



We are  
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**NHS**

Warrington and  
Halton Hospitals  
NHS Foundation Trust

# WHH Council of Governors

Thursday 6 April 2017

4:00pm – 6:00pm

Lecture Theatre, Post Graduate Centre,  
Halton Hospital



We are  
WHH

**A G E N D A COUNCIL OF GOVERNORS (CoG)**  
**Thursday 6 April 2017, 4.00pm-6.00pm**  
**Lecture Theatre, Halton Education Centre, Halton Hospital**

AGENDA REF.	ITEM	LEAD	PURPOSE	TIME	
COG/17/04					
<b>OPENING ITEMS</b>					
COG/17/04/	Opening Remarks & Welcome	Steve McGuirk, Chairman	-	-	
COG/17/04/15	The Warrington Referral Access Gateway - Presentation	Linda Bennett Warrington CCG (and others)	For Information	4:00	
COG/17/04/16	Apologies & Declarations of Interest	Steve McGuirk, Chairman	-	-	
COG/17/04/17	Minutes of Previous meeting – 19 January 2017	Steve McGuirk Chairman	Approval	4:30	Enc
COG/17/04/18	Appointment of NED following NARC on 23 March 2017	Steve McGuirk Chairman	Approval	4:35	Enc
COG/17/04/19	Chairman's Briefing (Report from work of NED'S)	Steve McGuirk Chairman	Information	4:45	Verb
COG/17/04/20	Chief Executive's Report	Mel Pickup, Chief Executive	Information		Verb
<b>FORMAL BUSINESS</b>					
COG/17/04/21	Integrated Performance Report February 2017	A Chadwick Director of Finance & Commercial Development K Salmon-Jamieson Chief Nurse J Ross, Deputy Chief Operating Officer Simon Constable, Medical Director	Assurance	5:00	Enc
COG/17/04/22	Trust Operational Plan	A Chadwick Director of Finance & Commercial Development	Information + Assurance	5:30	Enc
COG/17/04/23	Reports from Governor Sub-Committees - Quality In Care - 27.2.2017 - Engagement Group - 22.2.2017	P Lloyd Jones K Bland	Assurance	5:40	Enc
COG/17/04/24	Proposal to reschedule Governors Quality in Care from 3.10.17 to <b>19.10.17, 2-4pm.</b>	P McLaren Director of Community Engagement + Corp Affairs	Approval	5.50	Verb
COG/17/04/24	Annual Appraisal of Non-Executive Directors - plan	P McLaren Director of Community Engagement + Corp Affairs	Information	5:55	Verb
<b>CLOSING ITEMS</b>					
COG/17/04	Any Other Business	Steve McGuirk, Chairman			

**DATE OF NEXT MEETING: Thursday 20<sup>th</sup> July 2017 , 4pm – 6pm Trust Conference Room  
Burtonwood Wing, Warrington Hospital**



**COUNCIL OF GOVERNORS**  
**Draft Minutes of the Meeting held on Thursday 19 January 2017**  
**4.00pm to 6.00pm**  
**Trust Conference Room, Burtonwood Wing, Warrington Hospital**

**Present:**

Steve McGuirk	Chairman (Chair)
Carole Astley	Public Governor
Keith Bland MBE	Public Governor
Phil Chadwick	Public Governor
Heather Greaves	Public Governor
Peter Harvey	Public Governor
Norman Holding	Public Governor
Jim Henderson	Public Governor
Sue Kennedy	Public Governor
Alison Kinross	Public Governor
Colin McKenzie	Public Governor
Anne Robinson	Public Governor
Jeanette Scott	Public Governor
Louise Spence	Staff Governor
Mark Ashton	Staff Governor

**In Attendance:**

Terry Atherton	Non-Executive Director
Andrea Chadwick	Director of Finance (part)
Sharon Gilligan	Chief Operating Officer (part)
Ian Jones	Non-Executive Director
Kimberley-Salmon-Jamieson	Chief Nurse
Julie Burke	Secretary to the Trust Board

**Apologies:**

Mel Pickup	Chief Executive
Pat McLaren	Director of Community Engagement
Helen Bowers	Staff Governor
Alf Clemo	Public Governor
Kenneth Dow	Public Governor
Peter Lloyd Jones	Partner Governor
Margaret Bamforth	Non executive
Anita Wainwright	Non-Executive Director

<b>COG17/01/01</b>	<b>Welcome, Apologies &amp; Introductions</b>
1	The Chairman welcomed all Governors', Staff, and Non-Executive Directors, to the Council of Governors meeting.
2	The Chairman summarised key dates for the Governors to note which would be circulated following this meeting.
3	
	Apologies - See above listing.
	<b>Declarations of Interest – in agenda items</b>
	There were no interests declared in relation to the agenda items for the meeting.

COG 17/01/03	<b>Minutes of Previous Meeting 20 October 2016</b>
	The minutes of the meeting held on 20 October 2016 were approved as a true and accurate record.
COG/17/ 01/	<b>– Actions Arising from Previous Meeting</b>
	<u>Mortality Workshop</u> . The Chairman thanked the Medical Director and team for the successful mortality workshop that was held in December which provided a forum to debate and understand the mortality data and figures.
COG/17/01 /04	<b>Rolling register of attendance 2016-17</b>
	The register of attendance was noted and will be received at each Governors meeting. As part of the Constitutional there are elements of positions where 75% attendance at meetings is required for governors to be eligible for involvement in other work streams within the Trust.
COG 17/01/05	<b>Chairman’s Briefing (report from work of NEDS)</b>
1	On behalf of himself and the CEO, the Chairman briefed the Council on local issues and recent local media as part of Sustainability Transformation Plans (STP) and footprints. Work is on-going within the C&M Health Economy including local authorities and CCGs within the STP footprint. Any changes made will need to meet a number of demands, which are similar across the footprint, including, the demands of aging population and demands on the acute sector. Executives within the Trust are leading on pieces of work within the STP. The Director of Finance is leading on the back office element and the Medical Director on hospital reconfiguration, the Chief Executive on Acute Care. The STP has recently developed a governance structure and charter, a Membership Group and Working Group details of which will be shared at the Private session of the Trust Board on 25 January.
2	The first draft of the Trust STP plans had been submitted in October 2016 with a second draft in December 2016. The plan is only a document with suggestions for change within the health economy with nothing been agreed to date. Sensitivities across the health economy are acknowledged but any potential changes to services would undergo full public consultation. The Chairman added that to ensure sustainable, quality and safe services across the health economy, the Trust cannot operate as a stand-alone Trust and the need for collaborative working.
3	<u>WHH</u> – the Trust remains committed to achieving a challenging total financial deficit of £7.9m underpinned by a challenging Cost Improvement Plan that will carry through to the next financial year. This is being reviewed by the Finance and Sustainability Committee and the Audit Committee who will escalate any matters to the Trust Board. While remaining on track at present, cost pressures experienced in the last quarter due to unprecedented demand on winter pressures, Acute demand and protracted contract discussions with the Lead Commissioner, Warrington CCG will impact on the delivery of the Cost Improvement Plan as the Trust delivers safe and quality services.
COG 17/01/06	<b>Chief Executives Report</b>
	<b>See above delivered by the Chairman in the absence of the CEO.</b>
COG 17/01/07	<b>Appointment of NED following Governors NARC</b>
1	The Chairman briefed the Council of Governors following the recent recruitment and selection process for a new Non-Executive Director to replace L Lobley. The Governors Nominations and Remuneration Committee had met prior to this meeting and discussed at length the process and subsequent recommendation for the appointment of T Whitfield as the new Non-Executive Director.

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2	<p>The Governors Nominations and Remuneration Committee approved and recommended the appointment of T Whitfield to the Council of Governors. The chairman asked for any objections, none were raised.</p>
3	<p>The Governors Nominations and Remuneration Committee approved and recommended the candidate in waiting of GB for a further 12 months should the Trust need to appoint to a NED role to maximise return on investment recruitment process. The Council of Governors supported this motion.</p> <p><b>The Council of Governors approved the appointment of T Whitfield to the role of Non-Executive Director.</b></p> <p><b>The Council of Governors supported the future of appointment of GB within a 12 month period as detailed above.</b></p>

COG  
17/01/08

### Integrated Performance Report

1	<p><b>The Chair invited the Chief Operating Officer, Chief Nurse and Director of Finance to provide an update on their respective elements of the Trusts Integrated Performance report at Month 7 (October 2016).</b></p> <p>The Chief Nurse (KSJ) presented the quality targets noting that:</p> <ul style="list-style-type: none"> <li>- The Trust had maintained its zero tolerance position for MRSA with no incidences in October.</li> <li>- 14 episodes of CDiff, this figure is below the Trust's planned trajectory with the Trust being the best in the area.</li> <li>- The safety thermometer indicator is a combination of falls, pressure ulcers, UTIs and VTE.</li> <li>- Mortality Ratio (HSMR) moved to amber status, the HSMR to July 2016 decreased to 107.6 from 113. The Trust is a borderline outlier at 99.8% level. Higher HSMR rates at weekends than weekday. Lots of data analysis and interrogation on-going as sometimes movement between green, amber and red ratings can be multi-factorial including the way data is recorded (coding), what was the cause of death and demographics.</li> <li>- The Trust has recently revised its Mortality review process and all deaths are reviewed by a medical team consisting of a nurse and colleagues from the CCG and are reviewed on a daily basis.</li> <li>- PH asked if there has been any change to the Palliative Care process. KSJ commented that patients on palliative care or EOL pathways are recorded and palliative care reviews undertaken.</li> <li>- <u>SEPSIS</u> - KSJ advised that 2 SEPSIS nurses have been recruited, there is a Dr in A&amp;E and a pathway developed to manage patients which links with antibiotic usage. SEPSIS boxes are in place on wards and a training programme in place.</li> <li>- <u>Falls</u> – review had taken place on managing falls and pressure ulcers with recruitment for a Falls Nurse. Looking to purchase more appropriate beds to reduce harm.</li> <li>- <u>Friends and Family</u> – more promotion needed to ensure all family and friends are contacted and data is captured correctly. Patient Experience Strategy workshop held earlier this week and looking to work with GP practice managers to link data together.</li> <li>- <u>Complaints</u> – review had been undertaken of the complaints system including the management process for complaints. Working through a backlog of 228 complaints which has reduced to 156. Completion of the backlog expected by March, additional support in the team to cope with the backlog and new complaints received.</li> <li>- Work ongoing on improvement plan, including roaming teams on wards and a 24 hour hotline to raise complaints.</li> <li>- <u>Staffing</u> – currently being managed hour by hour and shift by shift, moving staff around to ensure safety of services. A Recruitment and Retention Strategy is being developed. KSJ</li> </ul>
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	<p>added that staff movement tends to be on wards, not in out-patients to ensure correct skill mix remains on both the wards and out patients. Where a member of staff submits their request to leave the Trust, an Executive member of the team will be available to discuss with the individual to see if an alternative within the Trust is appropriate or available as often time will have been invested on training and the Trust would not wish to lose valuable members of the team.</p>
2	<p>The Chief Operating Officer (SG) presented the performance targets, noting</p> <ul style="list-style-type: none"> <li>- There are 4 performance targets that the Trust are monitored by but performance of commissioners can impact on the Trust performance rating.</li> <li>- RTT (18 weeks) – 2 specialities did not achieve this target in the Trust, Urology and T&amp;O which is similar across the health economy.</li> <li>- There is a national requirement from this month to reduce elective activity for a longer period of time than normal to free up staff and beds to cope with winter pressures with the Trust opening an extra 2 wards to cope with demand.</li> <li>- A&amp;E Target, target achieved up to December 2016, extreme winter pressures meant the December trajectory was not achieved. This will not impact on STP funding as milestones have been met throughout the year.</li> <li>- Cancer 62 day referral, the Trust achieved its target. This target is dependant on other factors and Warrington CCG did not achieve their target.</li> <li>- 14 day breast symptom target, pressures nationally due to radiographer shortage, exploring an education programme and identifying GP leads at practice level to monitor take-up of screening</li> <li>- Ambulance handovers – no target in terms of national target but zero tolerance set by the Trust. Working with NWS, the Trust is recognised for its best practice with no patients waiting in ambulances or corridors.</li> <li>- To reduce waiting A&amp;E times, it is vital that patients utilise the Halton UCC for treatment if appropriate, the Trust are working with GPs to communicate this message within the community. The Trust are actively discussing primary care services within Warrington, with Warrington CCG to put in place alternative places for treatment during the day other than A&amp;E in Warrington.</li> <li>- Reports now show age profiles of A&amp;E attendance for over 65, 75 and 85 plus and the Trust a developing a frailty care pathway.</li> </ul>
3	<p>The Director of Finance &amp; Commercial Development presented the Workforce elements on Behalf of the Director of HR &amp; OD:</p> <ul style="list-style-type: none"> <li>- Sickness absence at October better than the NW average, challenging target but absence and RTW are being monitored, managed and recorded with Director support.</li> <li>- Turnover – Amber, the Trust actively working to reduce staff turnover, October being an exceptional month with 81.3WTE commencing and 31.4WTE leaving.</li> <li>- Agency Nurse Spend – all Trusts in C&amp;M are actively working with NHS Improvement to reduce agency spend. This is a currently a large cost pressure for WHH Trust, in part due to lack of national funding but on-gong work continues to reduce reliance on agency nurses with spend reducing August – October 2016. KSJ added the opening of the additional ward to cope with winter pressures in December/January has increased agency and bank nurse spend.</li> <li>- Mandatory training, staff development reviews continues to be monitored through appropriate HR processes.</li> </ul>
4	<p>The Director of Finance &amp; Commercial Development presented the Finance element of the report:</p> <ul style="list-style-type: none"> <li>- Cash balance of £1.2m, against a budget of £220m. The Trust selecting and monitoring payment of invoices carefully.</li> </ul>

	<ul style="list-style-type: none"> <li>- Position at Month 9 (December 2016) is deficit for month was £1.0m with the actual outturn of £0.9m. Year to date deficit was £6.6m against plan of £6.7m.</li> <li>- The Finance and Sustainability Committee and the Audit Committee review both debtor and creditor reports at their meetings.</li> <li>- The Trust loan this year is £14.2m at an interest rate of 1.5% which is to be paid in full in 2018.</li> <li>- The financial pressures across the health economy means that where previously cash reserves may have been available to meet deficit totals, this is no longer the case.</li> <li>- The opening of the additional wards to cope with the winter pressures was in the region of £11k per day.</li> <li>- It will be extremely challenging for the Trust to meet its planned forecast but the Trust is working closely and is supported by NHS Improvement to achieve this.</li> <li>- The approval of the revised Trust Working Capital Facility (loan) of £7.9m is being actively pursued by the Trust and NHSI.</li> <li>- Capital Programme – this consists of 3 areas, medical equipment, IT expenditure and estates and stood at £6.1 m at the end of December</li> <li>- STF – the Trust assured STF funding if the Trust signs up to deliver their control total target of £8m, of £2m per quarter. The Trust have achieved all fund requirements to date and received £6m of the £8m funds. There is added scrutiny on expenditure to achieve the remaining £2m of the £8m.</li> <li>- Use of resources - new target from October 2016. Achieved rating of 3, Cost Improvement Plan (CIP) in place to support delivery of efficiency savings. Plan behind schedule currently but mitigations in place.</li> <li>- Better Payment Practice Code – measures how quickly invoices are paid, position reflects the Trust’s low cash balance to manage cash very closely.</li> <li>- Agency spend – was on plan early in the year but due to reliance on agency staff but recruitment strategy being developed.</li> </ul>
COG 17/01/09	<b>Nominations for Lead Governor Role</b>
1	<p>In the absence of the Director of Community Engagement, the Chairman asked for nominations for this lead role to be emailed to PMcL/JB.</p> <p>To be eligible governors must have served at least one year with the WHH Council of Governors and achieved reasonable attendance at the CoG (minimum 75%).</p> <p>The Chairman asked the Council of Governors to note the timetable for this process.</p> <p>The Chairman asked the Council of Governors to approve the formalising of the Lead Governor role as described and the amendment of the Foundation Trust Constitution.</p> <p><b>The Council of Governors approved the formalising of the Lead Governor role.</b></p>
COG 17/01/10	<b>Nominations for Chairs and Members of:</b>
1	In the absence of the Director of Community Engagement, the Chairman asked for nominations / expressions of interest for the roles below to be emailed to PMcL/JB.
1	<u>Chair, Governors Quality In Care</u> – N Holding confirmed his interest.
2	<u>Chair Governors Engagement Group</u> - S Kennedy confirmed interest post meeting
3	<u>Charitable Funds Committee (1 member)</u> - A Kinross expressed interest, nominated by S Kennedy.
4	<u>Patient Engagement Group (3 or more members)</u> – Expressions of interest received prior to the

	meeting A Kinross and P Lloyd Jones. M Ashton confirmed his interest in the meeting.
<b>COG 17/01/11</b>	<b>Elections Activity + Bi-Annual Report: Vacancies and Governor Terms of Office</b>
	In the absence of the Director of Community Engagement, the Chairman asked the Council of Governors to note the election activity, vacancies and terms of office report which is brought to the Council bi-annually.  <b>The Council of Governors noted the report.</b>
<b>COG 17/01/12</b>	<b>CoG Annual Cycle of Business and Terms of Reference</b>
1	In the absence of the Director of Community Engagement, the Chairman asked the Council of Governors to review the Terms of Reference to reflect the changes to the sub-committees and administrative support and the Cycle of Business for 2017-18 Proposed changes to the ToR in section 5, 6 and 10.  <b>The Council of Governors approved the Terms of Reference and the 2017-18 Cycle of Business.</b>
<b>COG 17/01/13</b>	<b>Patient Choice Awards – Nominations Requested</b>
	The Chairman asked for nominations for the judging panel to be emailed to PMcL/Julie B
<b>COG 17/01/14</b>	<b>Any Other Business</b>
	PH asked for a progress report on the relaunch of the car park scheme.  <b>Action: PMcL to circulate.</b>  <b>Date of next meeting: Post meeting note: Thursday 6 April 4.15pm Lecture Theatre, Halton Hospital</b>

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**Item No COG 17/04/18**

**Council of Governors Nominations and Remuneration Committee**

<b>AGENDA REFERENCE:</b>	<b>GNARC</b>
<b>SUBJECT:</b>	<b>Appointment of non-executive director</b>
<b>DATE OF MEETING:</b>	23 <sup>rd</sup> March 2017
<b>ACTION REQUIRED</b>	<b>For Approval</b>
<b>AUTHOR(S):</b>	Pat McLaren, Director of Community Engagement and Corporate Affairs
<b>EXECUTIVE DIRECTOR</b>	Pat McLaren, Director of Community Engagement and Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	<p>A search and selection process took place between Sept 2016-Jan 2017 to replace NED Lynne Lobley whose two terms ended on 30<sup>th</sup> November 2016. Interviews were held on 9<sup>th</sup> January 2017 whereupon a candidate was selected.</p> <p>The Governors NARC convened on 19<sup>th</sup> January 2017 where the appointment of TW was approved together with a 'reserve' candidate for a period of 12months. Regrettably, due to illness, TW has withdrawn and will not be able to take up the post as planned.</p> <p>The Trust has since been asked, as part of the ongoing Well Led Review, to review the skill mix of the Non-executives to achieve better balance.</p>
<b>RECOMMENDATIONS</b>	<p>The Governors Nomination and Remuneration Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the process that has been followed so far</li> <li>• Approve the appointment of the recommended candidate as per the attached paper.</li> <li>• Recommend the appointment of this candidate to the Council of Governors on 6<sup>th</sup> April 2017 4-6pm</li> </ul>
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Partial FOIA Exempt
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	Section 41 – confidentiality

**SUBJECT** Appointment of non-executive director

## 1. BACKGROUND/CONTEXT

A search and selection process took place between Sept 2016-Jan 2017 to replace NED Lynne Lobley (who served two terms, ended on 30<sup>th</sup> November 2016.) Interviews were held on 9<sup>th</sup> January 2017 whereupon a candidate TW was selected.

The Governors' NARC convened on 19<sup>th</sup> January 2017 where the appointment of TW was approved together with a 'reserve' candidate GB for a period of 12months. Regrettably, due to illness, TW has withdrawn and will not be able to take up the post as planned.

The Governors NARC is now asked to consider and recommend the second reserve candidate as detailed.

## 2. KEY ELEMENTS

Since the appointment the Trust has undergone a 'Well Led Review' as required by Monitor of all Foundation Trusts at least once every three years. Deloitte were successful in competitor tender and commenced this work in January 2017 with completion due mid-March 2017. Early feedback from Deloitte has recommended that the Board review the skill mix of the Non-executives to achieve better balance since, with the appointment of TW, the mix was overly weighted towards finance.

The Board has therefore elected not take up the reserve candidate GB, who was a career finance director and currently serves in other non-executive/governor roles and chairs Finance or Audit committees.

The Board now asks the Governors NARC to consider and recommend the third candidate, who also performed strongly at interview, Prof. Jean-Noel Ezinguerd, CV and personal statement attached. JN has been contacted about the position and would be available and pleased to accept the role if offered. The Trust's non-executive directors met informally with JN on 3<sup>rd</sup> March and are convinced of his suitability as well as adding a contributory skill set not wholly represented currently.

Prof Ezinguerd is currently Deputy Vice Chancellor at Manchester Metropolitan University. He is a senior academic with 10 years' Board experience. Educated to degree level in France (Engineering), moved to UK in 1991. He is, or has been, accountable to 3 Higher Education boards, an international Education Board, a Further Education Board and an NHS Council of Governors.

He assumed his current role in 2013 and is the only Deputy VC at Manchester Met. (4200 staff and £250m turnover) he deputises for the VC and has been responsible for leading on significant change programmes and building relationships with stakeholders. He has recently been appointed to the HEFCE Teaching Excellence and Student Opportunity Committee.

Previously, Jean-Noel was Dean of the Faculty of Business and Law at Kingston University and Academic Dean at Henley Business School. He has also been a NED at Richmond upon Thames College and a Governor at Kingston Hospital NHS Trust.



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### 3. ACTIONS AND RECOMMENDATIONS

The Governors Nomination and Remuneration Committee is asked to:

- Scrutinise this additional
- Acknowledge that the candidate is selected from the panel of 4 candidates who went through full assessment centre and interview on 9<sup>th</sup> January 2017
- Review the information provided about selected candidate JN
- Approve the appointment of the selected candidate JN
- Recommend the appointment of the selected candidate JN to the Council of Governors on 6<sup>th</sup> April 2017 (appointment remains subject to successful pre-employment checks).

8<sup>th</sup> March 2017

Appendices:

1. Prof Jean Novel Ezingeurd CV
2. Prof Jean Novel Ezingeurd personal statement

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## **1. Summary**

A senior academic, with over 10 years' senior management experience in roles with high accountability, and a track record of employer facing developments, including a market leading Degree Apprenticeship portfolio. Significant public sector board and governance experience through accountability to, or membership of, three Higher Education Boards, an International Education Provider Board, a Further Education Board and an NHS Council of Governors and recent appointment to the HEFCE Teaching Excellence and Student Opportunity Committee.

## **2. Employment History**

*Since Oct 2013* **Deputy Vice-Chancellor - Manchester Metropolitan University**

- Line management of Faculties and the eight Executive Deans
- Responsible for the strategic planning process (25,000 UG students; 5,000 PG students including a substantial NHS contract and NCTL allocation; £250m turnover, 4,200 staff) and its reporting to the Board of Governors
- Responsible for institutional Recruitment and Admissions (c80,000 applications and 8,200 UG places)
- Responsible for cross-institutional Research and Knowledge Exchange, to 2016 (c£20m of income including QR, ranked 53<sup>rd</sup> in REF 'power' tables, including Health, ranked 12<sup>th</sup> in the UK Power tables)
- Deputising for the Vice-Chancellor in a variety of internal and external contexts, with a substantial focus on Greater Manchester civic and commercial partners.

