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Warrington and
Halton Hospitals
NHS Foundation Trust

WHH Council of Governors

Thursday 16 May 2019

3:30pm – 6:00pm

Trust Conference Room

WARRINGTON HOSPITAL



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**Warrington and
Halton Hospitals**
NHS Foundation Trust

COUNCIL OF GOVERNORS
THURSDAY 16 May 2019, 3.30pm-6.00pm
Trust Conference Room, Warrington Hospital

AGENDA ITEM COG/19/05/XX	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/DESIRED OUTCOME	PROCESS	PRESENTER
			<i>IT</i>	<i>IT</i>	
COG/19/05/17	3.30pm	WRAG Update	<i>For info/update</i>	<i>Verbal update</i>	Carl Marsh Chief Commissioner, Warrington CCG
FORMAL BUSINESS					
COG/19/05/18	4.00pm	Welcome and Opening Comments <ul style="list-style-type: none"> • Apologies • Declarations of Interest 			Chairman
COG/19/05/19 <u>PAGE</u>		Minutes of meeting held 14 February 2019 Minutes of Extraordinary meeting held on 11 April 2019	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/19/05/20 <u>PAGE</u>		Matters arising/action log	<i>For assurance</i>	<i>Action log</i>	Chairman
GOVERNOR BUSINESS					
COG/19/05/21 <u>PAGE</u>	4.05pm	Lead Governor Update	<i>For info/update</i>	<i>Verbal</i>	Lead Governor
COG/19/05/22 <u>PAGE</u>	4.10pm	Items requested by Governors <ul style="list-style-type: none"> - Update from CQC Well Led Inspection - Halton Healthy NewTown Update (PPT) - UTC Progress Updates - Shuttle Bus 	<i>For info/update</i>	<i>Briefing notes +Q&A</i>	
COG/19/05/23 <u>PAGE</u>	4.30pm	Annual Appraisal of Non-Executive Directors		<i>Verbal</i>	Chairman
COG/19/05/24 <u>PAGE</u>	4.35pm	Reports from <ul style="list-style-type: none"> - GEG 8.5.2019 - Governors QiC 7.5.2019 	<i>For info/update</i>	<i>Verbal</i>	Chair of GEG + Chair of QiC
TRUST BUSINESS					
COG/19/05/25 <u>PAGE</u>	4.45pm	Chief Executives Report including Integrated Performance Report (send under separate cover)	<i>For info/update</i>	<i>Verbal +IPR</i>	Chief Executive
COG/19/05/26 <u>PAGE</u>	4.55pm	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
COG/19/05/27 <u>PAGE</u>	5.05pm	Trust Operational Plan	<i>For info/update</i>	<i>Report</i>	DoF + Commercial Development
COG/19/05/28 <u>PAGE</u>	5.15pm	Engagement Dashboard	<i>For assurance</i>	<i>Report</i>	Dir Community Engagement +Fundraising
COG/19/05/29 <u>PAGE</u>	5.25pm	Proposal to change the Trust's name	<i>For assurance</i>	<i>Presentation</i>	Dir Community Engagement +Fundraising
COG/19/05/30 <u>PAGE</u>	5.35pm	Strategy Delivery Update Bi-Annual Report	<i>For assurance</i>	<i>Report</i>	Director of Strategy
COG/19/05/31 <u>PAGE</u>	5.45pm	My-Choice Progress Report	<i>For assurance</i>	<i>Report</i>	DoF + Commercial Development
GOVERNANCE					
COG/19/05/32 <u>PAGE</u>	5.55pm	CoG Cycle of Business	<i>For decision</i>	<i>Report</i>	HCA
COG/19/05/33 <u>PAGE</u>		Amendment to the Constitution (CiC)	<i>For info/update</i>	<i>Report</i>	Head of Corporate Affairs
COG/19/05/34 <u>PAGE</u>		Governor Training and Development MIAA as available	<i>For discussion</i>	<i>Verbal</i>	Head of Corporate Affairs
CLOSING					
COG/19/05/35 <u>PAGE</u>		Any Other Business		<i>Verbal</i>	Chair

Schedule of 2018-19 dates attached for information

Next Meeting Date will be on Thursday 15 August 2019, 4.00pm-6.00pm

The Trust Conference Room, Warrington Hospital



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**Warrington and
Halton Hospitals**
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the Meeting held on Thursday 4 February 2019

4.00pm to 6.00pm, Lecture Theatre, Education Centre, Halton Hospital

Present:

Steve McGuirk (SMcG)	Chairman (Chair)
Mel Pickup (MP)	Chief Executive
Mark Ashton (MA)	Staff Governor
Paul Bradshaw (PB)	Public Governor
Victoria Harte (VH)	Partner Governor, Warrington + Vale Royal College
Norman Holding (NM)	Public Governor & Lead Governor
Colin Jenkins (CJ)	Public Governor
Ian Jones (IJ)	Non-Executive Director
Alison Kinross (AK)	Public Governor
Anne Robinson (AR)	Public Governor
Nick Stafford (NS)	Public Governor
Colin McKenzie (CMcK)	Public Governor
Linda Mills (LM)	Public Governor
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Louise Spence (LS)	Staff Governor
Pat Wright (PW)	Partner Governor, Warrington Council

In Attendance:

Helen Dixon (HD)	Head of HR (<i>Item 14 only</i>)
Ursula Martin (UM)	Director of Integrated Governance + Quality (<i>Item 01 and 11 only</i>)
Pat McLaren (PMcL)	Director of Community Engagement + Fundraising
John Culshaw (JC)	Head of Corporate Affairs
Julie Burke (JB)	Secretary to Trust Board (Minutes)

Apologies:

Terry Atherton (TA)	Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Simon Constable (SC)	Executive Medical Director, Deputy Chief Executive
Erin Dawber (ED)	Public Governor
Jean Noel Ezingard (JNE)	Non-Executive Director
Professor John Williams (JW)	Partner Governor, University of Chester
Anita Wainwright (AW)	Non-Executive Director

COG/19/02/ 01	CQC Update – CQC Mock inspection, preparation	
	<p>UM provided a high level summary following the CQC Mock Inspection on 21 January which had involved a number of staff, governors and external partners to assess and provide a view on the quality of services, staff perception and culture on both hospital sites. General feedback on Halton site had been positive with evidence of good practice across a number of areas and no clinical concerns raised. Key themes from Warrington site had been improved culture regarding escalation and confidence and management, complementary feedback relating to care from patients in waiting areas and wards, improved executive visibility and significant improvement in some areas requiring improvement from previous inspection, especially A8/A9 and maternity. There was evidence of supportive team work, improved Dementia care and a number of improved practices including safeguarding, medicines management and infection control.</p> <p>Work is underway for areas that had been identified for improvement including environmental issues, sharing of learning from incidents, information governance with some Task and Finish Groups established to support ‘Quick Wins’, ie executive visibility and keeping</p>	

	<p>patients informed on waiting times in out patients and ED.</p> <p>UM explained that the Trust is in preparation stage for the anticipated CQC/Well Led Inspection. The Use of Resources assessment is 2 April and the Well Led Inspection 30 April and 1 and 2 May. Unannounced visit for Clinical Services anticipated in the same time period. In response to queries raised, UM confirmed that the Well Led Inspection and Clinical Services inspection will be across any time period on any given day and that the Trust had completed its own self-assessment against the KLOEs which had been submitted last month.</p> <ul style="list-style-type: none"> • Self-Assessment Submission to be circulated. 	
COG/19/02/11	Complaints Report	
	<p>Q3 Report had been circulated. UM explained that timeliness of complaints continues to improve, backlog now cleared, with significant improvement relating to breach times of complaints of 1-2 days. Increase had been reported in the number of complaints received, mainly due to seasonal variation due to challenges in A&E across the whole health system. Data will be analysed to identify any key themes for the increase.</p> <p>UM left the meeting.</p>	
COG/19/02/02	Welcome, Apologies & Introductions	
	<p>The Chairman welcomed Governors' Staff, and Non-Executive Directors, welcoming Victoria Harte to her first Council meeting. Apologies – noted above.</p> <p>There were no declarations of interest in relation to the agenda items for the meeting.</p>	
COG/19/02/03	Minutes of meeting held 15 November 2018 and GNARC held 4 February 2019	
	<p>The minutes of the meeting held on 15 November 2018 and 4 February 2019, were approved as a true and accurate record.</p>	
COG/19/02/04	Matters arising/action log	
	<p>Action log noted, remaining items were covered on today's agenda.</p> <p>Action/17/04 WRAG presentation. Deferred to the May CoG. The Chairman proposed the meeting commence at 3.30pm to allow full discussion for this item.</p>	
COG/19/02/05	Lead Governor Update	
	<p>NH provided an update on pertinent matters since the last CoG:</p> <ul style="list-style-type: none"> - <u>Non-Executive Director (NED) Uplift</u>. A GNARC convened on 4 February 2019 and considered and supported recommendation that the Trust await further guidance from NHSI regarding Non-Executive uplift. • The Council of Governors accepted and supported this recommendation. - JN Ezingard, NED, had tendered his resignation due to relocation. The vacancy had been advertised through the Appointments Commission/NHS Jobs with interviews scheduled for early April 2019. - The Governor Working Party (GWP) had reviewed arrangements through benchmarking of other FTs for Governor attendance at Board Sub Committees as observers. JC to seek expressions of interest from 4 Governors outside of the meeting to attend Quality Assurance, Finance + Sustainability, Audit and Charitable Funds Committees. The GWP will continue to meet to explore future areas for improvement to support the efficacy of the CoG. Future dates to be circulated by HCA. - 1:1s continue with the Chairman, and attendance at the Lead Governor Association. - NH attended recent Model Hospital MIAA seminar, slides to be circulated when received. - NH asked that Safeguarding Training for Governors to be expedited. JC explained options for on-line training are being discussed with the Deputy CN, arrangements to be shared when finalised. - Programme of MIAA training to be circulated when finalised. <p>The Chairman thanked NH for his work, especially as Lead Governor.</p>	
COG/19/02/06	Ratification of Non-Executive Term of Office	
	<p>SMcG explained that the GNARC, on 4 February 2019, had discussed the proposal and recommendation to appoint Dr M Bamforth as Non-Executive Director for a second term of three years, commencing 21 April 2019. The GNARC supported this recommendation.</p>	

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	<ul style="list-style-type: none"> • The Council of Governors approved this recommendation. 	
COG/19/02/07	Reports from GEG and Governors QiC	
	<p>NH provided an updated on key issues discussed by GEG and QIC in February 2019:</p> <ul style="list-style-type: none"> - Annual programme of engagement with the public agreed. First event had been held earlier today with external partners and members of the public. - PW asked the extent of Warrington HealthWatch involvement in such events and wider engagement and involvement with the Trust, MP added that Halton Healthwatch are move active, Warrington Healthwatch work primarily with the Chief Nurse with appropriate feedback through the OSC and Health and WellBeing Board. - Following query from NS relating to patient engagement/feedback data available, it was agreed to share the Board Engagement dashboard with Governors with current data. <p><u>QiC:</u></p> <ul style="list-style-type: none"> - Quality strategy and priorities discussed, continued feedback from Chair of QAC on other quality matters. - Observation visits undertaken on A7, Discharge Unit, Frailty Unit and AMU noting significant improvement in staffing ratio, patient and family feedback correlating with positive feedback and engagement and reduction in complaints across the Trust. Evidence that actions are being addressed and measures put in place, either through PALS or by individual departments, including improved access to Discharge and Frailty Unit. Governor visits welcomed by staff allowing sharing of concerns and good practice as a clear distinction to the Ward Accreditation visits. 	
COG/19/02/08	Items requested by Governors	
	Refer to CEO update	
COG/19/02/09	Chief Executive Briefing	
	<p>MP provided an update on national and local matters:</p> <p><u>Long Term NHS Plan.</u> MP had attended the launch of the NHS 10 Year Plan which revalidates the direction of travel in the 5 Year Forward View, integrating health and social care services, breaking down fragmentation between hospital and other care providers, tackling health inequalities, with an emphasis on prevention. MP explained locally this will be through One Halton and Warrington Together.</p> <p><u>One Halton</u> - further collaborative working with BWCHFT chief provider of Out of Hours and Community Services and the Trust as the main provider of Acute Services. Aspiration to run the UCTC in Halton and Warrington in partnership with BWCHFT and Halton GP Federation.</p> <p><u>Warrington Together</u> - Frailty model developing, funding secured to support triage of patients when they arrive at A&E to identify the suitable package of care either in another care setting or at home, avoiding admission where possible. Aspiration for health professional to visit patients at home to avoid hospital admission with a wider MDT working out of the hospital, linking to the Care Home Team in Warrington run by BWCF and GPs to the Ambulatory Care model.</p> <p>For more complex conditions and improved patient outcomes, ie Stroke, development of centralised units to manage complex patients with rehabilitation at local hospitals continues with HyperAcute care now provided 24/7 at StH&KHT.</p> <p><u>Eastern Sector Cancer Hub</u> - clinical model being finalised which will underpin the need to centralise services, the Trust had presented a strong strategic case for this to be provided at Halton, process is being led by Knowsley CCG.</p> <p><u>Temporary Ward</u> – Due to the Kendrick Fire and relocation of Ophthalmology to the Daresbury Wing, the Trust had lost the facility for escalated beds in Daresbury Ward. To support winter challenges, a Temporary Ward is being established on the Main Car Park, which will then allow capital work to progress the development of the Midwifery Led Unit, recommended following the last CQC inspection.</p>	

	<p><u>UTC</u> – bid process underway. MP explained that patients attending the UCTC at Halton do not currently pay for parking. Halton CCG had confirmed that this funding will cease from 1 April 2019 and that parking arrangements will be the same for patients attending the hospital, this is a CCG decision, not a Trust decision. Activity based one year Contract with commissioners under negotiation, Draft plan submitted 12 February 2019 following sign-off by the Board.</p> <p><u>Shuttle Bus Action</u> - In response to question raised by PLJ, MP explained that Halton CCG had given notice that they will not be funding this service from 1 April 2019, currently shared 50/50 with the Trust, circa £35k each. The Trust is exploring options to continue, including changing or reducing frequency of services. The Board had discussed this matter, due to the financial challenges faced by the Trust, acknowledging the impact on both patients and staff. The IPR was noted and no further questions raised.</p>	
COG/19/02/10	Chairman’s Briefing	
	<p>The Chairman explained that the majority of the matters he wished to provide an update on had been covered during earlier discussions, adding that Ryan Newman, Public Governor had resigned from his post due to his relocation to another area and thanked Ryan for his contribution to the Council of Governors during his tenure.</p> <p>NH two year tenure as Lead Governor was due to end February 2019. The HCA had written to those Governors who met the two eligibility criteria asking for Expressions of Interest, detailing the election process. Responses had been received from eligible Governors, including NH, no other Governors wished to stand for the role, predominantly due to the excellent job Norman was doing. As such the Council were asked to support the re-appointment of Norman as Lead Governor for a second, two year term unopposed.</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion. 	
COG/19/02/11	Complaints Report – refer to Minute COG/19/02/02 above	
COG/19/02/12	Proposal from Governor Working Party	
	<p>SMcG thanked Governors for their response to the Governor Effectiveness survey, proposing a high level report to the next CoG on areas identified/challenged and responses.</p> <ul style="list-style-type: none"> • High level summary to the next CoG. 	
COG/19/02/13	Proposed amendments to the Constitution	
	<p>JC provided an overview of proposed amendments to the Constitution following review by the Governor Working Party and benchmarking of other comparable Foundation Trusts:</p> <p><u>Council of Governors Tenure</u> – be amended for three, three year terms</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion <p><u>Non-Executive Directors Tenure</u> – addition to include two, three year terms, any term beyond the six years to be subject to annual review and authorisation, with maximum of 9 year term. This will allow for business continuity.</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion <p><u>Eligibility to be a Governor</u> - Amendment agreed Removed from office as a Governor of the Trust in accordance with to be amended to read Removed from office as a Governor of <u>any</u> Trust in accordance with</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion <p><u>Termination of office and removal of Governors</u> - Proposed amendment relating to required meeting attendance supported.</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion 	

	<p><u>Gender Neutral document</u> - Proposed amendment replacing s/he his/her references replaced with they or their supported.</p> <ul style="list-style-type: none"> • The Council of Governors supported this motion. • The Council of Governors approved the proposed amendments to the Constitution for recommendation to the Trust Board for ratification. 	
COG/19/02/14	Workforce Race Equality Standards (WRES)	
	<p>HD provided an overview of progress since that the last update to the CoG and next steps providing assurance the Trust had met its statutory duties, based on 2017 data with WRES report published and action plan produced. The Trust position reflects the national position relating to the 9 protected characteristics. There had been a reduction in number of BME staff reporting bullying and harassment from patients from 30% in 2016 to 18% in 2017 and from staff from 25% to 20%, both below the national average. Following analysis of the data and feedback from staff, a number of focussed working and engagement groups had been undertaken to explore barriers and challenges. Work continues to engage BME and other White non-British nationals with the Trust and improve processes already in place, whilst recognising the constraints due to the make-up of the Warrington population.</p> <p>As a result of the FTSU Guardian attending a BME focus group, a BME FTSU Champion has been identified which will further support improved engagement from this group of staff.</p> <p>An Equality and Diversity Inclusion Strategy is being developed through a number of forums including Patient Experience Committee for ratification and roll-out in March and recruitment practices to be reviewed to ensure that skills and experience can be recognised easily.</p> <p>Then next report will be based on 2018 Staff Survey data, to be published in August 2019.</p> <p>SMcG thanked HD for her overview and asked that options are explored for FTSU BME Champion to attend CoG as a 'Partner' 'Staff' Governor, in line with Constitutional regulations.</p>	
COG/19/02/15	Governor Training and Development MIAA	
	<p>JC highlighted external events including 14.03.2019 at Manchester University and 9.05.2019, Governor Focus Centre – Equality Diversity Awareness.</p> <p>AOB. The Chairman introduced and welcomed D Holden, Interim Senior Governance Adviser who is providing support to the Foundation Trust Office, preparation for the CQC inspection and wider Governance support.</p>	
	Date and time of next meeting Thursday 16 May 2019, 3.30pm-6.00pm, Trust Conference Room, WARRINGTON HOSPITAL	

