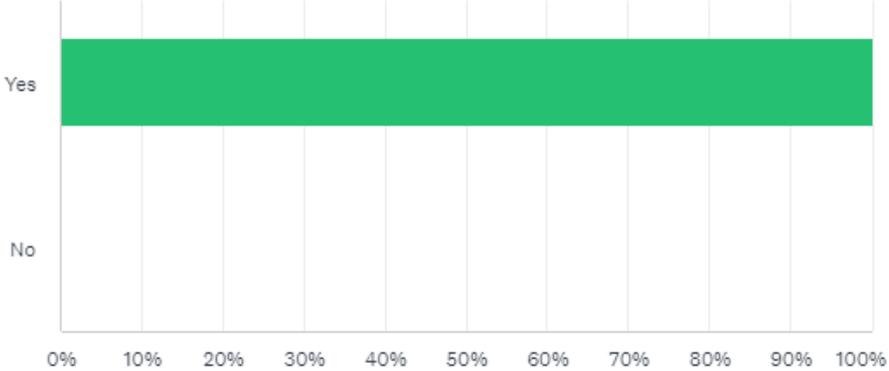
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	86.67%	13
No	13.33%	2
Comment	Responses 0.00%	0
TOTAL		15

Q18: I am able to understand the key information published in the Trust's Annual Report and Accounts.

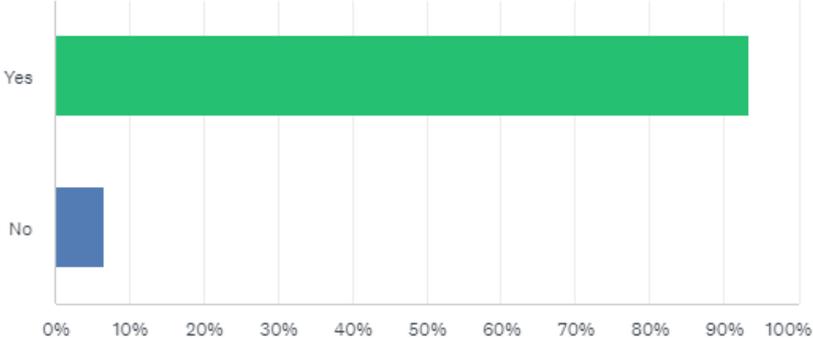
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	15
No	0.00%	0
TOTAL		15

Q19: Channels of communication between Governors and the Trust are effective

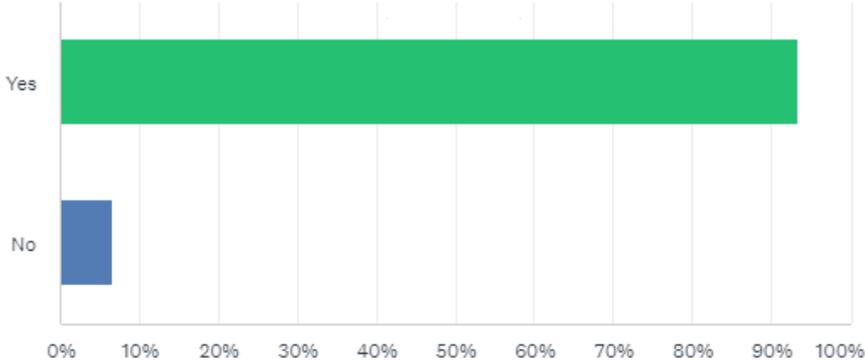
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	93.33%	14
No	6.67%	1
TOTAL		15

Q20: There is an effective induction for Governors

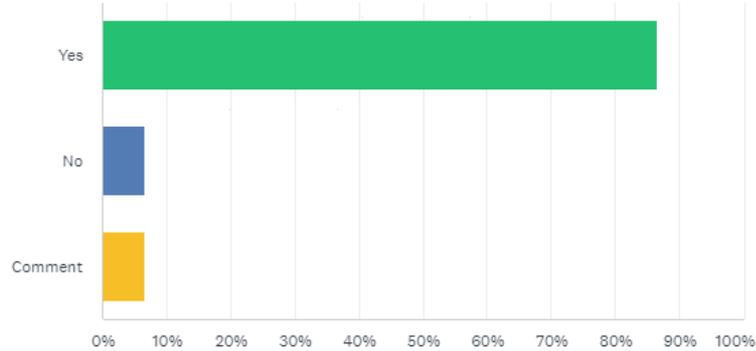
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	93.33% 14
No	6.67% 1
TOTAL	15

