WHH Council of Governors

Thursday 11 August 2022
3.00 pm – 5.00 pm
Halton Education Centre

COUNCIL OF GOVERNORS
Thursday 11 August 2022 3.00pm-5.00pm
Halton Education Centre

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/22/08/42	**3.00pm**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Terry Atherton, Chair
COG/22/08/43 **PAGE 5**		Minutes and Action Log of meeting held on: • 12th May 2022 • 27th June 2022 (Extra-ordinary CoG)	***For approval***	***Minutes & Action Log***	Terry Atherton, Chair
COG/22/08/44	**3.05pm**	Matters arising	***To note for assurance***	***Verbal***	Terry Atherton, Chair
GOVERNOR BUSINESS					
COG/22/08/45 **PAGE 18** **PAGE 21**	**3.10pm**	Lead Governor Update - Board Observation Report - Governor Working Group - Governor Training	***Info/update***	***Report***	Lead Governor
COG/22/08/46 **PAGE 23**	**3.20pm**	Governor Engagement Group (GEG) a) Chairs Report b) Working with People & Communities Strategy update	***Info/update***	***a) Verbal*** ***b) Report***	Chair - Keith Bland Director of Comms & Engagement
COG/22/08/47 **PAGE 31**	**3.30pm**	Items requested by Governors - Diabetes Service (Q&A Attached) - Main Entrance Catering Provision	***Info/update***	***Briefing notes +Q&A***	Terry Atherton, Chair
COG/22/08/48 **PAGE 32**	**3.45pm**	Governor Handbook	***Approval***	***Document***	Director of Comms & Engagement
COG/22/08/49 **PAGE 77**	**4.00pm**	Board Committee Observations (a) Audit Committee 16.0.22 *(No observer)* (b) Finance & Sustainability 19.05.22 & 22.06.22- Nigel Richardson (c) Quality Assurance Committee 07.06.22 & 05.07.22 - Akash Ganguly *(d)* Strategic People Committee 18.05.22 & 20.07.22 - Norman Holding (e) Charitable Funds Committee 27.06.22 – Jan Howe (f) Clinical Recovery Oversight Committee 17.05.22 & 21.06.22– Nathan Fitzpatrick *(to follow)*	***Info/update***	***Reports***	Governors
COG/22/08/50	**4.05pm**	Constituency Meeting Updates • Warrington North – Anne Robinson • Warrington South – Sue Fitzpatrick • Runcorn • Widnes • Rest of England	***Info/update***	***Verbal***	Governors
TRUST BUSINESS – Items to discuss/approve					
COG/22/08/51 **PAGE 85**	**4.15pm**	Chief Executives Report - Board report July 2022	***Info/update***	***Report***	CEO
COG/22/08/52	**4.20pm**	Chairmans Briefing	***Info/update***	***Verbal***	Terry Atherton, Chair
COG/22/08/53 **PAGE 96**	**4.30pm**	Council of Governors • Terms of Reference	***Approval***	***Report***	Trust Secretary

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COG/22/08/54 **PAGE 104**		External Auditor Contract Renewal	***Approval***	***Report***	Trust Secretary
COG/22/08/55	**4.35pm**	Annual Report & Accounts update	***Info/Update***	***Verbal***	Trust Secretary
COG/22/08/56	**4.40pm**	Annual Members Day & Annual Members Meeting	***Info/Update***	***Verbal***	Trust Secretary
Items to note					
COG/22/08/58 **PAGE 116**	**4.45pm**	Complaints (LFE) Report	***Info/Update***	***Report***	Director of Integrated Governance & Quality
COG/22/08/59 **PAGE 143**		Engagement Dashboard (Q1)	***Info/update***	***Report***	Director of Comms & Engagement
COG/22/08/60 **PAGE 151**		Strategy Delivery Update	***Info/Update***	***Report***	Director of Strategy & Partnerships
COG/22/08/61 **PAGE 171**		Workforce Race Equality Standard (WRES) Bi-Annual Update	***Info/Update***	***Report***	WRES Lead
COG/22/08/62 **PAGE 180**		Compliance Trust Provider Licence	***Info/Update***	***Report***	Trust Secretary
COG/22/08/63		Council of Governors – Committee Effectiveness Survey	***Info/Update***	***Verbal***	Trust Secretary
CLOSING					
COG/22/08/65		Any Other Business and Closing		**Verbal**	Terry Atherton, Chair

Schedule of 2022-23 dates attached for information

Next Meeting Thursday 10 November 2022, Warrington Trust Meeting Room 4.00pm-6.00pm

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Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
  Where an individual may get direct financial benefit[1] from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
  Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
  Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
  Where an individual has a close association[1] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

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COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 12 May 2022
Via MS Teams

Present	
Steve McGuirk (SMcG)	Chair
Simon Constable (SC)	Chief Executive
Terry Atherton (TA)	Non-Executive Director
Jayne Downey (JD)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Michael O'Connor (MOC)	Non-Executive Director
Cliff Richards (CR)	Non-Executive Director
Adrian Carridice-Davids (ACD)	Associate Non-Executive Director
Norman Holding (NH)	Public Governor & Lead Governor
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
John Fagan (JF)	Public Governor
Susan Hoolachan (SH)	Public Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Kevin Keith (KK)	Public Governor
Colin McKenzie (CM)	Public Governor
Kerry Maloney (KM)	Public Governor
Nigel Richardson (NR)	Public Governor
Ann Robinson (AR)	Public Governor
Julie Astbury (JA)	Staff Governor
Dan Birtwistle (DB)	Staff Governor
Akash Ganguly (AG)	Staff Governor
Louise Spence (LS)	Staff Governor
Cllr Alan Lowe (AL)	Partner Governor, Halton Borough Council
Cllr Paul Warburton (PW)	Partner Governor, Warrington Borough Council

In Attendance	
Layla Alani (LA)	Director of Governance and Quality
Alison Aspinall (AA)	
Stephen Bennett (SB)	Head of Strategy & Partnerships (*in attendance for Lucy Gardner Agenda Item COG/22/05/36*)
John Culshaw (JC)	Trust Secretary
Jane Hurst (JH)	Deputy Director of Finance
Pat McLaren (PMcC)	Director of Communication and Engagement
Liz Walker (LC)	Corporate Governance (Minutes)
Apologies	
John Alcolado	Non-Executive Director
Lucy Gardner	Director of Strategic Partnerships
Cliff Richards (CR)	Non-Executive Director

Agenda Ref	Agenda Item
COG/22/05/21	**Welcome, Introduction and Apologies** The Chair welcomed everyone to the meeting. There were no declarations of interest in relation to the agenda items. Apologies for absence were received as noted above.
COG/22/05/22	**Minutes of the meeting held on 10 February 2022** The minutes were agreed as an accurate record and approved subject to minor amendments in relation to attendees. **The Council of Governors approved the minutes of the meeting held on 10 February 2022 subject to minor amendments.**
COG/22/05/23	**Action Log** The action in relation to the refresh session for governors would be discussed later in the agenda. The outstanding Amber actions would be reviewed, updated, and closed as required. **Matters Arising** SMcG noted the agreed appointments of Jayne Downey as the NED replacement for Margaret Bamforth, Cliff Richards was appointed as Senior Independent Director and the approved extension of the Term of Office for Terry Atherton until the appointment of his replacement and to allow a handover period. **The Council of Governors reviewed and updated the Action Log.**
COG/22/05/24	**Lead Governor Update** NH provided a verbal update on recent activity in his role as Lead Governor since the last meeting in February. He had attended both Public and Private Board meetings in March, noting a written observation report of the meeting was provided in the papers. Other areas to highlight included the continued 1:1 sessions with the Chairman and the NED recruitment process had commenced for the replacement of Terry Atherton and shortlisting, and interviews were scheduled for May. In relation to the National Lead Governors Association, things were fairly quiet other than discussions in relation to governors being required to have specific skills to fulfil a Governor role and asked what skills the Lead and Deputy Lead Governors would need to have. An update from the CQC and from NHS providers had been circulated. JC was asked about training for governors and would be covered later in the agenda. Constituency meetings were taking place with inaugural meetings for 4 groups, Halton, Widnes, and Rest of England. NH had also attended the Transport Group meetings where a number of issues were on the agendas including parking and the amount of congestion around the drop off point areas and the issues of vehicles delivering using the drop off points to do so. 12 EV charging points had been installed at Warrington and 6 at Halton which were due to go live this month and would be controlled by length of time taken to charge cars with a maximum of 4 hours. Three mock inspections had taken place, two for day surgery and one in ED and had looked at areas that had not been reviewed before. NH has also attended the Governor Engagement Group and Patient Experience Sub Committees along with the Cleaning Standards Group.