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EXTRA-ORDINARY MEETING OF THE COUNCIL OF GOVERNORS
Minutes of the Meeting held on Thursday 11 April 2019
4.00pm, Trust Conference Room, Warrington

Present:

Steve McGuirk (SMcG)	Chairman (Chair)
Mel Pickup (MP)	Chief Executive
Terry Atherton (TA)	Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Erin Dawber (ED)	Public Governor
Jean Noel Ezingard (JNE)	Non-Executive Director
Colin Jenkins (CJ)	Public Governor
Ian Jones (IJ)	Non-Executive Director
Alison Kinross (AK)	Public Governor
Anne Robinson (AR)	Public Governor
Nick Stafford (NS)	Public Governor
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Louise Spence (LS)	Staff Governor
Anita Wainwright (AW)	Non-Executive Director

In Attendance:

John Culshaw (JC)	Head of Corporate Affairs
Julie Burke (JB)	Secretary to Trust Board (Minutes)

Apologies:

Mark Ashton (MA)	Staff Governor
Colin McKenzie (CMcK)	Public Governor
Linda Mills (LM)	Public Governor
Professor John Williams (JW)	Partner Governor, University of Chester

EoCOG/19 /04/17	Welcome, Apologies & Introductions	
	<p>The Chairman welcomed all Governors', Staff, and Non-Executive Directors to the meeting, Apologies – noted above. There were no declarations of interest in relation to the agenda items for the meeting.</p> <p>The Chairman reminded colleagues that a period of Purdah was still in place until 2 May 2019 relating to any pertinent matters discussed today.</p>	
EoCOG/19 /04/18	Ratification of Appointment of Non-Executive Director	
	<p>The Chairman reported that following a successful recruitment campaign, 25 applications had been received and 4 candidates invited for interview following a shortlisting process by The Chairman, CEO and HCA. One candidate withdrew from the process. Following interview and feedback from the focus group leads, the Panel unanimously appointed Dr C Richards who had accepted the position. Reference checks had now been completed with a view to Dr Richards commencing as soon as possible. Dr Richards is a GP in Halton and had previously been Chair of Halton CCG.</p> <ul style="list-style-type: none"> The Council of Governors ratified the appointment of Dr C Richards 	
EoCOG/19 /04/19	Update on collaborative working with Bridgewater Community Health NHS FT	
	<p>The CEO shared a presentation following a recent Board to Board meeting with BWCH FT providing background context of NHS organisational changes since 2011, including Transforming Community Services (TCS) when PCTs divested their provider arms of Out of</p>	

	<p>Hospital services, which following a tender and bid process had been awarded to Bridgewater CH NHS FT, on a wide geographical footprint.</p> <p>MP described how the Trust had and continues to work with BWCH FT since then and some of the healthcare challenges currently faced in Halton and Warrington such as, fragmented pathways, late cancer diagnosis, obesity, A&E waiting times and financial instability. Benefits of future collaborative working were discussed including, providing a boost to out of hospital care and help reduce pressure on emergency hospital services with a community infrastructure including rehabilitation/step down/intermediate care facilities. Collaboration would also mitigate the risk of getting things wrong when patients are moved from one organisation to another during their treatment pathway.</p> <p>Aspiration for an Integrated Care Provider (ICP) organisation providing primary, community and social care reflected in the 5YFV and 2019 Long Term NHS Plan supports this aspiration.</p> <p>As part of One Halton Place Based planning, CEO explained that discussions have been progressing since December 2018 to agree a more formal relationship with BWCH FT for shared services and structured working with Executive to Executive meetings and in March the Board to Board.</p> <p>The presentation detailed the strategic enablers to the collaboration and economies of scale such as workforce, digital, estates and corporate services.</p> <p>A vision of how the ICP organisation would look was explained to the group with examples of horizontal and vertical integration currently working with StH&KHT, Alder Hey, Walton Centre.</p> <p>The following observations were made: Reference was made to Warrington Together and if the GP Primary Care network is part of the collaborative discussions. The CEO explained discussions are ongoing with Primary Care Network to understand overlay of Networks and GP Federations with a strong GP and ICP relationship vital to new ways of working.</p> <p>MP addressed concerns regarding any future ICP explaining that due diligence and governance would be followed to complete any transactional and legal matters. With reference to observation related to the potential large geographical area that would need to provide services and challenges of Domiciliary Care and UTC in Warrington, MP reiterated that an ICP would provide opportunities for collaborative working across a number of services and geographical areas, providing new and different opportunities for staff to work in a number of service areas. The decision relating to UTC remains with the Commissioners.</p> <p>The Chairman summarised next steps to be taken including:</p> <ul style="list-style-type: none"> - a clear communication plan for all staff, partners and stakeholders to be developed. - Key principles will be established to allow progress ensuring that due diligence, accountability and governance processes are followed. 	
	<p>Date and time of next full Council of Governors, Thursday 16 May 2019, 3.30pm-6.00pm, Trust Conference Room, WARRINGTON HOSPITAL</p>	

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	CoG/19/05/20	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	16 May 2019
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1. ACTIONS on Agenda

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/04	6.04.2017	WRAG presentation	Further session to planned for 3-6 months	WCCG	CoG 16.05.2019		15.02.2018. Date TBC for further presentation. 06.08.2018 – November CoG to be extended by 30 minutes to incorporate WRAG Update. 15.11.2018 Deferred to February CoG. 14.02.2019. Deferred to May CoG by WCCG.	
COG/18/08/47	16.08.2018	My-Choice	6 monthly progress report to May 2019 CoG	DoF	16.05.2019		17.12.2018. Launch date November. Progress report to May	
COG/18/11/64	15.11.2018	WHH Strategy Update	Updates to CoG every 6 months	DoS	16.05.2019		Next report due 16 May 2019	
COG/19/02/12	14.02.2019	Governor Effectiveness Survey	High level summary to next CoG.	HCA	16.05.2019			
COG/17/07/38	20.07.2017	Proposal to change the Trust's name	MB to seek advice relating to University status for the Trust.	Director of CE&CA	16.05.2019	Ongoing process	19.10.2017. PMcL to raise awareness through team brief. Proposal for WHH and University Teaching Partnership to be presented to next CoG. Update next CoG. 15.02.2018. Discussions ongoing, update to next meeting. 17.05.2018. Discussions ongoing, update to next meeting. 16.08.2018. Refer to minutes COG/18/08/49. Full consultation with Membership 09/2018.	



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2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/18/08/37	16.08.2018	Governors	Car Parking – Walk-through on sites by Governors to be arranged prior to changes to current arrangements	HCA/Ass Director Estates +Facilities			6.02.2019. Financial model to be agreed to ensure value for money.	
COG/18/11/56	15.11.2018	Lead Governor Update	Date of visit to CoCH to be circulated	HCA			6.02.2019. Awaiting confirmation from CoCH.	
COG/18/11/60	15.11.2018	CEO Report	Date of next Patient Safety Summit TBC.	Executive Medical Director			15.02.2019. Date TBC, anticipated September 2019	
COG/19/02/01	14.02.2019	Lead Governor Update	Arrangements for Safeguarding Training to be confirmed	HCA			28.02.2019. Safeguarding Team progressing access to E-Learning with HR Dept	
COG/19/02/14	14.02.2019	WRES Update	Options for FTSU BME Champion to attend CoG as a 'Partner' or 'Staff' Governor.	HCA				

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/18/11/58	15.11.2018	Chair of GEG report	PMcL to circulate Patient Participation Strategy	DCE			18.1.2019. Strategy circulated for comments prior to GEG on 6.1.2019. 12.02.2019. Presented to	



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							Patient Experience Committee prior to presentation to Trust Board on 27 March 2019. <u>27.03.2019</u> Approved by Trust Board and circulated to CoG 12.04.2019.	
COG/19/02/01	14.02.2019	Lead Governor Update	Expressions of interests from 4 to attend Quality Assurance, Finance + Sustainability, Audit Committee and Charitable Funds Committee.	HCA		24.04.2019	<u>15.02.2019</u> . Expressions of interest emailed. <u>24.04.2019</u> . Confirmation of Gobs selected to attend respective Committees confirmed. AR-QAC;-PB FSC; AK – CFC;CJ- SPC; MA-Audit Committee. PLJ, ED, JW confirmed as 'stand-in'	

RAG Key

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

AGENDA REFERENCE:	COG/19/05/22		
SUBJECT:	Items requested by the Governors		
DATE OF MEETING:	16 th May 2019		
ACTION REQUIRED	To note		
AUTHOR(S):	John Culshaw, Head of Corporate Affairs		
EXECUTIVE SPONSOR	Mel Pickup, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:			
	All		
EXECUTIVE SUMMARY			
	<p>Prior to each meeting of the Council of Governors, Governors are asked if there are specific matters for which they wish to receive updates, information or assurance on.</p> <p>Items requested for this meeting include:</p> <ul style="list-style-type: none"> - Update from CQC Well Led Inspection - Halton Healthy New Town Update - UTC Progress Updates - Shuttle Bus 		
PURPOSE: <i>(please select as appropriate)</i>	Information ✓	Approval	To note ✓
			Decision
RECOMMENDATIONS	The Council of Governors is asked to note the updates		
PREVIOUSLY CONSIDERED BY	Committee		
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		



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SUBJECT	Items requested by the Governors	AGENDA REF	COG/19/05/22
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1. BACKGROUND/CONTEXT

Prior to each meeting of the Council of Governors, Governors are asked if there are specific matters for which they wish to receive updates, information or assurance on.

Items requested for this meeting include:

- Update from CQC Well Led Inspection
- Halton Healthy New Town Update
- UTC Progress Updates
- Shuttle Bus

2. KEY ELEMENTS

1. Update from CQC Well-Led Inspection

Verbal update to be provided and the film shared with the CQC at the start of the CQC Well-Led review to be shared.

2. Halton Healthy New Town Update

Presentation at the meeting to be provided by Lucy Gardner, Director of Strategy.

3. Urgent Treatment Centre (UTC) updates

The Trust's tender has been submitted in association with Bridgewater Community Healthcare NHS FT to provide the UTC services for both Lot 1 and Lot 2 (Runcorn and Widnes). As part of the process we have undertaken site visits and attended a dialogue session with the commissioner / procurement leads. Subsequent to submission we have been invited to a clarification session which is due to take place on the 16th May 19. This is an opportunity to clarify any aspects of our submission in greater detail. It is anticipated that an outcome as to the successful bidder will be likely be announced between 7th – 10th June 19.

4. Shuttle Bus

The contract for the shuttle bus has been extended to the 31.10.19 and there has been no change to the service provided.



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3. RECOMMENDATIONS

The Council of Governors is asked to note the updates



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NHS Foundation Trust

Council of Governors

AGENDA REFERENCE:	COG/19/05/27			
SUBJECT:	Operational Plan			
DATE OF MEETING:	16 May 2019			
ACTION REQUIRED	To note			
AUTHOR(S):	Jane Hurst, Deputy Director of Finance			
EXECUTIVE SPONSOR	Andrea McGee, Director of Finance and Commercial Development			
EXECUTIVE SUMMARY				
	As per the NHS Improvement reporting timetable the Trust was required to submit an operational plan on 4 April 2019. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on 20 March 2019 and the Trust Board on 27 March 2019. The Trust has accepted the control total set by NHSI of breakeven which means the Trust can access additional funding of £17.9m through Marginal Rate Emergency Tariff (MRET), Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF).			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note x	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the paper.			
PREVIOUSLY CONSIDERED BY	Finance + Sustainability Committee 20.03.2019 FSC/19/03/47 Trust Board 27.03.2019 PBM/19/03/16			
	Summary of Outcome		Approved	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Partial FOIA Exempt			
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	Section 43 – prejudice to commercial interests			



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SUBJECT	Operational plan 2019/20	AGENDA REF	CoG/19/05/27
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1. BACKGROUND/CONTEXT

As per the NHS Improvement reporting timetable the Trust was required to submit an operational plan on 4 April 2019. Prior to the submission the plan was reviewed and approved by the Finance and Sustainability Committee on 20 March 2019 and the Trust Board on 27 March 2019. The Trust has accepted the control total set by NHSI of breakeven which means the Trust can access additional funding of £17.9m through Marginal Rate Emergency Tariff (MRET), Financial Recovery Fund (FRF) and Provider Sustainability Fund (PSF).

2. KEY ELEMENTS

The 2019/20 operational plan is attached in Appendix 1. The key features of the plan are:-

- **Activity** this section highlights the A&E trajectory for 2019/20 and outlines the changes to the main contracts.
- **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 the approach to workforce planning and transformation. It also highlights examples of collaboration across the local health system.
- **Finance** this section sets out the control total of breakeven which the Trust accepted. The Trust is therefore able to access the Provider Sustainability Fund of £4.9m, Marginal Rate Emergency Tariff (MRET) of £1.0m, Financial Recovery Fund (FRF) of £12.0m. To support transformation of services for our patients and to improve financial sustainability the Trust has entered into a second year of a sustainability contract (based on a block contract approach) with main commissioners for 2019/20.

3. RECOMMENDATIONS

The Council of Governors is asked to note the 2019/20 Operational Plan as submitted to NHS Improvement.



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NHS Foundation Trust

Warrington & Halton Hospitals NHS Foundation Trust

2019/20 Plan

Status: Final

Version: Final

Date of Submission – 4 April 2019



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Activity Planning

The Trust's activity and income assumptions underpinning the 2019/20 revised plan are based on a twelve month rolling actual, adjusted for tariff inflation, demand changes, and service changes. The demand and capacity modelling is being undertaken and the plans have been 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), cancer and diagnostics.

There are no national growth assumptions for 2019/20. Tables 1 to 4 show the movement in activity from 2018/19 to 2019/20.

Table 1 Activity movement from 2018/19 to 2019/20

SLAM CONTRACTED ACTIVITY								
Point of Delivery	18/19 Activity	19/20 Activity	Variance Activity	Variance Activity %	18/19 £000	19/20 £000	Variance £000	Variance Activity £000
A & E	114,866	119,370	4,504	4%	13,451	13,936	485	4%
Elective	36,135	34,575	- 1,560	-4%	33,994	32,650	- 1,344	-4%
Non Elective	37,091	35,407	- 1,684	-5%	61,043	66,565	5,522	9%
OP	312,490	313,266	776	0%	33,522	36,926	3,404	10%
	500,582	502,618			142,010	150,078		

Table 2 - Elective movement

EL	£000
Activity Loss	- 2,015
Case Mix	- 466
Inflation	1,137
	- 1,344

Table 3 - Non Elective movements

NEL	£000
Inflation	2,202
PSF	4,013
Marg Rate	1,100
Activity Loss	- 2,784
Case Mix	991
	5,522

Table 4 - Outpatient Movement

OP	£000
Telephone	1,030
Local Tariff	860
Inflation	1,273
Case Mix	241
	3,404

Table 5 shows the submitted data in line with NHSI SUS data. It is different to the contract data outlined in Tables 1 to 4 for the following reasons:-

- Opening FOT is less in NHSE
- Excluded Treatment Function Codes in NHSE return
- Activity within SUS (NHSE) not within the contract

Table 5 – SUS data

Point of Delivery	18/19 Activity	19/20 Activity	Variance Activity	Variance Activity %
A & E	112,147	113,933	1,786	2%
Elective	32,052	32,789	737	2%
Non Elective	32,439	33,772	1,333	4%
OP	314,165	317,196	3,031	1%
	490,803	497,690		



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In the spirit of working together in 2018/19 the Lead Commissioners did not include Quality, Innovation, Productivity and Prevention (QIPP) and the Trust did not include any income Cost Improvement Programme (CIP). The same principle will be applied to the 2019/20 contract and it is anticipated the final elements of the contract principles will be agreed before the 31 March 2019. The Trust and Commissioners have agreed to continue with the Capped Expenditure Process (CEP) and seeking to agree the principles of a sustainability contract for 2019/20.

The Trust CIP will include a focus on specialties and pathways where there is greatest opportunity to improve efficiency whilst improving experience. This builds upon the success of one-stop-shop and straight to test pathways introduced in 2018/19. The Trust and CCG's continue to work together along with other partners across the Accountable Care Partnership (ACP) to provide quality sustainable care and have developed collaborative frailty hub models during 2018/19 maximising the opportunity for people to remain independent at home for as long as possible with appropriate support in place.

The Trust is undertaking a review of all first out-patient appointment waiting times at specialty level and is planning as part of these assumptions to reduce current ranges. Although the Trust continually achieves the RTT standard, there is opportunity to further improve this to ensure first access times and subsequent treatments continue in a timely manner.

Capacity planning has included a focus on length of stay with continuation of weekly focus and escalation via ward based Multi-Disciplinary Teams (MDT's) and a Length of Stay / super stranded meeting so robust plans are in place for patients over 21 days Length of Stay (LOS). The Trust has reduced those waiting over 21 days LOS in line with guidance received during 2018/19 and will further continue to make improvements in this area.

In addition, the Trust participated along with system partners in a system wide capacity and demand exercise. This work was in association with Venn Consulting. A number of capacity challenges have been highlighted including shortfall within the intermediate tier of services which are being taken forward with partners in the A&E Delivery Board, Warrington Together and Halton One to ensure the Trust's acute capacity is utilised effectively, particularly at times of peak demand. This also forms part of the Trusts winter resilience plans. Throughout 2018/19 the Trust has invested in a substantive Discharge Lounge, a dedicated Emergency Ambulatory Care Unit and a GP Assessment Unit (GPAU). All units are designed to support patient flow and promote ambulatory pathways whilst avoiding unnecessary admissions. Furthermore, the Trust would like to continue to work with system partners to develop and enhance discharge to assess models of care during 2019/20 to further enhance winter resilience and reduce reliance on upon escalation capacity to meet additional demands. The Trust plans do not assume any reliance on the utilisation of the independent sector to deliver activity.