### Achievements

- Oversaw the development of a leading Degree Apprenticeships portfolio, with two new flagship programmes (Digital Technology and Management)
- Initiated the development the first institutional SME strategy and the first Business to Business Marketing strategy
- Secured 2% growth in student numbers as well as an increase in entry qualifications for 2014 entry and met target for 2015 entry
- Led an ambitious cross-institutional research development programme, including staff, systems and culture. Oversaw a notable improvement in lead indicators of research performance and Knowledge Exchange performance in 2014 and lag indicators in 2015, with a 50% growth in research income in 2014/2015, moved from 2 to 18 KTPs
- Introduced greater academic direction in the Strategic Planning process leading to a £2m shift in investment towards the 'academic frontline'

### External Committee and Board Memberships

- Member, HEFCE Teaching Excellence and Student Opportunity Strategic Advisory Committee
- Board member, NCUK

Aug 2007  
-Sep 2013

### **Dean, Faculty of Business and Law – Kingston University**

- Executive Dean / PVC level role reporting to the Vice-Chancellor
- Member of the Vice-Chancellor's Senior Management Team
- Cross-institutional responsibility for Quality Assurance
- Campus Dean for the second largest campus of the University
- Responsible for two high profile academic units of the University (Business School and Law School)

### Cross-institutional and extra-institutional achievements

- Oversaw the development and launch of highly successful joint Master's and CPD programmes with Royal Holloway and St George's University of London
- Oversaw the development of an Open-Learning MBA programme in collaboration with a private HE provider

### Key achievements in Planning and Delivery as Dean

- Increased Research Assessment GPA from 2.45 in 2008 to 2.78 in 2014, with an increase of 18% in FTE submitted, representing an increase in research 'power' of 34%
- Oversaw the increase during my tenure of student satisfaction by 6% in Business and Management, 5.2% in Law and 3.8% in Accounting and Finance
- Increased entry tariffs year on year (during my tenure average tariffs increased by 75 UCAS points in Business, 30 points in Law and 62 points in Accounting and Finance)
- Grew work-based learning Master's provision with new high profile clients (including the European Commission, ISS and Merlin Entertainments)
- Improved progression rates on 'problem' modules significantly through bottom-up initiatives with strong staff buy-in
- Achieved significant PG growth coming from innovative portfolio development efforts

### Other notable achievements

- Put the Business School on a significant accreditations pathway, securing full AMBA reaccreditation, EPAS accreditations (including for Doctoral programmes) and AABSC eligibility

- Instigated a new Chair of Innovation and Technology Management (this is an endowed Chair for which I was instrumental in obtaining the sponsorship of £500,000)
- Returned the Faculty to a balanced budget and achieved a substantial financial surplus

External Committee and Board Memberships

- Governor, Kingston Hospital NHS Council of Governors
- Governor, Richmond-upon-Thames College (including Membership of Finance and Resources Committee)
- Member of the Executive Committee (and Director), Association of Business Schools
- Member of the European Foundation for Management Development-EPAS board

2005- 2007

**Academic Dean – Henley Business School (formerly Henley Management College).** This role put me in charge of Faculty line management, including responsibility for teaching quality, Faculty planning, recruitment and development. I was a member of the College's Executive Team and reported to the Principal, the CEO of the College.

Key achievements

- Designed and implemented a significant Faculty re-organisation programme to increase research focus
- Designed and implemented a new Faculty Workload management system resulting in increased utilisation and improved control of research output, aligned with strategic objectives
- Implemented a development programme for a Faculty whose teaching scores (including e-contribution) were below target, resulting in tangible overall improvements in average teaching scores across the board

Committee Responsibility

- Chair of the College's Academic Reviews Committee

1998-2005

**Member of Faculty at Henley Management College.** Appointed Professor of Management Studies (Processes and Systems Management) in May 2004.

Teaching

- MBA, Distance Learning MBA and company MBAs
- Executive Development workshops for corporate clients (Canon, ISS, Alstom, Coloplast) including delivery at board level (Marks & Spencer, MITIE)
- Teaching satisfaction scores consistently around or above 4.5 on a 5 point scale

### Business Development

- Team member or lead academic on successful bids for bespoke Executive Development programmes with companies such as British Airways, Canon, Alstom, SAP-UK, ISS

### Research

- Responsible for the successful bids, and management of the execution of the contracts for research into:
  - The future of the UK Engineering Industry and its Value Chain (Completed 2001, funded by the Engineering Employers' Federation – 1 research fellow);
  - The future skills needs of the UK Engineering Industry (Completed 2002, funded by the Engineering Employers' Federation – 1 research fellow);
  - Information Security and the Board (completed 2002, funded by QinetiQ – 1 research associate, 1 research fellow);
  - Information Assurance Strategic Alignment (completed September 2004, funded by QinetiQ – 3 research fellows).

### Institutional level administration and academic leadership

- Chairman of the College's Academic Approvals Committee
- Lead tutor

1991-1998

**Assistant Lecturer then Lecturer in Computer Integrated Manufacturing, Department of Manufacturing and Engineering Systems, Brunel University.** Course Director for the flagship Special Engineering Programme (1996-1998). This involved syllabus design and management, close liaison and pastoral support of students as well as significant input in the admissions process. Successful co-investigator for EPSRC grant (2 research fellows) and 3 'Teaching Company Schemes' (now Knowledge Transfer Partnerships).

## **3. Higher Education and Professional Development**

*Qualifications: PhD (Brunel), MSc (Brunel), Ingénieur Grande Ecole (Centrale Lille)*

2013

TMP 28, Leadership Foundation. Project: "*Joining up the marketing efforts across Kingston University – lesson from the Service Dominant Logic*"

2010	Oxford Negotiation Programme, Saïd Business School
2007	International Deans Programme, EFMD / ABS
2006	Deans and Directors Development Programme, ABS, London
2003	International Teachers' Programme, Manchester Business School. Project: " <i>Information Systems teaching on non-qualifications programmes</i> "
1997	PhD, Brunel University. Research in the area of " <i>Heuristic methods to aid value assessment in the management of manufacturing information and data systems</i> "
1991	MSc in Advanced Manufacturing Systems, Brunel University. Thesis subject: " <i>Capacity Management</i> ". Qualifications gained: MSc and Diplôme d'Ingénieur
1986-1990	Classes préparatoires, Lycée Sainte Geneviève, Versailles, and General Engineering studies at Ecole Centrale de Lille, and Engineering Grande Ecole
1986	Baccalauréat (Mathematics & Sciences), mention très-bien (overall > 80%)

#### 4. Visiting and editorial positions

- Visiting Professor, Henley Business School, University of Reading to 2014
- Visiting Professor Skema / Lille Graduate School of Management to 2013
- Founding member of the British Computer Society Information Assurance Working Group (2006)
- Visiting Professor, ABB Academy, Zürich to 2005
- Associate Editor, Journal of Information Systems Security (JISSec)
- Frequent reviewer for journals (European Journal of Information Systems, Journal of Enterprise Information Management) and conferences (including the European Conference on Information Systems and the International Conference on Information Systems)



## 5. Doctoral Supervisions

- First Supervisor, Hemamali Tennakoon: '*Information Security in Social Networks*'
- First Supervisor, Dennis Hayler, DBA: '*International Supply Chain Innovation*'
- First supervisor, Seth Profit, DBA: '*Information Systems in Supply Chain Management*'
- First Supervisor, Nicholas Silburn, PhD: '*Valuing Information in Engineering Projects*'
- Second Supervisor, John Moon: '*The influence of website quality and technology acceptance on the success of UK business-to-business electronic markets*'
- Second Supervisor, Jaafar El-Murad: '*The relationship between risk attitude and advertising creativity*'
- First Supervisor, J. Nevan Wright: '*A framework for Operational Harmony in Decision Making*'
- First Supervisor, Zahir Irani: '*Investment Justification of Information Systems: A focus on the evaluation of MRPII*'

## 6. Publications

### 6.1. Journals Publications since 2006

V. Benson, G. Saridakis, J.-N. Ezingear, H. Tennakoon, (2015). **Individual information security, user behaviour and cyber victimisation: An empirical study of social networking users.** Technological Forecasting & Social Change Journal.

V. Benson, G. Saridakis, H. Tennakoon, J.-N. Ezingear (2015). **The role of security notices and online consumer behaviour: An empirical study of social networking users.** International Journal of Human-Computer Studies 80(0): 36-44.

E. McFadzean, J.-N. Ezingear, and D. Birchall (2011) **Information Assurance and Corporate Strategy: A Delphi-Study of Choices, Challenges and Developments for the Future.** Information Systems Management, 28(2), pp. 102-129.

C. Hirsch and J.-N. Ezingear, (2008) **Perceptual and cultural aspects of risk management alignment: a case study.** Journal of Information System Security, 4(1), pp. 3-20.

J.-N. Ezingear, M. Bowen-Schire (2007) **Triggers of Change in Information Security Management Practices,** Journal of General Management, Summer issue.

E. McFadzean, J.-N. Ezingear, and D. Birchall (2007) **Anchoring Information Security Governance Research: Sociological Groundings and Future Directions,** Journal of Information Systems Security, 2 (3), 3-47.

E. McFadzean, J.-N. Ezingear, and D. Birchall (2007) **Perception of risk and the strategic impact of existing IT on Information Security strategy at board level.** Online Information Review, 31, 622-660.

J.-N. Ezingear, E. McFadzean and D. Birchall (2007) **Mastering the art of corroboration: A conceptual analysis of information assurance and corporate strategy alignment**, Journal of Enterprise Information Management, 20 (1), 96-118.

## **6.2. Book contributions since 2006**

**Developing Information Assurance Alignment in Financial Services** (with Elspeth McFadzean and David Birchall). In H.R Rao, Manish Gupta, Shambhu Upadhyaya (Eds.) Managing Information Assurance in Financial Services. 2008.

**Information Security Standards: Adoption Drivers. What drives organisations to seek accreditation? The case of BS 7799-2:2002.** In S.Furnell, B.Thuraisingham, and X.Wang (Eds.) Security Management, Integrity, and Internal Control in Information Systems, Springer, 2006.

Professor Jean-Noël Ezingard Ing Dip MSc PhD

Deputy Vice-Chancellor



Manchester  
Metropolitan  
University

18/11/2016

Dear Mr McGuirk

I would like to apply for the position of Non-Executive Director at Warrington and Halton Hospitals NHS Foundation Trust.

I believe I meet your requirements to appoint a Board level leader in an environment that puts quality and excellence at the fore, and where difficult decisions need to be made to deliver a sustainable future. The Trust, as it moves forward with its QPS programme and the major transformational change that will underpin it is at a turning point where it can build on its success and reputation in Halton and Warrington, but is also faced with unprecedented challenges in demand and funding. I have experience as a senior leader in an environment which is equally faced with building a strong future from what is a position of strength, but also significant uncertainty ahead. I think I have much to offer to the Trust, and I also think that the Trust has much to offer me.

I am excited by the opportunity to contribute, through challenge and support, as well as professional knowledge of efficiency, effectiveness and planning issues, to the continued success of the Trust in the fast moving National and Regional context

I list below how I feel I meet the person specification.

Yours sincerely

Jean-Noël Ezingard

All Saints Building  
All Saints  
Manchester  
M15 6BH  
United Kingdom

Telephone  
+44 (0)161-247 3387

E-mail  
[jn.ezingard@mmu.ac.uk](mailto:jn.ezingard@mmu.ac.uk)

Deputy Vice-Chancellor  
Professor Jean-Noël Ezingard  
IngDip MSc PhD



## **Knowledge and Experience:**

I have significant experience of working at Board-level, acquired across a variety of public sector organisations. This expertise has been developed both as a Board Member, but also as an Executive accountable to the Board. I have excellent analytical skills developed as an academic and senior HE manager and I am able to articulate complex issues clearly in meetings and public engagements. I have a good understanding of corporate governance, risk management and of the role and responsibilities of Non-Executive Directors. I have also been a NED at Richmond upon Thames College and Henley Management College, and a Governor at Kingston Hospital (including during the transition to Trust status). Consequently, I believe I have a good understanding of the NED requirements and role.

I have a successful track record of commercial success as an Academic, Academic Manager and Academic Leader established through various roles at four academic institutions, including Manchester Metropolitan where I have been in post since 2013. I am the single Deputy Vice-Chancellor there, with line accountability for the six Faculties of the University (c£300m of income). Over the past few years the University sector has been very fast moving and I led the University's preparation for the 'lifting of the cap' in student numbers controls. In my previous role I also successfully led my Faculty through the introduction of the £9,000 fee and brought it back to a balanced budget. I have delivered strong performance in all my roles as a senior leader in HE, both in terms of student experience and research but also financial sustainability. My academic focus (technology management) and my role in Business Schools and Senior University Management mean that I am well versed in generic strategic business issues.

I have a sound understanding of organisational processes. I have experience of managing complex networks of internal and external stakeholders. Internally I have experience of leading successful change in the academic community – a community of highly qualified and demanding professionals - and dealing with complex issues such as workload management and academic performance. I have delivered successful projects in large, matrix organizations (for instance being the academic sponsor of major estates project). In my role at Manchester Met, I have lead responsibility for key external relationships including major academic and civic partners in the City of Manchester and GM. I was our University's main point of contact during the formation of Health Innovation Manchester. I am Manchester Met's lead for in the setting up a tripartite Medical School with the Universities of Manchester and Salford.

Part of being a good leader in academia is asking the right questions, challenging and influencing. In my previous role as Dean of a fast improving Business School, and now in my role in the fastest improving Universities in the North West, I have delivered significant improvements in the KPIs I have line management accountability for. For example the research Power metric for the Unit of

Assessment I line managed at Kingston increased by 34%. At Manchester Met, while accountable for research I delivered significant growth in research income as well as a growth in Knowledge Transfer Partnerships from 2 to 18.

As set-out in my introduction, I am committed to the values of the Trust. I believe its role in Cheshire and Merseyside is critical and I am keen to help the Trust continue to improve its services in its fast moving and resource constrained environment. This will no doubt involve taking difficult decisions and sometimes making hard choices.

Although my knowledge of service users' needs has not been in the NHS, I have a good understanding of customer service issues in regulated and resource constrained environment. I also have line accountability for a very large Faculty of Health, Psychology and Social Care and my experience has put me in direct contact with relevant issues in local health and social care community. I believe I have a good understanding, and I am committed to public service and NHS values, as demonstrated through my career in the public sector.

I have good interpersonal and communication skills developed through being a teacher, researcher and senior manager in academia. I am able to communicate effectively at Board level. My latest three roles have all been highly accountable settings, reporting directly to the CEO of the organisations, and accountable for areas of performance of key interest to the NEDs of these organisations.

I qualify to be a member of the Trust and I am able to attend and participate as specified in the role description, including ad-hoc groups and chairing meetings and my availability has been agreed with my Vice-Chancellor.

### **Competencies:**

I will be able to focus on patients and the community. Throughout my career I have always championed and focused on the interests of the 'clients' of the organisations I have worked in, ranging from seeking external validation (for instance through accreditations) to seeking funding from sponsors. As a former Governor at Kingston Hospital, I also have a very clear understanding of the need to take the public voice into account in the planning and management of Health Services.

One of my key responsibilities at Manchester Met is Strategic Planning. This includes overseeing the budgeting process across the University to ensure alignment with Strategic Plans. I am also one of the key accountable officers to the Board of Governors of the University where I report on operational academic performance as well as academic strategy. I am very analytical and evidence driven when dealing with complex decisions, but also capable of making decisions and plan ahead where the empirical base is incomplete, as demonstrated by my track record in Strategic Direction.

As the indirect line manager of c 2,000 academic staff, I accept accountability and probe and challenge constructively. This competency has also been developed through my experience of Boards as an Executive committee member. Over my career I have had to make sometimes very difficult decisions or been a key player in teams that have made difficult decisions. I believe in a consultative but also evidence driven approach which enables me to challenge others constructively.

I also have a good track record of successful communication and engagement in Region which demonstrates effectiveness in influencing and communication. In a similar vein, I have, in my role at Manchester Met delivered a number of commercially significant results – for instance the development of a significant Degree Apprenticeships programme. Although my professional background is Academia, the political and commercial skills I have developed are very much transferable to the Trust.

I am a good team player and have been a key member of senior teams for over 10 years. I understand the need, necessary in senior teams, to respect accountability boundaries but I will always ‘pull my weight’ and seek to operate in a cross-functional and collaborative fashion.

I have developed self-belief and drive through many professional management challenges, where I have learnt that ‘being liked’ isn’t always possible. I have led two successful restructuring exercises involving large numbers of staff. As set-out in my introduction, I am committed to the values of the Trust. I believe its role in Cheshire and Merseyside is critical and I am keen to help the Trust continue to improve its services in a challenging environment. This will no doubt involve taking difficult decisions and sometimes making hard choices.

Last but not least, as a successful academic and researcher, I think I have a strong ability to think clearly and creatively.



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**Warrington and  
Halton Hospitals**  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/17/04/21</b>
<b>SUBJECT:</b>	<b>Integrated Performance Report</b>
<b>DATE OF MEETING:</b>	6 April 2017
<b>ACTION REQUIRED</b>	<b>To note</b>
<b>AUTHOR(S):</b>	Marie Garnett, Head of Contracts and Performance
<b>EXECUTIVE DIRECTOR</b>	Kimberley Salmon-Jamieson, Chief Nurse Sharon Gilligan, Chief Operating Officer Michelle Cloney, Director of Human Resources and Organisational Development (Interim)
<b>EXECUTIVE SUMMARY</b>	<p>February saw the continuation of operational pressures which resulted in the Trust's failure to achieve the national 4 hour A&amp;E performance target and A&amp;E STP improvement trajectory. Delayed transfers of care contributed to issues with patient flow and one escalation ward remained open to ease bed availability issues. Despite the increase in non-elective demand, the Trust continues to:</p> <ul style="list-style-type: none"> <li>• Deliver against the majority of its performance targets.</li> <li>• Strive to meet its financial control total and delivery of the 2016/17 Cost Improvement Programme.</li> </ul>
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to note the contents of this report.
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None



## **SUBJECT** Integrated Performance Report

### **1. BACKGROUND/CONTEXT**

The Integrated Performance Dashboard has been produced to provide the Board with assurance in relation to the delivery of all KPI's across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance

### **2. KEY ELEMENTS**

- No cases of MRSA for 16 months.
- 3 out of 4 Sepsis Q3 CQUIN milestones achieved and 1 partially achieved.
- 1 grade 4 avoidable pressure ulcer and 4 grade 3 avoidable pressure ulcers reported YTD.
- Improvement required to the number of inpatient and day-case Friends and Family Test returns.
- RTT 18 week aggregate and 6 week diagnostic targets achieved.
- Cancer targets achieved with the exception of Cancer 31 days first treatment.
- A&E 4 hour national performance target and A&E STP Improvement trajectory not achieved in month.
- Discharge summaries 95% within 24 hours target failed in Q3 however within 7 days was achieved.
- Agency medical spend significantly increased in month.
- Staff turnover reduced for fifth consecutive month however still below target.
- Improvement in sickness absence YTD.
- Achievement of PDR and essential training targets
- Cost Improvement Plan cumulative savings delivered of £7.9m, however £1.6m below plan.
- Financial deficit cumulative £0.1m better than the planned deficit.
- Use of financial resources rating of 3.

### **3. ACTIONS REQUIRED**

KPI's that are underperforming are being managed by the relevant sub-committees. Where action is required to bring underperformance back to acceptable levels the responsible sub-committee will provide assurance to the Board via the narrative contained in the main body of this dashboard.





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#### 4. EVALUATIONS/TIMELINES

All KPI's contained in this dashboard are in line with contractual and national requirements.

KPI's are monitored monthly via the Trust's Clinical Operational Board and the Sub Committees of the Board.

KPI performance is reported monthly to the Board

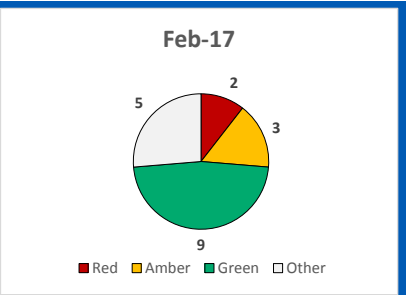
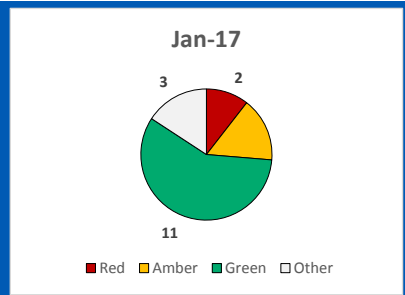
#### 5. NEXT STEPS

#### 6. RECOMMENDATIONS

The Trust Board is asked to note the contents of this report.

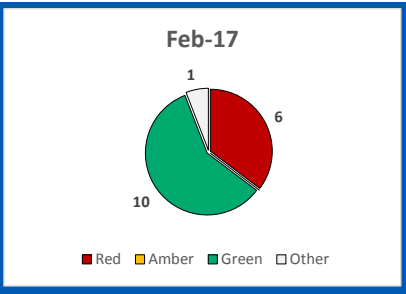
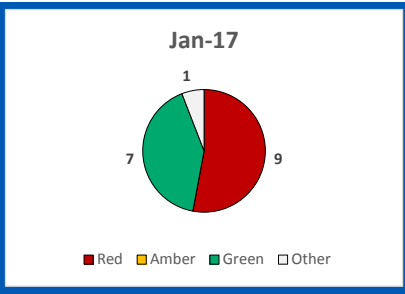
Key Points/Actions

Quality Improvement



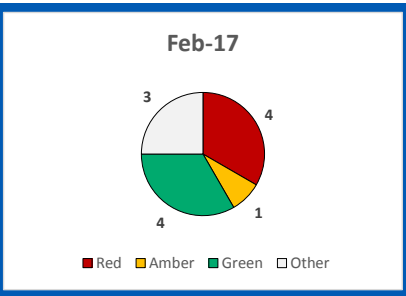
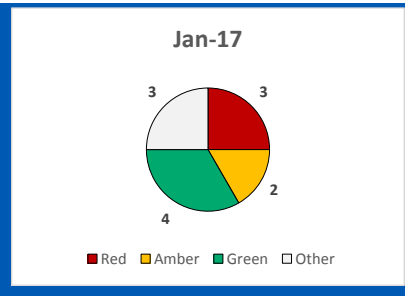
From an analysis of Serious Incidents year to date the top themes are in relation to falls, pressure care and diagnostic incidents. Further work is ongoing to understand contributory factors and ensure we are putting organisational learning in place. The Trust reported 2 surgical Never events in March 2017. We have completed immediate reviews and commenced an investigation being led by Associate Medical Director for Quality. We have identified safer surgery as a quality priority for 17/18, to test safety culture and put in place quality improvement work. The Trust continues to meet its infection control targets. The Trust met its Harm Free Care targets, with performance of 99.18 against 95% target. With regard to mortality, we are no longer a national outlier, with an HSMR of 106.48 for the period January 2016 – December 2016. For SHMI we are undertaking deep dives for a number of outliers, which are being monitored through Mortality Review Group. Previously the Trust used a National Benchmark from the National Patient Safety Agency of 5.6 falls per 1000 bed days. This benchmark is no longer going to be used. The Trust has identified falls prevention as a quality priority going forward in this year's quality accounts and therefore we will measure ourselves going forward against our agreed falls reduction targets. The Trust has reported 32 incidents of serious harm due to falls year to date. To date we have 1 confirmed grade 4 pressure ulcer and 4 confirmed avoidable grade 3 pressure ulcers against an improvement priority threshold of >=3. The complaints position on 1/3/17 is that we have 10 active cases with the PHSO, and we have 44 re-opened/dissatisfied cases in addition to the 232 cases that await a first response. Work is ongoing within complaints, reconciling systems and progressing the complaints improvement plan.

Access & Performance



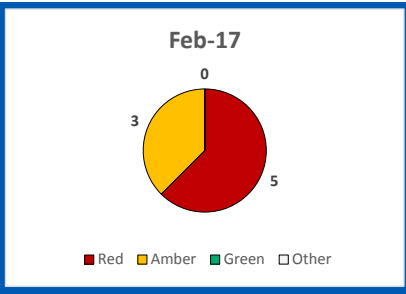
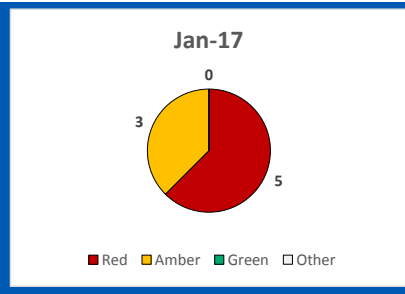
Overall the Trust continues to meet all performance targets including RTT and diagnostic waits with three cancer targets moving from red to green in February resulting in the Trust now meeting the majority of cancer targets. The area of concern remains performance against the four hour standard. The Trust failed the four hour standard and the agreed NHS trajectory for February achieving 84.50%. The year to date position is 90.59% and there are a number of actions being taken throughout March to support delivering 90% for both March. The actions include micro management of the ED department, senior management presence in the evenings, a move to free up assessment space and some re set the system days. B19 remains open as our winter pressure ward however is planned to close at the end March and discussions are currently taking place on how this can be managed with as little impact on performance as possible, as well as robust planning for the Easter bank holiday period. As a result of increased pressure within ED the ambulance handover times have remained a challenge. A lot of work has gone into improving these delays including some changes in process, we have seen an improvement of the over 60 min delays as a result of these changes and focus continues within this area. The HAS compliance has improved and is consistently above the required 90%.

Workforce



The metrics which have changed are: Turnover (Green to Red) and PDRs (Amber to Green) and the remaining metrics are unchanged. The sickness rate has fallen from the previous month and this has slightly reduced the rate for the YTD. RTW rates have fallen in month but it has been found that more have been recorded retrospectively so the overall position is more positive, the YTD rate remains unchanged. Turnover rates have fallen but are still showing Red. The previous 3 month figures reported were corrupted and this does need to be noted. The key elements of recruitment times have deteriorated but remain much better than the position 9-12 months ago. Non contracted pay remains a concern. Nurse agency expenditure has decreased and is still less than last year. Medical agency expenditure has increased significantly from the previous month. Mandatory Training rates have remained stable and are Green. PDR rates had risen significantly and for the first time ever are Green. Information for reporting 'high cost agency workers' and 'long term agency usage' has improved but continues. Medical and nursing staff feature in the top 20 earners and there are 7 medical staff who have worked for more than 6 months.