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	Governor Observers were reminded of their role and duties, and the requirement to complete an observation report after the meeting and to be submitted to John Culshaw and Liz Walker to include with future Council of Governor papers. Governors were asked if they were unable to attend the meetings, it was their responsible as Lead Governor Observer to contact the Deputy Observer to ask if they could attend, and if unable to do so to make JC and LW aware of this as soon as possible in order to try and make alternative arrangements in the event that neither observer could attend. There was further discussion around the role of Governors in the world of the ICS and it was noted there would be further discussion which might be contentious. NR commented the Governors needed to support the issues highlighted, and while it was about how things might be done differently it was also necessary to offer the support of the Governors to the ICS, even though these would be challenging times with lots of uncertainties. JJ suggested budgets and capital spending would be agreed at system level and PW talked about it being about place; making decisions around place i.e., Cheshire & Mersey, which to some extent goes against the principles of subsidiarity. NF asked about timelines and when it would be implemented. SMcG added the roll out of the ICB was from 1 July and it would be appropriate to convene and arrange sessions to look at how we can contribute to the ICS. **The Council of Members noted the update.**
COG/22/05/25	**Governor Engagement Group (GEG) - Chair's Report** KB provided a verbal update on the GEG, noting there was a new venue for the meeting, and the final workplan 2022/23 had been presented and agreed, along with a variety of topics discussed at the meeting. Governor support material had been approved which included posters and cards for constituencies. A Governor Engagement booklet had also been produced and would be circulated in the next few weeks. In relation to the Constituency meetings all had gone well and had agreed on lead members to feedback from the meetings. PPP&I strategy for 2022-25 was presented which provided a lot of information and would be sent to all governors for feedback on the discussion points and asked that as many Governors as possible be involved. PMcL provided an update on patient letters noting the need to try and have an easy read letter. It was also noted that PMcL would be retiring in the next few months and KB wanted to thank her personally for her support. **The Council of Governors noted the verbal update.**
COG/22/05/26	**Items requested by Governors** There were no items or questions raised by Governors
COG/22/05/27	**Board Committee Observations** Committee observation reports were included from Audit, Finance and Sustainability, Quality and Audit committees. NR provided a verbal update on the Finance & Sustainability Committee as it had been his first attendance at the meeting. He was impressed with the enthusiasm of the group and there had been good challenge regarding a number of issues on the agenda, including CIP. **The Council of Governors noted the observation reports.**

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COG/22/05/28	**Constituency Meeting Updates** Verbal updates were provided in relation to the various constituency meetings that had taken place since the last Council of Governors meeting. ***Warrington North*** AR had volunteered to be the contact point for the area, with six people attending, and was moving forward. It was agreed that better feedback would be received if the meetings were able to be aligned with campaigns and to develop how to take this forward with the other constituency leads. ***Warrington South*** SF noted the meeting had been positive with good attendance, scheduled meetings had been agreed until the end of the year. There had good support from PMcL around the Moobs and Boobs event, and as mentioned by AR if we want constituents to get involved it would be more useful to piggyback onto events or campaigns. There was overriding views that patient engagement and participation material was produced for support to enable co-development and feel they are contributing to the hospital. An example was an event to talk about the New Hospital submission. There were no updates provided for ***Runcorn Widnes & Rest of England.*** SMcG noted that it was pleasing to see everyone coming together, especially with the NHS being under such scrutiny presently and always running at full capacity. It was important to involve the constituents and continue to engage from a Trust Board perspective to ensure nothing was missed, even though we may not be able to do something immediately about the issues. **The Council of Governors noted the verbal updates.**
COG/22/05/29	**Appointment of Lead & Deputy Lead Governor** JC advised the results of the ballot for the Deputy Lead Governor which had resulted in the appointment of Keith Bland. It was noted that Norman Holding was elected to continue his term as Lead Governor unopposed. **The Council of Governors noted update.**
COG/22/05/30	**Annual Appraisals** It was noted that the appraisal for the Chairman would be conducted during the next few weeks and could consist of 360 deg questionnaire. Cliff Richards as Senior Independent Director would lead the process and would include around 30 questions. Upcoming appraisal for the Chair NED appraisals had all been complete and submitted. SMcG explained that objectives were not set as part of the appraisal for NEDs as their role is around assurance and asking the relevant questions in order to gain the appropriate level of assurance. **The Council of Governors noted the update.**
COG/22/05/31	**Governor Training & Development Programme** JC advised a session for Governor training and development would be agreed over the next few months and would include the future role of governors, which had been requested, along with

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	public engagement, assurance, and finance. SMcG noted Kimberley Salmon-Jamieson (KSJ) had set up leadership observation sessions in the Trust now people were being allowed into the hospital wanted to move them face to face. Training would be helpful in order to understand leadership observation visits and to ensure these were not being duplicated with any of the Governor observation visits but was important to gain a 360 deg view of what was happening. It was vital this was dovetailed to ensure triangulation and KSJ would be asked to be involved with the training sessions when arranged. AR noted this had been discussed in the past, however there was a need to be careful not to get inundated with visits now other programmes were being developed and did not want the governor observations to be an add on. **The Council of Governors noted the update.**
COG/22/05/32	**Chief Executives Report** The report was noted as read and SC went on to talk about the number of patients in hospital with Covid, which had been 150 last month, which was in between the peak of Waves 1 and 2 during 2020, not insignificant but added a different pressure on the Trust. The impact on critical care had been negligible with here patients in critical and had consistently been in single figures. It was noted the community Covid rates had been extremely high but were starting to reduce. SMcG encouraged Governors to read the report which included a helpful overview of what was happening in the trust. **1. The Council of Governors noted the update.** **2. The Dashboard had been omitted from the papers and LW would circulate.**
COG/22/05/33	**Chairmans Briefing** SMcG reported he was continuing with Q&A for Governors, 1:1's and thought it would be helpful to share what had been discussed at the Board Time Out. There were big challenges ahead, however there were a number of opportunities such as the Model Hospital and Getting it Right First Time (GIRFT). SMcG had attended a meeting of the Provider Collaborative and he was leading on the Workforce workstream on behalf of Cheshire & Merseyside collaborative, and it was very much in the forming stage . **The Council of Governors noted the verbal update.**
COG/22/05/34	**PPP&I Strategy** AA noted there had been a discussion at GEG on 4 May regarding the PPP&I Strategy, it had also been reviewed by various other groups and would continue as part of the review process. The Strategy relates to the 4 pillars which includes co-production in service change and development, accessible information, reducing health inequalities and anchor institution/building social value. The Strategy had been presented for feedback and sense checking during April and May and were asking for Governor feedback today prior to presenting to Trust Board for final approval at the end of May. SMcG added there were problems with the ladder of engagement, with the reality of patients coproducing in a hospital setting to undertake; and it was not clear from the document what

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	success would look like. There needed to be a user-friendly narrative against each of the pillars setting out what success would look like. In wanting to talk to the patients and public and getting them involved and to listen to them, there may be areas of constraint, which could inhibit true coproduction. Therefore it was important to be able to articulate what success would look like in order to head off some of the criticism. AA agreed that the wording would be reviewed and take the comments into consideration. **1. The Council of Governors noted the strategy.** **2. AA would review the wording in relation to the 4 pillars.**
COG/22/05/35	**Engagement Dashboard Q4** The report was presented for noting and CoG members were asked to note the new format of the report which included new sections on measures of engagement around google reviews as well as highlighting engagement in the community. SMcG asked about the new app and whether it would be available for Governors to access. AA added it was in the final stages of development and once it was live there was no reason why Governors could not have access. SMcG added it would be useful to understand what the app would be used for. NR acknowledged the quality of some of the information that had been produced. **The Council of Governors noted the dashboard.**
COG/22/05/36	**Strategy Programme – Highlight Report** SB noted the report as read and noted the report gave the current position in relation to the Strategy Programme for April. SB informed the members on the progress of the new hospital project which would see the reconfiguration of both the Warrington and Halton sites. The expression of interest had been submitted to the National Government New Hospital Programme, and it had been prioritised number 1 in Cheshire and Merseyside. It was a matter of waiting and being asked to submit further information in order to reach the final list of 8. Other avenues and initiatives for estates transformation were being explored to see if there was a way to leverage any of these. Community diagnostics was also being reviewed at pace and there was a national initiative to create a network of outpatient hubs across Cheshire and Merseyside with a bid submitted for c.£15m for the Halton Site. This would be a flagship in this part of the country if it were successful. There was also a bid due to be submitted for £8.5m to improve elective facilities at Halton and the Warrington Town Centre initiative would look at the prevention agenda in order to do more to support the people of Warrington hitting crisis point. It was exciting to drive opportunities for true integrated care. The work on Runcorn Shopping City had commenced and was due to open in September. The programme of work to refresh the clinical strategy had been relaunched and were reaching out to CBUs to think about the future of service regarding patient flow and elective activity. SMcG noted there was a lot of talk about delivering health services in the community but no examples where hospital trusts were divesting their services in the community. There would be

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	further discussion at the Board Development day and the Trust were keen to ensure there was little waste if successful in the bids but could mean reconfiguration of what was originally planned. AG added from a radiology perspective a community diagnostic centre would not necessarily mean integration and engagement, and could end up being repeated, which would be wasteful. Currently there were no links through IT for images etc., so it was a positive step for the Trust to be involved in the outcomes for the scheme. **The Council of Governors noted the update.**
COG/22/05/37	**Complaints - Learning From Experience (LFE) Report** LA presented the highlights from the report and noted a 34% increase in number of complaints in Q4 which reflected an increase in PALS. There had been an Increase in number of complaints relating to surgical specialities, however there were no consistent themes other than reference to treatment with no expected outcome in patient's view. These had been reviewed alongside the incident process. The report also highlighted the complaints upheld, partially upheld, and not upheld, and these figures would reduce as complaints were close. Again, all responded to within the timeframe, dependent on whether it was a 30-to-60-day response time dependent on the type of complaint. The PALS position showed an increase in the number of concerns and these related to admission, transfer, and discharge The Trust received 7 dissatisfied complaints and 3 complaints were reviewed and deemed to require an incident investigation. SMcG noted he chaired monthly quality assurance group meetings and these issues were discussed with various departments and were constantly looking at patients' perspective to improve engagement on way through the hospital system, LM asked why patients were moved around so often. LA responded every attempt was made for patients not to be moved, however due to demands coming into ED, this might be a reason to move a patient as it was about clinical priorities and to ensure patients get the right treatment in the right specialist area. This tended to happen if a patient was coming to the end of their stay in hospital. SC added it was about having a patient in the right place and being looked after by right treatment and there was a difference between care needed in first 24 hours versus the next tranche who might be ready for discharge. Covid had necessitated moves over and above what would normally be seen, but this had been seen across the board, not just at WHH. **The Council of Governors noted the update.**
COG/22/05/38	**Trust Operational Plan** JH presented the slides circulated and noted the Trust Plan which looked at activity, workforce, and finance. The areas to be highlighted included the national and key messages from the ICS. Income & Expenditure – finished with breakeven position for 2021/22 included a slight surplus. Latest budget shows less income relating to the Covid budget which had reduced significantly

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	and a reduction for convergence and system monies during Covid. As a result, shows minus figure/deficit it is therefore necessary to achieve significant CIP and AMcG was working closely with medical teams to look at where efficiencies could be made. **The Council of Governors noted the Trust Operational Plan.**
COG/22/05/39	**Cycle of Business** The Cycle of Business was presented for approval. **The Council of Governors approved the Cycle of Business.**
COG/22/05/40	**CoG Effectiveness Survey** JC noted a survey would be circulated within the next few weeks and this would compose of around 12/13 questions, and it would be appreciated if as many could complete as possible when it is received. **The Council of Governors noted the Effective Survey would be circulated for completion.**
COG/22/05/41	**Any Other Business** NR asked about acronyms, in particular TCR. It would be useful to add to the list of acronyms and regularly circulate to the Governors. SMcG wanted to record his thanks to Dave Marshall for his time supporting the Trust as a Governor and wished him well.
Date and time of next meeting is Thursday XX July 2022	

Signed …… Date …….