Quality Planning

Section 1: Approach to Quality Improvement

The Executive Lead for Quality and Improvement within the Trust is the Chief Nurse. In 2018, the Trust developed its three year Quality Strategy, in collaboration with patients, staff and its partners. The priorities identified are shown below and aligned to national standards and locally identified



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quality requirement, outlined by patients and staff feedback, commissioning requirements and system priorities.

Our priorities, which have taken into account national priorities and the NHS Long term plan, are

- We will have safe systems of work in place – all staff will work with robust clinical policies, procedures, safe equipment, have training to enable them to competently their job and work within appropriate Health & Safety processes
- We will ensure that we providing care that is evidence based and that we adopt a culture of innovative and research and development within the Trust, to always look to provide the best for our patients We will ensure that we are focused on outcomes for patients and that are benchmarking/peer reviewing ourselves against the ‘best in class’.
- We will ensure that we foster a culture of Quality Improvement and we provide our staff with the information, training, systems and empowerment to make changes to our services to benefit our patients and public that we serve.
- By focussing on patient experience we want to place the quality of patient experience at the heart of all we do, where ‘seeing the person in the patient’ is the norm.

The measurements against these priorities are as follows

Patient Safety

- A 20% reduction in falls for our patients who stay in hospital.
- 100% medicines reconciliation when patients come into hospital and promotion of safe prescribing and administration of medicines.
- A 10% reduction in Hospital Acquired Infections – particularly focusing on safe catheter care and implementation of the Trust’s Urinary Tract Infection (UTI) pathway.
- 100% of patients having sepsis screening and being treated appropriately.
- 100% patients to have a Venous Thromboembolism (VTE) assessment and to have appropriate treatment.
-

Clinical Effectiveness

- Reduce DTOCs to no greater than 3%
- Reduce readmissions within 30 days for patients >65 to no greater than 12.5%
- Understand variance in clinical outcome measures across all specialities, measure and agree improvements
- Number of Quality Improvement projects successfully completed
- Increase number of staff with quality improvement training via Quality Academy
-

Patient Experience

- Increase in Friends and Family Test scores to ensure all specialities meet or exceed national benchmarks
- Improve across all indicators in the inpatients survey
- 10% reduction in formal complaints





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These priorities have taken into account workforce issues and use of resources considerations, as Quality is part of our overall strategy regarding QPS (Quality, People and Sustainability). The Trust Quality Assurance Committee monitors compliance with quality priorities and progress of the Quality Strategy, with risks being identified and assessed, reported and escalated via Trust governance and risk management processes.

Approach to quality improvement, leadership and governance

Focus has been on Quality Improvement across the organisation led by the Trust Board with a new strategy committing to becoming 'Outstanding' for our patients, our communities and each other. This is underpinned by a refreshed Clinical Strategy, Quality Strategy, People Strategy and the launch of our new WHH Quality Academy.

The WHH Quality Academy brings together Quality Improvement, Clinical Audit, Research & Development, Innovation and Knowledge Management teams within the Trust with the following vision. *Our vision is to enable cutting edge research and innovation, embedding excellence in care through continuous quality improvement, working with staff, our partners and the public.* This Quality Academy Strategy is overseen by the Quality Academy Board, Executive Leads (Chief Nurse and Medical Director) and the Director of Governance & Quality.

To support this the Trust has invested in the following key appointments: Associate Medical Director for Strategy & Quality Improvement, Research & Development and Innovation Leads, a NICE co-ordinator role, and two Quality Improvement facilitators and have launched a consultation to invest further in clinical audit and quality improvement within the Trust

We will grow our new Quality Academy to ensure that we foster a culture of learning and continuous improvement through deployment of Quality Improvement methodology, encourage innovation and increase R&D profile within and outside the Trust and support the use of knowledge management resources to move toward best practice in all of our services.

To support our strategy of Getting to Good, Moving to Outstanding, following the Trust's previous Care Quality Commission inspection, we developed an action plan, which was overseen by the Board of Directors and operationalised via the senior management team, driven by the Getting to Good, Moving to Outstanding Steering Group. In addition there has been a number of key work streams convened; a work stream for each core service which achieved a Require Improvement rating, a Use of Resources work stream and a Well Led work stream.

The commitment to being Outstanding is evident from ward to Board, and we have ensured that our Quality Governance processes have developed and been aligned to ensure that this is facilitated. As well as inspecting all wards through our new ACE accreditation for excellence programme, our Board undertakes quality visits on a rolling programme, augmenting our best-practice Governors' unannounced ward observation visits. Incident reporting is significantly improving and a new Datix system supports this together with an integrated risk management module which feeds local and corporate risk registers and provides considerably enhanced intelligence to the Trust Board via the risk management governance processes and the Trust Board Assurance Framework.



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Incident investigations and associated learning for improvement are effectively concluded and cascaded; duty of candour is respected as are the opportunities arising from complaints which are managed to a high standard and patients invited to help us with learning through sharing their experiences.

We have also invested considerable in business intelligence and information so that we have visibility at all levels of the organisation, have the ability to triangulate information and have early warning system in place. In addition, as well as flagging risks, this can support flagging and sharing best practice. The overseeing Committee reporting to Board on this triangulated information is Quality Assurance Committee. It has a number of Sub Committees reporting to it, which oversees this agenda.

Section 2: Summary of the quality improvement plan

19/20 Quality Account priorities are as follows

Our Proposed Quality Priorities 2019-20

Patient Safety

- A 10% reduction in the number of Hospital Acquired Pressure Ulcers with no avoidable category 3 or 4 occurring.
- A 5% reduction in Gram Negative Bloodstream Infections (GNBSI).
- A 10% reduction in the number of Serious Harm Falls.

Clinical Effectiveness

- Improve Standard 2 of the 7 day service standards i.e. Time to first consultant review in Paediatrics and Surgery.
- Ensure the Trust is involved in National Quality Improvement Collaboratives for Nutrition, Maternity and NELA with measurable improvements as appropriate.
- Work with the Innovation Agency and external partners to embed a culture of innovation within the Trust.

Patient Experience

- Development of the Trust Patient and Public Involvement Strategy with a number of agreed measures for delivery.
- Increase timeliness of responses for formal complaints.
- Development of the Midwifery Led Unit.



Getting It Right First Time (GIRFT)

Following on from receipt of the observation notes from a GIRFT deep dive visit, the Quality Academy meet with Clinical Business Unit and Speciality Leads to agree actions that will ensure that the recommendations made in the reports are met. These actions are discussed at Specialty Governance meetings and a quarterly update report is sent to Patient Safety & Clinical Effectiveness Committee for assurance. Examples of actions taken to date are: In General Surgery a new Upper GI Consultant has been employed to assist with the number of Consultants who are able to remove gallbladders. In addition the management of the list of patients and allocation is being organised and revamped to ensure the correct Consultants are allocated.



Quality Risks and Mitigations

The top three risks to quality and how the trust is mitigating these is outlined in Table 6.

Table 6 – Risks and mitigations

Risk area	Mitigation
Staffing	This has prompted reviews and investments into key areas of identified risk within the Trust, including a £3million investment into nurse staffing agreed by the Board. In addition key investments have been made in medical staffing and other areas like pharmacy and microbiology and we have piloted and recruited in to new roles like the Nurse Associate. We have also invested in key safety roles within the Trust to lead the agenda; Associate Medical Director and Associate Chief Nurse, Patient Safety and Safety Nurse roles. We manage daily risks through safety huddles, escalation processes and ensuring patient safety is not compromised by ensuring safe staffing numbers.
Financial sustainability	It is recognised that financial risks can have an adverse risk on quality if not managed correctly. To mitigate this risk the Trust has <ul style="list-style-type: none"> - Ensured that risk management processes have matured so that we can make informed financial decisions based on risk e.g. capital planning - Staffing reviews have been undertaken which has supported efficiencies as long term aim to reduce agency spend - Robust Quality Impact Assessment processes in place, which ensures that any cost savings do not adversely affect patient care.
Environment	There has been an investment plan to address some key patient safety issues e.g. a bathroom review has been undertaken due to work being undertaken as part of the falls improvement collaborative. The Trust's CQC action plan ward accreditation process has also identified a number of environmental issues which have been agreed to be addressed over a two year period, based on risk.

Learning from National Reports

The Trust reviewed the findings from 'Learning from Gosport- the Government Response to the report of the Gosport Independent panel' and have benchmarked itself against the findings. The Trust met the majority of requirements and will utilise the publication of the national patient safety strategy to further strengthen safety processes in place within the Trust

7 Day Service Standards

Table 7 shows the latest 7 day service data.

Table 7 - 7 Day Service Standards

April 2018 Results and Actions:

CS2: Time to first consultant review	71%
CS5: Access to diagnostic tests	94%
CS6: Access to consultant-directed interventions	100%
CS8: Ongoing review by consultant twice daily if high dependency patients, daily for others	100%



The Trust has an action plan in place which reports to the Patient Safety & Effectiveness Sub Committee.

Learning from Deaths

The Trust has a very robust Learning from Deaths Policy and process with a dedicated senior clinician responsible for this part of the Medical Director's portfolio. This also includes:

- Reviewing certain groups of deaths, via SJR process, which we deem higher risk or in specific categories (practice supported by our own learning achieved following a period of 100% mortality screening peer reviews)
- We have invested in protected time for lead clinicians (9 clinicians with 1 PA/week) to undertake SJRs and have ensured that these individuals have had training.
- Our Trust Mortality Review Group ensures cascading and escalation of issues following review of learning from deaths within the Trust, and helps support identify areas for quality improvement within the Trust.
- Mortality Review Group work closely with the Trust Coding Team, specifically regarding education for clinicians on signs and symptoms coding.
- We undertake focused reviews when our mortality data indicates there may be emerging issues in particular diagnostic groups – we have undertaken 5 focused reviews in the last year and have ensured this learning is fed into pathways, policies and training for staff.
- Our mortality review processes are closely aligned to other governance processes within in the Trust e.g. SJR and Serious Incident process aligned, review of trauma deaths etc.

Gram – negative Bloodstream infections reduction

E. coli bloodstream infections are above trajectory. 36 hospital onset cases from April 2018– to December 2018 against an annual trajectory of 30 cases. A Gram Negative 2018 negative Blood Stream Infection (GNBSI) Reduction Group has been set up to drive reduction in cases and weekly oversight of individual cases reviewed by the Chief Nurse 9DIPC) and Deputy DIPC (Microbiologist) Further work is in progress to review and challenge urinary catheter use on a daily basis. Additional plans have been created to support patient hydration and launch a patient hand hygiene strategy.

NEWS2

The Trust was the first in UK to Launch the NEWS2. This is fully in place within the Trust and is monitored via audit, reporting to the Trust's Quality & Assurance Committee.

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 finance team works with CBU Teams 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 Clinical Business Unit Triumvirate (CBU manager, Clinical Director and Lead Nurse) or the Corporate Lead for the corporate directorates. The process requires all CIP schemes to be subject to a full QIA and sign off by the Chief Nurse and Medical Director for all CIP schemes. The risks are also tracked through Quality Assurance Committee.

To provide a comprehensive review of all CIP schemes the QIA process was revised in January 2019, in summary the new QIA process involves a three stage process:

Stage 1 - QIA to be signed by two of the three Clinical Business Unit (CBU) triumvirate leads or the corporate area lead.

Stage 2 - Preliminary QIA review by the Deputy Chief Nurse to provide an initial validation of the QIA for all CIP schemes.

Stage 3 - CBU/clinical schemes QIA reviewed/approved by Chief Nurse & Medical Director and for corporate area schemes by the Chief Nurse or the Medical Director and an Executive Director (unconnected with the corporate area).

Schemes are assessed against their qualitative impact on patients and staff 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 regular finance meetings. Risks are identified and high risk schemes are reported to the Quality Committee. An overview of all schemes is provided to the Finance Resource Group, which reports to the Finance and Sustainable Committee.

Workforce Planning

The 2019/20 Workforce Plan has derived from the Business Planning discussions held within each CBU. The business plans were developed through a robust process with the following considerations; financial, workforce, quality, activity, opportunities and threats.

The workforce plan is based on predicted turnover, vacancy rates and bank and agency usage. We use a number of different data components thus ensuring our base data is a well-modelled prediction of workforce levels. The alignment to the business plans ensures the proposed workforce plan integrates with financial, quality, activity plans, whilst predicting the impact of opportunities or threats. This robust approach results in an affordable and sufficient workforce plan which enables each CBU to deliver efficient and safe care to patients.

Where the workforce plan highlights an unwanted reduction in workforce levels, for example due to predicted turnover, the Business Planning discussions are used to ensure that plans are developed to mitigate the loss. The final stage within the development of the workforce plan has been to include the impact any Trust wide strategies.



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Sign off and Monitoring of the 2019/20 Workforce Plan

The 2019/20 Workforce Plan has been submitted to the Trust Board for sign-off. Progress against the plan will be monitored by Operational People Committee on a quarterly basis. The Committee will seek assurance on achievement of the plan and any mitigating actions where there is deviation, with escalation to Strategic People Committee where appropriate.

2019/20 Workforce Plan Staff Group Summary

Nursing Workforce (Registered)

Building upon previous successes, we have planned a number of Nursing Recruitment events throughout 19/20 to continue to improve attraction and recruitment. Analysis has identified a candidate attrition rate of approximately 40%. Specific focus is therefore being given attrition and plans are in place to achieve a reduction of 5%. The Trust is taking part in the NHSI Nursing Retention review programme and has set a target of a 1.5% reduction in turnover. Actions are in place to share the best practice across all staff groups.

In recognition of the shortage of medical posts within areas of the Trust, plans are in place to recruit Advanced Nurse Practitioners in areas such as Fracture Clinic, Gynaecology, Urgent Care Centre and A&E. The Trust recognises that these can be hard to fill posts and therefore will seek to 'grow our own' where appropriate. The Trust is embracing the Nursing Associate role, and is planning an additional 8 new starters within March/April 2019.

The workforce plan also includes strategies to increase candidate attraction to Midwifery, such as improving the Midwifery led unit care model and introducing a new role: Continuity of Care Midwife.

Nursing Workforce (Unregistered)

The workforce plan identifies a number of Health Care Assistant vacancies, which are a result of the nursing establishment uplift. Recruitment events are planned throughout 19/20 to fill these. In addition the training support available for those new to the Health Care Assistant role has been enhanced, an enhanced induction is planned and support whilst within the clinical areas is being implemented through a buddy system.

All Scientific, Therapeutic and Technical Staff

Moving to a 7 day Pharmacy service will require significant recruitment of Pharmacists and Pharmacy technicians. The Trust recognise that this will be a challenge and therefore plan to offer development posts as part of the Trusts 'grow your own'/apprenticeship drive.

The Radiography Service is increasing scanning capacity, whilst seeking to further support the Consultant workforce, with Advanced Practice roles.

Other key elements of the 2019/20 Workforce Plan include the introduction of Therapist roles in the Emergency Department to support triaging, a Physiologist role to complete SEHCAT testing and further roll out of the Physician Associate role.

Medical

Vacancies in the Medical workforce continue to be a challenge and the Trust is currently undertaking a Medical Workforce Establishment Review. Plans are in place to continue working with Warrington, Wigan and Leigh NHS Foundation Trust to increase the number of international medics employed as part of our International Training Fellowship scheme.



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Following reviews of services, the following additional roles have been identified as key requirements to meet capacity; Consultant (Upper GI), Ortho-Geriatrician Consultant, Histopathology Consultant and an Orthopaedic LAS.

Bank and Agency

Through the introduction of a centralised Bank and Agency team, the Trust has plans to grow our bank numbers, thus converting agency spend into bank spend, however initiatives to recruit to substantive roles are constantly under development as a priority, aiming to reduce the overall requirement for temporary staff.

Workforce Transformation

Workforce transformation is a key priority for the Trust, as set out in the People Strategy. An example of workforce transformation completed in the Trust is the development of the Wren Unit.

The Wren Unit development is in response to the need for reevaluation of traditional thinking on how the staffing skill mix is utilised for our patients who are no longer in need of acute care but may require further therapy or social input. The development allows opportunity to consider flexibility in workforce planning across the Trust through utilising our workforce to its optimum efficacy aligning the skills sets of the workforce with the acuity of the patient.

The Wren Unit project has utilised a Population Centric Workforce Planning model and has evolved through a series of engagement events bespoke to our MDT workforce, patients, visitors and community partners. The information collated following these events informed the service design allowing for ownership of the process by the staff who will be implementing the service. The transformational changes which have evolved from the outcomes of the engagement events are two fold, reflecting the needs of our patients no longer in need of acute care in addressing both the model of care and workforce model.

The workforce model will transform our current workforce through implementation of new roles alongside upskilling of our existing team members. The unit manager is now enrolled on a non-medical prescriber course and we are in the process of designing training for our health care assistants to upskill them as reablement practitioners.

The Wren Unit will incorporate a model of care that will encourage independence, motivation and volition of patients. Utilising a re-enablement approach where we do things with our patients and not for them, will aim to reduced harm caused through deconditioning and in turn also reduce length of stay.

Further transformational work has been undertaken through the Acute Floor project, reviewing the skill mix within the workforce and identifying where current gaps can be met. One outcome of this is the current submission of a business case proposal for the inclusion of 4 WTE Physician Associates to work across AMU and A2.

Additional examples of workforce transformation include:

- Use of pharmacy technicians to support medication administration in ward areas releasing registered nursing time.
- Use of the apprenticeship levy to support the development of the clinical workforce e.g. We have recruited to 5 Advanced Clinical Practitioner places commencing January 2019 (Cohort 4) in the following areas:



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- Trauma and Orthopaedics
- Urgent and Emergency Care (Halton UCC)
- Respiratory Physiotherapy
- MSK (Community) x 2 staff

Collaboration and Alignment with Local Health System

Cheshire and Merseyside Workforce Collaboration Programme:

There are 6 main priorities to make the most of the workforce in Cheshire and Merseyside and the Trust has ensured that our People Strategy aligned with these priorities.