Finance



In February the Trust recorded a deficit of £1.8m which increases the year to date deficit to £8.8m which is £0.1m better than the planned deficit of £8.9m. For the year to date period income is £1.8m above plan, expenses are £3.2m above plan and non operating expenses are £1.5m below plan. To date the capital programme planned spend is £5.1m and the actual spend is £3.9m. Due to the operating position the cash balance remains low and as at 28th February the cash balance is £1.3m which is £2.0m less than the original planned cash balance of £3.3m. However under the terms and conditions of the loan the Trust is required to have a cash balance equivalent to 2 operational days which equates to £1.2m. The performance against the Better Payment Practice Code is 29% in the month and 29% to date so is significantly lower than the 95% target. For the period the Trust has recorded a Use of Resources Rating of 3 which is in line with the planned rating. The Trust is marginally ahead of the planned deficit but it is vital that financial controls and mitigating actions are robustly applied for the remainder of the year to ensure that the Trust remains on financial trajectory. The Trust has indicated to NHSI the potential for a slight improvement in trajectory based on revenue to capital transfer.

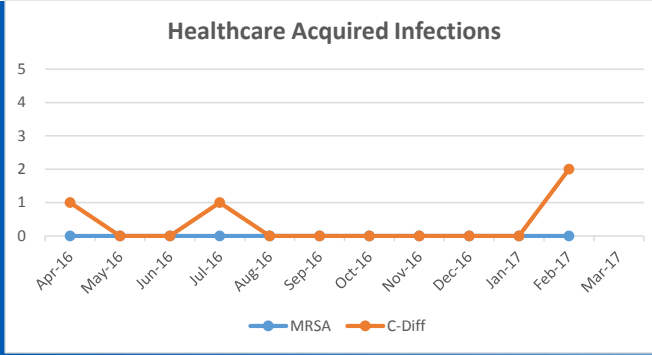
Quality Improvement

Description      Aggregate Position      Trend      Variation

**Healthcare Acquired Infections**  
MRSA  
Red: More than 5  
Amber: 1 to 5  
Green: 0  
  
C-Difficile  
Red: More than 2  
Amber: 1 to 2  
Green: 27 or less per year

**Description**  
MRSA - National objective is zero tolerance of avoidable MRSA bacteraemia. If breached a £10,000 penalty in respect of each incidence in the relevant month. CLOSTRIDIUM DIFFICILE (due to lapses in care) agreed threshold is <=27 cases per year. MSSA (Methicillin-sensitive Staphylococcus aureus) monitoring to commence March 2017.

**Aggregate Position**  
The Trust has maintained its zero tolerance position for MRSA. 2 hospital apportioned Clostridium difficile cases was reported in February 2017. YTD the Trust has reported 19 hospital apportioned cases of Clostridium difficile against the annual threshold of 27 cases. This includes 8 cases removed from contractual sanctions following review of Q1-Q3 by the CCG. The cases from Q4 will be reviewed in May. 14 MSSA (Methicillin-sensitive Staphylococcus aureus) bacteraemia cases have been reported YTD. All cases undergo route cause analysis investigation. 2 cases are under review, 5 have been attributed to intravascular devices, 3 source unknown, 1 foetal scalp electrode and 3 related to deep seated infections identified 48 hours after admission but likely community acquired. From March onwards MSSA will be reported to Board for monitoring.

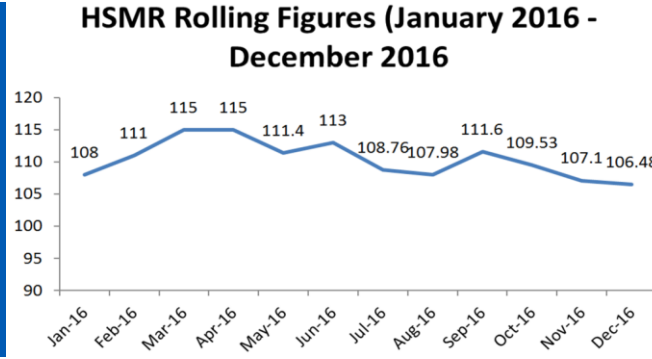


**Variation**  
MRSA bacteraemia – a nil return was submitted for February 2017. FYTD nil case have been reported. The Trust has a period of 17 months MRSA bacteraemia free.

**Mortality ratio - HSMR**  
Red: Higher than expected  
Amber: Over 100  
Green: 100 or less

**Description**  
Hospital Standardised Mortality Ratio (HSMR 12 month rolling) The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 specific Clinical Classification System (CCS) groups.

**Aggregate Position**  
The latest HSMR for December 2015 - November 2016 ) is currently at 107.10. HSMR shows higher weekend mortality than weekday as per the national picture although looking at the confidence intervals, neither is statistically significant. When we look at the underlying trends, 12 month rolling HSMR weekend and weekday rates seem to be reducing slightly. The gap between weekend and weekday HSMR rates seems to be narrowing.

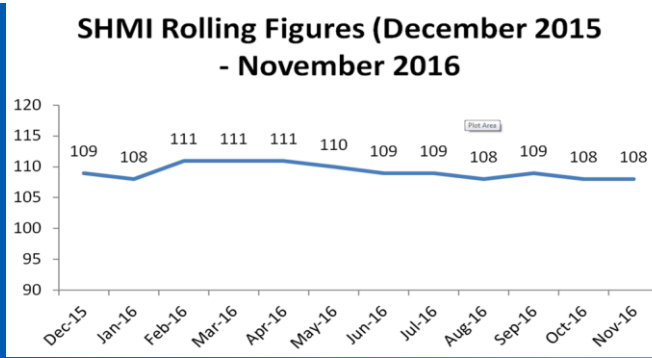


**Variation**

**Mortality ratio - SHMI**  
Red: Higher than expected  
Amber: Over 100  
Green: 100 or less

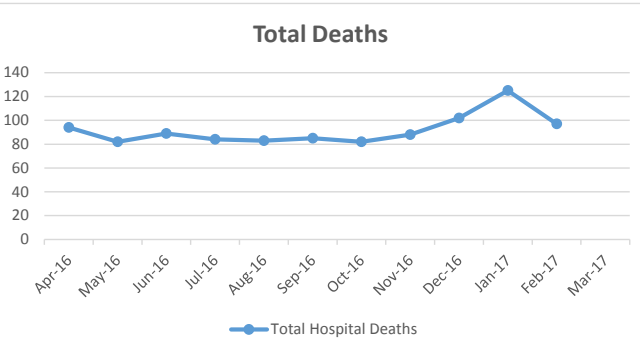
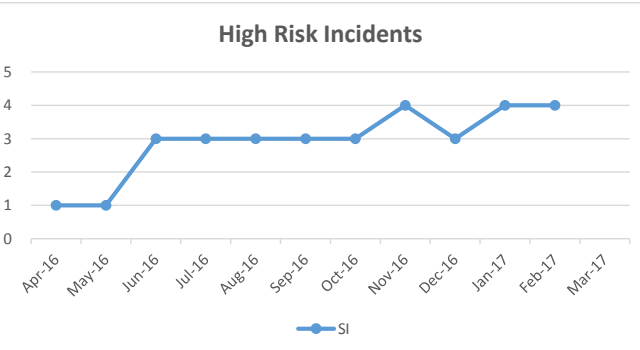
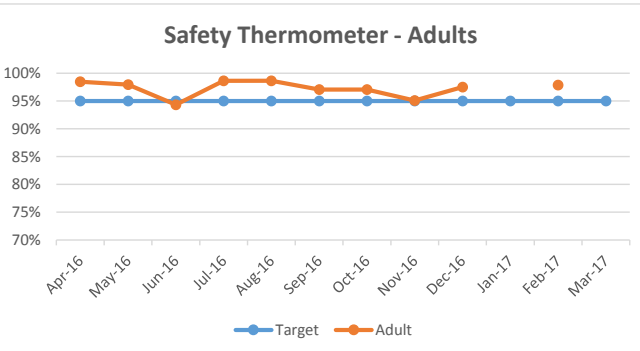
**Description**  
Summary Hospital-level Mortality Indicator (SHMI 12 month rolling) SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

**Aggregate Position**  
The latest SHMI is 108.12 (December 2015 to November 2016). We are currently a SHMI outlier for two diagnosis groups: "Urinary Tract Infections" and "Cancer of the Rectum and anus". Case note reviews are underway for the patients within these groups and reports and learning are due to be finalised and presented at Mortality review group in april and may 2017 respectively. Learning and actions from these case note reviews will be disseminated throughout the appropriate channels and audited at a later date.



**Variation**

Quality Improvement

Description	Aggregate Position	Trend	Variation
<p><b>Total Deaths</b></p> <p>Total Deaths in Hospital</p>	 <p><b>Total Deaths</b></p>	<p>The Mortality Review Group is tasked with interpreting the data for the above and driving improvements including improving the percentage of completed mortality reviews. From April preventability from deaths data will be collected and therefore should enable us to RAG rate the total number of deaths.</p>	
<p><b>High Risk Incidents</b></p> <p>Serious incidents (SI's)</p> <p>Year to date the Trust has reported 32 serious incident whereby the Trust has caused avoidable serious harm. A recent review showed themes to be falls, diagnostic incidents and pressure ulcers to be the top themes. Further work is ongoing to review contributory factors in these areas to ensure we have appropriate actions and learning in place. Quality Committee are overseeing this piece of work. To note the Trust has reported 2 Surgical Never Events in March at the time of writing this report. Immediate actions have been taken following the 72 hour reviews. A further update will be provided in the next report.</p>	 <p><b>High Risk Incidents</b></p>	<p>There remain 7 ongoing Incident Reviews from April - January (July = 1, November = 1, December = 1, January = 4) currently graded as Major or Catastrophic Harm.</p>	
<p><b>Safety Thermometer - Adult</b></p> <p>Measures % of patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE ( Safety Thermometer). Children's and Maternity data has been requested.</p> <p>This measure only includes new harms. Based on monthly snapshot audit of all inpatients, just under 3% had a fall, pressure ulcer, VTE or Catheter acquired infection in December 2016. The results are showing an increase since the end of December 2016, this is due to the addition of a new validation process that ensures accurate and timely data collection and submission.</p>	 <p><b>Safety Thermometer - Adults</b></p>	<p>The gap in the graph for December &amp; January is a result of no data being available.</p>	

Total Deaths

High Risk Incidents

Safety Thermometer - Adult  
Red: Less than 90%  
Amber: 90% to 94%  
Green: 95% or more

Quality Improvement

Description

Aggregate Position

Trend

Variation

CQUIN - Sepsis AED Screening  
Red: Less than 50%  
Amber: 50% to 89.9%  
Green: 90% or more

CQUIN - Sepsis Inpatient Screening At Qtr4  
Red: Less than 50%  
Amber: 50% to 89.9%

CQUIN - Sepsis AED Antibiotics & Review  
Trajectory yet to be agreed with CCG

CQUIN - Sepsis Inpatient Antibiotics & Review At Qtr4  
Red: Less than 50%  
Amber: 50% to 89.9%

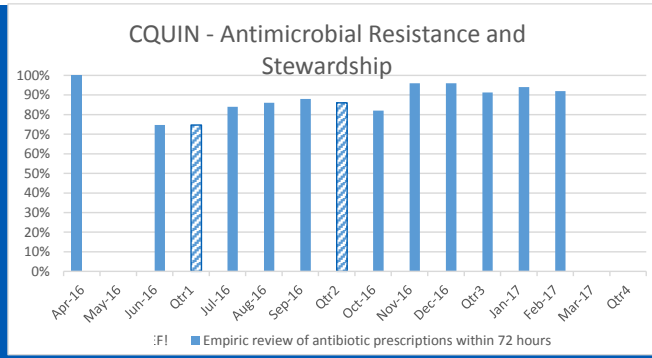
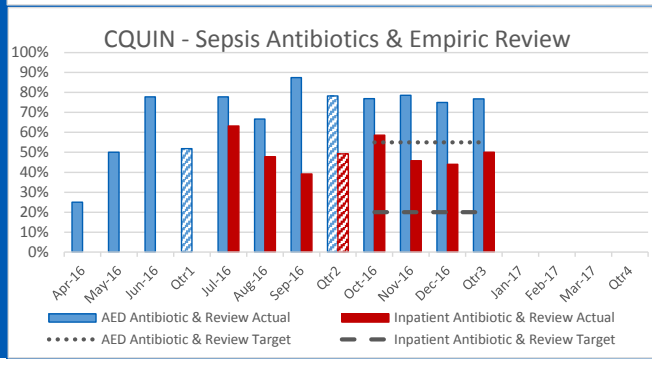
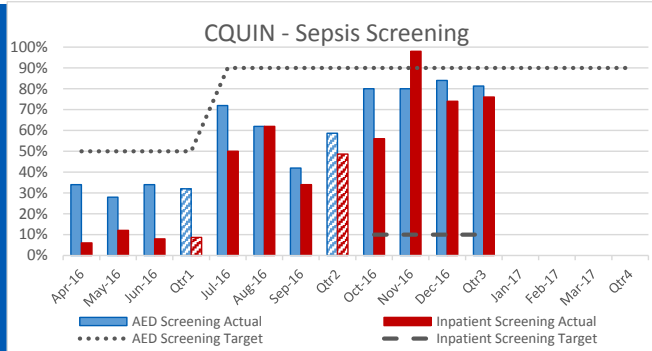
CQUIN - Antimicrobial Resistance and Stewardship

Screening of all eligible patients - acute inpatients (\*to be validated). Screening of all eligible patients admitted to emergency areas (\*to be validated). Inpatient received treatments and empiric review within three days of prescribing antibiotics. Emergency patients received treatment and empiric review within three days of prescribing the antibiotics.

The four elements of the SEPSIS CQUIN are required to achieve the following thresholds in Q2 and Q3 - AED Screening is based on the national threshold and AED Antibiotic Review - 55%; Inpatient Screening - 10% and Inpatient Antibiotic Review - 20%. Data collection for Q4 is ongoing, the Sepsis return is submitted quarterly and the validation is not yet complete, so we are unable to provide the figures for January-March at the current time.

Antimicrobial Resistance and Stewardship (AMR) National CQUIN AMR Empiric Review of antibiotic prescriptions within 72 hours

The Trust has submitted the baseline data for antibiotic consumption as required for 2013/2014 - 2015/2016 and the 2016/2017 Q1 usage report. In Q4 the Trust has performed an empiric review at 94% in January and 92% in February of prescriptions thus achieving the required threshold that at least 75% of cases in the sample are reviewed and is therefore compliant.



AED Screening achieved >=50% so deemed partially compliant, all other measures deemed compliant against Q3 thresholds.

The pharmacist has been contacted to request quarterly reports on antibiotic consumption so that it can be included in this dashboard to evidence antibiotic usage against baseline. Achievement of the baseline reduction in antibiotics is deemed unrealistic and a number of local Trusts have either agreed or are in the process of agreeing a contract variation with the CCG. The Trust has performed and submitted an AMR Report to CCG to negotiate contract variation around revised consumption methodology.

Quality Improvement

Description	Aggregate Position	Trend	Variation																																																																	
<p>Falls / 1000 BD. This measure relates to the number of falls per 1000 bed days. Previously the Trust used a National Benchmark from the National Patient Safety Agency of 5.6 falls per 1,000 bed days. This benchmark is no longer going to be used as per advice from the NPSA as this is data from 2010.</p>		<p><b>Falls per 1000 bed days</b></p> <table border="1"> <caption>Falls per 1000 bed days</caption> <thead> <tr> <th>Month</th> <th>National Average</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>5.6</td><td>5.6</td></tr> <tr><td>May-16</td><td>5.6</td><td>4.8</td></tr> <tr><td>Jun-16</td><td>5.6</td><td>5.6</td></tr> <tr><td>Jul-16</td><td>5.6</td><td>4.8</td></tr> <tr><td>Aug-16</td><td>5.6</td><td>5.6</td></tr> <tr><td>Sep-16</td><td>5.6</td><td>5.2</td></tr> <tr><td>Oct-16</td><td>5.6</td><td>4.5</td></tr> <tr><td>Nov-16</td><td>5.6</td><td>4.5</td></tr> <tr><td>Dec-16</td><td>5.6</td><td>5.2</td></tr> <tr><td>Jan-17</td><td>5.6</td><td>5.6</td></tr> <tr><td>Feb-17</td><td>5.6</td><td>5.6</td></tr> <tr><td>Mar-17</td><td>5.6</td><td>5.6</td></tr> </tbody> </table>	Month	National Average	Actual	Apr-16	5.6	5.6	May-16	5.6	4.8	Jun-16	5.6	5.6	Jul-16	5.6	4.8	Aug-16	5.6	5.6	Sep-16	5.6	5.2	Oct-16	5.6	4.5	Nov-16	5.6	4.5	Dec-16	5.6	5.2	Jan-17	5.6	5.6	Feb-17	5.6	5.6	Mar-17	5.6	5.6	<p>The Trust has identified falls prevention as a quality priority going forward in this year's quality accounts and therefore we will measure ourselves going forward against our agreed falls reduction targets.</p>																										
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<p>Total number of Falls &amp; harm levels</p>	<p>Data regarding falls has been validated YTD all fractured neck of femurs and serious fractures are graded as severe harm.</p>	<p><b>Number of Falls</b></p> <table border="1"> <caption>Number of Falls</caption> <thead> <tr> <th>Month</th> <th>Total falls</th> <th>Moderate Harm</th> <th>Severe Harm</th> <th>Death</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>90</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>May-16</td><td>80</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jun-16</td><td>85</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>78</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>98</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>78</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>68</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>72</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>75</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>90</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>80</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Mar-17</td><td>80</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Total falls	Moderate Harm	Severe Harm	Death	Apr-16	90	0	0	0	May-16	80	0	0	0	Jun-16	85	0	0	0	Jul-16	78	0	0	0	Aug-16	98	0	0	0	Sep-16	78	0	0	0	Oct-16	68	0	0	0	Nov-16	72	0	0	0	Dec-16	75	0	0	0	Jan-17	90	0	0	0	Feb-17	80	0	0	0	Mar-17	80	0	0	0	
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<p>Pressure Ulcers Grade 4 Red: 1 or more Grade 3 Red: More than 3 Green: 3 or less  Grade 2 Red: More than 82</p>	<p>To date we have 1 confirmed avoidable grade 4 pressure ulcer and 4 confirmed avoidable grade 3 pressure ulcers against an improvement priority threshold of &gt;=3. There are 36 approved grade 2 pressure ulcers. The grade 2 threshold of 82 for the year equates to 6 per month and 20.5 per quarter. Following the Pressure Ulcer Review panel in March, a grade 3 pressure ulcer was deemed avoidable and device related (nasal cannula). A divisional action plan is now in place. Wider Service TVN review is due to commence 3rd April.</p>	<p><b>Pressure Ulcers</b></p> <table border="1"> <caption>Pressure Ulcers</caption> <thead> <tr> <th>Month</th> <th>Grade 3</th> <th>Grade 2</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>1</td><td>2</td></tr> <tr><td>May-16</td><td>0</td><td>3</td></tr> <tr><td>Jun-16</td><td>1</td><td>9</td></tr> <tr><td>Jul-16</td><td>1</td><td>1</td></tr> <tr><td>Aug-16</td><td>0</td><td>4</td></tr> <tr><td>Sep-16</td><td>0</td><td>4</td></tr> <tr><td>Oct-16</td><td>0</td><td>1</td></tr> <tr><td>Nov-16</td><td>1</td><td>2</td></tr> <tr><td>Dec-16</td><td>0</td><td>6</td></tr> <tr><td>Jan-17</td><td>0</td><td>1</td></tr> <tr><td>Feb-17</td><td>0</td><td>3</td></tr> <tr><td>Mar-17</td><td>0</td><td>3</td></tr> </tbody> </table>	Month	Grade 3	Grade 2	Apr-16	1	2	May-16	0	3	Jun-16	1	9	Jul-16	1	1	Aug-16	0	4	Sep-16	0	4	Oct-16	0	1	Nov-16	1	2	Dec-16	0	6	Jan-17	0	1	Feb-17	0	3	Mar-17	0	3	<p>There are 2 cases of Grade 3 pressure ulcers under review from April - February and 9 Grade 2 pressure ulcers under review. From March 2017 Grade 4 hospital acquired (avoidable) pressure ulcers will be reported to Board for monitoring.</p>																										
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Quality Improvement

Description	Aggregate Position	Trend	Variation
<p>Percentage of Inpatients recommending the Trust. Patients are asked - How likely are you to recommend our ward to friends and family if they needed similar care or treatment?</p>	<p>We have fallen below the 95% target since November 2016. The decrease has been a maximum of 2% below target. The data has been fed back to all wards with particular emphasis made to Ambulatory Care, Clinical Decisions Unit, Ward A3 and Ward A8 who were scored in the bottom services during January and February.</p>		
<p>Percentage of AED (Accident and Emergency Department) patients recommending the Trust : Patients are asked - How likely are you to recommend our AED to friends and family if they needed similar care or treatment?</p>	<p>The results have shown an improving situation between October and December where we had exceeded the monthly threshold of 87%. However, we have seen a decrease in the percentage in January to 83%. Having reviewed the data it appears that January was the lowest number of returns received over a six month period; with only 12 patients/relatives completing the survey in comparison to the 298 that completed it in February.</p>		
<p>Total number of complaints received and returned for further local resolution</p>	<p>The position on 01/03/2017 is that we have 10 active cases with PHSO, and we have 44 re-opened/dissatisfied cases in addition to the 232 cases that await a first response.</p>		<p>A data cleansing of DATIX (Complaints system) is currently taking place as part of the Trust's complaints improvement plan. Given the current risk regarding complaints management within the Trust the indicators reported to the Board have been reviewed, ensuring that the Board have direct sight of the impact of the complaints improvement plan. Quality Committee receive regular assurance regarding implementation of the improvement plan.</p>

Friends and Family (Inpatients & Day cases)  
Red: Less than 95%  
Green: 95% or more

Friends and Family (A&E and UCC)  
Red: Less than 87%  
Green: 87% or more

Complaints - Number Received and Returned

Quality Improvement

Description	Aggregate Position	Trend	Variation
<p>Percentage of planned verses actual for registered and non registered staff by day and night</p>	<p>We continue to move staff around areas/wards that are short to ensure patient safety at all times. WHH Trust is currently working with Allocate to implement a robust electronic Acuity Tool to monitor staffing levels live. The system will be completed by April 2017. A separate paper on strengthening processes with regards to escalation and validation of nurse staffing data is being presented to the March Board of Directors.</p>	<p><b>Staffing - Average Fill Rate</b></p> <p>The chart shows the average fill rate for four categories: Day - registered nurses/midwives (solid blue), Day - care staff (dashed blue), Night - registered nurses/midwives (solid orange), and Night - care staff (dashed orange). The y-axis ranges from 80% to 115%. Night care staff consistently show the highest fill rates, often exceeding 100%.</p>	<p>When numbers are greater than 100% this is usually due to specialising.</p>
<p>Staffing - Care Hours Per Patient Day (CHPPD)</p>	<p>Truents to be benchmarked against each other and tolerance agreed by NHSI</p>	<p><b>Staffing - Care Hours Per Patient Day (CHPPD)</b></p> <p>The chart displays CHPPD for four categories: Registered midwives/nurses (solid orange), Care Staff (solid grey), Overall (solid yellow), and Cumulative count over the month of patients at 23:59 each day (solid blue). The left y-axis represents Care Hours per day (0.0 to 8.0), and the right y-axis represents the Cumulative count (12000 to 17000).</p>	<p>Analysis of data from over 1,000 wards, in the pilot stage, found a wide variation in the care hours provided per patient per day - ranging from 6.33 to 15.48 hours with an average of 9.1 hours. The data produced excludes CCU, ITU and Paediatrics.</p>

Staffing - Average Fill Rate  
Red: 0-79%  
Amber: 80-89%  
Green: 90-100%

Staffing - Care Hours Per Patient Day (CHPPD)





Mandatory Standards - Access & Performance

Description

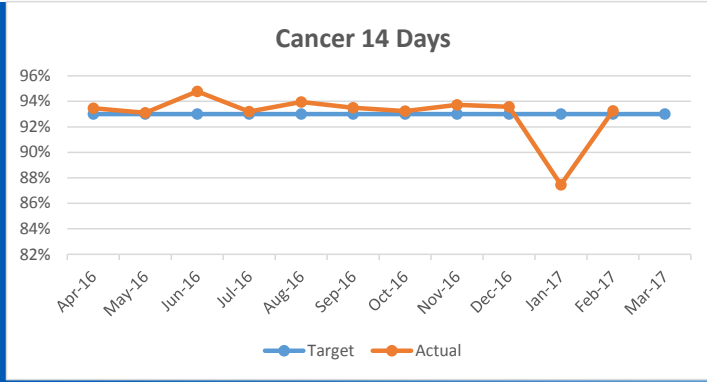
Aggregate Position

Trend

Variation

Cancer 14 Days  
Red: Less than 93%  
Green: 93% or above

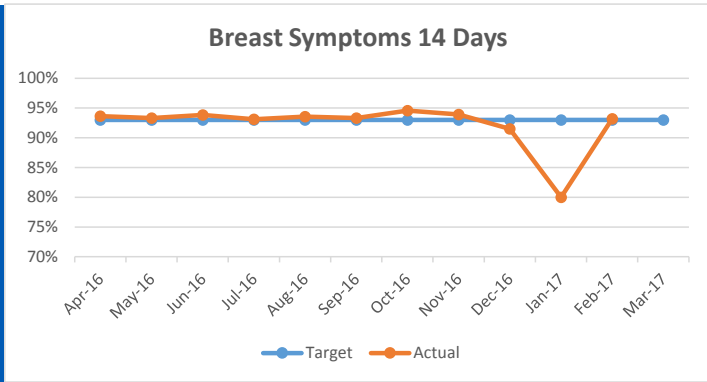
All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



Capacity issues have impacted on performance in February. However, due to firm grip and process since this problem was identified there have been no breaches of the 2 week wait for capacity issues although patient choice does remain problematic. We are feeding this information to our CCG colleagues so they can send out communication to the GP's who will return remind patients of the need to attend their appointment.