Chair/Deputy Chair ……

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COUNCIL OF GOVERNORRS
Minutes of the Extraordinary Meeting held on Monday 27th June 2022
Via MS Teams

Present	
Steve McGuirk (SMcG)	Chair
Terry Atherton (TA)	Non-Executive Director (first two items only)
Cliff Richards	Non-Executive Director
Adrian Carridice-Davids	Associate Non-Executive Director
Dave Thompson (DT)	Associate Non-Executive Director
Simon Constable (SC)	Chief Executive
Keith Bland (KB)	Public Governor
Nigel Richardson	Public Governor
John Fagan (JF)	Public Governor
Akash Ganguly (AG)	Staff Governor
Julie Astbury	Staff Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Kevin Keith (KK)	Public Governor
Alison Kinross (AK)	Public Governor
Alan Lowe (AL)	Partner Governor, Halton Borough Council
Nathan Fitzpatrick	Public Governor
Colin McKenzie (CM)	Public Governor
Dave Marshall (DMa)	Public Governor
Ann Robinson (AR)	Public Governor
Louise Spence (LS)	Staff Governor
Kuldeep Singh-Dhillon (KSD)	Partner Governor, Warrington Sikh Gurdwara
Paul Warburton (PB)	Partner Governor, Warrington Borough Council

In Attendance	
John Culshaw (JC)	Trust Secretary
Apologies	
Norman Holding (NH)	Public Governor & Lead Governor
Paul Bradshaw (PB)	Public Governor
Dan Birtwistle (DB)	Staff Governor
Nichola Newton	Partner Governor, Warrington & Vale College
John Alcolado	Non-Executive Director
Michael O'Connor (MOC)	Non-Executive Director
Jayne Downey	Non-Executive Director
Julie Jarman	Non-Executive Director

Agenda Ref	Agenda Item
EOCOG/22/06/01	**Welcome, Introduction and Apologies** The Chair welcomed everyone to the meeting. SMcG declared an interest in item EOCOG/22/06/03 – Chair's appraisal TA declared an interest in item EOCOG/22/06/03 – Extension of Term of Office. TA to leave the meeting for this item.
EOCOG/22/06/02	**Appointment of Non-Executive Director**

	The Council received a paper detailing the recruitment process undertaken to appoint a new Non-Executive Director and details of the John Somers (JS), the proposed candidate. SMcG explained that the Trust received 19 applications for the role. Following initial assessment by Peridot, applications were reduced to a longlist of ten candidates. Following internal review and consideration, including Governor input, applicants were further reduced to a shortlist of five to take part in a two-part interview process compromising of a Governor Focus Group and a formal Interview Panel. SMcG added that the five candidate that were shortlisted were all excellent and there were lengthy discussions about which candidate was to be the preferred candidate. CR advised that there was a difference between preferred candidates from the focus groups and the interview. JS was the unanimous proposal from the Governor Focus Group. **The CoG discussed the proposal and approved the appointment of John Somers as Non-Executive Director**
EOCOG/22/06/ 03	**Chair's Appraisal** The CoG received a paper including details of the Chairman's appraisal. The annual appraisal of Steve McGuirk, Chairman was conducted by Cliff Richards, Non-Executive Director & Senior Independent Director (SID); based on the framework for conducting annual appraisals of NHS Provider Chairs developed by NHS Improvement. 30 responses were received, compared with 28 the previous year. The appraisal contained feedback provided by Governors, Non-Executive Directors, Executive Directors, external stakeholders and comments from the Chairman. CR explained that this was the first Chair's appraisal that he had conducted since being appointed as SID. CR explained that the appraisal contained a some negative feedback in the survey which seemed to come from one source and that it was possible the survey had been completed incorrectly, particularly as a significant number of positive comments were received and no negative comments in the narrative feedback section. CR congratulated SMcG on an excellent appraisal. SMcG thanked CR for conducting the appraisal in such a through manner and thank everyone for responding to the questionnaire. **The Council of Governors approved the outcomes of the Chairman's Appraisal and for it to be shared with NHSE/I**
EOCOG/22/06/ 04	**Extension of Term of Office of one Non-Executive Director** ***(Terry Atherton left the meeting)*** The CoG received a report advising that Terry Atherton Non-Executive Director & Deputy Chair will come to the end of his term of office on 30 June 2022. SMcG asked the CoG to approve the recommendation that Terry Atherton is appointed for a further three months, effective 1st July 2021 until 30th September 2022 to oversee the handover to John Somers. **The Council of Governors discussed and approved the proposal**

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Signed …… Date ……..

Chair/Deputy Chair ……..

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COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/22/08/43	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	11 August2022

1. ACTIONS ON AGENDA

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/20/08/33	**13.08.20**	**GEG Report**	Chair of GEG to be elected for next terms of office	**Trust Secretary/ K Bland/ N Holding**	**Paused due to Pandemic**		On hold due to current COVID-19 Pandemic	
COG/21/08/34	**14.08.21**	**WRAG Presentation**	Presentation to be shared at a future Board session	**Trust Secretary**	**Board date to be agreed**			

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02	**13.02.20**	**Primary Care Strategy**	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	**Trust Secretary**	**Paused due to Pandemic**	**26.05.22**	Closed due to establishment of ICS.	
COG/20/02/06 (a)	**13.02.20**	**Items requested by Governors**	Hospedia Audit of services post COVID	**Deputy Chief Information**	**Paused due to Pandemic**		**26.05.22** The patient entertainment project was re-launched last year and some supplier evaluation activity took place, however, I think the investment proposal to proceed with procurement was not prioritised for support in this financial year and has been paused	

							again. Due to the project spanning across Patient experience, estates, procurement and Digital services there needs to be a conversation about overall lead responsibility for project planning, management and delivery. A project review meeting to be arranged to clarify the situation and whether an updated business case is required for submission this year, with a view to securing funding for a new solution to be procured in 2023/24. **<u>28.07.22</u>** Following the premarket exercise supported by Governors, a report is currently being developed to evaluate options and next steps for the replacement of the existing system. A further update will be provided when the preferred next steps have been determined.	

RAG Key

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

Council of Governors

AGENDA REFERENCE:	**COG/22/08/45 i**
COMMITTEE ATTENDED:	**Trust Board Meetings**
DATE OF MEETING:	25/05/2022 & 27/07/2022
AUTHOR(S):	Norman Holding
GOVERNOR COMMENTS	**25th May 2022** **Part 1 - Public Board** Governors were circulated with the papers for the Public Board in advance of the meeting. 9 No NEDs were in attendance. The meeting had a full agenda. The meeting started with an Engagement story with was well received by all present. The Chairman gave a full and comprehensive report. The CEO presented his report which was within the pack. Update was given on the current Covid position and detailed questioning followed. The appropriate members of the executive present their reports on the Integrated Performance Dashboard, NED chairs also updated the meeting with their key issues reports in support of the Dashboard Assurance Reports from Executives, these reports showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams. There was a lot of in-depth questioning from NEDs to gain assurance on the issues raised. It was reassuring to see that all the new NEDs were involved in the questioning, asking in depth questions. Other areas of discussion took place around Maternity, Engagement End of Year Report, Staff Survey and Use of Resources The Strategic Risk Register was reviewed, and items amended as agreed by the Board. There were several items for Approval and Matters for noting and Assurance, all were agreed.

All the above were debated and questioned or challenged as necessary by NEDs. The meeting was chaired well, and time given to all contributors.

Part 2 – Private Board

Following Part 1 in the afternoon I observed the Private Board. 9No NEDs were in attendance. The meeting had a full agenda, where again the NEDs all participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient evidence and assurance before decisions were made.

Each item had a presentation which was given by an executive board member. There was in-depth questioning and challenging from all NEDs to gain assurance on the strategies and actions being presented.

There were six items for Approval, all were approved The Board gave due diligence to the Business cases presented with very in-depth questioning into the cases presented before approval.

The meeting was well chaired, and each item was given appropriate time for explanation and questioning, all in attendance were able to contribute to the discussions. The meeting concluded on time.

I was reassured by the level of scrutiny and probity that the Board members bring to the workings of WHH.

27th July 2022

Part 1 - Public Board

Governors were circulated with the papers for the Public Board in advance of the meeting. 2No NEDs had submitted apologies for the meeting. The meeting was also observed by consultant reviewing "Well Led ". The meeting had a full agenda.

The meeting started with a Patient story (Perinatal Mortality Review - a parent's view, the story was well received by all present and raised several questions.

	The CEO and Chair presented their reports, and the latest Covid-19 situation report was presented. The CEO them lead the item on the Integrated Performance Reports. All NEDs were involved in questioning executives around their reports to gain assurance. The Trust committees' chairs presented their assurance reports, these reports showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams, again NEDs question them to clarify any points. Other areas of discussion took place around: Maternity Services, Engagement Dashboard, Use of Resources, Trust Strategy, Board Assurance Framework. Neds were involved in discussions and questioning. There were several items for Approval, and these were agreed. There were also a several items for noting for assurance these were noted. The meeting was well chaired, and each item was given appropriate time for explanation and questioning, all in attendance were able to contribute to the discussions. **Part 2 – Private Board** Following Part 1 in the afternoon I observed the Private Board. 2 No NEDs sent apologies. There was only a short agenda for this meeting (4 No items). NEDs all participated in the discussions, challenging, and questioning the Executives has necessary to ensure they had sufficient evidence and assurance to make the decisions. There were no items for approval or to note. The meeting was well chaired, and each item was given appropriate time for explanation and questioning, all in attendance were able to contribute to the discussions.