1. Create a sustainable supply of staff (paid and unpaid)
2. Up-skilling and re-skilling staff to work in an integrated system with different competencies / new roles
3. Promoting staff health and wellbeing and maximise the time staff are in work
4. New ways of working
5. Multiple models of employment and engagement
6. Leadership and talent management

The Cheshire and Merseyside HR Leadership Network is supporting the delivery of the Workforce Plan priorities and the Trust is represented across the Partnership programmes including Collaboration at Scale Board.

Warrington Together and One Halton

The Trust is a key partner within the local Integrated Community Partnerships of One Halton and Warrington Together. With senior workforce participation in workforce enabling groups, the Trust takes an active role in enabling place based workforce transformation. Providing specialist organisational development support to the integrated care work stream of Warrington Together, we are designing and delivering bespoke interventions on a system footprint, enabling cross-organisational and MDT integrated working.

Cheshire and Merseyside Nursing and Midwifery Workforce Programme:

The Trust is part of a programme of work, led by Directors of Nursing and Midwifery in Cheshire and Mersey work that provides focus, ambition and a shared platform for collective leadership and support designed to address several critical nursing workforce issues.

Directors of Nursing Group at the University of Chester:

The Trust is part of this group which provides an opportunity to share best practice, current organisational pressures, solutions to nursing and midwifery workforce challenges, influence new curricula and to discuss how organisations implementing national and local policies and agendas.

Trainee Nursing Associate programme:

The Trust is part of a partnership with other Cheshire and Merseyside organisations and the University of Chester. The programme was designed to include a placement circuit across organisations and health settings. All trainees have physical health, learning disability and mental health placements caring for patients at home, close to home and in hospital. This approach supports flexibility and adaptability of the workforce for the future.



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Additional Workforce Initiatives/Context

Joint Appointments

Over the last 6 months the Trust has created a number of joint funded / appointments with Place Based partners. This includes, but is not exclusive to, the Director of IM&T/Digital Director for the Trust, the Director Human Resources & Organisational Development who provides senior HR leadership as their Director Workforce & Organisational Development via a Service Level Agreement to Bridgewater Community Healthcare NHS Trust; and an Associate Director Post for Intermediate care with Warrington Council & Warrington Together. We continue to explore other opportunity to work across organisational boundaries.

Changes to NHS Nursing and Allied Health Professional Bursaries:

The Trust engages in pre-vocational learning activities including engaging with local schools to promote NHS careers at an early stage. We also engage with local colleges supporting level 3 programmes which include an opportunity to attend a placement in the Trust. We support the Career Engagement Hub e.g. hosting Steps to Success Events for local high schools to talk about different career paths. Work experience opportunities are provided in the Trust.

Apprenticeship Levy

The Trust is utilising the apprenticeship levy to grow our own workforce e.g. level 2/3 Healthcare Support apprenticeships, Nursing Associate apprenticeships. We are also exploring opportunities to support staff to undertake registered nursing apprenticeships and support the system-wide workforce priorities via transfer of the levy.

Pre-Registration Attrition

The Trust is implementing initiatives to reduce attrition during pre-registration programmes. A key piece of work is the piloting of the CLiP model of mentorship in early 2019.

International Recruitment

Plans are in place to continue working with Wrightington, Wigan and Leigh NHS Foundation Trust to increase the number of international medics employed as part of our International Training Fellowship scheme.

NHSI Benchmarking

The Trust Radiology service is working with NHSI Trust to develop some case studies about how we have/will use the NHSI benchmarking information to support us in our workforce challenges

Financial Planning

Section 1: Financial Forecasts and Modelling

Finances continued to be a challenge in 2018/19. Investments were been made in nursing and medical staffing and the estate while at the same time ensuring delivery of the position. The Trust is currently off plan at month 11 however a risk assessment has been undertaken and monitored throughout quarter 4. Mitigations have been identified and actioned to manage the risks through quarter 4. The main reasons for the risk are continuing medical cost pressures, a reduction in CCG income (non-lead Commissioner), CCG contingency fund no longer being available, shortfall in achieving CIP and unplanned VAT from the Brookson contract for agency locums and Allied Health Professionals.



The continued need for premium rate staff and the number of escalation beds have also impacted on the financial performance.

A control total of breakeven for 2019/20 has been proposed (see Table 8). This includes adjustments for the transfer of Provider Sustainability Fund (PSF) to urgent and emergency care prices, Clinical Negligence Scheme for Trusts (CNST), tariff including Market Forces Factor (MFF), Marginal Rate Emergency Tariff (MRET), additional 0.5% CIP for deficit Trust, PSF and £12m non recurrent Financial Recovery Fund (FRF).

Table 8 - Financial Control Total

Financial control total	£ million
Rebased baseline position excluding PSF	Deficit -21.824
£1bn PSF transferred into urgent and emergency care prices	5.243
CNST net change in tariff income and contribution	0.265
Other changes	-2.792
Subtotal before efficiency	Deficit -19.108
Additional efficiency requirement up to 0.5%	1.256
2019/20 control total (excluding PSF, FRF and MRET funding)	Deficit -17.852
MRET central funding	0.970
Subtotal before PSF and FRF allocations	Deficit -16.882
Non recurring PSF allocation	4.869
Subtotal before FRF allocation	Deficit -12.013
Non recurring FRF allocation	12.013
2019/20 control total (including PSF, FRF and MRET funding)	Breakeven 0.000

The Trust has requested that NHSI considers an adjustment to the baseline figure in Table 7 as it does not adjust for the insurance income of £1.6m and contingency support from the CCG of £0.8m (which was not received in 2018/19) which are both non recurrent. In addition the PSF of £5.2m is overstated by £0.5m due to the Trusts reduction in activity from when the control total was produced. Therefore the control total includes £2.9m income which will not be received in 2019/20.

The financial plan for 2019/20 has been developed across the organisation with input from Executive Directors, CBU Managers, the Contract and Commissioning Team and Commissioners. The budget setting process has identified anticipated cost pressures and the Trust has worked with the Commissioners to finalise contract income. The financial plan reflects changes in national pay and non-pay inflationary pressures.

The finance and activity have been agreed with Commissioners although negotiations are continuing to finalise elements of the contract principles. Agreement has been reached regarding Stroke, changes to local tariffs and funding of the Frailty Assessment Unit. The Urgent Treatment Centre contract is currently out to tender and it has been agreed that there should be no adverse financial



impact on the Trust with agreement that the CCG will fund any stranded costs in 2019/20. There are no other significant movements, changes in income expectation or revenue impacts of capital plans to note. The final offer from the Trust two main local Commissioners NHS Warrington CCG and NHS Halton CCG compared to the Trusts request is set out in Table 9.

Table 9 – Reconciliation of clinical income to offer

Detail	£m
Draft Plan	225.0
Change to WCCG/HCCG contract (Local Tariff)	- 2.7
Reduction In High Cost Drugs	- 0.8
Reduction Clinical Income	- 0.3
GP Funding for UTC	- 0.3
Increase in private patient and ICR (RTA)	0.3
Final Plan	221.2

The Trust's main commissioners, Warrington CCG and Halton CCG along with the Trust have committed to a second year of CEP lite approach to the contract.

Cost pressures particularly across medical staffing, diagnostics and equipment equate to £9m. These cost pressures have been reviewed with Executive Directors and Service Leads and plans to reduce the financial impact while maintaining safe service delivery have been developed to reduce to £5m funded pressures. Over the next year the Trust will continue to work with Commissioners using insight from Service Line Reporting (SLR), Getting It Right First Time (GIRFT), Model Hospital, Right Care and Market Analysis to support sustainability of the whole health economy.

This plan represents a realistic assessment of anticipated performance whilst accepting the need to meet patient demand and expectation, efficiency requirements and support patient quality and safety.

The first offer from the Commissioners was £9m less than the Trust was anticipating and the final offer is £3m less. The Trust has worked closely with the Commissioners to resolve the outstanding items. The Trust has agreed to phase in an increase of local tariffs over a 4 year period, the commissioners have agreed to remove QIPP. Other main movements are Urgent Treatment Centre, Stroke and Frailty Assessment Unit.

There are no fines or penalties in the contract with the exception of national sanctions. A financial strategy is being developed to support financial recovery which will be essential to ensure no long term reliance on the FRF.

The Trust has undertaken rigorous reviews of cost pressures and has set a budget that is stretching yet realistic. Contract negotiations have continued in a collaborative manner recognising the benefit of working as a healthcare system. The Trust had initially agreed a stretching £5m CIP which is £1m above the level required. The resulting position is a gap from the control total of £2m. The issues



with how the control total has been set are outlined earlier in this section. Without adjustment to the control total this will require an additional £2m CIP. A £7m CIP equates to 2.9%. As the Trust is under a CEP lite contract with commissioners, there is little room for income growth and therefore the majority of the CIP will need to be driven by cost reduction. At 25 March 2019 there are however £5.2m plans. With the final offer from Lead Commissioners agreed and significant work on cost pressures and CIP undertaken the Board is able to accept the control total. The position is stretching and there are risks which will need to be closely monitored and managed throughout the year. The Board agreed that the cost pressures to be switched off should undergo a Quality Improvement Assessment (QIA) in the same way each Cost Improvement Programme (CIP) scheme does. The non-recurrent element in the calculation of the control total along with a significant CIP target and unfunded pressure present a significant risk to the Operational Plan. The Trust has been investing in quality and this position restricts further quality investment for the financial year 2019/20. The Trust and CCG continue to request an adjustment to the control total (£2.8m) which would mitigate against the unfunded cost pressure risk.

Liquidity

In 2018/19 the Trust has a control total including PSF of £16.8m deficit with a closing cash balance of £1.2m (and loans up to £16.8m to match the control total). Any deterioration from plan will place more pressure on cash and lead to the requirement for further loans. On the basis the Trust draws down £16.8m the debt will be £56.6m in revenue loans at the end of 2018/19 (£14.2m borrowed 2015/16 and £7.9m borrowed 2016/17, £17.6m borrowed 2017/18, £16.9m borrowed 2018/19). Current Better Payment Practice Code performance based on volume is 42% for the month of February 2019 and 51% for the year. As at 28 February 2019 NHS Debtors are £3.5m and creditors £9.1m which are similar to previous years. The Trust has therefore very restricted flexibility for the management of cash or for making any improvement to the cash position.

The Trust was due to pay back the 2015/16 loan of £14.2m in May 2018. This loan has been extended to November 2019. A system solution will be required to address the level of borrowing. This places an absolute requirement to work with the local health economy as per the CEP process.

Section 2: Efficiency Savings for 2019/20

Productivity and Efficiency Programme

The Trust has a reference cost of 99. The Trust has included in the plan £7m CIP requirement (compared to £5m in the draft plan) which is £3m higher than the planning guidance. Considerable work has been undertaken to develop plans and to 25 March 2019 £5.2m has been identified of which £3.4m is recurrent. Information available from Model Hospital, GIRFT, Costing and SLR is supporting CIP identification. The Trust continues to work with the Commissioners to identify system wide schemes that will enable the Warrington and Halton Health Economy to become sustainable rather than moving the costs round the system. It is stated in the CEP lite principles the Trust and Commissioners will work together and that QIPP / CIP schemes will only be pursued if they improve the performance of the Local Health Economy. All schemes will be reviewed and prioritised



jointly with Commissioners as part of the CEP lite process ahead of the Quality Committee, Finance and Sustainability Committee and Board approval.

The Trust is planning to continue to deliver an element of savings this financial year through tighter cost control and cost reduction measures by focusing on procurement (future operational model, 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.

Section 3: Agency Rules

The Trust continues to make every effort to reduce agency expenditure and work within the agency ceiling of £8.7m. At month 11 the Trust is 29% above the YTD ceiling of £8m. Agency usage is monitored through the Strategic People Committee and Finance and Sustainability Committee. The Trust is working across the STP with other providers to agree rates. The pay bill forecast for 2019/20 is broken down in Table 8.

Table 8 – Pay Bill

	% Forecast for 2018/19	% Forecast for 2019/20
Substantive	94.4%	95.1%
Agency	5.6%	4.9%

Section 4: Capital Planning

Capital resources are constrained and require prioritisation, so schemes that are essential to the provision of safe, sustainable services that offer value for money are prioritised. 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 and prioritised using a framework by a multi-professional team before consideration at the Finance and Sustainability Committee and approval at the Trust Board. The capital programme of £11.7m is funded by internally generated depreciation (£6.5m) along with £1.7m carried forward from 2018/19 and £3.5m fire expenditure. Further to advice from RICS the asset valuation methodologies have been revised which has increased depreciation from £6.5m to £7.1m initially this additional £0.6m will be ring fenced as capital contingency.

Sustainability Transformation Plan

The challenges facing the NHS are multi-layered, sizeable and real. Growing demand for services from an ageing population, national and local workforce availability and recruitment challenges and political volatility mean that the Trust currently operates in an unprecedented and ever-changing environment.

Warrington & Halton Hospitals NHS Foundation Trust (WHH) is responding to these challenges – through clinically led service improvement. The Trust is doing this by working in partnership to ensure the right services are provided, in the right place, in the right environment, to meet the needs of the population.



The publication of the NHS Five Year Forward View and many other reports including the Carter Review have outlined the opportunity and created a platform for strategic level change. Subsequently, the establishment of Sustainability & Transformation Partnerships (STPs) and Vanguard programmes during 2015/16 were intended to formulate plans to drive long-term financial sustainability and create robust workforce solutions to common challenges through improved regional health and social care integration.

As a member of the Cheshire & Merseyside Health & Care Partnership, there are a number of services currently provided in some form here at WHH that are subject to review at regional level. These include Elective Care, Urgent Care Services, Women's & Children's Services (incl. maternity), Pathology Services, Radiology, Cancer Services.

In addition, following the recent amalgamation of Health and Social Care under a single Government Secretary of State, there is a renewed momentum behind the push for the creation of place-based integrated care systems (ICSs) designed around local populations. Figure 1 illustrates how the various systems and partnerships interact. The existence of these partnerships across the local, regional and national health economies provides the vehicles to drive system-wide transformation.

Figure 1



This clinical strategy is designed to complement the most recent Warrington & Halton Borough Councils' Joint Strategic Needs Assessments (JSNA), Warrington CCG Commissioning Prospectus and the One Halton Health & Wellbeing Strategy by outlining Warrington and Halton Hospitals' strategic plans to tackle some of our local regions' most pressing health and social care challenges.

Q

From a **quality** perspective, the Trust was formally rated as "Requiring Improvement" by the CQC. In response to this, we launched the "Getting to Good, Moving to Outstanding" programme and have recently completed the work required to deliver the extensive action plan aligned to that programme. In addition, the Trust has now established its new Quality Academy designed to help embed a standardised approach to quality improvement across the organisation.

P

From a **people** perspective, the results of the latest staff survey told us that we had more work to do with regards engaging and empowering our staff to make change happen. In response to this, we have refreshed our organisational people strategy for the next 3 years with the aim of being the best place to work with a diverse, engaged workforce that is fit for the future. Linked to this, we have also embarked on an exciting



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engagement approach called *Listening into Action* which will bring about a culture of listening to staff and acting on what matters to them whilst putting patients at the heart of what we do, and it will support leaders to lead well.

S

From a **sustainability** perspective, the Trust's outturn for the financial year was a deficit position and the estimated cost of backlog maintenance across the whole estate is rising. In response, we continue to challenge ourselves to provide value for money and look for opportunities to improve the financial efficiency of all our services. In

addition, we are making significant progress towards creating an exciting new vision for health, care and wellbeing services across both Warrington and Halton through the new Warrington Hospital and Halton Healthy New Town projects respectively.

We understand that in order to carry on providing the standards of care that we demand for our patients, we will need to continue at pace with the work around transforming our models of care. In order to deliver on our future ambitions and aspirations, we continue to build strategic

alliances and partnerships with a range of other providers, commissioners, local authorities, GPs, primary care teams, voluntary and other public and private sector organisations. Alongside these partners we are working to redesign and integrate health and social care delivery, underpinned by digital technology and led by strong, clinical leadership.

Membership and Elections

The Trust became an NHS Foundation Trust on 1st 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 '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)

The Trust also has six Partner Governors who include Local Authorities and other partner organisations. Governor elections were most recently held in May/June 2018 where 6 Governors were sought across public and staff constituencies. We expect to hold elections in the autumn of 2019 for 3 public constituencies and 3 staff constituencies.

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

Focus on Governors in the Trust's 'Your Hospitals' newspaper which is distributed using email to staff and members, placed on our website for download and printed copies distributed across our three hospitals.

- Direct mailing to the Trust's 11K 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



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Workshop'. New governors are offered the opportunity to attend a variety of regional development sessions, MIAA development workshops 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 are presented to members and public. 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 are governor-driven. Such projects include:

Development of the Trust's Carers' Strategy, development of the Trust's Patient and Public Participation and Involvement Strategy, development of the Trust's overall Strategy, various local service surveys using 'What Matters to Me?' informal conversation cafes and review of the Trust's Quality Accounts. In addition, the QiC group undertakes unannounced ward observation visits with patient feedback reported through the Patient Experience Committee.