Breast Symptoms 14 Days  
Red: Less than 93%  
Green: 93% or above

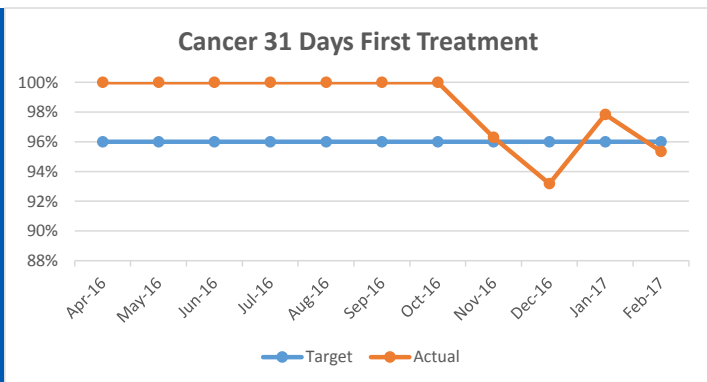
All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



Although the Trust achieved the Q3 target, the 2 week breast symptomatic target remains problematic, with issues continuing into Q4. This has been discussed with the Cancer Lead for the CCG regarding patients who defer appointments more than twice and about the message that the GP is giving the patient on referral.

Cancer 31 Days First Treatment  
Red: Less than 96%  
Green: 96% or above

All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%. This target is measured and reported on a quarterly basis. The Trust narrowly missed the Q3 target, achieving 95.79% against a target of 96%. The Trust is currently on track to achieve the Q4 target.



Mandatory Standards - Access & Performance

Description

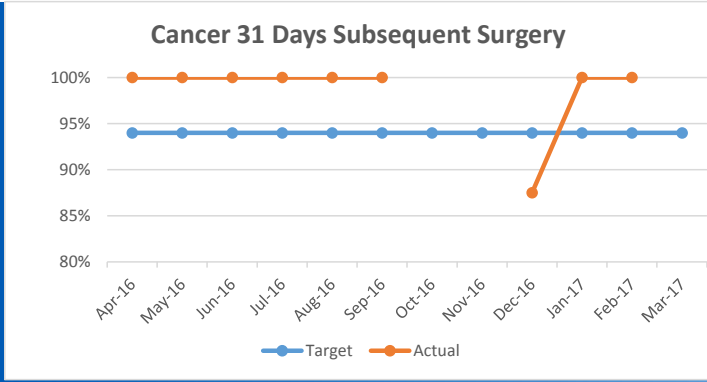
Aggregate Position

Trend

Variation

Cancer 31 Days Subsequent Surgery  
Red: Less than 94%  
Green: 94% or above

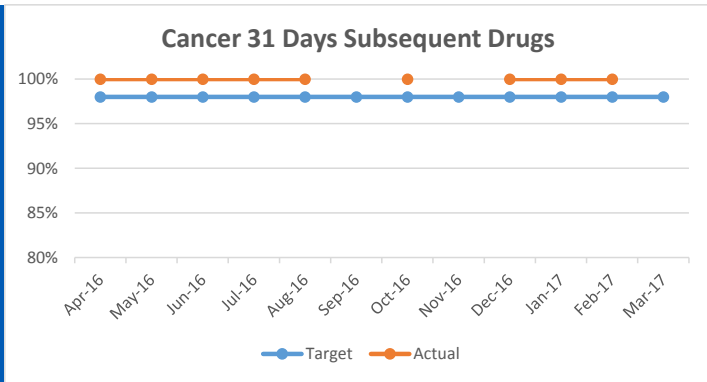
All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%. This target is measured and reported on a quarterly basis.



Gap in Graph for September - November due to no data available. There was one patient that has breached this target due to the low denominator (15 patients)

Cancer 31 Days Subsequent Drug  
Red: Less than 98%  
Green: 98% or above

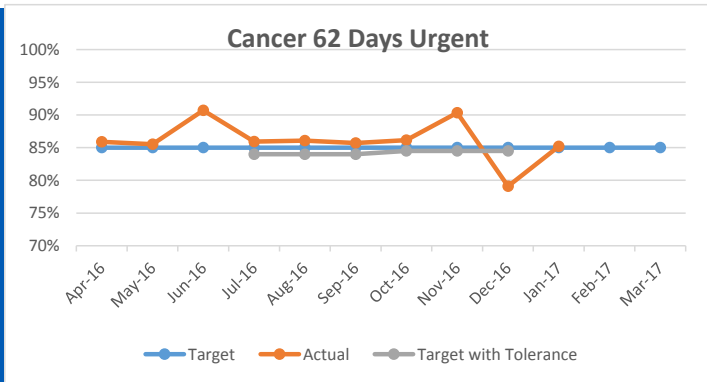
All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat – anti cancer drug treatments. The national target is 98%. This target is measured and reported on a quarterly basis.



Gap in Graph for August - September & November due to no data available. No issues to note.

Cancer 62 Days Urgent  
Red: Less than 85%  
Green: 85% or above

All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%.  
This metric also forms part of the Trust's STP Improvement trajectory.  
The proposed tolerance levels applied to the improvement trajectories are also illustrated.



No data available for February at the time of producing this report. The target for 62 day treatment remains challenging as in most organisations. We have seen significant patient choice issues and patient illness that has seen a dip in performance for December and January. The Trust has moved to Somerset to enhance data capture and support the ongoing achievement of this target both monthly and quarterly.

Mandatory Standards - Access & Performance

Description

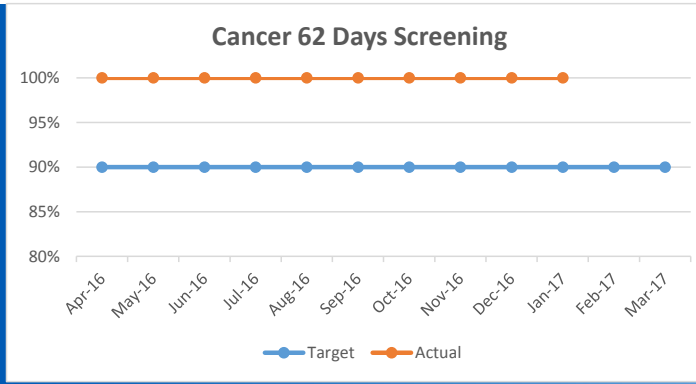
Aggregate Position

Trend

Variation

Cancer 62 Days Screening  
Red: Less than 90%  
Green: 90% or above

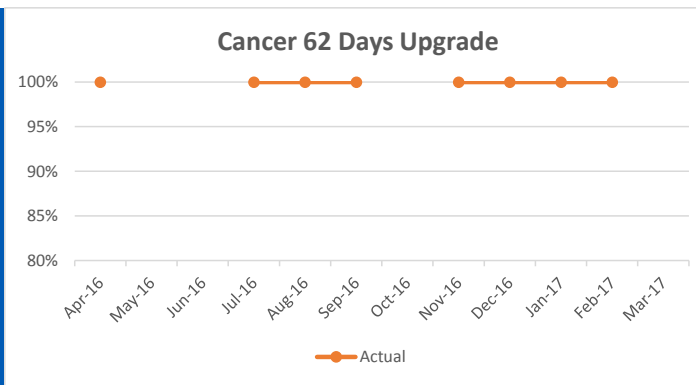
All patients must wait no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. The national target is 90%. This target is measured and reported on a quarterly basis



No issues to note.

Cancer 62 Days Upgrade

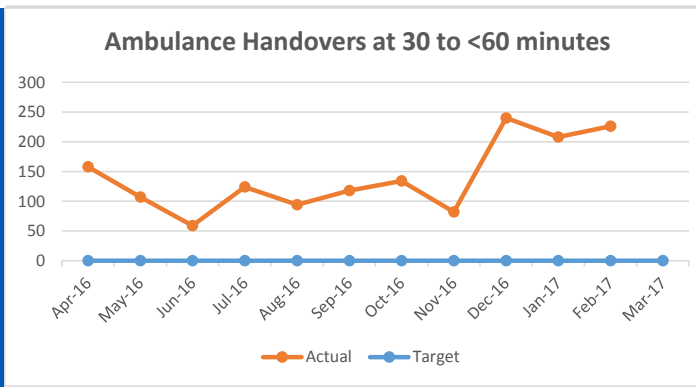
62 day upgrade



Gap in graph due to data availability. No issues to note.

Ambulance Handovers 30 to <60 minutes  
Red: More than 0  
Green: 0

Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system)



The increased pressure within the Trust has resulted in a number of ambulance handover delays. We continue to compare favourably compared to neighboring trusts however strive to improve the performance to ensure our patients are handed over safely and efficiently. This continues to be a key area of focus.  
A Service Improvement Team has been formed by NWAS and supported by ECIP to apply focus and identify and examine improvement opportunities; propose and implement improvement measures, and discuss ways of improving quality service, systems, processes and procedures in relation to handover delays

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation
<p><b>Ambulance Handovers at 60 minutes or more</b></p> <p>Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system)</p> <p>Red: More than 0 Green: 0</p>	<p><b>Ambulance Handovers at 60+ minutes</b></p>	<p>The increased pressure within the Trust has resulted in a number of ambulance handover delays. We continue to compare favourably compared to neighboring trusts however strive to improve the performance to ensure our patients are handed over safely and efficiently. This continues to be a key area of focus.</p> <p>A Service Improvement Team has been formed by NAWAS and supported by ECIP to apply focus and identify and examine improvement opportunities; propose and implement improvement measures, and discuss ways of improving quality service, systems, processes and procedures in relation to handover delays</p>	
<p><b>Discharge Summaries - % sent within 24hrs</b></p> <p>The Trust is required to issue and send electronically a fully contractually compliant Discharge Summary within 24 hrs of the patients discharge</p> <p>Red: Less than 95% Green: 95% or above</p>	<p><b>Discharge Summaries - % sent within 24hrs</b></p>	<p>The divisions continue to focus on this performance indicator. Improvements continue however the Trust is still below target.</p>	
<p><b>Discharge Summaries - Number NOT sent within 7 days</b></p> <p>If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge</p> <p>Red: Above 0 Green: 0</p>	<p><b>Discharge Summaries - Number NOT sent within 7 days</b></p>	<p>Since the start of the year significant improvements have been seen.</p>	

Workforce

Description

Aggregate Position

Trend

Variation

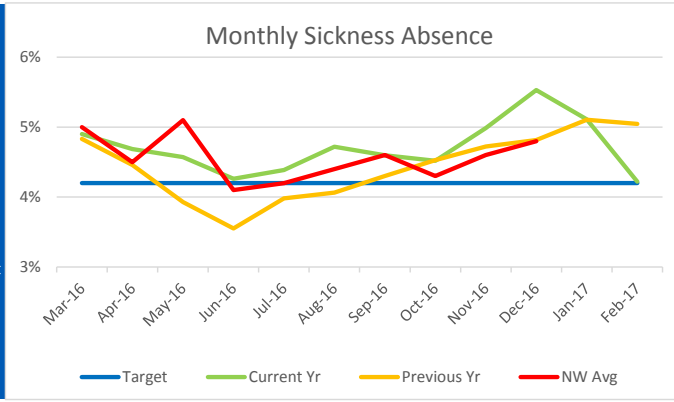
**Sickness Absence**  
Red: Above 4.5%  
Amber: 4.2% to 4.5%  
Green: Below 4.2%

Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and North West average

Sickness absence for February 2017 improved significantly and was 4.22% which was considerably better than the same month last year (5.05%).

The latest figure(December) for the North West absence performance was 4.8% (WHH was 5.53%)

The YTD sickness has slightly reduced to 4.69% against a target of 4.2%.



Managers are reminded each month about the need for absence being input in a timely manner. The revised Attendance Management Policy was implemented on 1.12.16 and the impact is just beginning to have some effect. WHH continues to be slightly above the North West Average.

Sickness for the Divisions is as follows:  
ACS - Feb-17 = 4.17%, YTD = 4.82%  
SWC - Feb-17 = 4.05%, YTD = 4.84%  
Corporate - Feb-17 = 4.67%, YTD = 4.43%

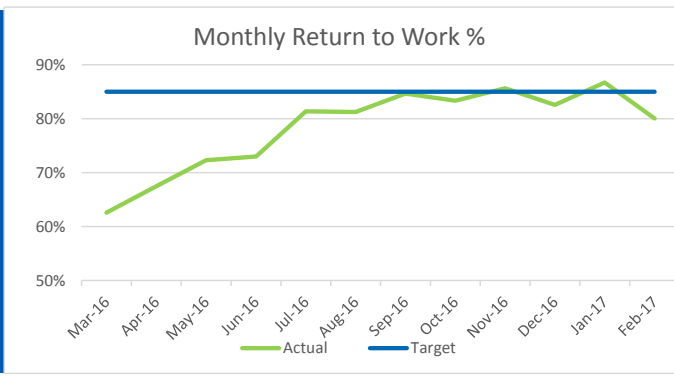
Stress remains the number one reason for absence with 24% of all sickness absence due to stress.

**Return to Work**  
Red: Below 75%  
Amber: 75% to 85%  
Green: Above 85%

A review of the completed monthly return to work interviews.

RTW compliance slightly reduced to 80.05% for February against a target of 85%. However, this is still an improvement of 18% from 12 months ago.

The YTD RTW rate has increased by 7% to 80%.



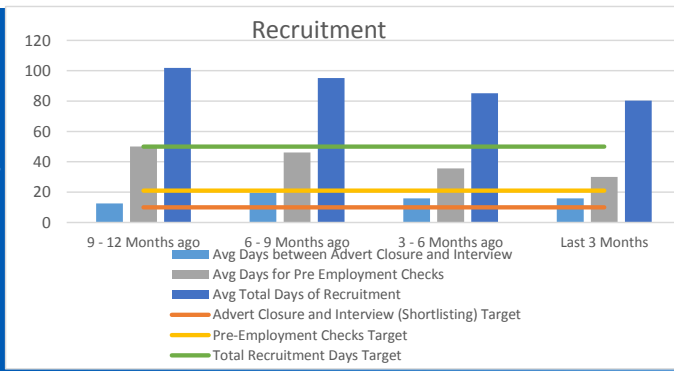
Following discussions within the divisions and the profile being raised it has been found that in some cases the RTW interview has been undertaken but not been recorded on ESR/'E' Rostering. This has now been corrected and the rates over the last 6 months have been considerably better than perviously reported. In fact on two occasions the target was met. This work will continue and be monitored at performance improvement meetings by HR Business Partners and the Director of HR and OD.

**Recruitment**  
Red: Above Target  
Green: On or Below Target

A measurement of the average number of days it is taking to recruit into posts.

It also shows the average number of days between the advert closing and the interview (target 10) to measure if we are taking too long to complete shortlisting and also highlights the number of days for which it takes successful candidates to complete their pre-employment checks

The average total days to recruit has increased to 80.3 days against a target of 50 days. The position 9 - 12 months ago was 101.9 days.



There is still room for improvement at each of the recruitment stages. The time taken from advert closure to interview (16 days) has deteriorated from the position 9-12 months ago when it was 12.6 days. Although the time taken for employment checks has considerably improved from 50.2 days to 30.1 days, this is a reduction from the previous 3 month period when the position was 26 days. Until there is further investment in staffing and /or electronic systems, there is unlikely to be any significant improvements.

Workforce

Description

Aggregate Position

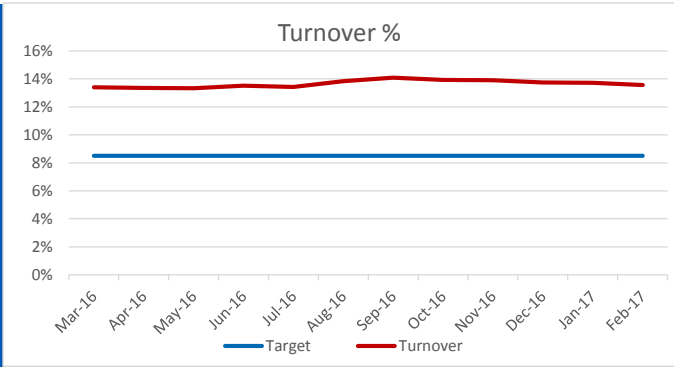
Trend

Variation

**Turnover**  
Red: Above 12%  
Amber: 10% to 12%  
Green: Below 10%

A review of the turnover percentage over the last 12 months

Turnover has reduced again for the fifth consecutive month to 13.55%. The status remains as 'red' and the target of 7 - 10% is not being met.



The Board need to note that it has been discovered that the reports used to produce the turnover figures has become corrupted over the last three months and this was only noticed just after the February 2017 Board meeting. The corrected figures have now been input and this shows that whilst there has been steady improvement this is not to the extent of those reported for this period and the status remains RED. The Trust has implemented various measures such as exit interviews, on-boarding, improved induction, development opportunities, flexible working etc and these are having a positive impact on reducing labour turnover. The new Recruitment and Retention Plan for nursing staff will continue with this good work.

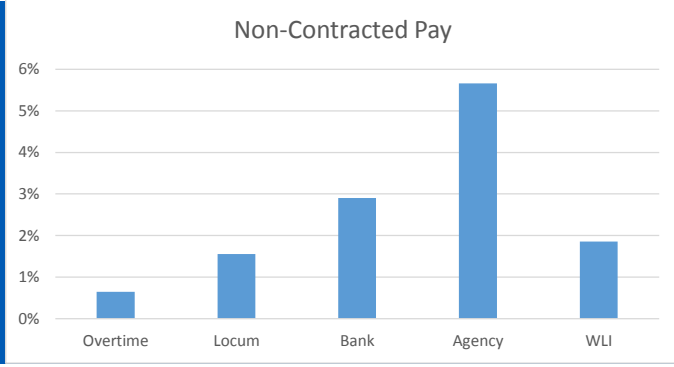
**Non Contracted Pay**

A review of the Non-Contracted pay as a percentage of the overall pay bill year to date

Agency spend remains the highest element of Non-Contracted pay, accounting for 5.7% of the Trusts overall pay bill.

Bank spend is 2.9% followed by WLI spend at 1.85% of the pay bill.

Overall Non-Contracted pay now makes up 12.62%.



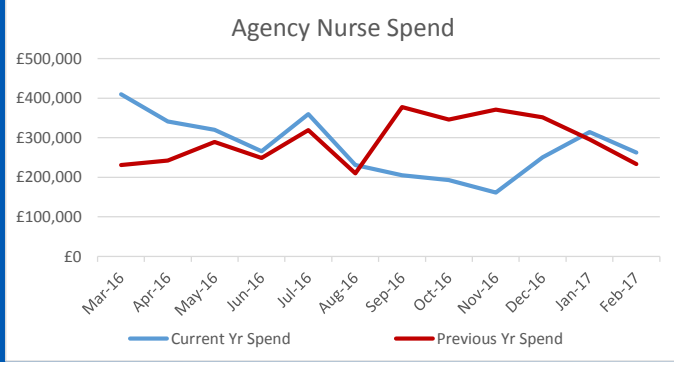
Work continues on implementing the action plan developed alongside E&Y with some degree of success. WLI payments as a proportionate of total spend are now at their lowest level for 12 months. This reflects the reduction implemented in October 2016. More rigorous review and monitoring of Agency expenditure is now undertaken at FSC. NHSI have issued further guidance on 27.2.17 which the Trust is implementing.

**Agency Nurse Spend**  
Red: Greater than Previous Yr  
Green: Less than Previous Yr

A review of the monthly spend on Agency Nurses

Agency Nurse spend in February was £263k which was a decrease of £52k from January but was higher than the same month last year (£234k).

Expenditure is less than in 2015/16 for the same period.



The effect of high sickness absence levels in some areas and increased clinical activity with escalation beds open in many areas associated with 'winter' pressures, accounts for the vast majority of agency expenditure in month. Vacancies also remain high but some progress has been made with the Recruitment & Retention Plan for nursing which should assist in reducing agency expenditure.

Workforce

Description

Aggregate Position

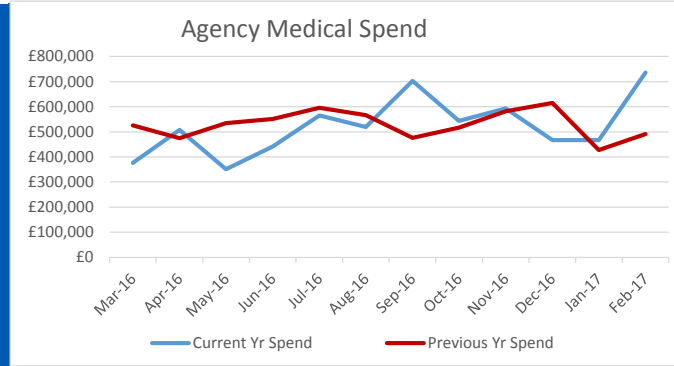
Trend

Variation

Agency Medical Spend  
Red: Greater than Previous Yr  
Green: Less then

A review of the monthly spend on Agency Locums

Agency Medical spend has significantly increased to £736k which was £269k more than January and was more than the same month last year (£491k).



Enforcing the Price Cap rules is continuing to prove difficult and the majority of our shifts worked each week breach the Price Cap but these are necessary to maintain patient safety. There continues to be some progress in appointing new consultant staff but it will be some time before these can commence.

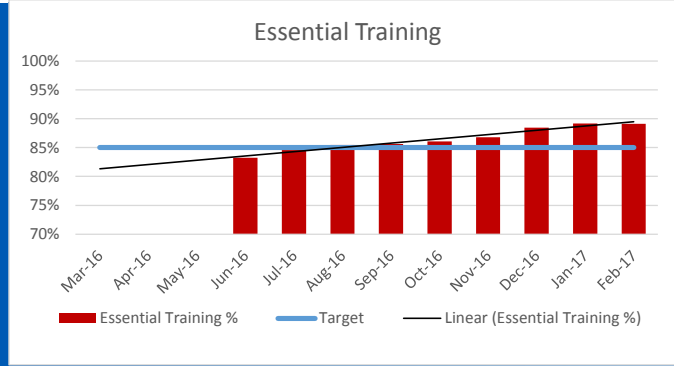
Gatenby Sanderson have finalised their work on their microsite which links with NHS Jobs and this went live in early March.

Essential Training  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

A summary of the Essential Mandatory Training Compliance, this includes:

- Corporate Induction
- Dementia Awareness,
- Fire Safety
- Health and Safety
- Moving and Handling

The February position has stabilised at 89.12% and maintains the progress made over the last 8 months. The Trust target continues to be met and the status is 'GREEN'.



The HR Business Partners are continuing to highlight the importance of mandatory training at Divisional meetings and at Ward/Departmental meetings. At the Performance Improvement meetings, the Director of HR & OD reviews the progress as part of the People Measures pilot. Since June there has been an increase of almost 6%.

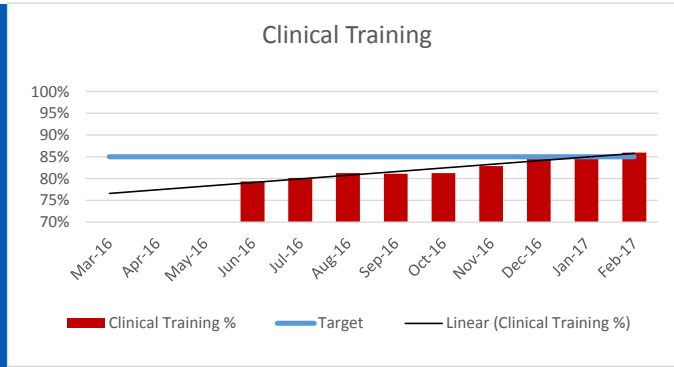
Divisional progress is as follows:  
ACS February = 90.56% Green  
SWC February = 87.62% Green  
Corp February = 89.33% Green

Clinical Training  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

A summary of the Clinical Mandatory Training Compliance, this includes:

- Infection Control
- Resus
- Safeguarding Procedures (Adults) - Level 1
- Safeguarding Procedures (Adults) - Level 2
- Safeguarding Procedures (Children) - Level 1
- Safeguarding Procedures (Children) - Level 2
- Safeguarding Procedures (Children) - Level 3
- SEMA

The upward trend continues for the fifth consecutive month and the current compliance for February is 85.96% which is above the trust target of 85% and maintains the status of 'GREEN'.