GovernWell: Core skills

Warrington and Halton Teaching Hospitals NHS Foundation Trust
Thursday 25 August 2022
Virtual event via Zoom
Workshop delivered by: Mark Price – Member development manager, NHS Providers
Neil Riley – Associate, NHS Providers

Section 1

Section length: 3 hours

The online platform will be available from 9.15am for virtual registration. Section 1 will begin at 9.30am prompt.

9.30am	Welcome and introduction Mark Price
10.00am	Introduction to the NHS Mark Price
10.20am	Governance and the role of governors Neil Riley
11.15am	Comfort break
11.30am	Effective questioning and challenge Mark Price and Neil Riley • Pre-reading: Performance report 20-21
12.15pm	Section 1 summary Mark Price
12.30pm	Lunch break

END OF SECTION 1

Section 2

Section length: 2 hours 30 minutes

The online platform will be available to access from 1.55pm. Section 2 will begin at 2.00pm prompt.

2.00pm	NHS Finance and business skills: An introduction Mark Price
3.00pm	Comfort break
3.15pm	Quality Matters: An insight Neil Riley
4.10pm	Reflections and takeaways Mark Price
4.30pm	Close

END OF EVENT

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/22/08/46**	
SUBJECT:	**Working with People and Communities Strategy Workplan for Q1 2022-25 - progress**	
DATE OF MEETING:	11 August 2022	
AUTHOR(S):	Alison Aspinall, Snr Manager Communications and Involvement	
EXECUTIVE DIRECTOR SPONSOR:	Pat McLaren, Director of Communications & Engagement	
LINK TO STRATEGIC OBJECTIVE: ***(Please select as appropriate)***	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	X
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	X
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	X
EXECUTIVE SUMMARY ***(KEY ISSUES):***	The Trust approved the Working with People and Communities Strategy 2022-25 on 25th May 2022 Following the approval of this strategy NHS England published its Statutory Guidance on Working in partnership with People and Communities on 7 July 2022, the principles of which underpin our WHH approach. The enclosed deployment plan details the focus of our activity for the first year in the life of this strategy, including the objectives within each of the four pillars: 1. Co-production in Service Change/Development 2. Accessible Information Standard 3. Reducing Health Inequalities 4. Anchor Institution/Building Social Value The deployment plan also includes specific activity which will ensure we adhere to the statutory guidance and recommended principles in our approach. Oversight of and input to this workplan is by the Governors via the Governors Engagement Group. **First quarter activity** During the first quarter of 2022/23 the main focus of the Engagement and Involvement activity has been: • Developing Governor Engagement Materials – including draft Governor handbook to support recruitment of Governors as well as supporting Govs to carry out their roles • Creating Expert by Experience recruitment materials and Standard Operating Procedures • Setting up a basic Engagement Toolkit for staff	

	• Supporting engagement within Experts by Experience and the development of key strategies • Delivering the Breast Services phase 2 Consultation • Coordinating Trust representation at events including Disability Awareness Day and charity events – including Governor engagement opportunities • Re-establishing the Accessible Information and Communication Task and Finish Group and associated workstreams for Patient Letters, Training and launch plan • Supporting recruitment activity to key posts			
PURPOSE: ***(please select as appropriate)***	Information X	Approval	To note X	Decision
RECOMMENDATION:	The Council of Governors is asked to note the actions and activity for the first year of the Working with People and Communities Strategy for 2022-25.			
PREVIOUSLY CONSIDERED BY:	Governors' Engagement Group – 4 August 2022			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None			

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Governance: Meetings and Reporting												
Governor Engagement Group	Quarterly meetings (February, May, August, November)		Engagement	PMc	PMc	3 x regular consitutency meetings led and coordinated by Governors Increased Governor presence at Trust Events/Engagement Activity Governors Action Plan tracking Governor Engagement Toolkit - Guide, Posters, Postcard, Wall charts Governor engagement with Members Engagement Dashboard Quarterly	X	X	X	X		
Council of Governors	Quarterly meetings (February, May, August, November)		Other	JC	JC	Engagement Dashboard Working with People and Communities Deployment Plan	X	X	X	X		
Patient Experience Sub Committee (PESC)	Monthly High level briefing paper		Comms & Eng	AA	PMc	Engagement Dashboard quarterly, Monthly HLBP reporting on Communications, Involvement and Social Value/Fundraising	X	X	X	X		
Patient Equality, Diversity and Inclusion Sub Committee (PEDISC)	Monthly High level briefing paper		Comms & Eng	AA	PMc	Engagement Dashboard quarterly, Monthly HLBP reporting on Communications, Involvement and Social Value/Fundraising Accessible Information and Communication Task and Finish Group updates	X	X	X	X		
Moving to Outstanding Steering Group (M2O)	Monthly High Level briefing paper - including case studies tracker and campaign update		Comms & Eng	AA	PMc	Engagement Dashboard quarterly, Monthly HLBP reporting on Communications, Involvement Case Studies tracker Accessible Information and Communication Task and Finish Group updates	X	X	X	X		
Trust Board	Annual Engagement & Involvement - Working with People and Communities Report		Engagement	AA	PMc	SOP for Consultation on Service Change Reconfiguration Extranet Engagement Toolkit Page featuring: Explanation of Ladder of Engagement, Guides to Engagement Tools and Techniques					X	X

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Warrington Together- Communications and Engagement Group	Place-based networks x 2 (WT/ OH) AA JB		Engagement	AA	PMc	Attendance at meetings/presentation on relevant projects/initiatives					X	
One Halton Communications and Engagement Group	Place-based networks x 2 (WT/ OH) AA JB		Comms & Eng	AA	PMc	Attendance at meetings/presentation on relevant projects/initiatives	X	X	X	X		
Staying Connected	Monthly attendance to provide organisation updates Presentations as required		Engagement	AA	PMc	Attendance at meetings/presentation on relevant projects/initiatives	X	X	X	X	X	X
Healthwatch	Attendance as required		Engagement	AA	PMc	Attendance at meetings/presentation on relevant projects/initiatives	X	X	X	X	X	X
Working with People and Communities (WWP&C)												
Pillar 1: Involvement in Service Change and Development (Co production/Co-design)	UPDATE Working with People and Communities Strategy to reflect statutory guidance published 7 July		Engagement	AA	PMc	Ladder of Engagement reflects the 5 ways to work with people and communities Statutory guidance incorporated into Engagement Toolkit Statutory guidance informs stakeholder relationship building and engagement activity				X		
	Governor Engagement with Members		Engagement	AA	PMc	Governor Engagement Toolkit finalised and deployed Project manager allocated to fast-track deployment Current membership database cleansed to accurately reflect current membership CIVICA databast deployed to support FT Member engagement and Governor election activity Governor Engagement Updates to FT Members reinstated		X	X	X		
	Engagement Toolkit		Engagement	AA	PMc	Engagement Toolkit on Extranet - resources explaining ladder of engagement, guides on different forms of engagement, tools and techniques SOP for Consultation on Service Change and Reconfiguration - reflecting statutory guidance and other good practice Demonstrate a range of ways for people and communities to engage with health services						

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Pillar 1: Involvement in Service Change and Development (Co production/Co-design)	Develop stakeholder relationshps		Engagement	AA	PMc	Effective working relationships within our communities especially with marginalised groups, those affected by inequalities and those with protected characteristics Effective partnerships with Healthwatch, voluntary, community and social enterprises as key partners Effective use of community centred approaches Continous learning to inform future engagement activity						
	Experts by Experience – recruit/engage/retain system process		Engagement	SC	PMc	Online and paper recruitment forms and materials Develop links with PALS/Complaints to identify potential EbyEs SOP developed and deployed Welcome pack developed and deployed Feedback mechanisms live Substantial Strategic, Quality and Capital projects have EbyE representation Able to demonstrate representative involvement of those with protected characteristics/seldom heard/vulnerable groups Recognition mechanisms including case studies and WPC newsletter			X	X	X	
	Public Consultation – Breast Service Reconfiguration phase 2		Engagement	PMc	PMc	Consultation Outcomes report to Health Scrutiny Groups x 3 boroughs - approval of approach, findings and mitigations/recomendations reported to governance channels, decision by Board Consultation Outcomes published Media release	X	X	X			
	Consultation follow-up Runcorn Shopping City		Engagement	AA	PMc	Publish Consultation outcomes/PR Schools competition participation recognised via comms to schools and media release		X	X			
	EbyE Involvement -First Impressions		Comms & Eng	SC	PMc	2 x Experts by Experience recruited and allocated to project Case study of involvement activity						
	EbyE Involvement - New Hospitals		Comms & Eng	PMc	PMc	Socialisation of case for change Focus on social movement Experts by Experience recruitment						
	EbyE Involvement - Zero Carbon Patients		Comms & Eng	KS/SC	PMc	Patients recruited to support carbon footprint calculations by recording journeys associated with healthcare	X					