The Trust's Patient and Public Participation and Involvement Strategy 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 *Warrington Together and One Halton, designing and redesigning services, and Cancer Services Collaboration*. At September 2018 the Trust held circa 11K 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

AGENDA REFERENCE:	COG/19/05/28
SUBJECT:	Trust Engagement Dashboard 2018-19
DATE OF MEETING:	16 May 2019
ACTION REQUIRED	For Assurance
AUTHOR(S):	Pat McLaren, Director Community Engagement
EXECUTIVE SPONSOR	Pat McLaren, Director of Community Engagement + Fundraising
LINK TO STRATEGIC OBJECTIVES:	
	SO1: We will .. Always put our patients first through high quality, safe care and an excellent patient experience
	SO2: We will .. Be the best place to work with a diverse, engaged workforce that is fit for the future
	SO3: We will .. Work in partnership to design and provide high quality, financially sustainable services
EXECUTIVE SUMMARY	<p>The Trust has launched its first patient and public participation and involvement strategy for 2019-21, a measure of the success of the deployment of this strategy is the attached Engagement Dashboard.</p> <p>The Dashboard addresses:</p> <ul style="list-style-type: none"> - Level of success in managing the Trust’s reputation in the media and across digital and social platforms and where the Trust’s Communications team works to ensure that balance is maintained by feeding positive news and events into the mix - Our engagement with patients, staff and public via our social media platforms continues to grow again due to sustained proactive action building a strong virtual community - The Trust’s new, accessible and mobile-enabled website went live in Sept 2018 and engagement with this key platform continues to build with monthly visitors peaking at nearly 40K in October and maintaining increased activity, up from a regular 25K visitors per month. Greater accessibility is a key contributor to this as the platform is easy read on mobile devices – the key platform from which visitors search for us. In addition, content by the services continues to develop and we are working on this in 2019-20. Interestingly, enquiries via our website which come to the Communications Team have spiked in the last quarter of the year yet there are no common themes. While handling this service is demanding it also gives an opportunity to continue to refine content



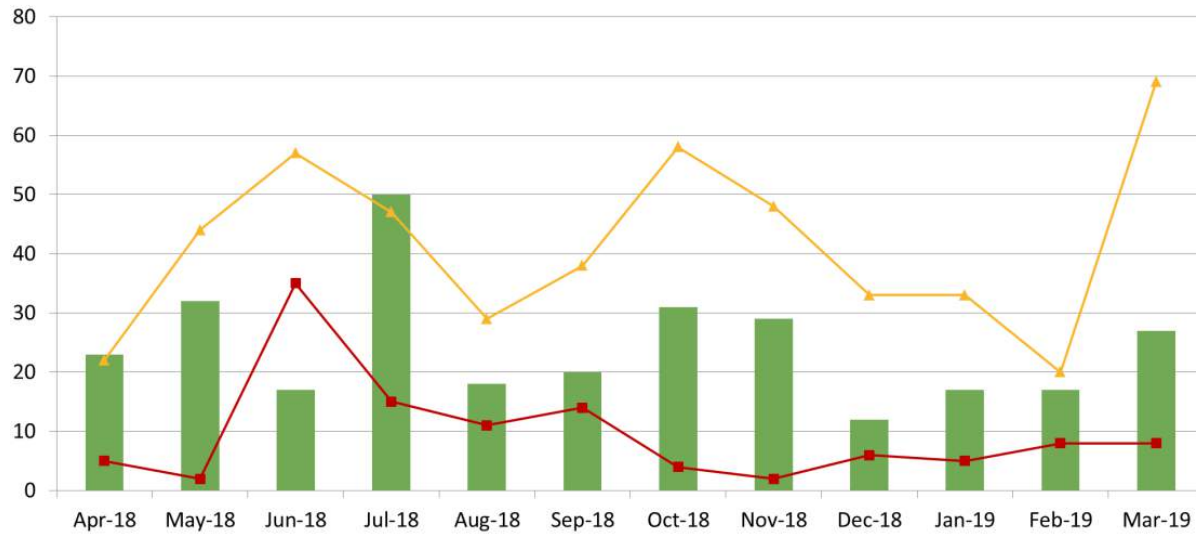
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	<p>on the website since most enquiries should be able to be directed to various service links. We work very closely with PALS on this activity.</p> <ul style="list-style-type: none"> - Patient feedback on the independent platforms is also up in terms of ratings with Warrington Hospital achieving 4* rating for the first time in at least three years of being 3.5* Our work now is to increase postings to these sites - We have, at Governors request, included the annual complaints dashboard for triangulation purposes for the first time. 			
PURPOSE: <i>(please select as appropriate)</i>	Information X	Approval	To note	Decision
RECOMMENDATIONS	That the Council of Governors receive the dashboard for assurance relating to the deployment of the PPP&I strategy.			
PREVIOUSLY CONSIDERED BY	Committee		Governors Engagement Group	
	Agenda Ref.	GEG/19/05/11		
	Date of meeting	8/5/19		
	Summary of Outcome	Present to CoG quarterly		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None			

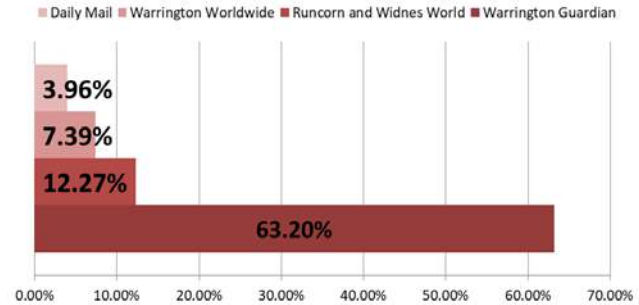
Media Sentiment: April 2018 – March 2019

Media Sentiment

Positive Negative Neutral



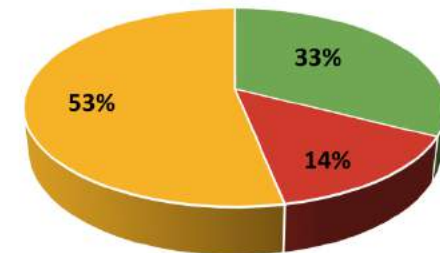
Top Sources



Total Media Coverage

April 2018 - March 2019

Positive Negative Neutral



20 Feb 2018
Warrington Hospital royal visit: Princess Anne meets patients and staff



04 Jul 2018
NHS 70: Warrington Hospital's celebrations



01 October 2018
Cancer care hub at Warrington Hospital mooted



03 November 2018
Warrington and Halton hospitals expand private My Choice treatments



17th March 2018
Mum Jessica Watts reveals amazing moment triplets are born

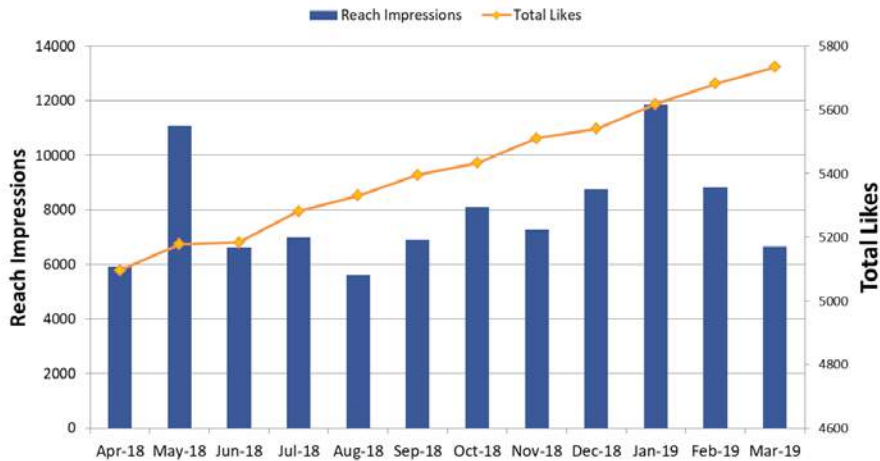


Social Media: April 2018 – March 2019

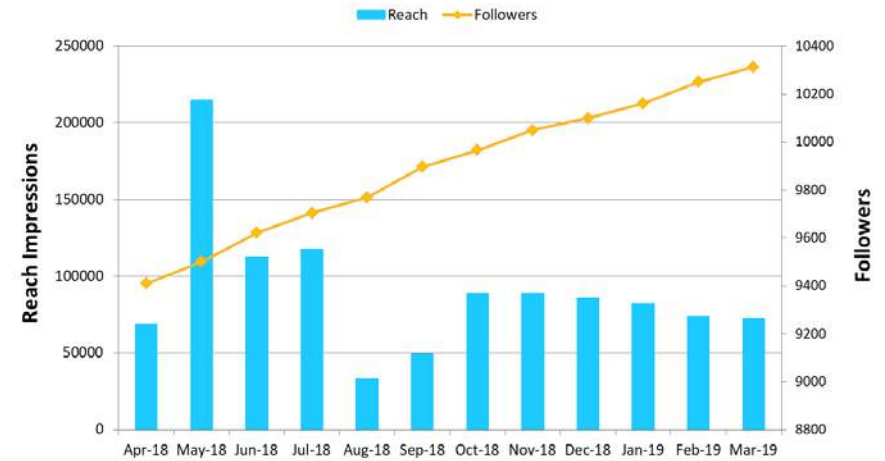
facebook

twitter

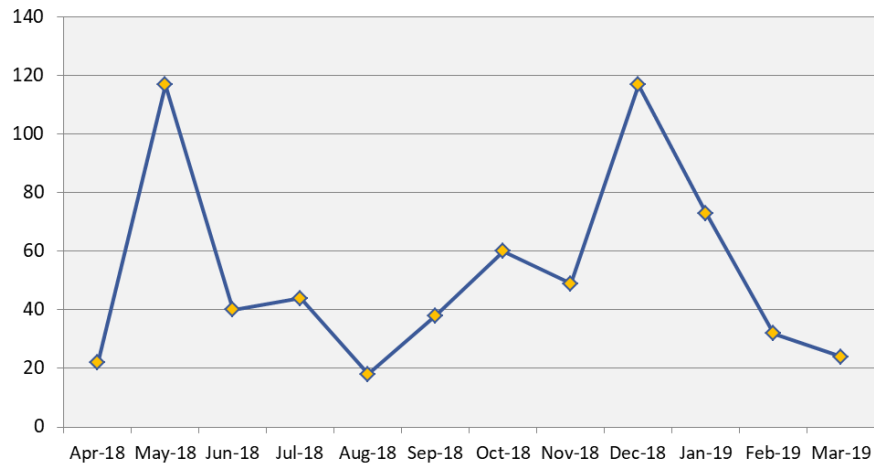
FACEBOOK ENGAGEMENT



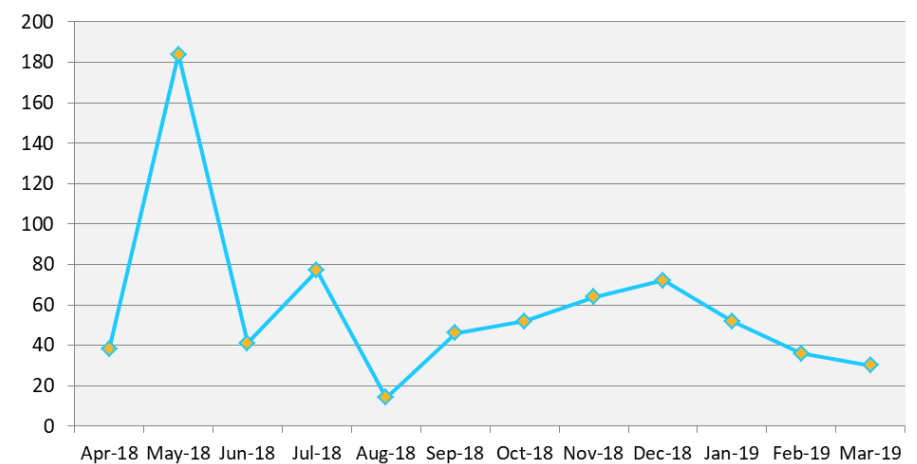
TWITTER ENGAGEMENT



WHH Posts

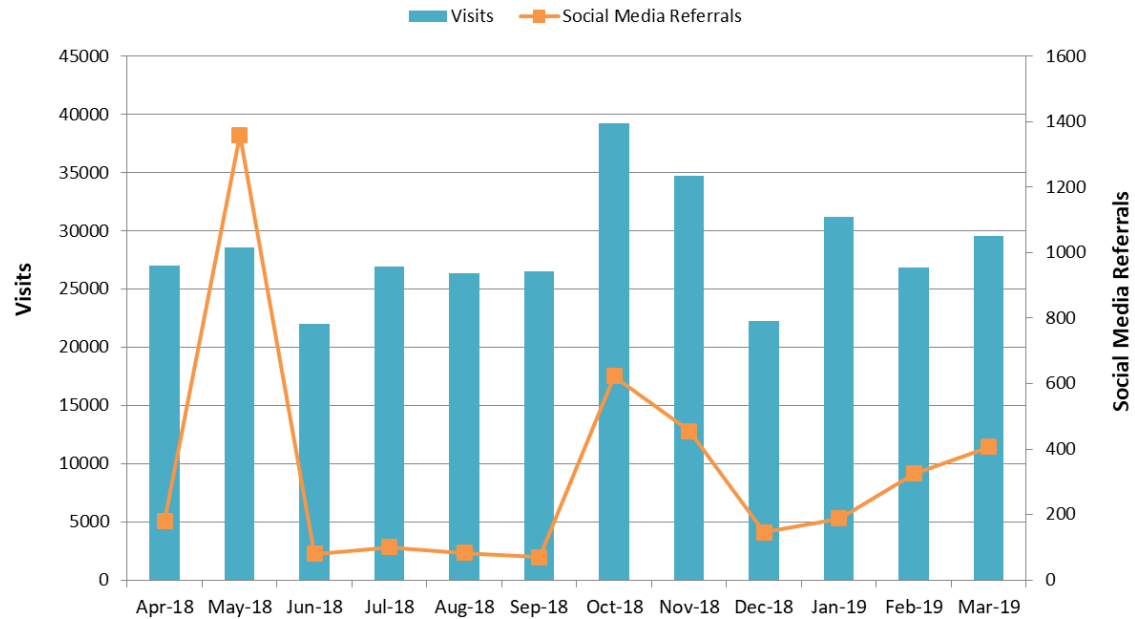


WHH Tweets

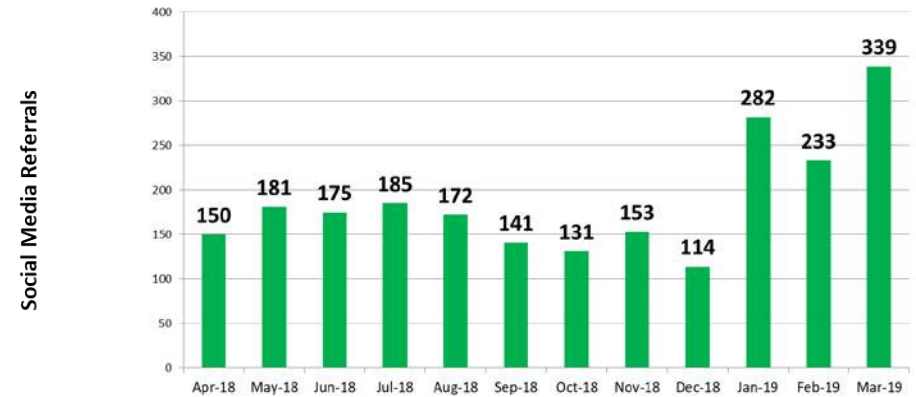


WHH Website: April 2018 – March 2019

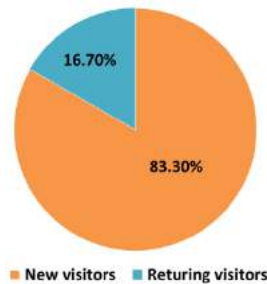
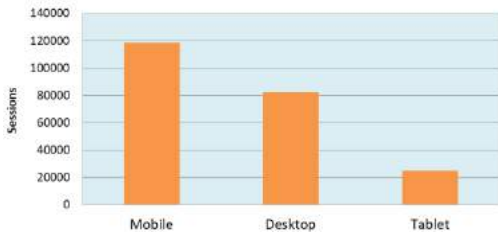
WEBSITE ENGAGEMENT