Q21: I understand the skills I need as a Governor and the additional development I may require

Answered: 15 Skipped: 0

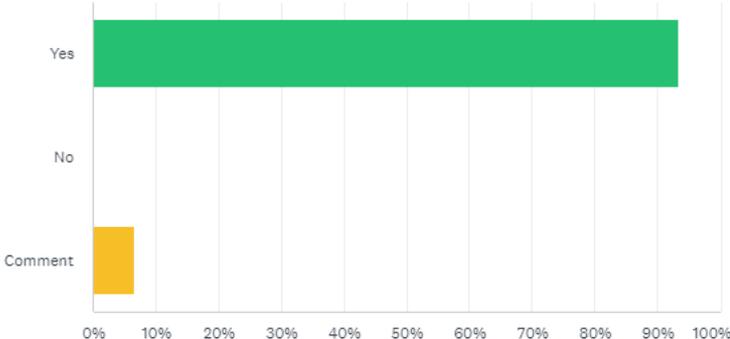


ANSWER CHOICES	RESPONSES	
▼ Yes	86.67%	13
▼ No	6.67%	1
▼ Comment	Responses 6.67%	1
TOTAL		15

- More understanding needs to be given to prospective governors to allow them to make a decision to stand for election

Q22: The Trust provides resources for developing and updating Governors' knowledge and capabilities where required.

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	93.33% 14
No	0.00% 0
Comment	Responses 6.67% 1
TOTAL	15

- Only on request which is fine

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/68			
SUBJECT:	Compliance with Trust Provider Licence			
DATE OF MEETING:	14 th November 2024			
ACTION REQUIRED:	To Note			
AUTHOR(S):	John Culshaw, Company Secretary			
EXECUTIVE DIRECTOR SPONSOR:	Nikhil Khashu, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	All			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	<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>The Audit Committee (25th April 2024) approved the confirmed declarations and confirmed that no material risks have been identified as described.</p>			
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision	
RECOMMENDATION:	The Council of Governors is asked to note the compliance			
PREVIOUSLY CONSIDERED BY:	Committee	Audit Committee		
	Agenda Ref.	AC/24/04/21		
	Date of meeting	25 th April 2024		
	Summary of Outcome	Approved		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/69			
SUBJECT:	Governor Elections Activity Biannual Report			
DATE OF MEETING:	14 November 2024			
ACTION REQUIRED:	To Note			
AUTHOR(S):	Emily Kelso, Corporate Governance and Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			✓
EXECUTIVE SUMMARY:	<p>The Trust holds Governor Elections each year to fill any vacant seats on our Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending.</p> <p>The election is being facilitated by an independent, external election company namely Civica Election Services.</p> <p>For the 2024 Governor Elections there are 10 vacancies, these are:</p> <p>Public Governors</p> <ul style="list-style-type: none"> - 7 in Warrington and Halton - 1 in Rest of England <p>Staff Governors</p> <ul style="list-style-type: none"> - 1 in Medical and Dental - 1 in Support Staff <p>The seats in the Warrington and Halton public Constituency are contested, following receipt of 20 valid nominations for 7 seats.</p> <p>The single seat for Rest of England will remain vacant as no nominations were received</p> <p>Neither of the staff seats were contested, only one nomination was received for each of the two seats. This means that we do not move to the ballot stage of elections for Staff Governors. The two staff members have been informed of their success.</p>			

	<p>Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total).</p> <p>Newley elected Governors will start their term on 1 December 2024.</p>		
PURPOSE: (please select as appropriate)	Approval	To note ✓	Decision
RECOMMENDATION:	The Council of Governors is asked to not the progress on the 2024 governor elections		
PREVIOUSLY CONSIDERED BY:	Committee	Governor Engagement Group	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

Governor Engagement Group Meeting

SUBJECT	Governor Elections Update	AGENDA REF:	COG/24/11/69
----------------	----------------------------------	--------------------	---------------------

1. BACKGROUND/CONTEXT

The Trust holds Governor Elections each year to fill any vacant seats on the Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending.