The HR Business Partners are continuing to highlight the importance of mandatory training at Divisional meetings and at Ward/Departmental meetings. At the Performance Improvement meetings, the Director of HR & OD reviews the progress as part of the People Measures pilot. Since June there has been an increase of almost 6%.

Divisional progress is as follows:  
ACS February = 86.09% Green  
SWC February = 84.25% Amber  
Corp January = 89.39% Green



Workforce

Description

Aggregate Position

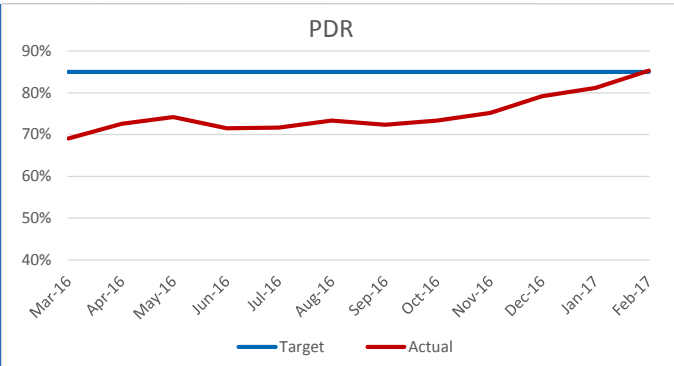
Trend

Variation

**PDR**  
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

A summary of the PDR Compliance rate

The upward trend continues for the fifth consecutive month and the current PDR compliance for February is 85.31% and for the first time ever, the Trust target has been achieved and the status is 'GREEN'.

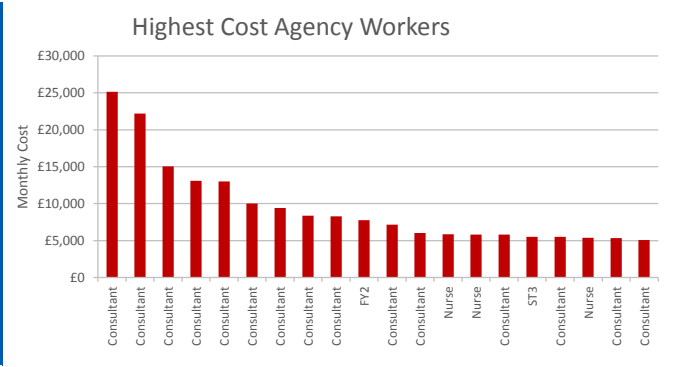


The HRBPs are continuing to highlight the importance of PDRs at Divisional meetings and at Ward/Departmental meetings. At the Performance Improvement meetings, the Director of HR & OD reviews the progress as part of the People Measures pilot. Over the last 12 months PDRs have risen by 16%.  
Divisional progress is as follows:  
ACS February = 83.45% Amber  
SWC February = 84.86% Amber  
Corp February = 88.26% Green

**Highest Cost Agency Workers**

A summary of the Top 20 highest agency earners over the last 12 months

It is important to clarify what the table shows as systems are developed and refined (further work continues). The Trust uses TempRe for medical staff but has only done so since October 2016. For nursing staff the Trust uses information supplied by NHSP and this covers the full 12 month period. The graph shows the average monthly cost of the top 20 agency earners but for medical staff this only covers 5 months.

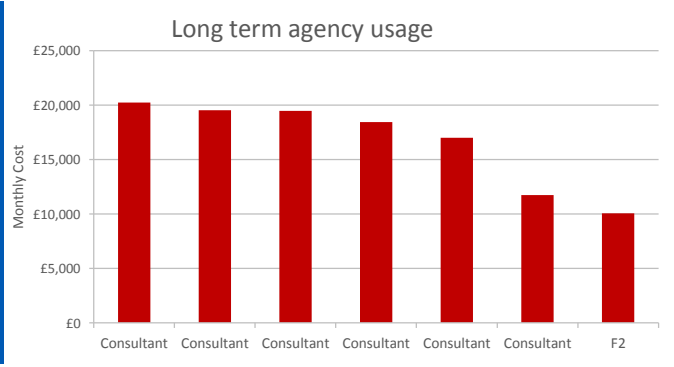


17 of the highest earners are medical staff and 12 of these occupy the first 12 places. There are 3 nursing agency staff in the Top 20.  
Efforts are continuing with NHSP and medical agencies to try and reduce the rates for the remaining agency workers or to attract them onto the trust payroll.

**Long Term Agency Usage**

A summary of agency workers who have been working at the trust every month for over 6 months

It is important to clarify that at this stage the graph only shows medical agency workers who have been working at the Trust for more than 6 months. Further work is being undertaken to try and capture other staff groups. The table shows that there are 7 agency doctors who have worked for the Trust for over 6 months. The red columns show the average monthly cost for each doctor since commencement.



4 of the 7 medical staff are in Acute Care and the remaining 3 are in Surgery, Women's and Children's. In all cases they are covering vacancies and have fixed term contracts which are regularly reviewed dependent upon progress with the filling of substantive posts.  
In 2 of the cases the agency staff are employed through Staff Flow to ensure the trust receives better value for money.  
Efforts continue to try and persuade these doctors to work directly for the trust.

Safely Reducing Costs & Mandatory Standards - Finance

Description

Aggregate Position

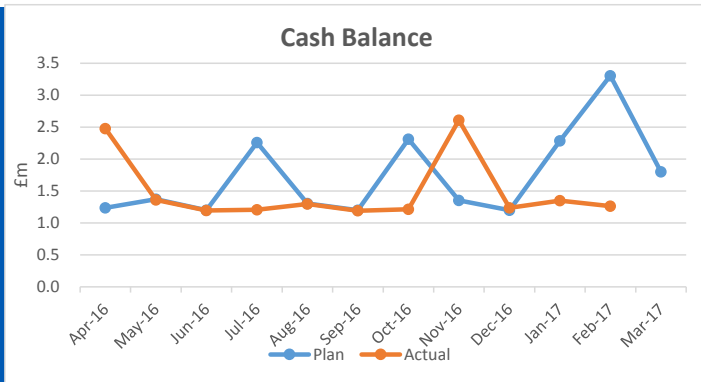
Trend

Variation

**Cash Balance**  
Red: Less than 90% or below minimum cash balance per NHSI  
Amber: Between 90% and 100% of planned cash balance  
Green: On or better than plan

Cash balance at month end compared to plan

Under the terms and conditions of the working capital facility the Trust is required to have a minimum cash balance during the month of £1.2m. The current cash balance of £1.3m equates to circa 2 days operational cash.

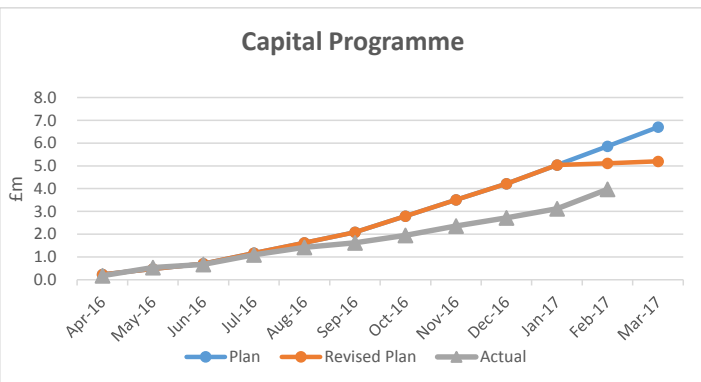


The current cash balance of £1.3m is £2.0m less than the planned cash balance of £3.3m.

**Capital Programme**  
Red: Off plan <80% - >110%  
Amber: Off plan 80-90% or 101 - 110%  
Green: On plan 90%-100%

Year to date capital expenditure compared to plan

The actual capital spend in the month is £0.8m which increases the year to date spend to £3.9m.

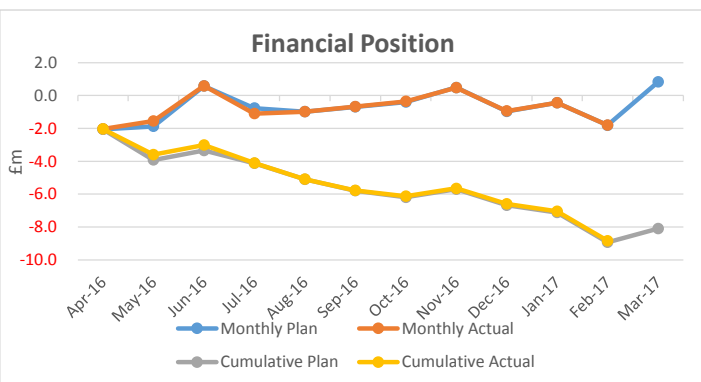


The cumulative capital spend of £3.9m is £1.2m below the revised planned spend of £5.1m (the capital plan has been reduced by 1.5m).

**Financial Position**  
Red: Deficit Position  
Amber: Actual on or better than planned but still in deficit  
Green: Surplus

Year to date surplus or deficit compared to plan.

The actual deficit in the month is £1.8m which increases the cumulative deficit to £8.8m.



The cumulative deficit of £8.8m is £0.1m better than the planned deficit of £8.9m.

Safely Reducing Costs & Mandatory Standards - Finance

Description

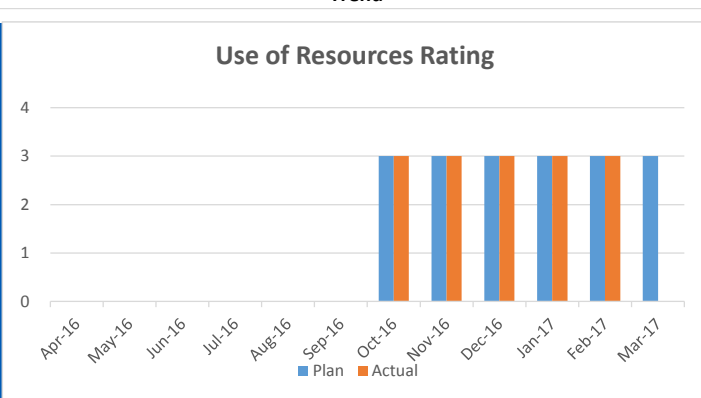
Aggregate Position

Trend

Variation

Use of Resources Rating  
Red: Use of Resources Rating 4  
Amber: Use of Resources Rating 3  
Green: Use of Resources Rating 1 and 2

**Year to date Use of Resources Rating compared to plan**  
The current Use of Resources Rating is 3. Capital Servicing Capacity, Liquidity and I&E margin are all scored at 4 (lowest), agency ceiling is scored at 2 and Variance from plan is scored at 1 (highest).



The current Use of Resources Rating of 3 is in line with the planned rating of 3.

Cost Improvement Programme - Plans in Progress  
Red: Plan is less than 50% of annual plan  
Amber: Plan is between 51% and 89% of annual plan  
Green: Plan is over 90% of annual plan

**Planned improvements in productivity and efficiency.**  
The Trust has a CIP target of £10.7m and delivery of £8.5m is currently assumed in the latest financial plan. To date the Trust has developed plans for schemes worth £8.04m in year (£8.25m recurrently). £2.180m YTD M11 in cost avoidance/income recovery and £1.09m YTD M11 financial improvement from enhanced expenditure controls has been delivered, taking total impact on bottom line to £11.186m. In M11 £0.556m CIP, £0.379m cost avoidance & income recovery & £0.705m expenditure controls was delivered (£1.64m total) against an in month CIP plan of £1.160m.

Clinical Business Units / Corporate Support area	CIP Internal Target £11m	CIP costed PYE	CIP costed FYE	% of £11m target costed PYE
	£000s	£000s	£000s	%
Surgery and Women's and Children's	4,161	2,148	2,499	52%
Acute Care Services	4,516	3,538	3,694	78%
Schemes not allocated to CBUs	0	484	474	-
Controls	277	0	0	0%
Outpatients	121	121	182	100%
Corporate support areas	1,925	1,745	1,397	91%
<b>Total Trust</b>	<b>11,000</b>	<b>8,036</b>	<b>8,245</b>	<b>73%</b>

The part year effect of costed schemes is £8.04m which is £2.66m below plan. This is offset by £2.77m part year effect of cost avoidance schemes. The full year effect of costed schemes is £8.25m which is £2.45m below plan, again this is offset by £4.79m FYE of cost avoidance schemes.

Cost Improvement Programme - Performance to date  
Red: Cumulative savings less than 90% of planned savings  
Amber: Cumulative savings between 90% and 100% of planned savings  
Green: On or above plan

**Year to date cost savings delivered compared to plan.**  
At the end of M11 2016/17 YTD CIP delivered is £7.916m (83.4%) of planned savings £9.495m. Delivery for March (M12) is anticipated to be between £0.55m and £0.80m leaving a forecast CIP delivery for 16/17 somewhere in the region of £8.5m against the full year target of £10.7m.

	WHI month by month delivery of financial improvement from all sources												YTD 16	YTD 17
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17		
CIP schemes delivered	353.37	583.41	748.17	663.35	821.95	858.06	886.61	738.28	699.89	1,006.25	556.19	650.00	6,565	
Cost Avoidance/Income Recovery schemes delivered	29.63	35.68	36.45	36.45	57.96	174.63	388.48	430.92	297.29	313.49	379.24	350.00	2,530	
Enhanced/spend control measures delivered	-	-	-	-	-	-	-	-	-	388.87	705.11	940.00	1,929	
<b>Total financial improvement</b>	<b>383.00</b>	<b>619.09</b>	<b>784.62</b>	<b>699.80</b>	<b>879.90</b>	<b>1,032.69</b>	<b>1,275.10</b>	<b>1,169.19</b>	<b>997.18</b>	<b>1,708.61</b>	<b>1,640.54</b>	<b>1,940.00</b>	<b>13,024</b>	
Target	298.00	681.00	704.00	661.00	720.00	721.00	1,119.00	1,120.00	1,155.00	1,156.00	1,160.00	1,207.00	10,702	
Variance from Target	85.00	-61.91	80.62	38.80	159.90	311.69	156.10	49.19	-157.82	552.61	480.54	693.00	2,322	

The cumulative savings of £7.9m are £1.6m below the planned savings of £9.5m.

Safely Reducing Costs & Mandatory Standards - Finance

Description

Aggregate Position

Trend

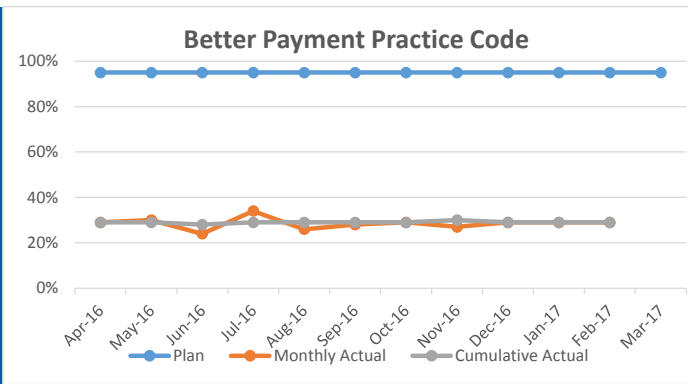
Variation

**Better Payment Practice Code**

Red: Cumulative performance below 85%  
Amber: Cumulative performance between 85% and 95%  
Green: Cumulative performance 95% or better

**Better Payment Practice Code**

Payment of non NHS trade invoices within 30 days of invoice date compared to target. In month the Trust has paid 29% of suppliers within 30 days which results in a year to date performance of 29%.



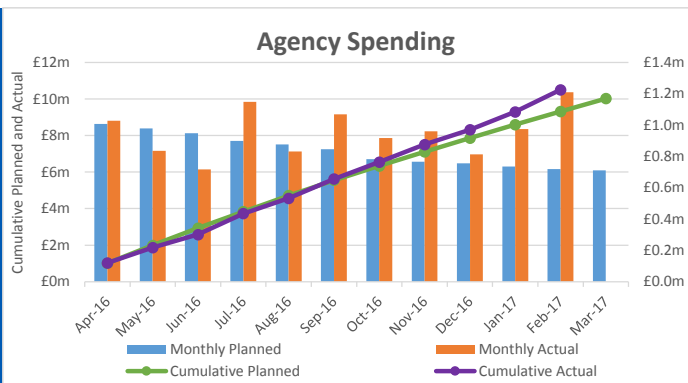
The cumulative performance of 29% is 66% below the national standard of 95%, this is due to the low cash balance and the need to manage cash very closely.

**Agency Spending**

Red: More than 105% of ceiling  
Amber: Over 100% but below 105% of ceiling  
Green: Equal to or less than agency ceiling.

**Agency Spending**

Year to date agency spend compared to agency ceiling. The actual agency spend in the month is £1.2m which increases the year to date spend to £10.5m.



The cumulative agency spend of £10.5m is £1.2m above the year to date agency ceiling of £9.3m.

# Trust Engagement Dashboard Summary: February 2017

## Media dashboard:

Another month of extremes in terms of media sentiment with negative national media focussing on the national STP 'options' appraisal where some A&E units had been considered for downgrading/closure in the first wave of plans. Further negative media reporting relating to 'our vision for Warrington Hospital' was robustly rebutted however the Trust continues to suffer from 'click-baiting' by some media outlets.

The largest positive coverage was achieved through continuation of reporting on the improved Car Parking arrangements introduced end Jan 2017, launch of open visiting and the ongoing community engagement by cardiologist Ahmed Faraj with his schools 'Smart Heart' presentations.

## Social Media:

**Twitter** engagement continues to climb with followers exceeding 8K. Top Tweets in month related to our long service awards and our attendance at the RCN Recruitment Fair.

**Facebook** reach increased again in month with >42K. Top posts included information about restricted visiting due to Norovirus, the Forget me Not unit in the Alzheimer's Society magazine and CEO Mel Pickup presenting 'Vision for Warrington Hospital' to the Warrington Overview and Scrutiny Committee – this was also the most loved post with 81 engagements.

## Website whh.nhs.uk

Website statistics showed further increases in month, with a more than doubling of social media referrals directly linked to click-throughs from our Facebook and Twitter feeds relating to: visiting restrictions due to Norovirus (53%), CEO vision for Warrington Hospital (25%) and search for our News pages (15%) Mobile phones continued to be the largest source of visits with over 50% of visitors arriving this way – which correlates with high interaction with social media on these devices. The Trust is planning to upgrade its website in the Spring as the current template is unsuitable for mobile/tablet use.

## Patient Engagement

In February we looked at other web-based patient feedback sources in addition to NHS Choices, where star-ratings are assigned on a very small number of posts, most frequently <5 per month and which are invariably polarised. In month we have drawn postings from I Want Great Care and Patient Opinion, where patient feedback shows all three sites rating at 4/5 star.

## Staff Engagement

Staff interaction with the extranet continues to grow with >3,000 staff now registered which is 75% of the workforce. Development of this platform continues at pace. There continues to be promising engagement with Team Briefings. The NHS Staff Survey for 2016 will be published in April 2017. February saw the first stand-alone Long Service Awards supported by the Mayor and Mayoress of Warrington.

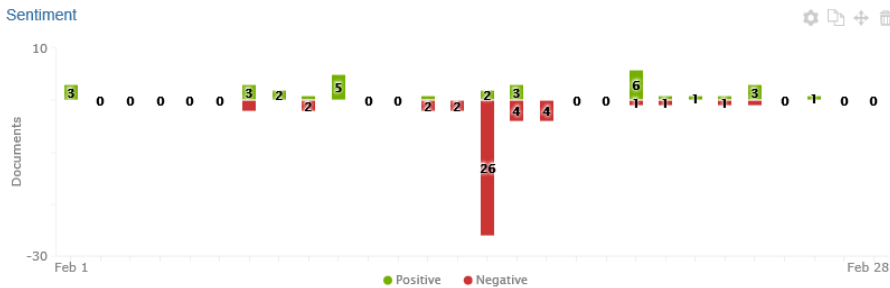
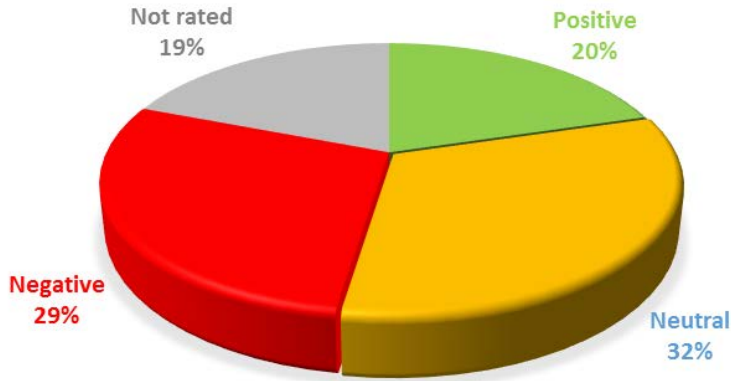


We are WHH

## Media Sentiment 1- 28 February 2017

Total media coverage = 162 Reports (↑from 120 last month)

### MEDIA SENTIMENT



Headline	Source	Reach	Sentiment
Family of young cancer sufferer say Steven Gerrard visit was a wonderful surprise	Liverpool Echo	1158321	Positive
Overhaul of parking charges at Halton and	Liverpool Echo	1081600	Positive
Everything you need to know about changes to parking charges at Warrington Hospital	Warrington Guardian	45329	Positive
Lower Angel regulars raise more than £400 for Warrington Hospital's Forget Me Not ward	Warrington Guardian	45329	Positive
Warrington Hospital's patient visiting times	Warrington Guardian	45329	Positive
Warrington Hospital doctor Ahmed Farag teaches secrets of a healthy heart to Chapelford Village	Warrington Guardian	45329	Positive
Meet Warrington Hospital's first newborn babies	Warrington Guardian	45329	Positive
Changes to parking charges at Halton and	Runcom and Widnes World	7939	Positive
Have a say on proposed hospital changes	Runcom and Widnes World	7939	Positive
Praise for Halton Hospital's day case unit	Runcom and Widnes World	7939	Positive
Widnes' urgent care centre treated 45,528	Runcom and Widnes World	7939	Positive
Halton and Warrington Hospital visiting times	Runcom and Widnes World	7939	Positive
First class care at hospital	Runcom and Widnes World	7939	Positive

Headline	Source	Reach	Sentiment
National A&E pressures felt at Warrington and Whiston as trusts miss waiting time target	Liverpool Echo	1081600	Negative
CQC tells NHS (Bridgewater) health trust with services in Halton to improve	Liverpool Echo	1081600	Negative
The full list of cuts to hospitals and NHS services near you	iNews	466396	Negative
Warrington South MP David Mowat labels plans to build new Warrington Hospital facility as 'odd'	Warrington Guardian	44741	Negative
Warrington North MP Helen Jones claims Warrington Hospital could close and move to new location in south of town	Warrington Guardian	44741	Negative
MP claims Warrington Hospital could close and move to new location in south of town	Warrington Guardian (eClips	44741	Negative
Short of space	Warrington Guardian	44741	Negative
Norovirus outbreak reported at Warrington Hospital	Warrington Guardian	44741	Negative
Page 46 of 80 Cuts of NHS?	Warrington Guardian	44741	Negative





Link clicks  
439



On average, you earned **16 link clicks** per day

Likes  
775



On average, you earned **28 likes** per day

Retweets  
411



On average, you earned **15 Retweets** per day

Replies  
65



On average, you earned **2 replies** per day

## Twitter



8,054  
Followers

Last month: 7,929



52  
WHH  
Tweets

Last month: 67



58.5K  
Reach

Last month: 75K



**Warrington&HaltonNHS** @WHHNHS · Feb 12 3,071  
@WHHNHS @WarringtonMayor at Long Service Awards #TeamWHH @WHHFTChair pic.twitter.com/fyePhV0QG5  
[View Tweet activity](#)



**Warrington&HaltonNHS** @WHHNHS · Feb 12 2,796  
Well done village hotel Warrington @WHHNHS long service awards looking fab! pic.twitter.com/RajJqandnB  
[View Tweet activity](#)



**Warrington&HaltonNHS** @WHHNHS · Feb 12 2,525  
Christine Guy 35 splendid years at Halton Hospital @WHHNHS Long Service Awards pic.twitter.com/iQtve4rUqM  
[View Tweet activity](#)



**Warrington&HaltonNHS** @WHHNHS · Feb 10 2,491  
A big Thank You to the whole team who went to the RCN event. We're excited to welcome our new Staff Nurses in the next few months! twitter.com/WeareWHH/statu...  
[View Tweet activity](#)



**Warrington&HaltonNHS** @WHHNHS · Feb 10 2,421  
We've had some great candidates sign up for interviews already! Keep them coming!! pic.twitter.com/1Xb7JTSHH3  
[View Tweet activity](#)



## Social Media

Published	Post	Type	Targeting	Reach
27/02/2017 08:00	Come along to Warrington Hospital today and meet the Transfor			795
26/02/2017 14:17	Our fantastic Forget Me Not Ward is featured in the latest Alzhei			6K
23/02/2017 11:57	Storm Doris Warning: Patients and visitors arriving/leaving Warri			3.2K
22/02/2017 08:48	Exciting plans to develop a fully integrated community focussed h			3.4K
20/02/2017 08:29	On Wednesday 15th February Warrington and Halton Hospitals			5.4K
17/02/2017 17:35	Timeline Photos			2.3K
16/02/2017 13:05	Norovirus - Restricted Visiting at Warrington Hospital There is No			16.7K
10/02/2017 14:17	Warrington and Halton Hospitals NHS Foundation Trust shared W			337



On Wednesday 15th February Warrington and Halton Hospitals CEO Mel Pickup was invited to attend the Health Overview and Scrutiny Committee at Warrington Borough Council to share her vision for Warrington Hospital. View her vision by clicking here: <http://ow.ly/J4nJ309a57M>

Our fantastic Forget Me Not Ward is featured in the latest Alzheimer's Society magazine. Read it here.