Patient enquiries handled via the the website



DEVICE USAGE



SESSION DURATION

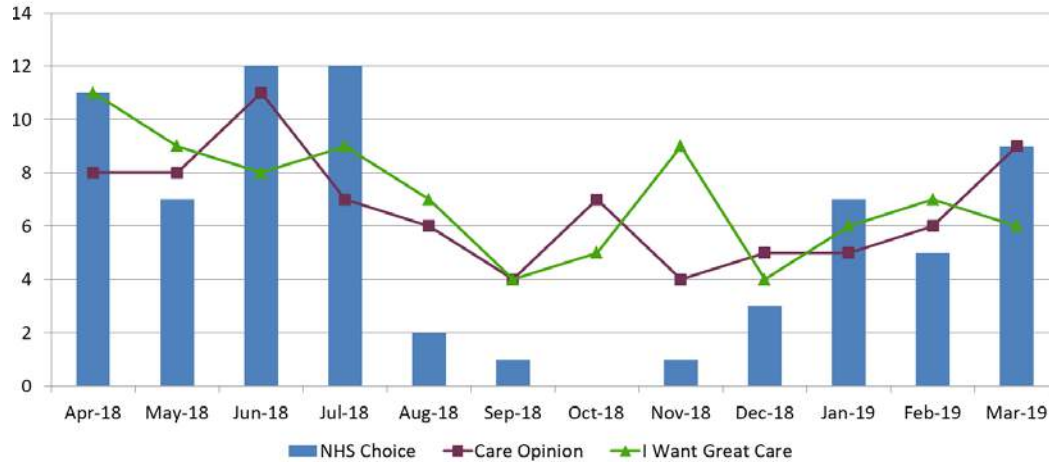
1m 38s

↑ 3% FROM MARCH 2018

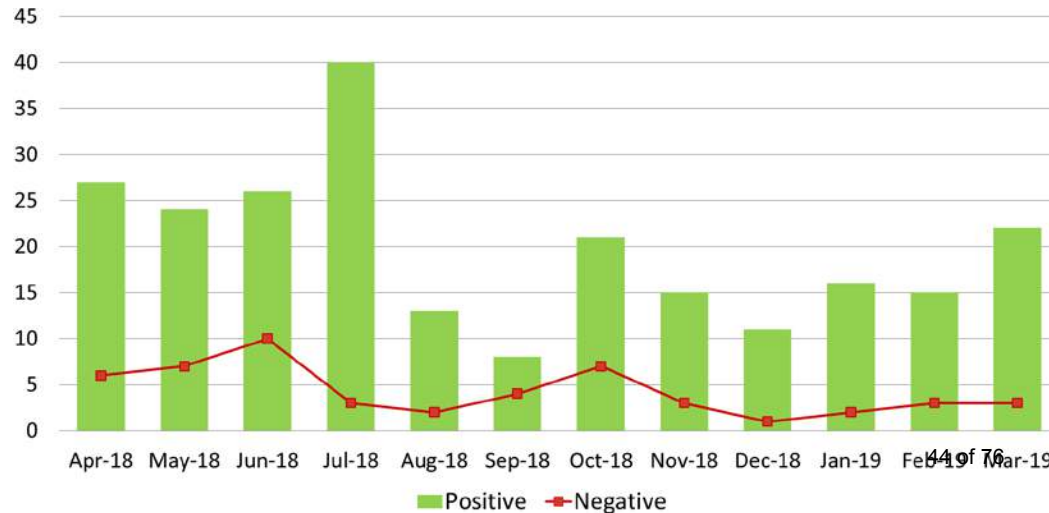


Patient Experience: April 2018 – March 2019

Patient Reviews



Overall Patient Review



Feedback Rating by NHS Choices



Feedback Rating by Care Opinion



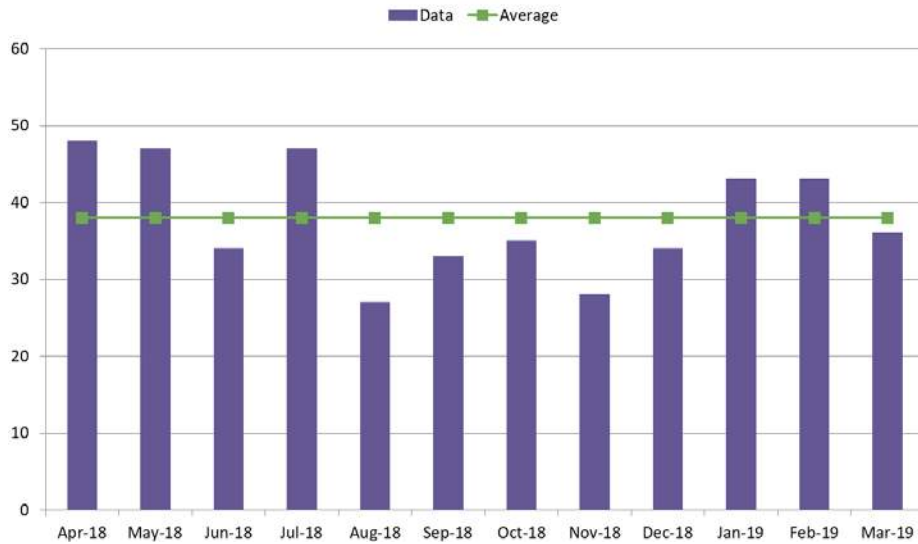
Feedback Rating by iWantGreatCare



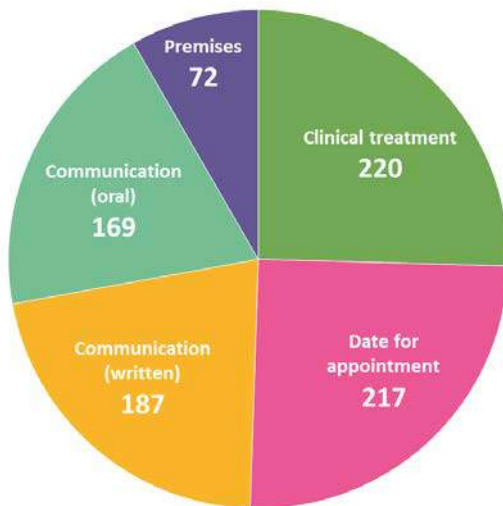
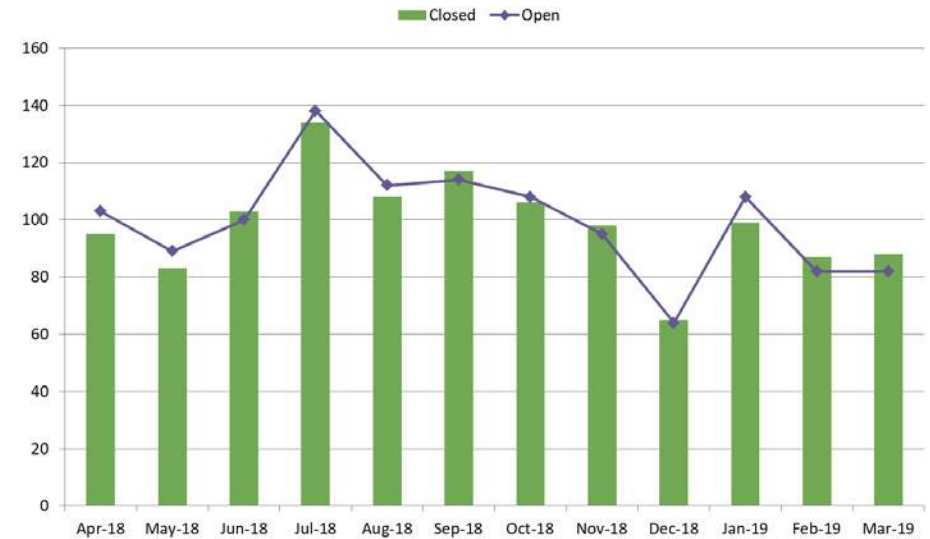
Complaints and PALS:

April 2018 – March 2019

Annual Complaints Report



PALS Concerns/Complements



Complaints Common Theme	No.
Clinical treatment	214
Attitude and behaviour	66
Communication (oral)	53
Admissions / transfers / discharge procedure	25
Premises	16
Personal records	14
Communication (written)	13
Date for appointment	13
Patient privacy / dignity	7
Patient property / expenses	7
Test results	6
Outpatient and other clinics	6
Date of admission / attendance	4
Failure to follow agreed procedures	4
Competence	2
Bed shortages	2
Shortage / availability	1
Catering	1
Consent to treatment	1
Totals:	455



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Council of Governors

AGENDA REFERENCE:	COG/19/05/30			
SUBJECT:	WHH strategy – Governance and delivery progress 6 month report summary			
DATE OF MEETING:	16 May 2019			
ACTION REQUIRED	Lucy Gardner, Director of Strategy			
AUTHOR(S):	Carl Mackie, Halton Healthy New Town Lead			
EXECUTIVE SPONSOR	Deborah Smith, Deputy Director of HR and OD			
	Lucy Gardner, Director of Strategy			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	<p>This paper provides an update on the governance and delivery of the Trust’s strategic objectives, included in the Trust’s strategy which was approved in May 2018. The report is provided twice yearly to assess progress against our strategic priorities within our 3 year strategy.</p> <p>This report shows that at the end of Q3 2018/19 the Trust is on track to deliver the outcome/KPI over the 3 year period on 17 indicators and ahead of plan on 29 indicators. There is 1 indicator which is not rated at this stage.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors notes the progress made against delivery of the strategic objectives and the governance arrangements in place			
PREVIOUSLY CONSIDERED BY	Committee		Trust Board	
	Agenda Ref.		BM/19/03/29	
	Date of meeting		27 March 2019	
	Summary of Outcome		Noted	
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED:				



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Strategy Development and Delivery sub-committee

SUBJECT	Strategy Delivery Assurance	AGENDA REF:	COG/19/05/30
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1. BACKGROUND/CONTEXT

On 27th May 2018, the Trust Board approved a refreshed strategy, which is summarised below.



The refreshed strategy includes 3 strategic objectives for each of our Quality, People and Sustainability aims. Delivery of each strategic objective is measured against agreed outcomes, the monitoring of which is supported by a series of KPIs, which are expected to continue to evolve over the three year timeframe of the strategy.

The table below summarises the objectives and outcomes agreed.

Aim	Objective	Outcomes
Quality	Patient Safety - We are committed to developing and enhancing our patients' safety and learning culture where quality and safety is everyone's top priority	We will have safe systems of work in place We will ensure that we minimise harm for patients
	Clinical Effectiveness is about ensuring practice is based on evidence so that we do the right things the right way to achieve the right outcomes for our patients	We will ensure that we providing care that is evidence based We will ensure that we are focused on outcomes for patients and that are benchmarking/peer reviewing ourselves against the 'best in class'. We will ensure that we foster a culture of Quality Improvement
	By focussing on patient experience we want to place the quality of patient experience at the heart of all we do, where "seeing the person in the patient" is the norm.	Every patient should have the opportunity to give feedback about their experience and we promise to use this to improve care and services. We will communicate in line with our values. We will ensure partnership working and needs based care. We will simplify patient focused processes.



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Aim	Objective	Outcomes
People	Create the conditions to promote wellbeing and enable an engaged workforce to improve patient and staff experience	Staff will be supported to be healthy and supported if they are unwell Staff will feel proud, enthusiastic and happy in work
	Attract and retain a diverse workforce aligned to our culture and values, to ensure that we have the staff with the skills to deliver excellent patient care	WHH will be a great and inclusive place to work Staff will be supported to develop new skills and ways of working
	Develop a collaborative, compassionate and inclusive culture of collective leadership at all levels and organisational learning.	Staff at all levels in the Trust are able to develop as leaders Staff feel empowered to identify improvements and put them in place

The people objectives and outcomes summarised above are those refreshed and approved in September 2018 in the refreshed people strategy.

Aim	Objective	Outcomes
Sustainability	Play a central role in our healthcare economies to support integrated place based care	Provider of integrated services, intermediate care and care home services Improved pathways for local residents to ensure that everyone receives the right support, care and treatment at the right time Strong relationships and collaborative working with all partners, including councils, CCGs, mental health and community services providers and the voluntary sector
	Work with other acute care providers to ensure that those services which need to be provided in an acute environment are the best they can be and are clinically and financially sustainable	Ensure services meet the demand of our populations Provide services on behalf of others where our services are clinically and financially superior Disinvest in or transform services which are not financially sustainable and do not currently provide high quality outcomes Share best practice and collaborate to ensure the best outcomes for our populations Maintain and then improve financial position
	Provide our services in an estate that is fit for purpose, supported by technology, and aligned to the needs of our developing populations.	New hospital and wellbeing campus in Halton New hospital in Warrington Recognised digital exemplar



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2. GOVERNANCE

Delivery against each of the strategic objectives and associated outcomes/KPIs is regularly monitored and managed via the Committees and Sub-committees of the Trust board.

The table below summarises the governance arrangements in place.

Aim	Outcomes	Proposed KPIs	Committee/Sub-committee	Frequency of Monitoring	Integrated Performance Report
Quality	We will have safe systems of work in place	<ul style="list-style-type: none"> • 20% reduction in falls 	Patient Safety and Clinical Effectiveness	Monthly	Yes
	We will ensure that we minimise harm for patients		Quality Assurance Committee	Bi-monthly	
		<ul style="list-style-type: none"> • 100% medicines reconciliation 	Patient Safety and Clinical Effectiveness	Monthly	Yes
			Quality Assurance Committee	Annually	
		<ul style="list-style-type: none"> • 10% reduction in hospital acquired infections 	Patient Safety and Clinical Effectiveness	Monthly	Yes
			Infection Control Sub-Committee	Monthly	
			Quality Assurance Committee	Bi-monthly	
		<ul style="list-style-type: none"> • 100% of patients have sepsis screening and are treated appropriately 	Patient Safety and Clinical Effectiveness	Monthly	Yes
		Quality Assurance Committee	Bi-monthly		
		<ul style="list-style-type: none"> • 100% of patients to have a VTE assessment and appropriate treatment 	Patient Safety and Clinical Effectiveness	Monthly	Yes
		Quality Assurance Committee	Bi-monthly		
	We will ensure that we providing care that is evidence based	<ul style="list-style-type: none"> • Reduce DTOCs to no greater than 3% 	KPI Meeting	Monthly	No
	We will ensure that we are focused on outcomes for patients and that are benchmarking/peer reviewing ourselves against the 'best in class'.		Finance and Sustainability Committee	Bi-monthly	



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	We will ensure that we foster a culture of Quality Improvement	<ul style="list-style-type: none"> Reduce readmissions within 30 days for patients >65 to no greater than 12.5% 	KPI Meeting	Monthly	No
		<ul style="list-style-type: none"> Understand variance in clinical outcome measures across all specialities, measure and agree improvements 	Quality, People and Sustainability	Bi-monthly	No
			Trust Operational Board	Monthly	
		<ul style="list-style-type: none"> Number of Quality Improvement projects successfully completed 	Quality Academy Board	Quarterly	No
		Quality Assurance Committee	Quarterly		
	<ul style="list-style-type: none"> Increase number of staff with quality improvement training via Quality Academy 	Quality Academy Board	Quarterly	No	
		Quality Assurance Committee	Quarterly		
	Every patient should have the opportunity to give feedback about their experience and we promise to use this to improve care and services. We will communicate in line with our values.	<ul style="list-style-type: none"> Increase in Friends and Family Test scores to ensure all specialities meet or exceed national benchmarks 	Patient Experience Sub-committee	Monthly	Yes
			Quality Assurance Committee	Bi-monthly	
	We will ensure partnership working and needs based care. We will simplify patient focused processes.	<ul style="list-style-type: none"> Improve across all indicators in the inpatients survey 	Patient Experience Sub-committee	Monthly	No
Quality Assurance Committee			Bi-monthly		
	<ul style="list-style-type: none"> 10% reduction in formal complaints 	Complaints Quality Assurance Group	Monthly		
		Patient Experience Sub-committee	Monthly	Yes	
		Quality Assurance Committee	Bi-monthly		



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Aim	Outcomes	Proposed KPIs	Committee/Sub-committee	Frequency of Monitoring	Integrated Performance Report
People	Staff will be supported to be healthy and supported if they are unwell	• Reduction in mental health related sickness absence	Strategic People Committee	Quarterly	No
		• Reduction in musculoskeletal health related sickness absence	Strategic People Committee	Quarterly	No
		• Improving number of staff believe that we value their health and wellbeing	Strategic People Committee	Quarterly	No
		• Increasing numbers of staff receiving the annual flu vaccination	Strategic People Committee	Quarterly	No
		• Improving number of staff recommend WHH as a place to work and receive treatment	Strategic People Committee	Quarterly	No
	Staff will feel proud, enthusiastic and happy in work	• Pioneering teams adopt LIA	Strategic People Committee	Quarterly	No
		• Continuous improvement via the Ward Accreditation Programme	Strategic People Committee	Quarterly	No
	WHH will be a great and inclusive place to work	• Reduction in difficult to fill vacancies across the Trust	Strategic People Committee	Quarterly	Yes
		• Reduction in the number of staff leaving the Trust	Strategic People Committee	Quarterly	Yes
		• Achievement of the measures within the Equality, Diversity and Inclusion Policy	Strategic People Committee	Quarterly	No
		• Production of strategic workforce plans	Strategic People Committee	Quarterly	No
		• Improvement in number and quality of annual appraisals	Strategic People Committee	Quarterly	Yes
	Staff will be supported to develop new skills and ways of working	• All available staff, including bank workers, have completed mandatory training	Strategic People Committee	Quarterly	Yes
		• Improving number of staff tell us that they have received high quality non-mandatory development	Strategic People Committee	Quarterly	No
	Staff at all levels in the Trust are able to develop as leaders	• Reduction in Dignity at Work employee relation cases	Strategic People Committee	Quarterly	No
		• Increase in internal promotions	Strategic People Committee	Quarterly	No
		• Improved recruitment and retention of leadership positions	Strategic People Committee	Quarterly	No



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	Staff feel empowered to identify improvements and put them in place	<ul style="list-style-type: none"> Quality improvement plans are in place for all areas 	Strategic People Committee	Quarterly	No
		<ul style="list-style-type: none"> Improving numbers of staff tell us that their managers and leaders are supportive, communicate well and that they feel valued 	Strategic People Committee	Quarterly	No
		<ul style="list-style-type: none"> All staff have access to Quality Improvement training within the Trust, tailored to their needs 	Strategic People Committee	Quarterly	No

Aim	Outcomes	Proposed KPIs	Committee/Sub-committee	Frequency of Monitoring	Integrated Performance Report	
Sustainability	Provider of integrated services, intermediate care and care home services	<ul style="list-style-type: none"> Level of acute activity (non-elective admissions) to remain the same or reduce, in environment of growing and ageing population, supporting left-shift 	KPI Meeting	Monthly	No	
	Improved pathways for local residents to ensure that everyone receives the right support, care and treatment at the right time		Finance Resources Group	Monthly		
	Strong relationships and collaborative working with all partners, including councils, CCGs, mental health and community services providers and the voluntary sector		Finance and Sustainability Committee	Monthly		
	Ensure services meet the demand of our populations	Provide services on behalf of others where our services are clinically and financially superior	<ul style="list-style-type: none"> Grow proportion of services delivered in the community 	Quality, People and Sustainability	Bi-monthly	No
				Strategy Development and Delivery Sub-committee	Monthly	
				Trust Operational Board	Monthly	
Disinvest in or transform services which are not financially sustainable and do not currently provide high quality outcomes		<ul style="list-style-type: none"> Understand unwarranted variation in clinical outcome measures across all specialities, measure and agree improvements 	Quality, People and Sustainability	Bi-monthly	No	
			Trust Operational Board	Monthly		
		<ul style="list-style-type: none"> Improve profitability of services 	Finance Resources Group	Monthly	No	



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	Share best practice and collaborate to ensure the best outcomes for our populations	<ul style="list-style-type: none"> Maintain and then improve system financial position 	Finance and Sustainability Committee	Monthly	No
	Maintain and then improve financial position		Finance Resources Group	Monthly	
		<ul style="list-style-type: none"> Retain and where appropriate grow priority services 	Finance and Sustainability Committee	Monthly	No
			Quality, People and Sustainability	Bi-monthly	
			Strategy Development and Delivery Sub-committee	Monthly	
		<ul style="list-style-type: none"> Repatriate Warrington and Halton activity to priority services 	Trust Operational Board	Monthly	No
			Finance Resources Group	Monthly	
			Strategy Development and Delivery Sub-committee	Monthly	
	New hospital and wellbeing campus in Halton New hospital in Warrington Recognised digital exemplar	<ul style="list-style-type: none"> Delivery of milestones on trajectory, including SOCs 	Quality, People and Sustainability	Bi-monthly	No
			Strategy Development and Delivery Sub-committee	Monthly	
Trust Operational Board			Monthly		
<ul style="list-style-type: none"> Secure funding 		One Halton Board	Bi-monthly	No	
		Strategy Development and Delivery Sub-committee	Monthly		
<ul style="list-style-type: none"> Identify site for Warrington new hospital 		Trust Operational Board	Monthly	No	
		Warrington New Hospital Meeting	Bi-monthly		
<ul style="list-style-type: none"> Updated Estates and Facilities strategy 		Strategy Development and Delivery Sub-committee	Annually	No	
	Trust Operational Board	Annually			



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	<ul style="list-style-type: none"> • Delivery of milestones in IM&T strategy on trajectory 	Digital Operations Group	Monthly	No
		Trust Operational Board	Monthly	

3. SUMMARY OF DELIVERY AGAINST STRATEGIC OBJECTIVES Q2/Q3 2018/19

A summary of performance against strategic objectives, outcomes and KPIs is shared at Trust board every 6 months, making it easier to assess overall strategy delivery in a single document. Below is the first of these assessments.