As it was in 2023 the Council of Governor Elections 2024 are being facilitated by the independent, external election company namely Civica Election Services.

2. KEY ELEMENTS

[The Warrington and Halton Teaching Hospital NHS Foundation Trust Constitution](#) sets out the Model Rules for Election, which are being followed throughout the election process.

The Nomination Stage

For the 2024 Governor Elections there are 10 vacancies to be filled, these are:

Public Governors

- 7 in Warrington and Halton
- 1 in Rest of England

Staff Governors

- 1 in Medical and Dental
- 1 in Support Staff

Elections Timetable

The timetable for elections is detailed below.

Notice of Election / Nomination open	Thursday, 12 September 2024
Nominations Deadline	Thursday, 10 October 2024, 5pm
Summary of valid nominated candidates published	Friday, 11 October 2024
Notice of Poll published	Thursday, 31 October 2024
Close of Election	Tuesday, 26 November 2024
Declaration of Results	Wednesday, 27 November 2024

Promotion of Elections

This year a robust communications plan has been developed to promote elections from the nomination stage through to the ballot stage and finally the declaration of results. Examples can be found on the Trusts social media accounts (given below). A Good Morning WHH was circulated to all staff groups on the 16 November providing information on the role of Governors and the process for Governor elections. In addition, a prospective Governor information stand was facilitated prior to the Annual Members Meeting (2 October), this was supported by current Governors who shared their knowledge and experience with those members considering submitting a nomination form to become a Governor.

Instagram: [@WHHNHS](#)

X: [WHH 🇬🇧 \(@WHHNHS\) / X](#)

An information site was developed to provide members with information about elections and the role of and NHS FT Governors, the website also provided details on how to submit a nomination form. www.cesvotes.com/whh2024.

Contested Elections

The ballot stage takes place when there are contested seats for one or more constituencies. This year we have contested seats for the Warrington and Halton public constituency, following receipt of 20 valid nominations for 7 seats.

All validated nominees were contacted on the 11 November confirming their success in moving to the ballot stage of elections, and also informing them of the deadline of 15 October to withdraw their nomination. The summary of valid nominated candidates was also published on the [elections website](#) on this date.

Uncontested Elections

Neither of the staff seats were contested. Only one valid nomination was received for each of the two vacancies, this means that we do not move to the ballot stage of elections for staff Governors. The successful staff members are:

- **Medical and Dental** - Akash Ganguly – who will join us for a second term as Governor for the Medical and Dental Staff constituency. Akash is the medical lead for intervention for Radiology.
- **Support Staff** - Erwin Tuballes will join us for a first term as Governor representing support staff as a Healthcare Assistant. Historically, this seat has been vacant for a number of years.

The single seat for **Rest of England** will remain vacant as no nominations were received

The uncontested report is attached at **Appendix 1**.

Voting Stage

We are now in the voting stage, as per the elections timetable. The notice of poll was published on the 31 October and voting packs distributed on Friday 1 November 2024.

We have valid email addresses for 1931 of the Warrington and Halton Public members, which means only 171 members will be posted voting packs. This has significantly reduced our election costs and supports Objective 3 of the Trusts Membership Strategy 2023-25 around Sustainability:

***Objective 3 Sustainability** - Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities*

Eligibility to Vote

As per the WHH Constitution:

Any individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

This window closed on Thursday 10 October, 5pm. All individuals who had signed up to become a member by this deadline will receive a voting pack. Members are only able to vote for Governors in the constituency under which they fall i.e. only members of the Warrington and Halton public constituency will be able to vote in the current elections.

Results

Voting will close on Tuesday 26 November 2024; results are typically be published within 24 hours.

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

Newley elected Governors will start their term on 1 December 2024.

A Governor induction day has been scheduled for Thursday 9 January.

3. RECOMMENDATIONS

The Council of Governors is asked to note the update, and the progress made with Governor Elections during 2024.

WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 10 OCTOBER 2024

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

STAFF: MEDICAL AND DENTAL 1 TO ELECT
The following candidate is elected unopposed: Akash Ganguly

STAFF: SUPPORT STAFF 1 TO ELECT
The following candidate is elected unopposed: Erwin Tuballes

PUBLIC; REST OF ENGLAND 1 TO ELECT
No valid nominations received <i>1 vacancy remains</i>

Ciara Hutchinson
Returning Officer
On behalf of Warrington and Halton Teaching Hospitals NHS Foundation Trust



COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/24/11/70			
SUBJECT:	Extension of Term of Office for Julie Jarman, Non-Executive Director			
DATE OF MEETING:	14 th November 2024			
ACTION REQUIRED:	Approval			
AUTHOR(S):	John Culshaw, Company Secretary			
LINK TO STRATEGIC OBJECTIVE	All			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	Patients	Workforce	Public
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	Yes	No	N/A
	Further Information / Comments:			✓
EXECUTIVE SUMMARY:	<p>Under the Terms of Reference, the Governors' Nominations and Remuneration Committee is responsible:</p> <p><i>"...for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors."</i></p> <p>One Non-Executive Director will come to the end of his first term of office on 31st December 2024. Julie Jarman has expressed her interest in serving a second term of three years to commence on 1st January 2025.</p> <p>Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 07/11/2024, the Committee has recommended that Julie Jarman be appointed for a second term of three years, commencing on 1st January 2025.</p>			
PURPOSE: (please select as appropriate)	Approval ✓	To note	Decision	
RECOMMENDATION:	The Council of Governors is asked to approve the recommendation from the GNARC that Julie Jarman is appointed for a second term of three years, commencing on 1 st January 2025.			
PREVIOUSLY CONSIDERED BY:	Committee	Governor Nomination & Remuneration Committee		
	Agenda Ref.	GNARC/24/11/06		

	Date of meeting	07/11/2024
	Summary of Outcome	Supported
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None	

Governor Nomination & Remuneration Committee

SUBJECT	Extension of Term of Office for Julie Jarman, Non-Executive Director	AGENDA REF:	COG/24/11/70
----------------	---	--------------------	---------------------

1. BACKGROUND/CONTEXT

One Non-Executive Director will come to the end of her first term of office on 31st December 2024. Julie Jarman has expressed her interest in serving a second term of three years to commence on 1st January 2025.

Under the Foundation Trust Constitution the Governors' Nominations and Remuneration Committee ("the Committee") is to be established for the purposes of identifying appropriate candidates for the posts of Non-Executive Directors (including the Chair and Deputy Chair of the Foundation Trust), for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors. The Committee will, taking into account the views of the Board of Directors, identify a balance of individual skills, knowledge and experience that is required at the time a vacancy arises and accordingly draw up a job description and personal profile for each new appointment.

Julie Jarman was appointed in January 2022 for a term of three years

Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 7 November 2024, the Committee has recommended that Julie Jarman be appointed for a second term of three years, commencing on 1st December 2025.

2. KEY ELEMENTS

Extension of Term of Office of Julie Jarman, Non-Executive Director

Julie joined the board of Warrington and Halton Hospitals NHS Foundation Trust as a non-executive director in January 2022.

She has a background in community development and has spent most of her career in the voluntary sector, working on anti-poverty projects both in the UK and in international development.

For many years Julie was the England Country Director for Oxfam's UK Poverty Programme. More recently, she was responsible for strategy at the Equalities and Human Rights Commission.

In her current role Julie works for Stockport Borough Council as Head of Fair and Inclusive Stockport. Prior to joining Warrington and Halton Hospitals she was a non-executive director of Greater Manchester Mental Health Foundation Trust for seven years.

Julie has a strong interest in mental health, equalities and population health, and sits on the Board of Trustees for three charities including Mind in Salford.

During the last financial year Julie attended 10/11 Board & Extraordinary Board meetings and all of the Board Development meetings, chaired the Trust's Strategic People Committee and attended the Finance & Sustainability Committee. Julie has also attended the Council of Governor Meetings. Julie continues to perform her role of Non-Executive Director of the Board providing a high degree of challenge and scrutiny. Julie continues to demonstrate commitment to the role.

The Chair of the Trust recently undertook Julie's annual appraisal, a copy of which was considered by the GNARC when deliberating the proposal.

3. RECOMMENDATIONS

The Council of Governors is asked to approve the recommendation from the GNARC that Julie Jarman be appointed for a second term of three years, commencing on 1st January 2025.