### People first - Alzheimer's Society

Many hospitals are trying to make wards better places for people with dementia. Gareth Bracken visits a specially designed ward offering person-centred care.

## Facebook



3,474

Last month: 3470  
Total Likes



8

Last month: 12  
WHH Posts



42.1K

Last month: 32K  
Reach (impressions)

755  
Like

# Website Dashboard

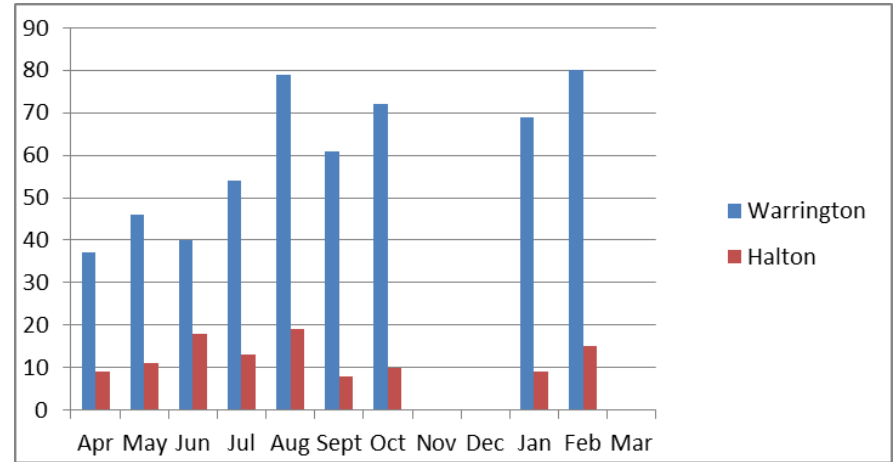


- Organic Search
- Direct
- Social
- Referral
- (Other)

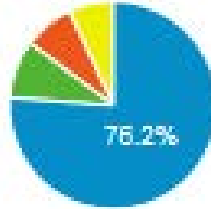
# Staff Engagement

## WHH new Extranet engagement:

↑ 3,202 (3,135) staff registered on the new extranet since launch 24.2.16  
 → Most viewed workspaces: Staff Wi-Fi 1119, e-learning Login Details Request, Employee and team of the month nomination form, Staff lottery



	Sessions ? ↓
	25,091 % of Total: 100.00% (25,091)
1. mobile	13,479 (53.72%)
2. desktop	8,092 (32.25%)
3. tablet	3,520 (14.03%)



Mobile Device Info ?	Sessions ? ↓	% New Sessions ?
	16,999 % of Total: 67.75% (25,091)	61.65% Avg for View: 65.84% (-6.36%)
1. Apple iPhone	7,007 (41.22%)	59.93%
2. Apple iPad	2,487 (14.63%)	62.08%
3. Samsung SM-G920F Galaxy S6	700 (4.12%)	58.57%
4. (not set)	532 (3.13%)	61.47%
5. Samsung SM-G935F Galaxy S7 Edge	479 (2.82%)	62.21%
6. Samsung SM-G930F Galaxy S7	452 (2.66%)	58.19%
7. Samsung SM-G925F Galaxy S6 Edge	314 (1.85%)	50.32%
8. Samsung SM-G900F Galaxy S5	266 (1.56%)	55.64%
9. Apple iPhone 6	227 (1.34%)	83.26%
10. Apple iPhone 6s	226 (1.33%)	81.42%

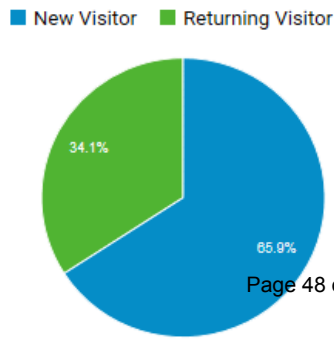
**Website**

**WHH**  
25,091  
 Visits  
Last month: 24,601

1,952  
 Social Media Referrals  
Last month: 928

1min 32s  
 Length of average time  
Last month: 1.25s

Pages / Session <b>2.44</b>	Avg. Session Duration <b>00:01:32</b>	Bounce Rate <b>63.15%</b>
Sessions <b>25,091</b>	Users <b>19,067</b>	Pageviews <b>61,214</b>
% New Sessions <b>65.84%</b>		



## Team Brief Attendances

Staff engagement with Team Brief continues a steady upward trend, delivered at two sites on two separate days following Board each month. Team Brief is a proven large, multi-site organisation engagement tool.

- Staff nominating colleagues for :
  - Employee of Month = 1 (focus on Thank You Awards)
  - Team of Month = 6 (decrease of 4 in month focus on Thank You Awards)

## Annual Data:

- NHS Staff Survey 2015 – Engagement score 3.74 (worse than similar Trusts)
- 2016 survey published April 2017

## Quarterly Data

- Q2 Staff FFT
  - Staff FFT Recommend for Care / treatment 70% extremely likely or likely (Q1 72%)
  - Staff FFT Recommend as Place of Work 56% extremely likely or likely (Q1 66%)



# Patient Engagement/Experience 1- 28 February 2017

## Average Rating by NHS Choices



**3**

Average rating at Warrington

Last month: 3



**5**

Average rating at Halton

Last month: 5




**4.5**

Average rating at CMTC

Last month: 4.5

Warrington and Halton Hospitals NHS Foundation Trust	Postings/ratings		Total Engagements
	5 ★	4	14
	4 ★	4	
	3 ★	3	
	2 ★	1	
	1 ★	2	
	5 ★	22	42
	4 ★	11	
	3 ★	5	
	2 ★	4	
	1 ★	0	
	5 ★	2	6
	4 ★	2	
	3 ★	0	
	2 ★	0	
	1 ★	2	



**Halton General Hospital**  
Hospital Way, Runcorn, Cheshire, England, WA7 2DA

★★★★★  
21,160 reviews



**Warrington Hospital**  
Lovely Lane, Warrington, England, WA5 1QG

★★★★★  
62,456 reviews



**Cheshire and Merseyside NHS Treatment Centre**  
Earls Way, Runcorn, Cheshire, WA7 2HH

★★★★★  
4 reviews

The trusted site for healthcare reviews

Posted by John Burke last week

First visits to WH in the last two weeks and can't compliment the staff enough for their care and consideration. Particularly impressed with minor injuries who saw me quickly and once a decision was made was seen by another department and ultimately referred to orthopaedics.

Appointment made within 2 days so massive thank you to staff for their care and consideration.

Posted by Anonymous last month

My Dad is currently on A3 ward and I must say I have been dreading him coming back to this hospital as he has been in and out over the past few years, I must say that A3 is a credit to this hospital the staff cant do enough for you , in the past I have been made to feel like I was mithering ringing and asking up on the welfare of my dad, this time no problem at all they actually do care and are a credit to this hospital , one nurse in particular is a gem and what a nurse should be , the nurse is very caring and very informative they come straight over to me on my visits and gives me updates, I have even seen this nurse sitting with the patients and asking them if they need anything, I have never experienced this before on any of the wards, this is how you would expect a nurse to be, this nurse is only young and a lot of the older ones should take a leaf out of their book.

I do understand staff are busy but nothing is too much trouble for this Nurse very pleasant and like a said a credit to your hospital as are all the other staff on this ward.

This gives me reassurance he is in the best hands at the moment, which I have not had in the past.

Well done A3 keep up the good work.





We are  
WHH



**Warrington and  
Halton Hospitals**  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/17/04/22</b>
<b>SUBJECT:</b>	<b>Operational Plan</b>
<b>DATE OF MEETING:</b>	6 <sup>th</sup> April 2017
<b>ACTION REQUIRED</b>	<b>Paper for noting</b>
<b>AUTHOR(S):</b>	Jane Hurst, Deputy Director of Finance (Strategy)
<b>EXECUTIVE DIRECTOR</b>	Andrea Chadwick, Director of Finance and Commercial Development
<b>EXECUTIVE SUMMARY</b>	
	As per the NHS Improvement reporting timetable the Trust was required to submit a two year plan on the 23rd of December 2016. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on the 20 <sup>th</sup> December 2016 and the Trust Board 21 <sup>st</sup> December 2016.
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to note the paper.
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None



**SUBJECT** Trust Operational Plan 2017/18 and 2018/19

## 1. BACKGROUND/CONTEXT

As per the NHS Improvement reporting timetable the Trust was required to submit a two year plan on the 23<sup>rd</sup> of December 2016. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on the 20<sup>th</sup> December 2016 and the Trust Board 21<sup>st</sup> December 2016. The plan was limited to 16 pages which had to include specific sections with detail to the content and length of each section.

## 2. KEY ELEMENTS

The full operational plan is in Appendix 1, the key features of the plan are:-

- **Activity** this section highlights the A&E trajectory for 2017/18 and outlines the issues with QIPP and the Contract round at the time of writing.
- **Quality** this section outlines the approach to Quality Governance, the quality improvement plan, the quality impact assessment process and the triangulation of quality, workforce and finance.
- **Workforce** this section highlights KPIs such as vacancy rate, turnover, agency and gives an overview of workforce transformation plans.
- **Financial** this section sets out the control total of £3.7m deficit and assumes the Trust achieves £7m Sustainability and Transformation Funds. In addition the plan sets out the requirement for a £10.5m CIP. It highlights the key risks to achieving the control total and the liquidity position of the Trust. The section gives high level CIP themes and an overview of the Transformational programmes.
- **Sustainability and Transformation** this section outlines how the Trust is linking into the STP and LDS work streams.
- **Membership and Elections** this section highlights Governor Elections recruitment, training and engagement processes.

## 3. RECOMMENDATIONS

The Council of Governors is asked to note the two year Operational Plan as submitted to NHS Improvement.

# Warrington & Halton Hospitals NHS Foundation Trust Operational Plan Narrative

**Status:** Final Draft

**Version:** 5

Date of Submission – 23<sup>rd</sup> December 2016

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## Activity Planning

The Trust's activity and income assumptions underpinning the 2017/18 and 2018/19 plan are based on the 2016/17 forecast outturn, adjusted for tariff deflation, demand changes, and service changes. The demand and capacity modelling is being undertaken and the plans will be shared to make sure that they are aligned with the Commissioners planning assumptions. This will ensure the activity plans are sufficient to deliver key operational standards, in particular accident and emergency (A&E), referral to treatment (RTT), incomplete, cancer, and diagnostics.

Current plans set a proposed A&E trajectory for 2017/18 as follows:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
91%	92%	92%	92%	92%	92%	91%	91%	91%	91%	91%	91%

The contract discussions with Commissioners are on-going. Currently there is circa £5.6m difference with the main Commissioners. There are a couple of areas under discussion including Ambulatory Care and counting and coding, however the main area still unresolved is the application of QIPP to the baseline.

The Lead Commissioners have identified the need to save £2.7m QIPP (and £1.3m Halton CCG) and believe this will be achieved. The schemes to deliver QIPP have not been shared and therefore the operational plan does not reflect a change to activity linked to this. The Trust and Commissioners have a common understanding that whilst facilitating change, we must not destabilise care.

On discussion with service leads, we are unable to see how the QIPP schemes will be delivered. In addition it has been recognised that attempts to change the current service model will place the financial risk solely with the Trust. Therefore the Trust has proposed the following approach to QIPP schemes:

- QIPP remains outside of the baseline in 2017/18.
- A system to monitor QIPP is implemented and understood by all, with clear baselines and metrics.
- A task force from provider and commissioner is established to review monthly delivery of the QIPP schemes.
- Corrective action is taken jointly with any underperformance against expectation.
- A financial risk share approach is taken so the risk to delivery doesn't sit wholly with the provider, for example, agreed stepped levels where cost can be taken out, or 3 year phasing approach.

The Trusts CIP will continue to focus on productivity in theatres and outpatient clinics; this will be linked to demand and capacity modelling and shared with the Commissioners. Ambulatory Care has been the subject of much discussion with Commissioners since the service commenced in March 2016. Whilst both parties are in agreement that the service provides the most appropriate care to those using it, discussions are on-going around tariff and activity.

Another area of potential dispute within the contract is the counting and coding of the activity undertaken by the Trust. The Trust informed the Commissioners in September 2015 that there would be improvements to coding and counting due to the implementation of Lorenzo. The Trust has historically been undertaking activity it has not been repaid and has requested reimbursement going forward. This will enable the income to correctly reflect the costs associated with the work that is currently being undertaken.

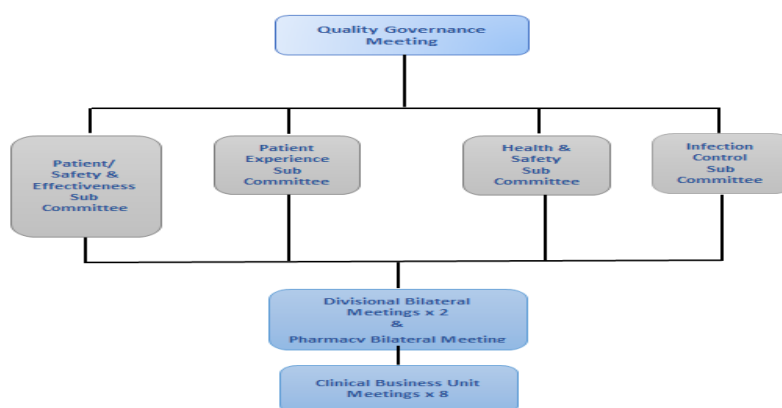
**Quality Planning**

**Section 1: Approach to Quality Governance**

Kimberley Salmon-Jamieson (Chief Nurse) -named executive lead for quality improvement

The Quality Strategy (2014) sets out the Trust’s approach to quality and defines the priorities for quality improvement and sets realistic, measurable goals. This included measurable reductions in pressure ulcers; catheter acquired urinary tract infections; falls; mortality ratios and hospital acquired infections. It specifies improvements in compliance with risk assessments; advancing quality measures; complaints responses and always events. It identifies risks to quality and the steps needed to mitigate these risks; and sets out the vision for quality in a way that engages staff, patients and the local community. The Quality Account describes the programme of quality and safety improvement for 2016/2017.

The Trust has recently introduced Bilateral Quality/Governance monthly meetings which are central to the process of challenging the two Divisions and Pharmacy and monitoring quality governance data. This new Clinical Business Unit (CBU) structure includes the appointment of specialty medical quality/ governance leads, with dedicated programmed activity (PA) allocation. This role leads on the promotion of quality improvement and learning from incidents, claims and complaints. The Trust has introduced a new medical leadership structure, with the formation of a Medical Cabinet and appointment of an Associate Medical Director for Quality/Governance. This key role works alongside the Associate Director Quality/Governance embedding the changes required to develop quality improvement capacity and capability in the organisation and lessons learned. The chart below sets out the quality governance assurance structure.



The new process of Quality Governance is aligned to the CQC Fundamental Standards which is integral to the development of a Quality Performance Assessment Framework. The introduction of Bilateral Quality/Governance monthly meetings supports the challenge and assurance oversight process of the two Divisions and Pharmacy on their quality governance data which is also communicated to the following Sub Committees:

- Patient Safety & Clinical Effectiveness
- Patient Experience
- Health & Safety
- Infection Control

The Sub Committees are held bi-monthly following assurance from the bilateral meetings and include the reporting exceptions and monitoring of areas of challenge. The Sub Committees escalate key issues via high level briefing papers to the Quality Committee which has delegated authority from the Board to provide assurance on the quality agenda.

The Trust is soon to appoint a Deputy Director of Governance and Quality, (new post) reporting to the Chief Nurse and working closely with the Medical Director/Deputy Chief Executive to drive strategic quality governance issues and lead the development of a new Quality Academy to align quality with organisational development and transformation.



The Trust is committed to fostering a culture of continuous quality improvement, by ensuring staff are skilled in quality improvement methodologies. Staff will be supported to have the confidence to highlight areas for improvement and attaining the skills, knowledge and support to be able to implement improvements in line with the Trust's Vision, Values and Transformation agenda. Detail of this is documented within the Trust's Peoples Strategy. This work has already commenced with the training of ward and departmental Quality Champions and the Clinical Business Units leadership and development programme. The programme includes:

- **Solutioning** – Problem sharing, utilising expert resources in the room to push projects on or solve the issue.
- **The Innovation Breakfast** - A power start to the day driven at realising learning, sharing and networking in bite-size chunks.
- **Open MIC** – A 'floor is yours' short session.
- **Master classes** – Providing core knowledge, information and a toolkit in the principles and practices of Leadership.
- **Springboard Development Calendar** – Access to dates of learning and development opportunities.
- **Essential Managers Training** – Aimed at middle managers in supporting their learning and development in core management and leadership skills in line with our Trust behaviours.

The Trust is currently involved in a collaborative patient safety project with Stanford University (US). This is using design theory as a vehicle for quality improvement in medicines management. A learning lessons framework is to be introduced.

The current 'Ward to Board' quality reporting occurs via the Quality Dashboard, Divisional Dashboard (COB) and the Trust Board Integrated Dashboard. Concurrent risk escalation processes will be further developed to progress the collation of intelligent information and ensure safe and effective care for patients.

## Section 2: Summary of the quality improvement plan

Over the next two years the Trust will further strengthen quality improvement in line with the Trust's Quality Strategy, supporting an effective sustainable transformation plan.

**National clinical audits** - The Trust has robust processes in place for managing National Audits and NCEPODS which are included in the work plan for the Patient Safety and Clinical Effectiveness Sub Committees. Following participation in national clinical audits a review of action plans was implemented to improve the quality of healthcare provided. The Trust is currently registered for 20 National Audits with planned completion dates from November 2016 – October 2017. The Trust complies with the mandatory reporting of this within the Quality Account.

**The four priority standards for seven-day services** - The Trust actively participate in the national audit of 7 day services and compliance with the standards. The Medical Director is the executive lead. The Trust takes a continuous improvement approach to the four main priorities identified as having the most impact on reducing weekend mortality – time to consultant review, on-going review, access to diagnostics and access to consultant-delivered interventions. All WHH clinical teams are asked to define their internal professional standards with reference to these priorities. It is recognised there is a need to consolidate existing improvements in provision through projects including rota redesign, the expansion of consultant shift working and the appointment of more substantive consultant physicians.

Working within the Cheshire and Merseyside STP, the three acute providers within the Alliance LDS are developing the vehicle for further improvements in quality and reducing variation through service redesign which includes further increase to the provision of seven day acute services. This is being led by the three Medical Directors.

**Safe staffing** - The Trust is developing a Recruitment and Retention Strategy. Patient safety is maintained at all times by senior nursing teams monitoring staffing levels daily. The staffing reports are shared with NHS Improvement (NHSI) and published online. There is an active "Speak out Safely" Campaign within the Trust which offers further reassurance around staffing.



**Care hours per patient day** - In line with Lord Carter's recommendations the Trust has since April 2016 collected Care Hours per Patient Day (CHPPD). From April 2017 onwards the Trust is to implement an electronic acuity tool (Allocate) which will further support safe staffing and record CHPPD, further helping improve systems and processes.

**Better Births Review** - The Trust has reviewed the report and undertaken a gap analysis to identify priorities and benchmark current performance against the recommendations. This response which identified continuity of care in the community as a key action was submitted to the Clinical Commissioning Group (CCG) in June 2016.

**Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action** - The Trust has appointed a lead consultant with PA allocation for mortality review. The Mortality Review Group (MRG) which includes multidisciplinary representation from across the Trust and the CCG, ensure all deaths are reviewed and lessons learned are disseminated and lead to change/quality improvement in patient care. Appropriate action plans are developed identifying areas for improvement which are reviewed by the MRG and reported to the Patient Safety and Clinical Effectiveness Sub-Committee. This learning will be communicated to pertinent staff to ensure the appropriate level of care is provided in the future. Consultants involved in the peer-review process will provide feedback to the quality of their reviews ensuring the learning loop is closed.

The Trust uses the Healthcare Evaluation Data (HED) System to assess mortality data. We then compare our position nationally with regards to SHMI (Summary Hospital Mortality Indicator) and HMSR (Hospital Standardised Mortality Ratio). We evaluate areas for concern or trends which point us towards focused reviews in these particular areas.

**Sign up to Safety** - Within the Sign up to Safety Improvement Plan the Trust agreed to focus upon three key areas namely:-

- Reducing avoidable mortality by 20% by 2017
- 30% reduction in moderate falls by 2017
- 30% reduction in all grades of pressure ulcers by 2017.

The Trust can report that it was successful in achieving a 39.83% reduction in all pressure ulcers in the first year 2014/2015 and in 2015/2016 it achieved a 40% reduction in moderate falls. The Trust has self-assessed against NHS England's Mortality Good Governance Guide (December 2015), and is confident we are aligned to their approach and timescales and will continue to work towards the phase 2 improvement aim of reducing avoidable mortality by 20%.

**Antimicrobial resistance** - The Trust is committed to supporting this programme of work by increasing funding to provide additional hours to the role of Antibiotics Pharmacist. Work is progressing to meet the national CQUIN in terms of timely empirical treatment reviews and overall consumption reduction. The Trust has a proactive Antimicrobial Stewardship Group, undertakes quarterly point prevalence audits and conducts eight Antimicrobial Ward Rounds each week. The Trust participates in national awareness raising events e.g. Antibiotic Awareness Week. Changes to the Antibiotic Formulary will be made according to local microorganism resistance patterns.

**Infection prevention and control** - An overarching strategy has been developed which brings together assessment of compliance with the Code of Practice on prevention of HAIs and more recently antimicrobial resistance. The strategy includes driving further quality improvements by implementing surgical site infection surveillance and compliance with NICE quality standards. Our robust system ensures compliance with mandatory surveillance. Infection Control is embedded across the organisation and the Trust participates in national/global awareness raising events to keep this on the agenda.

**Pressure Ulcers** - The Trust is represented on the recently formed Pressure Ulcer Steering Group which assists the Cheshire and Merseyside Quality and Safety Forum in developing a consistent approach to pressure ulcer reduction across the region. The aim is to align practice across Cheshire and Merseyside, share best practice and reduce the number of grade 3 and 4 pressure ulcers by 2017. Actions include implementing a standard RCA document to use

across Cheshire and Merseyside, standardising pressure ulcer reporting and implementing the React to Red initiative. Root cause analysis investigations are performed for grade 2, 3 and 4 hospital acquired pressure ulcers.

**End of life care** - The Palliative Care Team participates in national audits e.g. The Royal College of Physicians End of Life Care Audit – Dying in Hospital and will be participating in the 2017 audit. National Audit results evidenced WHH are not an outlier within our region and that we performed within the expected range.

The team is involved in regional audits within the Cheshire and Mersey Strategic Clinical Network which are presented to audit meetings and Grand Rounds. The Trust participates in a Warrington-wide Integrated Multidisciplinary Team Meeting where patients with complex palliative care needs across the hospital, hospice and community are discussed. A local Advance Care Planning Document is in development to further support patient care in their location of choice. The use of the Individual Plan of Care continues and the Trust provides training including an Intermediate Skills Course for staff to support the needs of individuals and those close to them who are dying within the hospital. Palliative Care now features on induction training for new nursing staff and it is likely that the mandatory annual updates for senior medical personnel will reflect this. The End of Life Steering Group continues to meet bimonthly and the team continues to provide a 7 day face to face service.

**Patient Experience** - Patient experience is an improvement priority for the Trust. An Experience of Care Strategy has been developed through involvement with patients, relatives, carers and the public to ensure high quality services are delivered to our patients. This Strategy is structured into work streams with the Patient Experience Sub Committee monitoring progress. Identified work streams include effective management of high risk complaints by introducing 72 hour review and production of a Friends and Family scorecard which indicates a positive performance by the Trust against the national average.

**National CQUINs** - The Trust is required to respond to a range of national and local CQUINs. For 2016/17, the Trust is committed to three national CQUIN goals which focus on NHS Staff Health and Wellbeing (three parts), Antimicrobial Resistance and Stewardship (two parts) and Sepsis (two parts). The Trust is also signed up to five local CQUINs and five specialist commissioning CQUINs.