Indicator Key:

RAG	Meaning	Arrow	Descriptor
Red	The Trust is behind plan with significant challenges to recovery	↑	The KPI has improved upwards from the baseline
Amber	The Trust is on track to deliver the outcome/KPI over the 3 year period	↓	The KPI has improved downwards from the baseline
Green	The Trust is ahead of plan to deliver the outcome/KPI over the 3 year period	→	The KPI has not changed from the baseline or is not available
White	KPI not currently rated	↑	The KPI was worsened upwards from the baseline
		↓	The KPI has worsened downwards from the baseline



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Aim	Outcomes	Proposed KPIs	Current Indicator	Current Position	Baseline	Indicator Description (Refined)	Commentary
Quality	We will have safe systems of work in place	• 20% reduction in falls	-0.9% ↓	340	343	Variance of inpatient-only falls Q2&Q3 18/19 (Current Position) against total falls Q2&Q3 17/18	Enhanced care policy has been introduced with visual aids to identify patients at high risk. Themes and actions from inpatient falls discussed daily at Trust-wide safety brief. Weekly review of all falls is held with senior staff.
		• 100% medicines reconciliation	68% ↓	68%	69%	Meds reconciliation Q2&Q3 2018/19 (Current Position) against Q2&Q3 2017/18	% of Medicine Reconciliations increased over year from 20% to 26% and within 48 hours from 38% to 46% but is still falling short of the target of 80% within 24 hours. The overall % medicines reconciliation has increased from 63% to 68%. The number and % achieved are affected by pharmacy staff availability, especially at weekends. A business case has been approved to support 7 day ward pharmacy cover.
	We will ensure that we minimise harm for patients	• 10% reduction in hospital acquired infections	12.5% ↑	45	40	Variance in MRSA, MSSA, C-DIFF, E-Coli infections Q2&Q3 18/19 (Current Position) against Q2&Q3 17/18 (40)	E-Coli is above trajectory with 44 cases year to date against a target of 36. Themes are relating to catheter acquired infection. CDIFF is 25 cases against a trajectory of 26. Themes are in relation to timely screening and sampling. MRSA 2 cases year to date against a target of 0. Themes relate to timely screening on admission. Workstreams related to the reduction of healthcare acquired infections continue with oversight at Patient Safety Sub Committee and Quality Assurance Committee. New trajectories have been agreed.
		• 100% of patients have sepsis screening and are treated appropriately	98% ↑	98%	95%	AED and Inpatient Sepsis Screening rate, Q2 & Q3 2018/19 (Current Position) against Q2&Q3 2017/18	Both Emergency Department and inpatient performance for assessment and administration of antibiotics are above 95% with ED performing consistently well at 100% for both parts. A reduction in compliance for the review of antibiotics is noted in October impacting on Trust Q3 overall performance due to a delay in consultant review. Actions in place to improve compliance include audit, attendance at medical handover and escalation through senior clinical colleagues.



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	<ul style="list-style-type: none"> 100% of patients to have a VTE assessment and appropriate treatment 	95.1%	↓	95.1%	95.7%	Proportion of VTE assessments carried out Q2&Q3 2018/19 (Current Position) against Q2&Q3 2017/18	The Trust achieved 95.08% compliance with VTE assessment. Patient Safety Improvement Nurse currently reviews all confirmed PE's and DVT's to validate the receipt of appropriate treatment with a process to escalate for investigation where concerns are raised.
We will ensure that we providing care that is evidence based	<ul style="list-style-type: none"> Reduce DTOCs to no greater than 3% 	3.73%	↓	3.7%	4.8%	Average % of patients with a Delayed Transfer of Care (DTOCs) over Q2 & Q3 2018/19 (Current Position) against Q2 & Q3 2017/18	
We will ensure that we are focused on outcomes for patients and that are benchmarking/peer reviewing ourselves against the 'best in class'.	<ul style="list-style-type: none"> Reduce readmissions within 30 days for patients >65 to no greater than 12.5% 	8.40%	↓	8.4%	9.9%	Number of readmissions over 65 against the number of total patients over 65 Q2 & Q3 2018/19 (Current Position) compared with Q2&Q3 2017/18	
	<ul style="list-style-type: none"> Understand variance in clinical outcome measures across all specialities, measure and agree improvements 		↑	9	0	Specialties undertaken GIRFT visits 2018/19.	9 specialties have undergone visits from the Gifrt programme, with quality improvement work underway or complete in 6 to date. Model hospital data, GIRFT, Agreed improvements through CBU Plans-on-a-page for key variances
We will ensure that we foster a culture of Quality Improvement	<ul style="list-style-type: none"> Number of Quality Improvement projects successfully completed 		↑	8	-	The number of active quality improvement projects across the Trust as a whole has not been formally measured previously. 8 therefore represents a minimum number over the last 9 months. This will be formally tracked via the Quality Academy going forwards.	A number of quality improvements have been undertaken and completed in the Trust over the past 9 months. These include the creation of the Acute Coronary Care Unit, the Diabetes Foot Clinic, Enhanced Recovery Pathways in MSK, colorectal straight-to-test. Additional quality improvement projects have commenced, including Falls Collaborative and Tissue viability.
	<ul style="list-style-type: none"> Increase number of staff with quality improvement training via Quality Academy 		↑	271	-	Number of staff to-date undertaken Quality Improvement Training	Quality Improvement training is now delivered to all staff at induction.
Every patient should have the opportunity to give feedback about their experience and we promise to use this to	<ul style="list-style-type: none"> Increase in Friends and Family Test scores to ensure all specialities meet or exceed national benchmarks 	95.3%	↑	95.3%	94.9%	% recommended Q2 & Q3 2018/19 (Current Position) against Q2 &Q3 2017/18	



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	We will communicate in line with our values.	<ul style="list-style-type: none"> Improve across all indicators in the inpatients survey 	42	↑	42	8	Number of improved indicators across the National Inpatients Survey between 2017 (Current Position) and 2016
	We will ensure partnership working and needs based care.	<ul style="list-style-type: none"> 10% reduction in formal complaints 	-12%	↓	204	231	Complaints received Q2&Q3 2018/19 (Current Position) against complaints received Q2&Q3 2017/18 (231)
	We will simplify patient focused processes.						
<p>The Trust showed improvement on 42 questions overall in 2017 compared with 8 questions in 2016. The Trust performed significantly better on 9 questions than the national average in the highest scoring 80% threshold compared to 1 question in 2016. There were no questions in which the Trust worsened by 5% or more, which is significantly better than the 2016 survey, where 18 questions fell in this category. There has been recognised improvement in the number of questions falling within the lowest 20% national threshold (8 in 2017 compared to 32 in 2016)</p>							

Aim	Outcomes	Proposed KPIs	Current Indicator	Current Position	Baseline	Indicator Description (Refined)	Commentary
People	Staff will be supported to be healthy and supported if they are unwell	<ul style="list-style-type: none"> Reduction in mental health related sickness absence 	1.4%	↑	1.4%	1.3%	% mental health sickness absence Dec 2018 (Current Position) against Dec 2017
<p>Mental health related absence continues to increase and will remain a priority work stream for 2019/20. A review of mental health support services within the Workplace Health and Wellbeing Service, including staff counselling, has been completed. This has included a review of best practice and engagement with the workforce to gather feedback on how the Trust supports staff. This review has informed the delivery plan for 2019/20. The refreshed delivery plan is in line with the recently published NHS Staff and Learners' Mental Wellbeing Commission Report (Health Education England, February 2019).</p>							



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	<ul style="list-style-type: none"> Reduction in musculoskeletal health related sickness absence 	0.8%	↓	0.8%	0.9%	% musculoskeletal sickness absence Dec 2018 (Current Position) against Dec 2017	The Physio Team in our Health and Wellbeing Service have worked with the Moving and Handling Trainer and the Health and Safety Team to take a new approach in utilising information on incidents and sickness absence to provide targeted support. A recent review found that the service currently provided meets the needs and expectations of the organisation and our staff; however additional work to promote the service across the workforce is required, which will be a focus in 2019/20.
	<ul style="list-style-type: none"> Improving number of staff believe that we value their health and wellbeing 		→	6.2	6.2	Score out of 10 for Health and Wellbeing indicator in the NHS Staff Survey 2018 against 2017 (N.B. National Average is currently 5.9)	The Trust Fit to Care Programme aims to support the health and wellbeing of our workforce. Reviewing this programme was a key priority for 2018/19. This has now been complete, in consultation with the workforce, and a refreshed programme of work for 2019/20 has been produced.
	<ul style="list-style-type: none"> Increasing numbers of staff receiving the annual flu vaccination 	2111	↑	2111	2055	Seasonal flu doses given to frontline workers Q3 2018/19 against Q3 2017/18	
Staff will feel proud, enthusiastic and happy in work	<ul style="list-style-type: none"> Improving number of staff recommend WHH as a place to work and receive treatment 	77.7%	↑	77.7%	72.8%	Staff Friends and Family Test - % recommended Q2 2018/9 (Current Position) against Q2 2017/18	
	<ul style="list-style-type: none"> Pioneering teams adopt LIA 		↑	11	-	Number of pioneering teams to-date (Programme established 2018/19)	
	<ul style="list-style-type: none"> Continuous improvement via the Ward Accreditation Programme 		↑	29	-	Number of wards accredited to-date (Programme established 2018/19)	Of 29 wards accredited to January 2019, 16 have achieved silver award status and the remaining 13 wards have received bronze awards/



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	WHH will be a great and inclusive place to work	<ul style="list-style-type: none"> • Reduction in difficult to fill vacancies across the Trust 	10.85%	↓	10.9%	11.2%	Vacancy Factor December 2018/19 (Current Position) against Year-to-date average 2018/19	<p>New approaches to attraction and retention have been introduced and an overarching Recruitment and Retention Group has been set up, to share and embed learning from the already established Nursing and AHP groups. The Group is also be used to share and discuss recruitment and retention issues, share best practice and focus on all staff groups. Key elements of the programme of work include:</p> <ul style="list-style-type: none"> • Enhancing the 'Work at WHH' web presence • Improving recruitment processes and reducing time to hire • Introducing Recruitment and Retention champions • Introducing Candidate Coffee Club <p>Key successes to date include the 'Earn, Learn and Return' scheme and a number of new roles such as Nursing Associates, Apprentice Healthcare Assistants and Physician Associates have been rolled out.</p>
		<ul style="list-style-type: none"> • Reduction in the number of staff leaving the Trust 	3	↑	293	290	Leaver headcount Q2 & Q3 2018/19 (Current Position) against Q2 & Q3 2017/18	<p>The Trust is participating in the NHSI Retention Direct Support Programme. The programme aims to support Trusts to improve their retention rates by facilitating learning between Trusts and provide Trusts with the knowledge and tools to improve retention. A Trust-wide Recruitment and Retention group has been established which will share learning and take action for the benefit of all staff groups.</p> <p>Workforce data has been analysed and engagement with the workforce has taken place. This information has been used to draft initial initiatives (below), which will be the basis for the Trust Retention Action Plan to be produced by 31.03.2019.</p>



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	<ul style="list-style-type: none"> Achievement of the measures within the Equality, Diversity and Inclusion Strategy 						<p>An initial draft of the Equality, Diversity and Inclusion Strategy has been produced, taking into account the information from the Workforce Equality Analysis 2017, Gender Pay Gap Reporting 2018 and Workforce Race Equality Standard 2018. The workforce elements of the draft strategy were presented to a workforce focus group on 6 November 2018 and were well received, with constructive feedback and suggestions given. Additional engagement has taken place with community groups in February 2019. The Strategy will be submitted to Trust Board for ratification in March 2019.</p>	
	<ul style="list-style-type: none"> Production of strategic workforce plans 						<p>The Trust's 2019/20 Workforce Plan has been developed alongside the Business Plans for Clinical Business Units (CBUs). The result is a robust plan which takes account of turnover, retention, workforce transformation and future business plans. Delivery of the plan will be driven through the Workforce Redesign Group, Recruitment and Retention Groups and Premium Pay Spend Review Groups. Progress against the 2019/20 Workforce Plan will be monitored via the Operational People Committee.</p>	
	Staff will be supported to develop new skills and ways of working	<ul style="list-style-type: none"> Improvement in number and quality of annual appraisals 	82.1%	↓	82.1%	82.6%	PDR Compliance December 2018/19 (Current Position) against year-to-date average 2018/19	<p>The quality of annual appraisals forms part of the work on Talent Management and Succession Planning, which is a key focus within the People Strategy for 2019/2020. Work head already begun with a refresh of the Appraisal Policy.</p>
				↑	5.3 / 10	5.2 / 10	Quality of appraisals score (out of 10) from NHS Staff Survey Results 2018 (Current Position) against 2017	
		<ul style="list-style-type: none"> All available staff, including bank workers, have completed mandatory training 	92.4%	↑	92.4%	87.9%	Substantive Staff - Mandatory Training Compliance December 2018/19 (Current Position) against year to date 2018/19	<p>The centralisation of bank processes via the Bank and Agency Team is planned for Q1/Q2 2019/20. This will mean that training compliance will be managed centrally and a significant increase in compliance is expected. In preparation for this, the HR and OD Team are undertaking a data cleansing exercise and will be writing to bank staff to set out expectations regarding mandatory training.</p>
			55.0%	↑	55.0%	54.0%	Bank Staff - Mandatory Training Compliance December 2018/19 against year to date 2018/19	



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	<ul style="list-style-type: none"> Improving number of staff tell us that they have received high quality non-mandatory development 	66%	↓	66.0%	66.9%	% of staff selecting yes in NHS Staff Survey to Q20 (Have you had any (non-mandatory) training, learning or development in the last 12 months?) 2018 (Current position) against 2017	The Trusts workforce redesign group will be utilised to identify areas where there is scope for workforce transformation, introduction of new roles and upskilling of existing staff working in conjunction with our apprenticeship and training and development teams, ensuring that we continue our workforce development and transformation. A Nursing Career Pathway will be launched at our Career Development Event on 12 March 2019. This will be rolled out to all staff groups in 2019/20. Feedback from the Career Development Event will be utilised to design and implement 2 monthly Career Cafes, where employees can learn about the various career pathways and development opportunities available.
	<ul style="list-style-type: none"> Reduction in Dignity at Work employee relation cases 	11	↑	11	5	Open Dignity at Work cases Q2 & Q3 2018/19 (Current Position) against Q2 & Q3 2017/18	The increase in Dignity at Work cases relates to a cluster of cases in November 2018, relating to the same incident. Work underway to impact this indicator includes: <ul style="list-style-type: none"> Review of essential managers training programme. 'Difficult conversation' course to be available during 2019/20. Review of the Dignity of Work Policy during 2019. Promotion of Freedom to Speak up, including review of template letters to include signposting. Development of Trust leadership behaviours model during 2019/20. Development of Trust behaviour standards to complement Trust values during 2019/20.
	<ul style="list-style-type: none"> Increase in internal promotions 					Formal recording of this metric is in development.	
	<ul style="list-style-type: none"> Improved recruitment and retention of leadership positions 	4.3%	↓	4.3%	5.2%	Leadership vacancy factor as December 2018 (Current Position), improved against average vacancy factor Apr-Dec 2018 (Baseline)	



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	Staff feel empowered to identify improvements and put them in place	<ul style="list-style-type: none"> Quality improvement plans are in place for all areas 	9	↑	9	0	Specialties undertaken GIRFT visits 2018/19.	9 specialties have undergone visits from the Girt programme, with quality improvement work underway or complete in 6 to date. Model hospital data, GIRFT, Agreed improvements through CBU Plans-on-a-page for key variances
		<ul style="list-style-type: none"> Improving numbers of staff tell us that their managers and leaders are supportive, communicate well and that they feel valued 	73.0%	↑	73.00%	69.50%	% of staff selecting 'Satisfied'/'Very Satisfied' in NHS Staff Survey to Q5b (The support I get from my immediate manager) 2018 (Current position) against 2017	
		<ul style="list-style-type: none"> All staff have access to Quality Improvement training within the Trust, tailored to their needs 		↑	271		Number of staff to-date undertaken Quality Improvement Training	