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Pillar 1: Involvement in Service Change and Development (Co production/Co-design)	Experts by Experience - engagement to support delivery of Green Plan		Comms & Eng	JC	Jcul	Initial activity to be on raising awareness and involvement with staff				X		
	Engagement Event - EDI Strategy		Engagement	SC	KSJ	Engagement Focus Group with patients and stakeholders to inform Strategy Development	X					
	Patient Experience Strategy		Engagement		PMc	TBC			X			
	Urology Investigations Unit		Engagement			TBC						
	Experts by Experience - Catering		Engagement	SC		Provide 6 x Experts by Experience to support development of catering offer (plus other Estates and Facilities projects)						
	Experts by Experience - Community Diagnostic Centre Halton		Engagement	PMC	PMC	TBC		X	X	X	X	X
	Training		Engagement	PMC	PMC	Partcipation in the Start with People network and undertake NHSE training courses Develop engagement and consultation expertise within the team - TBC		X	X	X	X	X
Pillar 2: Accessible Information Standard Priorites	Policy launch plan		Communications	AA	PMc	Monthly AIS Task and Finish Group Delivery of AIS Deployment Plan Comms plan and campaign delivered	X	X	X	X		
	Training – phase 1		Other	AA	PMc	Promote basic e-learning package to staff and NHSE resources		X	X			
	Training – phase 2		Communications	AA/AM	PMc	Develop bespoke WHH video to support staff buy-in to AIS Deveop bespoke face to face sessions to ensure staff buy-in to AIS			X			
	Patient Passport – print, pilot/review feedback and roll out		Communications	AA	PMc	Pilot of patient passport in 3 clinical areas - maternity, outpatients and pre-op Feedback from pilot, lay reader and peer review incorporated Final Passport approval and launched to staff and patients/carers	X	X				
	Patient Letters		Communications	AA	PMc	Re-establish Patient letters workstream Develop revised patient letter templates and patient information enclosed - including Style Guide for letters Templates tested with advocates/EbyEs with visual, hearing, learning disability Alternative formats or letters or different methods of communication readily available Patient feedback collated and reviewed Roll-out plan for letters OPD and other services sending bespoke letters		X				

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Pillar 2: Accessible Information Standard Priorites	Website audit and accessibility		Communications	AA/JB	PMc	Technical Upgrade to comply with WCAG 2.1 live 4.8.22 Content Accessiblity checklist deployed within communications team Housekeeping exercise on Trust website to ensure legacy content is compliant with current Accessbility Guidelines	X	X	X			
Pillar 3: Reducing Health Inequalities/Awareness Events	Engagement – Disability Awareness day		Engagement	SC	PMC	Representation from key services at event 17th July Recruitment of 10 EbyEs Promotion of key WHH initiatives and services including new hospitals, breast screening, diabtetes management/prevention and our partnerhsip with Maternity Voices Partnership Event evaluation		X				
	Engagement Diabetes		Engagement		PMc	World Obesity Day (4 March 2022) Event World Diabetes Day 14 November			X			
	Smart Heart - Dr Ahmed Farag		Engagement	SC	PMc	Event September TBC Health Heart Month (February 2023)		X	X	X		
	Bents Health and Wellbeing Event		Engagement	SC	PMc	Engagement with Take 2 as key NHS partner at their inaugural HWB event Attendance by Diabetes team, WHH Charity (others to TBC) plus key note speakers including Dr Lyon Long Covid service Governor engagement Recruitment of 10 EbyEs Event evaluation		X				
	Annual Members Meeting - 30th November		Comms & Eng	JB/AA	PMc	Event at Halton site - details TBC Launch of Working with People and Communities Strategy 2022-25			X			
	Dementia Awareness		Engagement		PMc	World Alzheimers Awareness Month (September 2022) Dementia Awareness Week (May 2023)		X			X	
	Stroke Awareness		Engagement		PMc	Stroke Awareness Month (May 2023)					X	
	Alcohol Harm Reduction		Engagement	SC	PMc	Alcohol Awareness Week 18 to 25 November			X			
	Cancer Prevention - Cervical		Engagement	SC	PMc	Cervical Cancer Awareness Month (January 2023) - ICS LEAD?					X	

Workstream Area	Item	Progress RAG	Activity type	Lead	Exec Owner	How will we measure success/achievement?	Q1	Q2	Q3	Q4	2023-24	2024-25
Pillar 3: Reducing Health Inequalities/Awareness Events	Cancer Prevention - Breast		Engagement	SC	PMc	Breast Cancer Awareness Month (October 2022)			X			
	Cancer Prevention - Prostate		Engagement	SC	PMc	Prostate Cancer/Urology Awareness Month (September 2022) Male Cancer Awareness Week (September 2022)		X				
	Cancer Prevention - Bowel		Engagement	SC	PMc	Bowel Cancer Awareness Month (April 2022)					X	
	Chronic Respiratory Disease/COPD -inc promotion of flu, COVID, pneumonia vaccines		Engagement	SC	PMc	Stop Smoking Week (January 2022) Stoptober (October)			X			
	Maternity		Engagement	SC	PMc	DAD 2022 - including Maternity Voices Partnership		X				
Pillar 4: Anchor Institution/Building Social Value	Recruitment and Retention campaigns		Communications	AA	MC/KSJ	Events to support recuitment to hard to recuit posts Apprenticeship promotion at Disability Awareness Day 2022 National Apprenticeship Week (February 2023) Demonstrating recognition and reward	X	X	X	X		
	Green Plan		Comms & Eng	PMC	LG	TBC						
	Social Value Charter/Prevention Pledge		Comms & Eng	PMC/HH	LG	Identify opportunities to share with Strategy Team supporting Social Value and Prevention agendas						
	WHH Gives Back Activity		Comms & Eng	HH	PMc	Rise Construction (WHH Supplier) made first grant of £3.8K to Helping Hands CIC in Aug 22						

COUNCIL OF GOVERNORS

Date of Meeting: 11th August 2022

Agenda Ref: COG/20/	**Q1:** What are the proposals for the provision of catering / refreshments for staff / visitors at the Main Entrance at Warrington? At present there is WH Smith (shop) or Costa, which has a limited offering. The area run by in-house looks abandoned (in the hospital 22/07/22 at10:00hrs not open) and the area previously operated by Subway is boarded up. This area is a first impressions point and at the moment is not a good one. How do staff get hot meals at reasonable cost. I don't think the external snack bar will be appropriate in winter and is it available after 17:00hrs	**Proposer: Norman Holding**

Answer Provided by: Zoe Harris – Dan Moore will provide a further verbal update at the meeting

The Costa (franchise operated by WH Smith) is due to expand into the area previously occupied by Subway, this will offer our patients and staff an extended service, the planned expansion is due to commence within the next month or two, dates are being finalised and alternatives will be offered during the work period to minimise any disruption. The current in-house service, 'Kendricks' is open Monday to Friday 11am – 2pm.

Agenda Ref: COG/20/	**Q2:** *After meeting and conversing with the two ladies from the diabetes department. They made me aware that there are only two of them, that cover 26 GP practices, which stretches their resources. Would there be any extra funding for the diabetes department in the near future, as they feel they sometimes fall under the radar. These two ladies are passionate about what they do, and they offer help to people in the community which then results in less hospital admissions.*	**Proposer: Kerry Moloney**

Answer Provided by: Claudine Reynolds, Lead Nurse Medical Care

The diabetes service referred to is a tier two service. The team are responsible for supporting and developing practise nurses and GP's to manage and initiate treatment for diabetic patients within the community without the need for referring to the hospital team. This service is based on a national model and is staffed accordingly. I have discussed this with the diabetes nurse lead today and no incidents or complaints have been received regarding his service.

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/22/08/48**			
SUBJECT:	**Draft Governor Handbook**			
DATE OF MEETING:	11th August 2022			
AUTHOR(S):	Alison Aspinall, Senior Manager Communications & Involvement			
EXECUTIVE DIRECTOR SPONSOR:	Pat McLaren, Director of Communications & Engagement			
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience. SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	X X X		
EXECUTIVE SUMMARY *(KEY ISSUES):*	This first Governor Handbook has been developed to support: 1. Governors in carrying out their statutory roles 2. Governors engaging the public in their communities 3. Recruitment of new governors It provides 'bite size' information on: • About the Trust • The NHS Foundation Trust, its Governors and its Members • What a Governor Does • Governors in their communities • Signposting, seeking help and support • Frequently asked questions			
PURPOSE: *(please select as appropriate)*	Information X	Approval X	To note	Decision
RECOMMENDATION:	The Council of Governors is asked to approve the Governor Handbook			
PREVIOUSLY CONSIDERED BY:	Governors' Engagement Group – 4 August 2022 Meeting reference GEG/22/08/05			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None			

We are WHH & We are PROUD to make a difference

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

BEING A WHH GOVERNOR

A Handbook for Foundation Trust Governors

Welcome and Introduction

Dear Governors and potential Governors,

Thank you for your interest in/being elected as a Governor of Warrington and Halton Teaching Hospitals NHS Foundation Trust.

We have created this handbook as an easy reference guide to all that is involved in being a foundation trust governor. Foundation Trust Governors have two key responsibilities:

1. Hold the Non-Executive Directors of the Board individually and collectively to account for the performance of the overall Trust Board of Directors
2. Represent the interests of the NHS Foundation Trust Members and of the public in their constituencies.

A Foundation Trust Governor is a voluntary role and full induction and training will be delivered upon election/appointment.

Reasonable travel expenses will be reimbursed on production of receipts and expense claim.

Governors receive free parking at our hospitals.

We remain available to offer any support or guidance during your term, or if you are considering standing as a Governor in the next election.

Kind regards,

Norman Holding, Lead Governor
Governor for Burtonwood, Winwick, Whittlehall, Westbrook

And

Keith Bland, Deputy Lead Governor
Chair of the Governors Engagement Group
Governor for Culcheth, Glazebury, Croft, Poulton North

The role is a statutory role to which governors collectively form the Council of Governors. Governors fall in to three categories:

Public Governors – these are individuals who volunteer their time to represent their communities – they are elected by the Foundation Trust membership of those communities.

Staff Governors – these are employed members of staff of the Trust who put themselves forward to represent their particular professional group and include Medical & Dental, Nursing & Midwifery, Support Services, Clinical Scientists & Allied Health Professionals, Estates, Administration & Managerial.

Partner Governors. Partner Governors are appointed by invitation to join the Council of Governors by the Trust and are usually representatives of significant health and social care, local government, third sector partners or specific community groups.