### **Section 3: Summary of quality impact assessment (QIA) process**

The Trust has an effective QIA process for service developments and efficiency plans and the governance structure surrounding scheme creation, acceptance and monitoring of implementation. The Transformation team works with staff to support the generation of new savings and improvement.

Risks are captured via the Project Initiation Document process, and sign off is required by 2 of the 3 Divisional Triumvirate (Associate Director of Operations, Chief of Service and Associate Director of Nursing) or the Corporate Lead for the corporate directorates. The QIA document forms part of the PID documentation and each scheme against three core domains of quality; people and sustainability:

Schemes are assessed against their qualitative impact on staff, compliance with review bodies & regulator and the impact on local and national targets

All Senior Responsible Officers (SRO) are required to identify measurable key performance indicators (KPIs) to ensure delivery of the scheme without a detrimental impact on safety or quality. Performance against KPIs is managed through a weekly Grip and Control meeting. Risks are identified and high risk schemes are reported to the Quality Committee. A monthly overview of all schemes is provided to the Finance and Sustainability Committee (F&SC). Schemes that impact outside of the divisions or corporate areas are reviewed at Innovative Cost Improvement Committee (ICIC) who reports to the F&SC.

### **Section 4: Summary of triangulation of quality with workforce and finance**

Three dashboards relating to quality, finance and workforce have been integrated into a key metrics high level Integrated Dashboard. This dashboard includes metrics for quality, access and performance, workforce and finance and is reviewed by the Trust Board. The quality metrics focus on high risk issues including HCAI; fall and pressure ulcers; CQUINs including SEPSIS and Antimicrobial Resistance in addition to key patient experience metrics namely complaints and friends and family.

Integrated monitoring of performance is undertaken at CBU and divisional level via monthly review meetings, and with the Executive Team and Division at a monthly Clinical Operational Board. The performance dashboards in the Trust have been reviewed to ensure compliance and alignment with the standards expected within the Single Oversight Framework which went live in October 2016.

## **Workforce Planning**

The Workforce Plan has been developed to enable Warrington and Halton Hospitals to meet current and future challenges, whilst contributing to its sustainability. The focus of our Workforce Strategy, known as the People Strategy is based around four inter-related strategic aims to support our strategic priorities; attracting, retaining, developing and rewarding our staff. This methodology seeks to ensure the right people, are in the right place, with the right skill mix when our patients require them.

Our People Strategy is derived from the Trusts Strategic Plan - Creating Tomorrows Health Care today. This sets out a clear forward-looking people agenda. It aims to underpin the delivery of High Quality Safe Healthcare and uphold its central role in the implementation of the Quality, People and Sustainability framework. To develop our People Strategy we have consulted with staff at all levels as the Trust continues to develop the ethos that 'Our people are central to our success'.

It is recognised that effective governance, leadership and management of people issues is required across the Trust to deliver this Workforce Plan. A successful Workforce Plan will see the reduction in the following key performance indicators (KPIs). Vacancy rate 7% as at 1st December 2016, Turnover (11.9%) and Temporary Staffing Spend (£9 million between April 2016 to October 2016) whilst seeking to improve the stability of our workforce, increasing it from 82.6%. Performance against both the Workforce Plans and People Strategy will be assessed against a set of performance categories or "segmentation classification". They are as follows; maximum autonomy, targeted support, mandated support for significant concerns and special measures.

## **Workforce Transformation**

Aligned with the service activity plans the Trust will be engaging with the Calderdale Framework to deliver improved competencies, workforce development and transformation to ensure the right people and correct skill mix result in efficient and safe care to patients.

The workforce reconfiguration plans address bed escalation and improve patient flow without impacting on access standards for AED and NWS waiting times. This work is integral to the approach to frailty and designing new services to manage the patient's journey with appropriately skilled staff, who are available through substantive recruitment thereby reducing the Temporary Staffing reliance.

A focus on non-medically led units developed through the vanguard approach will remodel units with staff who do not concentrate on a single profession but cross the boundaries of Nursing and Therapy, mirroring our success with the Forget Me Not Ward. Further reviews of skill sets and workforce resourcing will aim to reduce reliance on Consultant led wards. A clinical leadership review and recruitment of non-consultant staff i.e. GP or advanced clinically registered staff will assist this.

Transforming our Workforce from the traditional clinical roles is key focus. The Trust aims to improve the efficiency, quality and continuity of patient care. The approach will reduce the number of clinical vacancies in both Nursing and Medical staff groups, reducing the reliance on temporary staffing. This focus will result in affordable, better value and sustainable patient care, restoring the balance between workforce supply and demand.

Following on from the development of Clinical Business Units (CBUs - a structure based around patient pathways) the Trust aims to utilize new posts that include the following:

- Nursing Associates (10 trainees appointed) and other Band 4 clinical roles (38 Assistant Practitioners in post).
- Physician Associates (5 in post from USA, 10 UK trainees appointed); replacing Consultant general clinic input.

Develop the Acute Care team to actively support our early discharge approach for acutely unwell patients.

Following national guidelines we will develop the traditional Nursing roles to make a greater contribution to patient care, e.g. up-skilling Nurse Endoscopists to assist with matching capacity to demand.

## **Alliance/STP**

WHH aims to further collaborate with our STP/Alliance partner organisations removing barriers to working together, reduce duplication and therefore increased workforce productivity.

STP/Alliance partner organisations will continue to explore the provision of single services across two / three sites taking into account the impact on quality, safety and access for both our patients and workforce. Working groups will continue to manage/overcome any adverse outcomes, as they strive to standardise protocols and policies.

Further information is necessary to determine if investment, either within the Trust or across the STP and LDS footprint, will be required to deliver this approach to workforce resourcing.

Across the Alliance agency usage and spend continues to be reviewed and challenged. The impact of technology on effective staff utilisation is recognised and therefore we plan to standardise the systems across the Alliance. As part of this strategy the Trust has recently introduced a locum management system thus enabling the possibility of developing a regional locum bank, improving workforce flexibility whilst strengthening bank arrangements. Recent investment in an Equity Tool will improve the efficiency of clinical staff through effective rota management, as per the Carter recommendations. Medical E-Rostering alongside the E-Job Planning will enhance Medical productivity.

## **Seven Day Services**

Progress has been made to seven days services delivery and this will continue to drive forward. Reducing the high number of Consultant vacancies through transformation and recruitment is a key priority and the Trust are working with Gatenby Sanderson to support the Recruitment process. This will assist in ensuring the four priority standards (timely consultant review, improved access to diagnostics, Consultant directed interventions, on-going review in high dependency areas) for seven day hospital services will be implemented.

The Trust continues to mitigate the risks by undertaking ward rounds at weekends; however the planned appointment of additional Consultants will enable this to be factored into routine job plans within 4 months. In conjunction with this, the Trust will roll out the Junior Doctor Contract and awaits the revised Consultant contract.

The implementation of seven day services are also associated with the development of the ACT approach which incorporates our workforce over seven days to deliver an early supported discharge approach.

## **Safer Staffing**

Due to the level of Nurse vacancies a specific Nursing Recruitment and Retention Strategy has been developed in line with the overall People Strategy; attracting, retaining, developing and rewarding our Nursing staff. Key to delivering this strategy is to continue to develop our links with the higher education facilities to not only monitor the impact of the bursary changes to the Nursing and Allied Health but to also attract and develop their students.

## **Apprentices**

The Trust will continue to recruit to and develop its apprentice programme, acknowledging the Apprentice levy. Managers will be encouraged to continue to review all roles differently, considering that with both education and training we could develop the star of tomorrow.

## **Cost Improvement Plans**

Subsequent Cost Improvement Plans will be developed from a number of workforce initiatives. Change is accompanied by opportunity and the workforce will change during the next two years. The Trust will continue to deliver High Quality, Safe Healthcare in a sustainable approach, one that offers better value for money due to the reduced reliance on temporary staff and improved productivity through transformation and collaboration.

## Financial Planning

### Section 1: Financial Forecasts and Modelling

The financial forecast for 2017/18 and 2018/19 has been developed across the organisation with input from Executive Directors, CBU Managers and the Contract and Commissioning Team. The budget setting process has been brought forward to identify anticipated cost pressures and the Trust has been working with the Commissioners to finalise contract income. The financial plan reflects changes in national pay and non-pay inflationary pressures, operational pressures and investments necessary to ensure compliance with quality standards and performance targets.

The Trust has been through a process to understand the financial forecast for 2017/18 and 2018/19, cost pressures of £14m were initially identified and a number of sessions have taken place with services and executive team to seek solutions. At this time the plan reflects pressures of £6.8m pressure on top of national pay and prices inflation (£4.9m). Pressure unfunded include locum, waiting list initiatives and items which require further review these have been excluded and a piece of work will be undertaken to resolve these pressures.

The 2017/18 revised control total is a target deficit of £3.657m and £0.916m 2018/19 representing a continuation of the national and local financial challenges and demands experienced in recent years. The 2016/17 forecast deficit at month 7 is £7.9m (excluding £0.2m donated assets but including £8m of Sustainability and Transformation funding). Following a detailed review of the financial situation the Trust is able to accept the control total in 2017/18 and plan for an improvement in 2018/19.

The 2017/18 forecast is a deficit of £3.7m which will present a significant challenge to deliver; the main areas of risk are the recurrent achievement of the 2016/17 control total, the resolution of the contract negotiations, the ability to switch off unfunded pressures and the ability to achieve a £10.7m CIP. The Trust is determined to do all that it can to achieve the control total in 2017/18 but is aware that there is significant risk within the plan. The plan therefore assumes access to Sustainability and Transformational Funding (STF) in both years as the 2018/19 position is an improvement on 2017/18 in line with recent guidance.

The Trust faces a significant financial challenge in 2017/18 and 2018/19. The plan represents a realistic assessment of anticipated performance whilst accepting the need to meet patient demand and expectation, commissioner changes, efficiency requirements and maintain and enhance patient quality and safety.

### Risk

The forecast position outlined in the table above includes the following key assumptions:-

- The Trust delivers the control total in 2016/17
- The 2016/17 control total is delivered with only £1.1m non recurrent resource
- The Trust receives all income relating to activity forecast in 2017/18 (contracting gap with Commissioners is currently £5.6m)
- The underlying cost pressures facing the Trust can be managed (circa £6m)
- The Trust can deliver £10.5m CIP schemes
- The Trust receives STF Funding in 2017/18 or 2018/19

### Commissioning

The Trust works in collaboration with Commissioners from across the Health and Social Care Sectors ensuring that our medium to long term strategy is aligned with Commissioning intentions, both locally and across the wider Northwest footprint. The Trust meets regularly with its main Commissioners, Warrington CCG and



Halton CCG and has regular contact with Specialist Commissioner and NHS England. Initial Contract offers were received from the main Commissioners on 4<sup>th</sup> November 2016 and responses made on 11<sup>th</sup> November 2016 with revised letters and further meetings in December the gap has reduced from £10.5m to £5.6m. The Trust is actively trying to resolve this with Commissioners and is monitoring progress through the weekly tracker.

Trust colleagues are participating in the local Cheshire & Merseyside Women’s and Children’s Partnership Vanguard, with leadership provided from the Trust’s Chief Executive in shaping the future model and delivery of Maternity Services across Cheshire and Merseyside. The Vanguard dovetails with a wider piece of work that the Trust is supporting around the Sustainability and Transformation Programme that encompasses collaborative Paediatric Services, Neo Natal Cot provision and Gynaecology.

Outside of these areas the Trust continually strives to work with partner Provider organisations focusing on the redesign and future sustainability of services - as an example the Trust works with St Helens and Knowsley Hospitals NHS Trust around the provision of Stroke services and Alder Hey Children’s NHS Foundation Trust around a number of Paediatric services through its Excellence in Partnerships programme.

The Trust recognises the need for financial balance across the local health economy, but must ensure that activity purchased by Commissioners for the local population truly reflects demographic and non-demographic changes to include growth of population.

## Liquidity

In 2016/17 the Trust is forecasting delivery of the £7.9m deficit control total with a closing cash balance of £1.2m. Assuming this is delivered the Trust will owe £22.1m in revenue loans (£14.2m borrowed 2015/16 and £7.9m borrowed 2016/17). Current BPPC performance is circa 29%. Debtors are currently £3.9m and creditors £10.0m. The Trust has therefore very restricted flexibility for the management of cash or for making any improvement to the cash position.

The plan shows that with delivery of stretching CIPs, receipt of all income due from all Commissioners and successful management of underlying cost pressures the Trust will be able to achieve the control total in 2017/18 and show an improvement in 2018/19. Therefore an assumption of achieving STF has been made for both 2017/18 and 2018/19.

Based on the assumptions being delivered, the Trust will require an additional working capital loan of £3.7m in 2017/18 and £3.4m in 2018/19 to support the cash impact of the planned deficit. This assumes STF in 2017/18 and 2018/19. This plan including loans from 2015/16 and 2016/17 along with the deficit plans for 2017/18 and 2018/19 equates to borrowing of £29.2m. A system solution will be required to address this level of borrowing.

## Section 2: Efficiency Savings for 2017/18 – 2018/19

### Productivity and Efficiency Programme

The CIP themes are structured around tactical and transformational schemes and have been allocated across categories as follows:

Scheme	Target 17/18	Target 18/19
Clinical Income	£0.5m	£0.5m
Non clinical Income	£0.5m	£0.5m
Pay	£6.5m	£6.0m
Non Pay	£3.0m	£2.5m
<b>Total</b>	<b>£10.5m</b>	<b>£9.5m</b>

**Tactical**

The Trust is planning to deliver an element of savings this financial year through tighter cost control and cost reduction measures by focusing on procurement (reduced prices, product rationalisation and standardisation, collaboration and partnership working), drugs (reduced usage and prices, increased use of bio-similars), reduction in premium rates for additional clinical sessions, reduction in agency usage (to contain the spending within the ceiling and ultimately reduce it further) and income generation opportunities. 125 schemes for 2017/18 have been identified to date and progress in validating, costing and delivery planning for these schemes is being tracked on our CIP tracker.

**Transformational**

The Trust has established a series of transformational programmes, with the objective of delivering sustainable quality care over the next 1-5 years. These programmes are aligned to the Sustainability and Transformation Plan (STP), to our Healthy New Town programme (supported by NHSE) and to Lord Carter’s priorities. Our key transformational programmes are summarised in the table below.

Transformational programme	Key objectives
Clinical services reconfiguration across the Local Delivery System	Systematic in depth specialty level reviews to enable consistency of services across local health economy and deliver efficiencies across patient pathways. Prioritised services include acute medicine, orthopaedics and surgical specialties.
Halton Healthy New Town	Develop a health and well-being hub on the Halton site, helping to ensure patients receive the right level of care at the right time and enabling the optimisation of the Halton site.
Excellence in partnership – Joint programme with Alder Hey.	Repatriation of DGH activity to WHH, with appropriate benefit and risk sharing arrangements.
Acute Medical Model, Small Hospitals	NHSE supported programme to test solutions to the fragility of the current acute medical model in small hospitals, which is also expensive due to reliance on agency staff. Currently trialing diagnostic discharge facilitators and exploring use of pharmacists in AMU.
Frailty	Redesign of frailty pathways to improve patients’ outcomes and reduce admissions to hospital.
Back and mid office efficiencies at LDS and STP level.	Benchmarking of existing services to identify and deliver efficiencies through alignment of services.

The Trust is also planning to deliver savings by focusing on workforce reviews, increased medical productivity, theatre efficiency and utilisation, outpatient efficiency, length of stay reductions, increased use of best practice tariffs and expansion of market share. Outpatients efficiency is part of 2016/17 CIP programme and is forecast to deliver £351k in year, through increased activity in existing capacity to deliver RTT requirements at specialty level. This has been delivered predominately through optimising booking. There is further opportunity for outpatient efficiencies in 2017/18 through DNA rate reduction (current DNA rate 10.1% against national average 8.5%), template standardisation and improved session uptake; this will enable the same level of activity to be delivered in less capacity, releasing premium costs.

Theatres productivity is also part of 2016/17 CIP programme and is forecast to deliver £149k in year, through increased activity in existing capacity to deliver RTT requirements at specialty level. This has been delivered through a reduction in cancellation rates of 1% and improved in session utilisation by 2%. There is further opportunity for theatre productivity improvements in 2017/18 through improved session uptake (currently 71%), increased throughput and improved start times; enabling the same levels of activity to be delivered in less capacity, releasing premium costs.



Plans are being developed to deliver the CIP programme which is facilitated by our Transformation Team. There is clear organisation awareness of the need to achieve efficiency savings whilst maintaining and / or improving quality. CIP and transformation governance has been refreshed and a detailed document covering all elements of governance has been approved by the Trust's Finance and Sustainability and Quality Committees. The document is submitted as a separate appendix (1) the key elements are summarised below.

- Target setting and allocation.
- Arrangements for managing and monitoring delivery of the CIP and associated programmes i.e. generating ideas, converting ideas into schemes and ensuring delivery of those schemes.
- Removing CIP for delivered schemes from budget.
- Project documentation.
- Reporting & assurance.
- Roles and responsibilities of everyone involved in the process.

### **Section 3: Capital Planning**

The capital programme comprises site maintenance, facilities improvement, new medical equipment and technology development. Together these enable and support the delivery of the operational services. Capital resources are constrained and require prioritisation, so only schemes that are essential to the provision of safe, sustainable services are affordable and offer value for money. The process to prioritise the schemes is led initially by the Clinical Business Units informed by assessment of risk. The case for funds is then assessed by a multi-professional team before consideration at the Finance and Sustainability Committee and approval at the Trust Board. The capital programme is funded by £5.9m planned internally generated depreciation and will support estates, IM&T and Medical Equipment.

### **Transforming Care through Our Estate**

The Trusts Estate Strategy has been paused and is under review pending the outcome of the multi-year Sustainability and Transformation Planning exercise presently underway across the Cheshire & Merseyside region. Working in conjunction with our local health and social care partners will allow the Trust to deliver more cost effective services, and create a sustainable local health economy. Once finalised the Trust will review its strategic position, and refine its strategy in line with the clinical strategy.

Therefore the capital programme for the next two years will prioritise the limited funds and will focus on upgrades to:

- Electrical infrastructure and emergency back-up generators.
- Fire precaution systems, including fire dampers and emergency lighting upgrades.
- Ward sanitary facilities and clinical wash hand basins
- Flooring and ceilings replacement programmes.
- Road and footpath repairs
- Theatre refurbishment.

The Halton Healthier Towns project, based around the Halton Lea area continues to be discussed across the patch with a view to making the best use of Halton for the local population. As Halton Hospital is located at the heart of that area, the Trust is very much part of on-going discussions.

## Transforming Care through Facilities and Equipment

Our challenge is to become more agile as we seek to move to 7-day services. More weekend working will mean we need to change our approach to how we prioritise our workload and manage length of stay to provide a more responsive service. Changes to theatres scheduling and the level of activity within theatres also brings with it changes to decontamination rotas and the way in which we look to provide our decontamination services. This means revisiting working hours and may mean moving to different shift patterns.

In addition, to keep pace with advances in medical equipment and technology and to ensure our continued competitiveness we will need to continue investing in our equipment with the significant schemes in this financial year focusing on our diagnostic capability through MRI and CT.

## Transforming Care through Technology

There are two main areas of focus over the next two years for technology, these relate to working toward the 2020 paperless office target and the various associated projects and the E-Prescribing project.

The benefits of 'paperlite' working and digital technology are many as the transmission of information is much faster, and the tracking and management of appointments, diagnostics and results, much easier. Our eventual goal is to provide patient access to the patient record so patients can contribute to their own information and care plans. Work has begun through the Warrington Care Record project which, in the medium term, aims for a portal across the Warrington Community involving ourselves, Bridgewater, the Five Boroughs Partnership, Warrington CCG and Warrington Council and, in the long term, a single patient record. In addition we will complete our procurement for digitisation of the paper case-note. This provides the Trust with increased availability of patient notes, allowing clinical teams' immediate access to historic clinical information and removing the need to store physical notes across our sites.

In 2018 we are aiming to implement electronic prescribing which will further improve safety as we start to utilise medicine formulary, identify allergies and alert prescribers to patient risks. We are working towards an e-prescribing plan in addition to the exploration of options on the use of bar code and electronic observation technologies.

Investment will continue to ensure that the IM&T infrastructure stays fit for purpose across desktop, network, server and storage and we will continue to enhance the Trust's capability to manage its performance through the development of information reporting and analytical tools to meet national and locally agreed targets.

## Summary

At this stage the Trust is able to accept the control total for 2017/18 and achieve an improved position for 2018/19. As previously noted there is a significant amount of risk within the plan and further work is required to finalise the contracts with Commissioners, cost pressures and QIPP / CIP development. This plan assumes the delivery of the 2016/17 position which is a challenge at the time of writing. Current assumptions forecast borrowing of circa £29m by the end of 2018/19.

## Link to the Local Sustainability and Transformation Plan

Warrington & Halton Hospitals NHS Foundation Trust (WHHFT) is a member organisation of the Cheshire and Merseyside Sustainability and Transformation Plan (STP). It is one of three acute trusts (including St Helens & Knowsley Teaching Hospitals NHS Trust and Southport & Ormskirk Hospitals NHS Trust) within the Mid-Mersey Alliance Local Delivery System (LDS) alongside four CCGs and two other NHS providers. The Alliance LDS ambition is to make the Five Year Forward View (FYFV) a reality locally and to achieve long term sustainability for services. This 'plan' represents options and models of transformation for the local health system that have been developed by the member organisations and are still subject to wider engagement and, where necessary, formal consultation with stakeholders.

The high level proposals for change reflect the strategic themes at STP level, namely:

- a) demand management/prevention at scale/out-of-hospital care
- b) improving quality & reducing variation supporting hospital reconfiguration
- c) collaborative productivity through clinical support services and 'back office' functions.

The overall ambition of the Alliance LDS is to stabilise the acute hospital-based activity and cost base at 2016/17 levels, so that it can be delivered more efficiently, to maximise the use of alternative care settings to meet urgent care needs, care for older people and people living with long term conditions and to help the population to stay well for longer.

WHHFT is involved in all three strategic work streams in the above context. However, the major focus of work is around the acute care design built around reducing variation and improving quality. The three acute providers (governed through a board-level Joint Oversight Group and Joint Clinical Advisory Group) are working together to develop a new model of working, including:

- More streaming of patients depending on their acuity and complexity (to the site/service appropriate to their need),
- The highest acuity care can be delivered on potentially fewer sites with the appropriate facilities,
- Site specialisation to suit that patient cohort with the appropriate resources and facilities.

A clinical model, led by the three acute-trust medical directors, supported by specialists and a joint clinical advisory group, is being designed where the hospitals will work together to provide secondary care and highest acuity/complexity care as a single service, ensuring the balance between patient access, quality and complexity. The 7-day hospital agenda is pivotal.

Alongside 'back office' collaboration, the four major clinical areas of focus for WHHFT working with the other two acute trusts are:

### **a) Urgent and Emergency Care**

The urgent care programme adopts the single-service theme and includes five key drivers for change, namely:

- i) to provide better support for self-care,
- ii) to help people with urgent care needs get the right advice in the right place, first time
- iii) to provide highly responsive urgent care services outside of hospital, so people no longer choose to queue in the Emergency Department
- iv) to ensure that those people with serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise, to maximise chances of survival and a good recovery (the very best outcomes)
- v) to connect all urgent and emergency care services together, so the overall system becomes more than just the sum of its parts. This workstream will connect with STP-level Urgent and Emergency Care.

### **b) Women's and Children's Services**

This work stream will be heavily influenced by the Cheshire and Merseyside Women's and Children's Services Vanguard which is informing the STP cross-cutting theme which aims to create future service models that are high quality, safe, accessible and sustainable with resources, facilities and the care delivered at each site is tailored to the patient cohort treated.

## c) Elective Care

The focus is to develop an elective care offer to be more efficient and effective through bringing together resources, utilising all available capacity and developing dedicated centres of excellence, aligned to the needs of the local population and commissioners' intentions. This approach could be facilitated by some rationalisation of estate, an improved environment in which patients receive their care and improved use of community settings. Outpatients would be modernised to include the assessment of patients in a one stop outpatient clinic and providing virtual follow up for patients without complications. The diagnostic offering would be enhanced across the acute sites and in the community to improve access. The re-profiling of higher acuity non-elective work will facilitate the delivery of higher volumes of standard elective work into "factory" models resulting in greater productivity, reduced variation in practice, better outcomes including lower length of stay.

## d) Clinical Support Services

This will build on existing relationships for pathology, pharmacy and imaging services. We aim to achieve the greatest system benefits by creating a framework that enables local providers to work together to improve pathways recognising the need to work beyond traditional boundaries. Although there is a commitment to a 4% year on year efficiency goal, this will not be at the expense of effectiveness or improved quality.

The above clinical redesigns are enabled by work-streams for

- a) workforce
- b) estates
- c) IM&T.