Aim	Outcomes	Proposed KPIs	Current Indicator	Current Position	Baseline	Indicator Description (Refined)	Commentary	
Sustainability	Provider of integrated services, intermediate care and care home services	<ul style="list-style-type: none"> Level of acute activity (non-elective admissions) to remain the same or reduce, in environment of growing and ageing population, supporting left-shift 	-0.14%	↓	18,642	18,668	Non-elective admissions Q3&Q4 18/19 (18642) against non-elective admissions Q3&Q4 17/18 (18668)	This is a Cheshire and Merseyside Health and Care Partnership target. The Trust's NEL admissions have reduced very slightly, though it is not a significant trend.
	Improved pathways for local residents to ensure that everyone receives the right support, care and treatment at the right time	<ul style="list-style-type: none"> Grow proportion of services delivered in the community 		↑			Additional services provided by WHH and delivered in non-hospital settings	Over the past 9 months, a number of initiatives have developed and launched that extend the provision of WHH services in the community. These include the Halton COPD service, the frailty assessment service, ECG in GP practices, and Smart Heart.
	Strong relationships and collaborative working with all partners, including councils, CCGs, mental health and community services providers and the							



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voluntary sector							
Ensure services meet the demand of our populations	<ul style="list-style-type: none"> Understand unwarranted variation in clinical outcome measures across all specialities, measure and agree improvements 		↑	9	0	Specialties undertaken GIRFT visits 2018/19 (Current Position) against 2017/18	9 specialties have undergone visits from the GIRFT programme, with quality improvement work underway or complete in 6 to date. We also now have access to model hospital and other comparative data sources, the outputs of which have contributed to a number of projects outlined within each CBU's plan-on-a-page.
Provide services on behalf of others where our services are clinically and financially superior	<ul style="list-style-type: none"> Improve profitability of services 		☐	-£13m	-	Total profit/loss of clinical service lines. Currently robust data is only available for Q1 & Q2 2018/19	SLR team and systems now in place to allow robust and comparative data regarding service line profitability. Robust data only available from Q1 & Q2 18/19 and as such comparison is not yet possible
Disinvest in or transform services which are not financially sustainable and do not currently provide high quality outcomes	<ul style="list-style-type: none"> Maintain and then improve system financial position 	-£142m	↓	-£142m	-£74m	Forecast outturn for Cheshire and Merseyside system at month 9 2018/19 against month 9 2017/18	
Share best practice and collaborate to ensure the best outcomes for our populations	<ul style="list-style-type: none"> Retain and where appropriate grow priority services 		↓	50%	55%	Overall market share of Warrington CCG and Halton CCG activity undertaken by WHH (inpatient and outpatient first attendances combined)	There has been some growth in core business areas over past two years, including Orthodontics and Oral Surgery, Urology, Max Fax, Gynaecology; but loss of market share in majority of specialties across inpatient and outpatient domains. Significant work underway, as detailed within CBU business plans-on-a-page to reverse trends in key areas.
Maintain and then improve financial position	<ul style="list-style-type: none"> Repatriate Warrington and Halton activity to priority services 		↑				Repatriation of certain paediatric cases from Alder Hey has been successful due to the expertise of Dr Melling. Conversations are underway to explore the potential of establishing Halton as a regional elective site.
New hospital and wellbeing campus in Halton	<ul style="list-style-type: none"> Delivery of milestones on trajectory, including SOCs 		↓				The Trust has not been awarded any capital funding from the latest allocation of government capital in relation to its bid for £40m to commence the redevelopment of the Halton site. The trust awaits formal feedback via Cheshire & Merseyside Health & Care Partnership on the reasons behind the decision not to award any funding to the project on this



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								occasion. A review of the Strategic Outline Case is in progress, ensuring land value is maximised, costs are minimised and all options are considered.
		• Secure funding		→				KPMG have been engaged to explore alternative funding options for both the Halton Hospital and Wellbeing Campus. They are currently engaging with a number of partners to understand potential funding streams, and are due to report back their findings in March 2019. This piece of work is funded through NHS England.
	New hospital in Warrington	• Identify site for Warrington new hospital		↑				The Trust, in partnership with Warrington Borough Council and Warrington CCG, has recruited a project manager for the Warrington Hospital project, who joined WHH early March.
		• Updated Estates and Facilities strategy		↑				Estates and Facilities Strategy is currently in draft, awaiting progression and approval through the committee process.
	Recognised digital exemplar	• Delivery of milestones in IM&T strategy on trajectory	84%	↑	84%		IM&T Projects RAG rated as blue or green (26) against total number of projects on IM&T Programme (31) in December 2018 (Current position)	As December 18, there were 31 projects governed through the IM&T Programme Board. Of these, 2 are rated "Complete", 24 are rated "On Target", 5 are rated "At Risk" and 0 are rated "Not Achievable".



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4. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The Council of Governors is asked to note the progress against delivery of the strategic objectives and the governance arrangements in place.

5. IMPACT ON QPS?

Delivery of our strategy enables the Trust to deliver our aims under Q, P and S, and it is essential that this is monitored for assurance and escalated where necessary.

6. MEASUREMENTS/EVALUATIONS

The strategy delivery summary is provided to Trust board every six months by the Director of Strategy. Key strategic developments will be discussed at each Trust board as appropriate.

7. TRAJECTORIES/OBJECTIVES AGREED

The KPIs support the delivery of the Trust Strategy over three years.

8. MONITORING/REPORTING ROUTES

The governance for each strategic objective is outlined in section 2.

9. RECOMMENDATIONS

The Council of Governors is asked to note the progress against delivery of the strategic objectives and the governance arrangements in place.



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**Warrington and
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NHS Foundation Trust

Council of Governors

AGENDA REFERENCE:	COG/19/05/31			
SUBJECT:	My Choice Update			
DATE OF MEETING:	16 May 2019			
ACTION REQUIRED	Update paper for the Council of Governors to note.			
AUTHOR(S):	Sally Proffitt, Head of Financial Planning and Commercial Development			
EXECUTIVE SPONSOR	Andrea McGee, Director of Finance and Commercial Development			
EXECUTIVE SUMMARY				
	This paper provides an update regarding the development of the My Choice service. This includes updates on the relaunch, the promotions and next steps.			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the content of this paper.			
PREVIOUSLY CONSIDERED BY	Committee			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Whole FOIA Exemption			
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	Section 41 – confidentiality			



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SUBJECT	My Choice Update	AGENDA REF	COG/19/05/31
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1. BACKGROUND/CONTEXT

This paper provides an update regarding the development of the My Choice service. This includes updates on the relaunch, the promotions and next steps.

The NHS is introducing an increasing number of procedures into a category called 'Procedures of Lower Clinical Priority' (PLCP). This is where it is believed effectiveness is either absent or evidence shows weak efficacy and/or insufficient long term benefits reached, is deemed as low clinical priority. These procedures are therefore no longer funded by the NHS, however are available for people who are willing to fund privately.

The Trust offers an alternative provision for these patients who can choose to pay for their PLCP at NHS price carried out by NHS professionals via the 'My Choice' service. This is not a private offering and patients are placed on the Trust waiting list in the same way as an NHS patient within clinic times.

2. KEY ELEMENTS

Relaunch

In February 2018 the Chargeable Patients Officer and work areas incorporated within the Financial Planning Team to offer sustainable service incorporating My Choice service, Overseas and Private Patients. The team spent a considerable amount of time engaging with clinical and operational colleagues to create a revised and up to date offering along with costs, processes and procedures. The Trusts My Choice offering was relaunched in September 2018 and the service was marketed via promotional materials and engagement events for staff, GPs and the public.

Promotion

The analytics to date (January 2019 – March 2019) show that the promotional materials are working as there have been 397 visits to the Trust website to view My Choice within the three months. The challenge now however is for the service to convert the new interest into bookings.



My Choice is now incorporated within the Trusts Commercial Development Strategy which will provide additional focus and resource in 2019/20. There are a number of initial next steps for My Choice which includes:

- Integrated approach to GP, staff and public engagement with the Trust Communications Team.
- Bespoke marketing campaign to increase and drive promotion.
- Explore a partnership with a finance company to offer an affordable solution to treatment.
- Refine the My Choice customer service approach using clear scripts.

3. IMPACT ON QPS?

The My Choice service is one aspect of the Commercial Development Strategy which has been developed to support the sustainability of the Trust via income generation.

4. MEASUREMENTS/EVALUATIONS

An 'increase in My Choice bookings' is a milestone in the Commercial Development Strategy. This will be measured throughout the year and evaluated in the Commercial Development 2019/20 Annual Report.

5. MONITORING/REPORTING ROUTES

My Choice progress will be monitored at a newly established Commercial Development Meeting designed to monitor and progress the Commercial Development Strategy. My Choice activity and performance will be reported quarterly to the Finance Resource Group via a Dashboard.

6. TIMELINES

Initial next steps as detailed in Section 2 will be actioned by the end of June 2019. The delivery of My Choice will be managed by monthly Commercial Development meetings and overseen by the Finance Resource Group.

7. RECOMMENDATIONS

The Council of Governors is asked to note the content of this paper.



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AGENDA REFERENCE:	COG/19/05/32		
SUBJECT:	Council of Governors Terms of Reference and Cycle of Business 2019-20		
DATE OF MEETING:	16 May 2019		
ACTION REQUIRED	Approval		
AUTHOR(S):	John Culshaw, Head of Corporate Affairs		
EXECUTIVE SPONSOR	Mel Pickup, Chief Executive		
EXECUTIVE SUMMARY	In accordance with the Foundation Trust's Constitution 'Board of Directors – Standing Orders', the Council of Governors are required to review their Cycle of Business on an annual basis.		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	That the Council of Governors approve the 2019-20 Cycle of Business as attached.		
PREVIOUSLY CONSIDERED BY	Committee	N/A	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None		



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DRAFT COUNCIL OF GOVERNORS – CYCLE OF BUSINESS FEBRUARY 2019-MARCH 2020

	Lead	16.5.2019	15.8.2019	14.11.2019	2020	13.2.2020
Formal Business						
Chairman's Opening Remarks & Welcome	Chairman	X	X	X		X
Apologies & Declarations of Interest	Chairman	X	X	X		X
Minutes of Previous Meeting	Chairman	X	X	X		X
Action Log	Chairman	X	X	X		X
GOVERNOR BUSINESS						
Lead Governor Update	Lead Governor	X	X	X		X
Items Requested by Governors	Lead Governor	X	X	X		X
Annual Appraisal of Non-Executive Directors	Lead Governor	X				
Annual Appraisal of Trust Chairman	Lead Governor		X			
GNARC Ratification of NED Appointment (as required)	Lead Governor					
Chairs Report - Quality in Care Group	Chair QiC	X		X		X
Chairs Report - Governor Engagement Group	Chair GEG	X	X	X		
Governor Engagement Group Terms of Reference & Cycle of Business	Chair GEG			X		
Governor Quality in Care Group Terms of Reference & Cycle of Business TBC	Chair QiC					
TRUST BUSINESS						
Chief Executives Report including Integrated Performance Report	CEO	X	X	X		X
Chairman's Briefing (report from work of NEDS)	Chairman	X	X	X		X
Trust Operational Plan	DoF	X				
Annual Reports + Accounts including Auditors Letter and Report on Quality Account	Auditors		X			
Quality Strategy	Dir Int Gov+Quality		X			
Complaints Report	Dir Int Gov+Quality		X			X
Engagement Dashboard (wef May 2018)	DCE + Fundraising	X	X	X		X
Strategy Delivery Update Report (Bi-annual) wef November 2018	Director of Strategy	X		X		
GOVERNANCE						
Council of Governors Cycle of Business + ToR	HCA	X				
Appointment of External Auditors (every three years, due Oct 2019) PANEL 20.9.16, aprvd20.10.2016	HCA		X	X		
Compliance Trust Provider Licence (bi-annually)	HCA		X			X
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office (as r'q) Nov 2019	HCA	X				X
Changes to the Constitution(as required)	HCA					
Governor Training & Development Programme (1) New Governor Induction Verbal as r'd	HCA					
Governor Training & Development Programme (2) MIAA courses – as available	HCA					
Audit Committee Chairs Annual Report + review of Audit Committee Terms of Reference	Chair Audit Cte		X			
Workforce Race Equality Standard (WRES) Update (legislative requirement) bi-annual	WRES Lead			X		
Lead Governor role (every two years – next due January 2019)	HCA					
OTHER BUSINESS / CLOSING						
Annual Members Day + Annual Members Meeting: XXXXX 2019 (before Dec yearly)	HCA		X			



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D R A F T COUNCIL OF GOVERNORS – CYCLE OF BUSINESS FEBRUARY 2019-MARCH 2020



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Council of Governors

AGENDA REFERENCE:	COG /19/05/33		
SUBJECT:	Amendments to the Constitution		
DATE OF MEETING:	15 May 2019		
ACTION REQUIRED	For Approval		
AUTHOR(S):	John Culshaw, Head of Corporate Affairs		
EXECUTIVE SUMMARY	<p>The Trust's Constitution states:</p> <p>45. Amendment of the constitution <i>45.1. The Trust may make amendments to its constitution if:</i> <i>45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments; and</i> <i>45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.</i></p> <p>The paper proposes an amendment to the following area of the Constitution:</p> <ul style="list-style-type: none"> • Annex 7 – Board of Directors Standing Orders <ul style="list-style-type: none"> • Section 6.1 Appointment of Committees (Page 98) <p>The amendment is to allow the appointment of Committees in Common and Joint Committees with other NHS organisations.</p> <p>For clarity, section 13 of Annex 7 states: 13. Changes to Board Standing Orders <i>For the sake of clarity, future amendments to these Standing Orders by the Board are to be regarded as a change to the Trust's Constitution.</i></p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
RECOMMENDATIONS	That the Council of Governors approves the proposed amendment to the Trust's Constitution		
PREVIOUSLY CONSIDERED BY	Committee	Choose an item.	
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	Submit to Trust Board		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		



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SUBJECT	Amendments to the Constitution	AGENDA REF	CoG /19/05/XXX
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1. BACKGROUND/CONTEXT

Warrington and Halton Hospitals NHS Foundation Trust (WHH) and Bridgewater Community Healthcare NHS Foundation Trust (BCH) have agreed to work collaboratively with the aim of improving service delivery effectiveness and organisational effectiveness and efficiency.

The proposed amendment to the Trust's Constitution would allow the appointment of Committees in Common and Joint Committees with other NHS organisations such as BCH to help facilitate the collaboration

In order to make amendments, the Trust's Constitution states:

45. *Amendment of the constitution*

45.1. *The Trust may make amendments to its constitution if:*

45.1.1 *more than half of the members of the Board of Directors of the Trust voting approve the amendments; and*

45.1.2 *more than half of the members of the Council of Governors of the Trust voting approve the amendments.*

The proposed amendments are set out below.

2. KEY ELEMENTS

Currently the Constitution states the following:

6 Committees

6.1 Appointment of Committees

6.1.1 *The Board may appoint other committees of the Board subject to 5.1 and 5.3, consisting wholly or partly of Directors of the Trust*

6.1.2 *A committee so appointed may appoint sub-committees consisting wholly or partly of members of the committee but consisting of at least one Director of the Board*

6.1.3 *The Standing Orders of the Board, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees or sub-committees established by the Board.*

6.1.4 *Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board) as the Board shall decide from time to time following reviews of the terms of reference, powers and conditions. Such terms of reference shall have effect as if incorporated into these Standing Orders.*



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6.1.5 *Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board.*

6.1.6 *The Board shall approve the appointments to each of the committees that it has formally constituted. Where the Board determines that persons, who are neither Directors nor Officers, shall be appointed to a committee, the terms of such appointment shall be determined by the Board.*

6.1.7 *Where the Trust is required to appoint persons to a committee, which is to operate independently of the Trust, such appointment shall be approved by the Board.*

In order to allow the appointment of Committees in Common and Joint Committees with other NHS organisations, it is proposed that the section 6.1.1 of the Constitution be amended to the following:

6.1.1 *The Board may appoint other committees of the Board subject to 5.1 and 5.3, consisting wholly or partly of Directors of the Trust. **This may include, the appointment of Committees in Common and Joint Committeesⁱ with other NHS organisations***

For clarity, sections 5.1 and 5.3 referenced above are described below:

5.1 *The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee of Directors, or by a Director or an Officer of the Trust in each case subject to such restrictions and conditions as the Board thinks fit.*

5.2 **Emergency Powers** - *The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.*

5.3 **Delegation to Committees** - *The Board shall agree from time to time to the delegation of executive powers to be exercised by committees or sub-committees of Directors, which it has formally constituted. The constitution and terms of reference of these committees, or sub-committees, and their specific executive powers shall be approved by the Board.*

3. ACTIONS AND RECOMMENDATIONS

The Council of Governors are asked to approve the proposed amendments to the Trust's Constitution prior to submission to the Trust Board for approval.

ⁱ **Committees in Common** = To operate, several requirements must be met:

- Each committee must have its own agenda, although they may be identical
- Each committee must take its own decisions and these must be recorded in its own minutes
- Note that there is more than one committee. The committees should be referred to as "committees in common"



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- It must be technically possible for each committee in the arrangement to reach a different decision although this will be unlikely
- There must be clear terms of reference for each committee and clear reporting lines back to each Trust Board. For committees in common to run smoothly, each committee needs to have the same agenda. Only one discussion takes place about each agenda item and then each committee makes its own decision.

Joint Committees – Each separate organisation nominates its representative(s) and the committee would have delegated authority from members respective boards to make binding decisions on behalf of the organisations involved.



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DATES 2019-2020

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

Meetings at Halton Hospital to be held 3.00pm-5.00pm

DATE OF MEETING	VENUE
2018	
Thursday 15 th November 2018	Trust Conference Room, Warrington
2019	
Thursday 14 February 2019	Trust Conference Room Warrington
Thursday 16 May 2019	Trust Conference Room, Warrington
Thursday 15 August 2019	Trust Conference Room, Warrington
Thursday 14 November 2019	Lecture Theatre, HALTON EDUCATION CENTRE
2020	
Thursday 13 February 2019	Lecture Theatre, HALTON EDUCATION CENTRE