For enquiries related to aspects of your Governor role or information about your membership constituencies please contact:

Whh.foundation@nhs.net

or call 01925 662139

If you have any questions or comments about governor engagement activity, please do get in touch with our Engagement and Involvement Team at:

whh.engagement@nhs.net

or call 01925 662144 or 01925 662114

Norman Holding, Lead Governor - Warrington North

Keith Bland Deputy Lead Governor/Chair of the Governor Engagement Group

Contents

1.About the Trust

2.The NHS Foundation Trust, its Governors and its Members

3.What a Governor Does

4.Governors in their communities

5.Signposting, seeking help and support

6.Frequently asked questions and more information

About the Trust

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Our Mission, Vision, Values, Aims and Objectives

Our Mission

We will be outstanding for our patients, our communities and each other

Our Vision

We will be a great place to receive healthcare, work and learn

Our Objectives

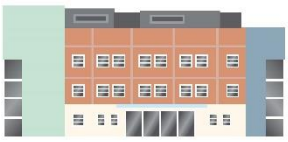
Quality

We will... **Always put our patients first** delivering safe and effective care and an excellent patient experience.

People

We will... **Be the best place to work** with a diverse and engaged workforce that is fit for now and the future.

Sustainability



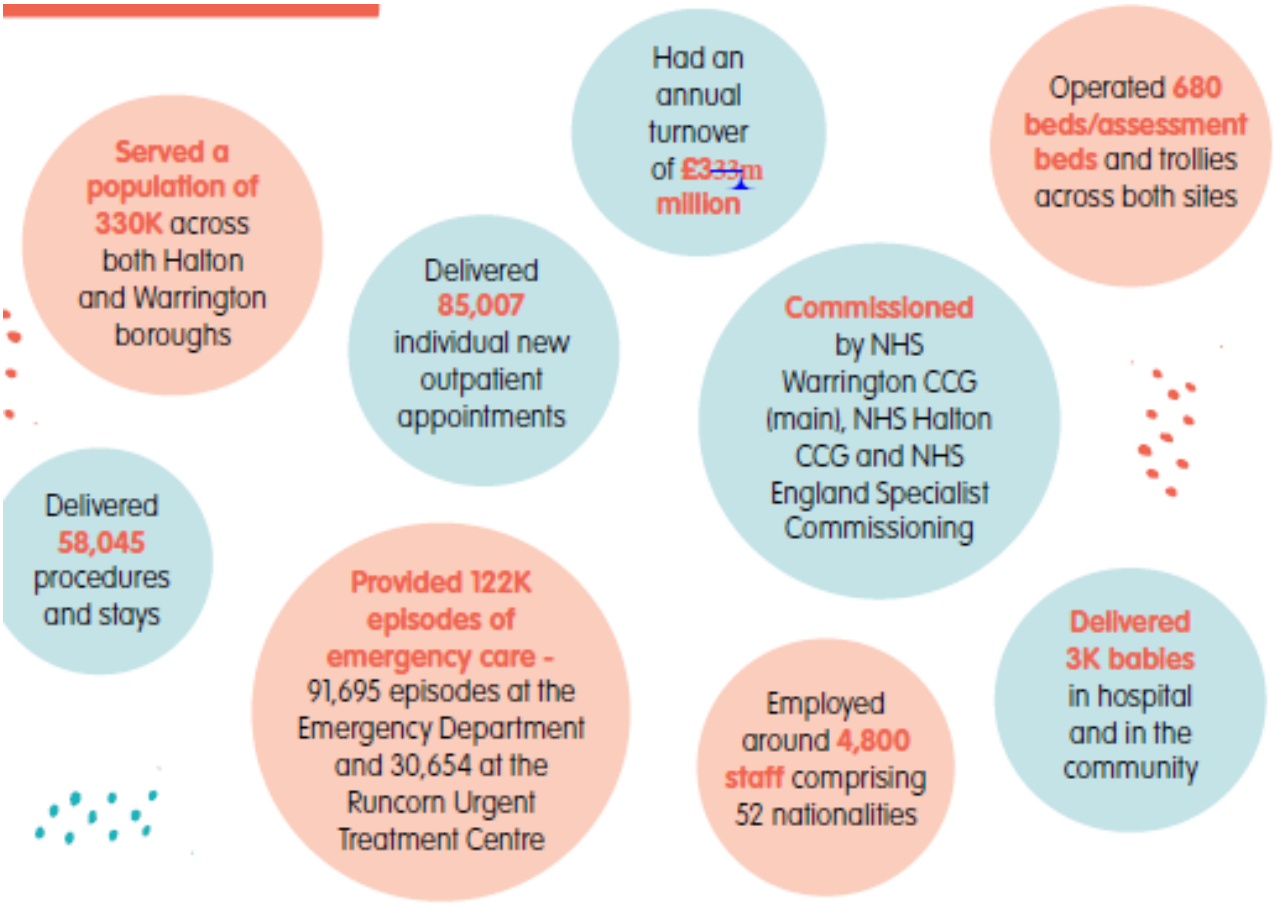
We will... **Work in partnership** with others to achieve social and economic wellbeing in our communities.

We are WHH and together we make a difference

Our Values

- Working Together
- Excellence
- Inclusive
- Kind
- Embracing Change

About WHH and our values



Trust Values

Working Together: We will work together to ensure patients come first and our staff feel valued.

Excellence: We will provide excellent care.

Embracing Change: We are always learning and improving for our patients, the public and each other.

Inclusion: We will be inclusive in all that we do so that our patients and staff can be their whole and authentic selves.

Kind: We will act with compassion, empathy and respect to relieve each person's pain, distress, anxiety or need.

Two sites, Two hospitals, One great Team WHH

Services provided at Halton Hospital include:

Nightingale building: (circa 70 beds) General surgery, urology, minor injuries (not accident and emergency), endoscopy, step down care, cancer care, programmed investigations unit, renal dialysis, chemotherapy and cancer support, a full range of outpatient services. The Halton Clinical Research Unit is also located here.

Captain Sir Tom Moore building: (circa 45 beds) Orthopaedic surgery, urology and gynaecology surgeries, cancer surgeries, post-anaesthetic care unit.

Support services include:

Breast care centre, occupational therapy, physiotherapy, dietetics, outpatient services, diagnostic services, radiology and a range of specialist nursing services. The Trust's Pre-treatment centre (pre-op and swabbing service) is located on the Halton site.

The Runcorn Urgent Treatment Centre sees around 30K patients every year and is open from 8am to 9pm 7-days week.

Services provided at Warrington Hospital include:

Accident and Emergency, surgical services, general medicine, children's services (paediatrics), cardiac care and cardiac catheter lab, stroke care, cancer care, elderly care, maternity, gynaecology, neonatal, orthopaedic trauma, critical care and ophthalmology.

Support services include:

Occupational therapy, pathology, physiotherapy, pharmacy, dietetics, outpatient services, diagnostic services, radiology and a range of specialist nursing services. The COVID-19 vaccination service is also located here.

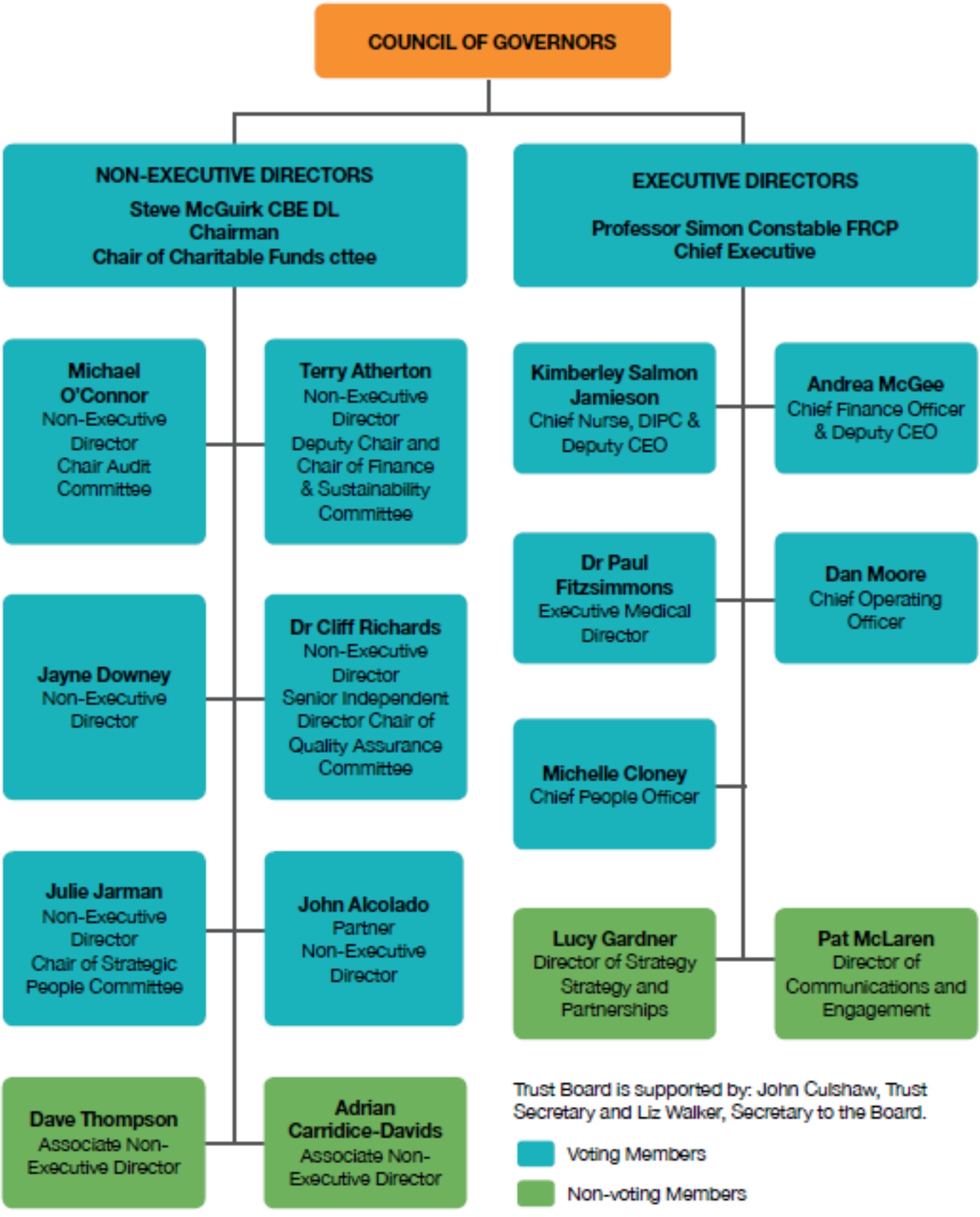
Our Vision for the Future

We want to build a new hospital in Warrington and extend our existing hospital at Runcorn, Halton

We believe our new hospitals scheme is unique because it's more than bricks and mortar. Our new hospitals programme will support the regeneration of Warrington and Runcorn by tackling health inequalities, deprivation and supporting new growth, development and prosperity of these communities.