## e) Pharmacy

In line with The Carter review the Trust is developing a plan to be approved by NHSI and NHSE by April 2017. This seeks to ensure the delivery of Carter metrics and hospital pharmacy benchmarks such as:

- a) increasing pharmacist prescribers,
- b) e-prescribing and medicines administration,
- c) accurate cost coding of medicines and
- d) consolidation of stock holding through the implementation of the ward automation systems.

This will result in delivery of a local Hospital Pharmacy Transformation Programme in line with STP and LDS and align with the Trust vision, values and strategic objectives.

## Membership and Elections

The Trust became an NHS Foundation Trust on 1<sup>st</sup> December 2008 and is accountable to its members through a Council of Governors (CoG). The CoG is responsible for representing the interests and views of the Trust members and the local population. The Trust has the following constituencies:

- **16 Public constituencies** (5 in the Borough of Halton, 9 in the Borough of Warrington and 2 in surrounding areas of 'North Mersey' and 'Rest of England and Wales')
- **Five Staff constituencies** (Medical and Dental, Nursing and Midwifery, Support, Clinical Scientist or Allied Health Professional and Estates, Administrative and Managerial)

Governor elections were most recently held in November/December 2016 where eight Governors were sought across public and staff constituencies. We expect to hold elections in the spring of 2018 for 11 public constituencies and 1 staff constituency.

Governor recruitment is encouraged through a number of initiatives which typically include:

- Focus on Governors in the Trust's quarterly 'Your Hospitals' newspaper which is distributed using email to staff and members, placed on our website for download and through a relationship with Newsquest Northwest reaches 80K homes across mid-Mersey in print form.
- Direct mailing to the Trust's 12K public membership during election periods as well as personal letter from Chair and Chief Executive inviting members to consider becoming a public governor
- Open days where existing governors host an information and 'drop in' session on the role of a governor

Governor training and development is carried out through the Trust's standard induction and mandatory training process as well as specific governor induction 'Governor Core Skills Training Workshop'. New governors are offered the opportunity to attend 'GovernWell' regional development sessions as well as the national conference hosted by NHS Providers. Local training and development takes place through themed workshops as well as Trust Board observations.

Engagement between governors, members and the public is by both formal and informal methods. There is a formal Annual Members Meeting each September where the Annual Report and Accounts is presented to members and public. A more informal Annual Open Day is held in the summer at either Halton or Warrington sites where patients, public and members are welcomed to visit wards and departments and the event is supported and hosted by Governors. The work programme of the CoG is led through two sub-groups, 'Quality in Care' (QiC) and 'Governors Engagement Group' where projects and initiatives requiring interaction with patients and public is governor-driven. Such projects include: Development of the Trust's Carers' Strategy, Improvements to Public Car Parking arrangements, an Out-Patients Survey and review of the Trust's Quality Accounts. In additions, the QiC group undertakes unannounced ward observation visits with patient feedback reported through the Patient Experience Committee.

The Trust's membership strategy 'Making Membership Work' describes the way a diverse range of potential members within the constituencies served are engaged. Nice Guidance NG044 states that the Trust has a responsibility through community engagement to work to improve health and wellbeing and reducing health inequalities across the populations served. The most popular public health engagement is the series of 'Your Health' events scheduled across the year. Members, patients and wider public are welcomed to attend sessions such as *Stroke Awareness*, *Diabetes Care*, *A Closer Look at Ophthalmology* and *Audiology: Can You Hear Me?*. At March 2016 the Trust held circa 16K total members and expects this to remain fairly static in the coming years, however key engagement efforts will focus on increasing engagement with groups that are under-represented: the 17-21 age group, males of any age and those from minority ethnic groups.



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**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/17/04/23</b>
<b>SUBJECT:</b>	<b>Reports from Governor Sub Committees</b>
<b>DATE OF MEETING:</b>	6 April 2017
<b>ACTION REQUIRED</b>	<b>To note feedback</b>
<b>AUTHOR(S):</b>	Pat McLaren, Director of Community Engagement + Corporate Affairs
<b>EXECUTIVE DIRECTOR</b>	Pat McLaren, Director of Community Engagement + Corporate Affairs
<b>EXECUTIVE SUMMARY</b>	
	<p>Since the last Council of Governors, the two Governor Sub Committees have met as detailed below. Agendas and minute are attached for information and the Chairs of the Groups will provide a verbal update report to the Council of Governors.</p> <ul style="list-style-type: none"> <li>- Peter Lloyd Jones (Deputy Chair of Governors Quality In Care) meeting held 27.2.2017</li> <li>- Keith Bland, Chair of Governors Engagement Group held 22.2.2017</li> </ul>
<b>RECOMMENDATIONS</b>	
	<p>The Council of Governors are asked to note feedback from the Chairs of</p> <ul style="list-style-type: none"> <li>- Governors Quality In Care meeting held 27.2.2017</li> <li>- Governors Engagement Group held 22.2.2017</li> </ul>
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None



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**COG 17/04/23**  
**GOVERNOR QUALITY IN CARE GROUP (QIC)**  
**Monday 27<sup>th</sup> February 2017 9-11am Trust Conference Room, Warrington**  
**AGENDA**

Agenda Ref COG/QIC/	Agenda Item		
17/00 5mins	Welcome, Apologies and Introductions  Declarations of Interest – in Agenda Items	-	Chair
17/01 10 mins	Action Notes of the meeting held on 4 <sup>th</sup> October 2016	<i>Enc.</i>	All
17/02 15mins	Governor Ward Visit Report <ul style="list-style-type: none"> <li>• Ward A8</li> </ul>	<i>Enc.</i>	Governors
17/03 20mins	Patient Experience <ul style="list-style-type: none"> <li>• Complaints – verbal update</li> <li>• Friends and Family Test results - Jan</li> </ul>	<i>Verbal Enc.</i>	Chief Nurse
17/04 20mins	Trust Quality Dashboard	<i>Enc.</i>	Chief Nurse
17/05 10mins	Feedback from the Board Quality Committee Chair	<i>Verbal</i>	Margaret Bamforth, Chair of the Quality Committee
17/06 20mins	Quality Account <ul style="list-style-type: none"> <li>• Improvement priorities</li> <li>• Selection of local indicator for external auditor review</li> </ul>	<i>Verbal</i>	Ros Harvey Corporate Nursing Programmes Manager
17/07 5mins	Committee Governance <ul style="list-style-type: none"> <li>• Cycle of Business for 2017 – for approval</li> </ul>	<i>Enc.</i>	Chair
17/08 10mins	Any other business  Date of next meeting: 4 <sup>th</sup> April 2017	-	All

**GOVERNORS QUALITY IN CARE GROUP (QIC)**

**Minutes of the Meeting held on Monday 27<sup>th</sup> February 2017**

**Present:** Trust Conference Room, Burtonwood Wing, Warrington Hospital

Peter Lloyd Jones	Partner Governor (Chair)
Phil Chadwick	Public Governor
Alison Kinross	Public Governor
Sue Kennedy	Public Governor
Peter Harvey	Public Governor
Margaret Bamforth	Non-Executive Director
John Goodenough	Deputy Chief Nurse
Kimberley Salmon-Jamieson	Chief Nurse
Ursula Martin	Deputy Director of Governance and Quality

**In Attendance:**

Brenda Jackson	Executive Assistant (taking minutes)
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**Apologies:**

Norman Holding	Public Governor
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<p><b>17/00 – Welcome, Apologies and Introductions</b></p> <p>The Chair welcomed all members to the Council of Governors meeting.</p> <p>Apologies - See above listing.</p> <p><b>Declarations of Interest – in agenda items</b></p> <p>There were no interests declared in relation to the agenda items for the meeting.</p>
<p><b>17/01 – Action Notes of the meeting held on 4<sup>th</sup> October 2016</b></p> <p>The notes of the previous meeting were agreed as an accurate record.</p> <p>There were no matters arising.</p> <p>An action log is to be provided for future meetings.</p>
<p><b>17/02 – Governor Ward Visit Report – Ward A8</b></p> <p>Sue Kennedy briefed members on the Governor’s visit to Ward A8 on 22<sup>nd</sup> November 2016. She reported that they had attended the ward to observe the evening meal time which was extremely busy at the time of their visit. She observed that in Bay A all the patients had a degree of Dementia and required assistance. Open visiting has been introduced and will enable the patient’s relatives / visitors to provide assistance if required. Kimberley Salmon-Jamieson reported that they are looking to introduce a meal time procedure to assist volunteers and this will take approximately 3 to 6 months to embed and will form part of the Patient Experience Strategy. Members raised concerns that members of staff have observed some visitors eating the patient’s food. John Goodenough explained that the Catering Department carry out a number of audits. If there are areas of concern then a deep dive will be carried out ensuring that systems and processes are in place; again the Patient Experience Group will be looking at this.</p> <p>Margaret Bamforth informed members of the ‘This is Me’ booklet which individualises the patient and could include the meal time procedures.</p> <p>John Goodenough informed members of the ‘15 Steps Challenge’. He explained that this had come from a mother’s perspective whose child had attended a number of visits to different</p>



hospitals and found that she could assess an area within 15 steps. From this she had developed a framework to understand soft intelligence and create template.

Peter Harvey gave an example of the good relationship that the Governors have with staff and that the visits are carried out with the full co-operation of staff. It was reported that Pat McLaren, Director of Community Engagement and Corporate Affairs has produced pull-up boards that inform staff, visitors and patients that the Public Governors are carrying out Governor observation visit on the ward.

The Public Governors reviewed and noted the content of the report.

### **17/03 – Patient Experience**

#### Complaints (Verbal Update)

Kimberley Salmon-Jamieson reported that there is a backlog of complaints and she has put in place additional support. They have also introduced a trajectory along with a high level review and a comprehensive plan. There will be a complaints' review paper going to the Trust Board meeting in March 2017.

Kimberley Salmon-Jamieson informed members that the oldest complaint is 1 year old (2016) and there are 82 outstanding above 6 months. She explained that there is still a lot of work to be done to modernise the service with a dedicated 'hotline' number that is available 24/7 and will also be located at the patient's bed. She also advised that they are looking at themes and department trends and will put into operation improvement plans with Ursula Martin, Deputy Director of Quality and Governance as the lead.

Kimberley Salmon-Jamieson reported that the main trends include mis-diagnosis, A&E times, communication and attitude issues. She explained that one example in the A&E department is that they have removed the posters on the glass screens at the reception desk which now provides better visibility to both staff and patients.

Kimberley Salmon-Jamieson informed members that they now have a system where complaints are triaged into red, amber and green. The Executive Team will have sight of any 'red' flagged complaints.

#### Friends and Family Test Results

Kimberley Salmon-Jamieson advised that there are far lower response rates in busy areas such as the Emergency department and Urgent Care Centre. She explained that they are looking into modernising the current Friends and Family system by moving from the completion of cards to using electronic devices.

John Goodenough advised that there is a raft of information available to create a 3 dimensional report but the paper based system is not 'fit for purpose'. He reported that going forward they need to produce a report containing a narrative and substantial information.

The Council of Governors received and noted the content of the report.

#### **17/04 – Trust Quality Dashboard**

Kimberley Salmon-Jamieson reported that there has been one 'never event' and discussions are taking place with the Clinical Commissioning Group. She reported that VTE is still not in the 'green' but over the last 3 to 4 months it has moved into 94%. John Goodenough informed members that he will be attending a meeting today which will be focusing on areas/wards with low scores.

Discussion took place regarding the Lorenzo system; emphasising the difficulties encountered. Kimberley Salmon-Jamieson explained that unless the required fields are completed the system will not let you forward. She emphasised that no system is perfect and is developed around the organisation. She also reported that Lorenzo was part of a national roll-out. Members agreed that it would be beneficial if Jason DaCosta, Director of IM&T would attend a future meeting to apprise members on Lorenzo.

**Action: KSJ to ask Jason DaCosta to attend a future meeting.**


Kimberley Salmon-Jamieson reported that they are currently focusing on 'falls' and have appointed a 'Falls Specialist Nurse'. The Tissue Viability Team are developing an action plan around pressure areas. She reported that the 'mortality' figure is now moving into the 'green' and Simon Constable; Medical Director has implemented a plan to work towards 100% screening reviews.

The Public Governors' noted the Quality Dashboard.

#### **17/05 – Feedback from the Board Quality Committee Chair**

MB briefed members on the key issues reports from the Quality Committee to the Trust Board meeting.

- A workshop had taken place and had focused on Patient Experience and a number of work-streams had been identified.
- The Quality Committee's terms of reference have been reviewed and revised following the restructure of the committee.
- Junior Medical Staff – how lessons are learned are disseminated is key to ensuring patient safety particularly to junior medical staff that are rotating through placement. Ursula Martin reported that they have produced a learning framework and the first learning newsletter.
- The 6 monthly staffing update was presented by Kimberley Salmon-Jamieson who summarised the key challenges that included the number of staff vacancies, the recruitment and retention of staff and the maintenance of safe staffing levels. She reported that there are 135 Band 5 nurses across the Trust which is higher than the benchmark. She also explained that they are focusing on both national and local recruitment events. Discussion took place regarding flexible retirement but this remains dependant on the post.
- The Complaints and Concerns Policy was ratified and is now in place.
- The Do Not Attempt Cardiopulmonary Resuscitation Review was presented to the Quality Committee by Professor Simon Constable, Medical Director.
- The Quarterly Governance Report was presented and it was reported that they will be reviewing and giving the report a more 3 dimensional approach.
- There have been issues regarding the Lorenzo appointment letters.
- Mortality Screening.
- A Safeguarding review had taken place identify a number of recommendations with one of them being to bring both the Adults and Children's Safeguarding services together.
- A review of the Risk Register.
- The Dementia Strategy and Patient Experience Strategy will be presented to the Trust Board.

<p>- A Quality Assurance visit was carried out which reviewed the Breast Screening Services across the Warrington, Halton and St Helens and Knowsley area. The report was very positive and identified no immediate areas for improvement but did set out a number of recommendations. There are some significant challenges which include workforce pressure and accommodation. A monthly steering group has been set up to monitor progress against the action plan.</p> <p>In answer to a question Margaret Bamforth confirmed that she felt assured that things are transpiring and through processes they are able to drill-down to gain further assurance. She explained that SUIs all have action plans which are monitored on a regular basis.</p>
<p><b>17/06 – Quality Account</b></p> <p><u>Improvement priorities / Selection of local indicator for external auditor review</u></p> <p>Ursula Martin presented the Quality Report. She reported that there are 4 main priority areas and NHS Improvement (formally Monitor) published the detailed requirements for Quality reports on performance against indicators which are selected by the Board in consultation with stakeholders. The indicators must include 3 for patient safety, 3 for clinical effectiveness and 3 for patient experience which came about from the Darzi Review. The presentation showed the indicators chosen under each of the headings, the mandated indicators and examples of local indicators.</p> <p>Ursula Martin informed members of the selection of a local indicator 2016/17 for audit. She explained that the Trust must choose an audit and she suggested an audit regarding National Safety Standards for Invasive Procedures (NatSSIPs) or Safer Surgery around standard processes. A discussion ensued and members agreed for an audit around Safer Surgery.</p> <p><b>Action: Members of the Governor Quality in Care Group agreed that a recommendation for Safer Surgery audit be circulated to all Public Governors for agreement.</b></p> <p>A copy of the presentation is embedded for information.</p>  <p>Quality Account _ Report 2016_2017 (3)</p>
<p><b>17/07 – Committee Governance</b></p> <p><u>Cycle of Business for 2017 – for approval</u> Members of the Governor Quality in Care Group accepted the Cycle of Business for 2017.</p>
<p><b>17/08– Any Other Business</b></p> <p>Peter Harvey asked if the Trust was doing well with regard to agency spend. Kimberley reported that with the agency cap the Trust still has to use agency staff for backfill and B18 Winter Ward.</p> <p>Alison Kinross reported that she had a conversation with a staff representative who had voiced concerns around the tasks that agency staff would or not do throughout their shift. Kimberley explained that there is always a substantive member of staff on the wards and if it is observed that the agency staff do not have the right competencies / experience then it is the agencies responsibility to train their staff.</p> <p>There being no further business the Chair declared the meeting closed.</p> <p><b>Date of next meeting: 4<sup>th</sup> April 2017</b></p>



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**GOVERNOR ENGAGEMENT GROUP (GEG)**  
2pm to 4pm, 22<sup>nd</sup> February 2017, Executive Offices, Kendrick Wing, Warrington Hospital

**AGENDA**

Agenda Item		
Welcome, Apologies and Introductions	-	Chair
Declarations of Interest		
Meeting Notes from last meeting 3 <sup>rd</sup> October 2016	<i>Enc.</i>	All
Introduction to Engagement Group and draft work plan for 2017-18 <ul style="list-style-type: none"> <li>• Membership Strategy – for updating/refreshing</li> <li>• Membership newsletter – where next?</li> <li>• Patient and Public Engagement?</li> <li>• Your Health programme?</li> <li>• Annual Members Meeting – date</li> </ul>	<i>Enc.</i>	Pat McLaren, Director of Community Engagement and Corporate Affairs  ALL
Any Other Business <ul style="list-style-type: none"> <li>• Chair of the Governor Engagement Group</li> </ul>	-	All

## Governor Engagement Group (GEG)

22<sup>nd</sup> February 2017, Executive Offices, Kendrick Wing, Warrington Hospital

### Meeting notes

#### Present:

Keith Bland MBE	Public Governor (Chair)
Kenneth Dow	Public Governor
Alison Kinross	Public Governor
Sue Kennedy	Public Governor
Mark Ashton	Staff Governor
Mike Brownsell	Partner Governor University Of Chester

#### In attendance:

Pat McLaren	Director of Community Engagement & Public Affairs
Gayle Healey	Engagement Officer

#### Apologies:

Helen Bowers	Staff Governor
Meg Ellams	Foundation Trust Support

#### **COG/CAMC/17/01 Welcome introductions and apologies**

The chair welcomed all to the meeting. Apologies were received and noted. There were no declarations of interest in relation to agenda items.

#### **COG/CAMC/17/02 Summary Notes of previous meeting – 3<sup>rd</sup> October 2016 & Action Log from Previous Meeting**

The minutes of the previous meeting were accepted as a true record.

All items in the log were either completed or were on the meeting agenda.

**CAMC/16/30 – Governor Recruitment** – Pat McLaren provided an update of the most recent governor election and advised that the Trust now had a full Council of Governors with the following exceptions:

- Public Rest of England which was not filled at the election
- Public 3: Norton North, Halton Brook, Halton Lea whereby a Governor had recently resigned.

As the next Governor elections were due to be held in September 2017, the group agreed to look at how the trust could attract potential governors in more detail at the next meeting.

**Action: Governor Recruitment to be set as an agenda item for the next meeting.**

**CAMC/16/38 - Car parking** was completed, Pat McLaren advised that the car parking changes had been received well by visitors and the public.

Alison Kinross expressed concern that there was public car parking signage next to the Education Centre at Halton which was usually used by governors and staff when visiting the centre. If the signage was correct then there was only one small car parking area available for governors and staff at the main entrance.

**Action: Pat McLaren to check the car parking signage by the Education Centre at Halton and feed back to the group at the next meeting.**

### **COG/CAMC/17/03 Introduction to Engagement Group and draft work plan for 2017-18**

#### **Membership Strategy – for updating/refreshing**

A paper was provided to the group as a reference point for discussion. The group was asked for their thoughts on how the Trust could engage with members, patients, recruit governors and recruit new members which could be incorporated in to the new strategy. Gayle Healey advised that the membership was currently under representative of ethnic minorities, males and people aged under 40 years of age.

The following points were raised:

Kenneth Dow suggested that to increase the membership of people aged under 40 years of age the trust could focus on schools. A link into schools could be fellow governor Phil Chadwick who worked for WBC and visited schools regularly to raise awareness of recycling.

Mike Brownsell informed the group of a Health Schools Project that targeted young people with two key messages: advice on how to stay healthy and advice on working in health care. He also suggested that the trust could link into Colleges of FE to help boost younger membership numbers.

**Action: Mike to send Pat McLaren information regarding the Healthy Schools Project.**

Keith Bland advised that Warrington Borough Council had successfully engaged with ethnic minorities by visiting their groups and suggested that an informal talk from the trust about its services and membership could be beneficial.

Sue Kennedy felt that more work was required on promoting the members as generally the public did not know they could be a member or understand what the membership was. She also felt that the role of the governor needed to be clearer by using more simplified language. Currently some of the language used was dense and complicated which could be a barrier for ethnic minorities or younger people.

Pat McLaren advised that the trust was currently putting up posters in 20 different languages around the sites which say if anyone required an interpreter they could speak to a member of staff who could make arrangements with the trusts translation service.

The group felt that more discussion was required on this topic and agreed to invite the Trusts Equality & Diversity Lead to the next meeting for expert advice.

**Action: Invite Sophie Hunter Equality & Diversity Lead to the next meeting to discuss further.**

#### **Membership Newsletter – Where next?**

The future of the membership newsletter was discussed with a view to identifying whether one was required, what frequency and format and which provider to use.

Over the last 12 months the provider Newsquest had been used to insert the newsletter into an edition of the Warrington Guardian four times per year. Whilst having a great circulation rate a considerable number of members had been missing out.

Keith Bland suggested contacting the editor of Warrington Worldwide to see if the trust could work with them to help distribute the 'your hospitals' newsletter in some capacity. Pat McLaren advised that she had already invited them to provide the trust with a quote.

Mark Ashton asked if the trust could use social media to engage with younger people and create awareness of the membership.

Kenneth Dow noted that it would be more beneficial to insert the 'your hospitals' newsletter into paid papers rather than free papers as the distribution of free papers could be spasmodic and not be delivered in some areas. The group agreed that the trust should continue to provide a members newsletter with a view to reducing costs by producing one per year rather than four per year.

Gayle Healey suggested that the annual newsletter be distributed at a time when the Annual Members Meeting and upcoming Governor Elections could be advertised.

***Action: Explore the possibility of using Warrington Worldwide to help distribute the Your Hospitals newsletter and report back to the next meeting.***

#### **Membership Database**

Pat McLaren advised that the membership database provider was pulling out of the market in the next few months which has led to a requirement for a replacement.

***Action: Gayle Healey to arrange meeting between Pat, Mark Ashton & herself to look at the requirements of a new database provider and governance around member's data. Update to be provided at the next meeting.***

Alison Kinross requested that governors' email addresses were included in the distribution for the member's matters email bulletins as some governors were not receiving them.

***Action: Gayle Healey to check that all governor email addresses are on the membership database so they are all included in the monthly members' matters emails.***

#### **Patient & Public Engagement?**

A paper was received by the group with regard to information on what options other trusts in the local area have organised with regard to a Family Open Day. Other trusts had held open days in the past, but due to monetary and staff resources and little return they had stopped doing them unless it was to celebrate a large event such as celebrating 10 years as an FT or the opening of a new department/service.

The group agreed to hold the Annual Members Meeting this year with a market place 'Wellbeing Day' rather than an Open Day.

Ideas generated for the Annual Members Meeting/Marketplace event were:

- The 'Wellbeing Day' would comprise of interactive staff stall holders including the Stroke team for free blood pressure checks and the Trusts Charity.
- Use the AMM as a 'thank you for supporting us' for members where they could come along to the market place and receive a Health MOT.
- Postcards, personal invitations to members from the Chairman could work, resources permitted to encourage members to attend.
- The group agreed that the two possible dates for the AMM this year were Thursday 22<sup>nd</sup> September or Thursday 28<sup>th</sup> September.

**Action: Potential dates for the AMM to be put to the Council of Governors next meeting for consideration.**

**Action: Plan for the AMM to be brought to the next meeting.**

### **YH Events**

A paper was received by the group which detailed the planned events for 2016/17.

The group agreed that there was no capacity in the Communications department to organise and deliver Your Health Events for members and the public at present. Resources would be better spent promoting the big stories of the trust and getting involved in consultations such as the ideas of AED to close at midnight or the new health and wellbeing centre the trust was planning.

Mike Brownsell informed the group of the NHS Institute for Innovation and Improvement's '15 step challenge' whereby student nurses at the University of Chester were looking to become Student Quality Ambassadors by helping to improve the environment for patients by helping them feel welcome and viewing a ward or care environment from a patients perspective to identify areas for improvement. He suggested by linking into the scheme student nurses and the trust could benefit.

**Action: Pat McLaren to look into the 15 Step Challenge and potential use for the trust.**

### **COG/CAMC/17/04 – Any Other Business**

**Chair of the Governor Engagement Group** - Keith Bland was happy to remain as chair of the group.

**CQC Update** – Pat McLaren provided an update of the preparations the Trust was undertaking in readiness for the next CQC visit.

**Governor Attendance of Meetings** - Kenneth Dow expressed concern that some governors could not attend as many meetings as others due to work obligations and requested that governor meeting times could be reviewed.

**Charity Chat** - Alison Kinross requested that governors are included in the circulation of the Trusts Charity Chat newsletter.

**Action – Gayle to speak with Helen Higginson to include governors on the distribution list.**

Meeting Closed.

Date of next meeting 12<sup>th</sup> April 2017