The town of Warrington has outgrown its hospital, with estate designed for urgent and emergency care provision of the 1970s serving one of the fastest growing populations in the North of England. By fully moving our planned care to an extended, premium planned care site at Halton we can do more in purpose-built, future-proofed facilities in Warrington. Until then, we are making the most of our ageing estate and facilities to ensure the people of Warrington and Halton can access the very best care and support when they need it.

How we are organised



How we are organised

PLANNED CARE GROUP

Digestive Diseases

- **Surgery**
  Upper gastro-intestinal, colorectal and breast surgeries
  Pre-operative clinic, A5-Elective
- **Specialist medical**
  Gastroenterology, A5-Gastro
  Hepatology & Alcohol Liaison
  Pain management
  Planned investigations unit
- **Surgical Operations**
  Theatres, Endoscopy
  Anaesthetics
  Post-Anaesthesia Care Unit

Surgical Specialties

- Urology
- Ear, nose, throat
- Audiology
- Maxillofacial surgery
- Orthodontics
- Ophthalmology
- Trauma and Orthopaedics
- A6, A9, B3
- Captain Sir Tom Moore ward
- Cancer Services

Women's and Children's

- **Midwifery and Obstetrics**:
  Antenatal day unit, antenatal clinic
  The Nest, birth suite, C23
- **Gynaecology**: Gynae assessment unit, C20, colposcopy
- **Paediatrics:** B10, B11, children's outpatients and neonatology

UNPLANNED CARE GROUP

Medical Care

- **Critical Care**
  Intensive Care Unit
- **Cardiology and Respiratory**
  Acute Coronary Care Unit
  Cardio-Respiratory Investigation
  Acute respiratory unit-B18, A7
- **Other medical**
  Diabetes and Endocrinology
  Nephrology, Rheumatology
  Neurology, Dermatology

Urgent & Emergency Care

- **Emergency Medicine:**
  Emergency dept
  ED Ambulatory care unit
  Same Day Emergency Care Unit (from Jul 22)
  Runcorn Urgent Treatment Centre
- **Acute Medicine:**
  Acute Medical Unit, A2

Integrated Medicine & Community

- **General Medicine**
  Stroke B14
  Forget me Not Unit B12
  A9, A8, B19, K25
- **Care of the Elderly**
  A7
  Frailty Assessment Unit
- **Discharge**
  Discharge Suite and Facilitators
  Integrated Discharge Team

CLINICAL SUPPORT SERVICES

- **Pathology:** Haematology, Microbiology, Clinical Chemistry, Histopathology
- **Imaging:** Radiology and Breast Screening
- Infection Prevention and control
- Out-Patients
- Pharmacy
- Therapies

CORPORATE SUPPORT SERVICES

- People (Health and wellbeing, staff engagement, learning and OD, occupational health, human resources)
- Estates and Facilities
- Corporate Nursing & Clinical Education
- Clinical Governance and Quality
- Finance (Finance, Procurement, Commercial Dvt., Information, Clinical Coding)
- Digital Services
- Communications and WHH Charity
- Strategy and Partnerships
- Medical Education
- Corporate Governance

The Foundation Trust, its Governors and its Members

The Foundation Trust

Foundation Trusts are NHS organisations that give local people a bigger say in: Health Services in their area and How money is spent on healthcare

A Foundation Trust invites people to become Members

Service users, carers, local people (public) and staff can all become members

Members elect Trust Governors

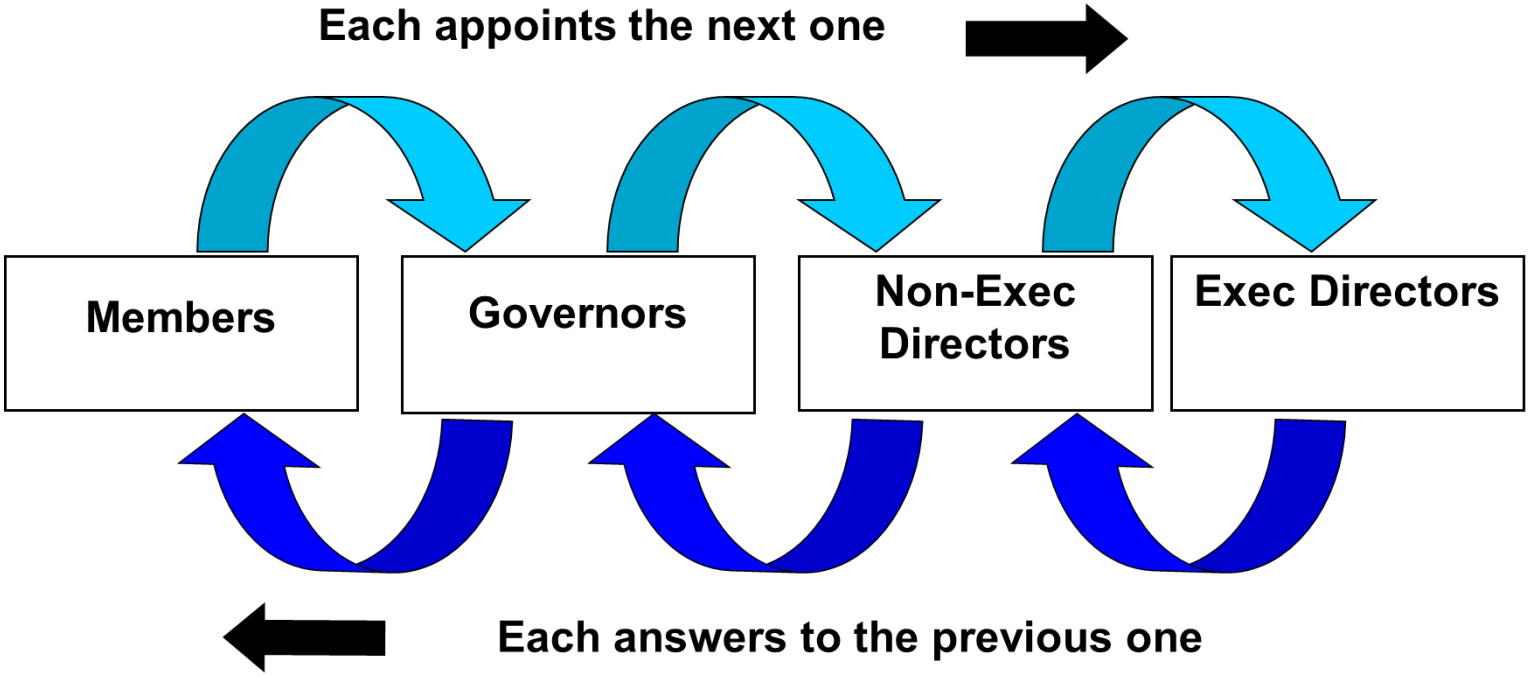
The difference between NHS Foundation Trusts and NHS Trusts

A Foundation Trust is not directed by Government

Greater freedom to decide (with Governors and Members) on the way services are run

Can retain their surplus and borrow to invest in new and improved services

The Foundation Trust Governance Structure



The Role of the Board of Directors

Sets the strategy, vision and values;

Holds the organisation to account for the delivery of the strategy;

Constructively challenges plans and strategy;

Helps develop proposals on priorities, risk mitigation, values, standards and strategy; and

Is a unitary Board – every member has a joint responsibility for every decision of the Board

How we Govern the Foundation Trust

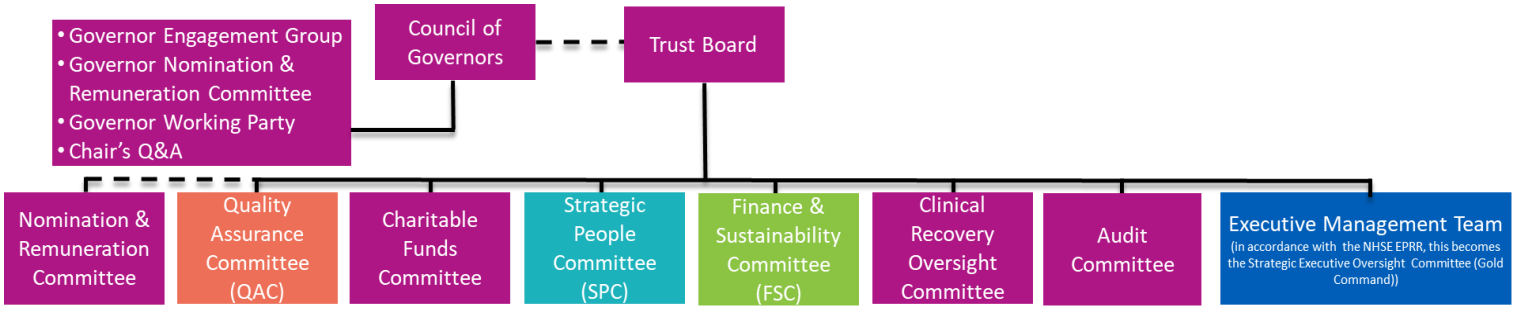
Board Committees (All are Chaired by Non-Executive Directors & observed by Governors)

The law requires:

- Audit Committee
- Nomination and Remuneration Committee (NARC) - appointment by NEDs of Executives

We also choose to have:

- Quality Assurance Committee (QAC)
- Finance & Sustainability Committee (F&SC)
- Strategic People Committee (SPC)
- Clinical Recovery Oversight Committee (CROC)
- Charitable Funds Committee (CFC)



What a Governor Does

Council of Governors Constituencies

Governors represent the views of Members and hold the Non-Executive Directors of the Trust to account

30 seats within our current Constitution

Public Governors – 19 seats, inc Rest of England & Wales,

Staff Governors – 5 seats

Partner Governors – appointed by the Trust – 6 seats

Organised into 5 public constituencies

Constituency (5 public)	Governor	Term (of 3)	Term Ends
Warrington North – 5 seats	Norman Holding (Lead Gov)	3	30/11/2024
	Keith Bland	2	30/11/2022
	Colin Jenkins	2	30/11/2023
	Anne Robinson	2	30/11/2022
	Kerry Maloney	1	30/11/2024
Warrington South – 5 seats	Janice Howe	1	30/11/2022
	Sue Fitzpatrick	1	30/11/2023
	Paul Bradshaw	2	30/11/2023
	VACANT		
	Nigel Richardson	1	30/11/2024
Runcorn – 4 seats	Linda Mills	2	30/11/2024
	VACANT		
	John Fagan	1	30/11/2024
	Nathan Fitzpatrick	1	30/11/2024
Widnes – 4 seats	Colin McKenzie	2	30/11/2022
	VACANT		
	VACANT		
	VACANT		
Rest of England – 1 seat	Kevin Keith	1	30/11/2023

Governor Statutory Duties

The over-riding role of the Council of Governors is to;

Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors;

Represent the interests of the NHS Foundation Trust Members and of the public.

Governors have various **statutory duties**, defined in the Health Act:

Appoint (remove) the Chair.

Appoint (remove) the Non-Executive Directors.

Decide remuneration and broader terms and conditions for the Chair and NEDs.

Approve (or not) the Chief Executive Officer.

Appoint (remove) the external auditors.

Receive the accounts at its Annual Members' meeting.

The Health and Social Care Act added to those duties:

Represent	Hold to account	Approve	Constitution	Ensure
Represent the interests of Trust Members and the public.	Hold NEDs individually and collectively to account for the performance of the Board, including appraisal of the Chair.	Approve significant transactions, including merger, acquisition or dissolution.	Debate and approve amendments to the Trust's constitution.	Ensure that the Trust is not distracted by non-core, non-NHS work

Expectations and Responsibilities

Governor responsibilities

The Trust Constitution also outlines the following responsibilities for each individual governor:

- Ensure that they do not miss two consecutive Council of Governors meetings in any financial year
- Attend at least two Governor constituency meetings in any financial year
  Attend at least two Constituency meetings in any financial year
- Attend at least one Governor observation visit in any financial year
- Use social media responsibly upholding Trust values in line with the Nolan Principles

In addition Governors are expected to:

- Attend quarterly Non Executive Director meetings before the Council of Governors meeting
- Attend Governor-only meet on the Wednesday prior to the scheduled quarterly Council of Governors meeting
- Attend Governor working group quarterly
- Support other activity to support the Trust in the development and delivery of services

Code of Conduct

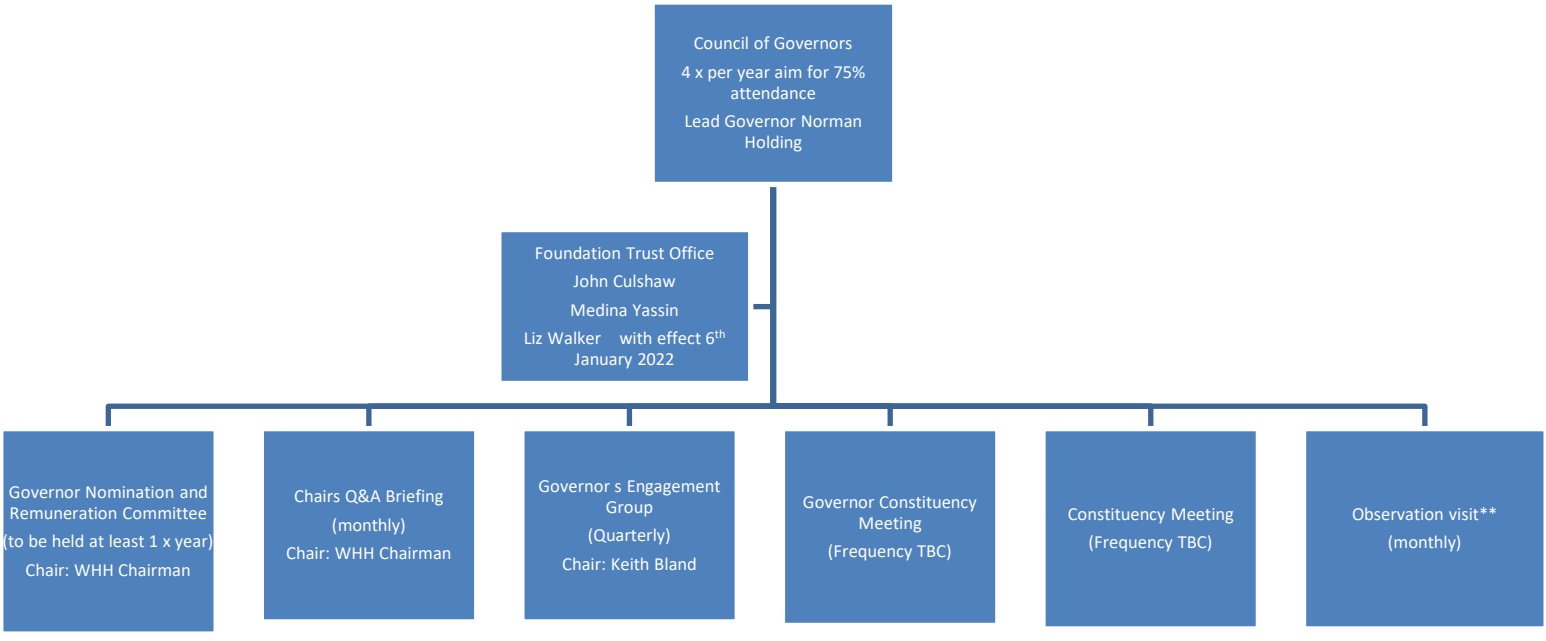
Governors are rrequired to adhere to the Governors Code of Conduct:

- To act in the best interests of the Trust and adhere to its values and code of conduct
- To regularly feedback information about the trust, its vision and its performance to its constituents and stakeholder organisations that either elected or appointed them

How to be a Governor

Fulfilling your duties

- ✓ Council of Governor Meetings (4 per year)
- ✓ Observations visits
- ✓ Governor Constituency meetings
- ✓ Nominations & Remuneration Committee
- ✓ Governors' Engagement Committee (GEG)
- ✓ Board Meetings
- ✓ Observation of Board Committees
- ✓ Abidance with the Code of Conduct
- ✓ Confidentiality
- ✓ Welcome & support fellow Governors
- ✓ Be keen to develop strong links between the Trust & the Community
- ✓ Be keen to learn and keep updated
- ✓ Be able to ask questions in a constructive, not confrontational manner
- ✓ Be willing to read relevant documents and papers, and attend relevant meetings



Governors Code of Conduct

To act in the best interests of the Trust and adhere to its values and code of conduct.

To regularly feedback information about the trust, its vision and its performance to the constituencies and stakeholder organisations that either elected or appointed them.

Governors are NOT expected to:

X Run the organisation

X Push personal agendas

X Get involved in operational matters or deal with complaints

X Direct or manage staff

X Act as an advocate for individual patients but can advise where they can access this support

X Get favourable treatment or care

Key Trust Policies & Documents

Whilst the policies below have been drawn up predominantly for staff, the principles of the policies should be adhered to by Governors.

- Trust Values
- Equality, Diversity & Inclusion Policy
- Freedom to Speak Up Policy
- Media & Social Media Policy
- Information Governance Policy

Holding the non-executive directors to account

Exercising the other required duties as outlined previously, for example:

Appointing or removing the Chair, Non-Executive Directors or Auditors

Questioning Non-Executive Directors on how the Board is delivering on the goals identified in the forward plan

Inviting members of the Board to meetings of the Council of Governors to answer questions

Trust Auditors

Trusts must appoint an external auditor to audit its annual accounts, reports and other such matters.
The Trust's auditors are;

- MIAA- Mersey Internal Audit Agency
- Grant Thornton – External

Governors work with the Audit Committee to appoint and remove the external auditors for the Trust.

Housekeeping

Register of interests	Code of Conduct	Fit & Proper Person declaration	Confidentiality
Data protection	Media & Social Media	Freedom to Speak up	Meeting etiquette

Key Points of Contact

John Culshaw – Trust Secretary	John.culshaw@nhs.net or 01925 662834
Liz Walker – Secretary to the Trust Board	elizabeth.walker4@nhs.net or 01925 662139
Norman Holding Lead Governor	n.holding18@btinternet.com or 07585 978358

Governors in their communities

Governors' Engagement Group (GEG)

Provides input to and oversight of...

- Quarterly non-executive director meeting before the Council of Governors
- Working with People and Communities Strategy – workplan deployment
- Governor Recruitment and promotion of Governors in their communities
- Trust Newsletter

Governor Engagement should:

Provide a link between the hospital and its local communities – establishing mechanisms for consulting with members and partnership organisations, particularly on developments and significant services provided by the Trust

Act as a source of ideas about how the Trust can provide services which reflect the needs of patients and the wider community

Listening to and understanding different views of members, public and representing their interests in the Trust

Governors' Engagement toolkit:

Postcards – to record details of discussion and point of contact

Posters – to advertise forthcoming governor engagement

Pull-up banner – to support Governor engagement and promote membership

Guide to being a Governor – summary of Governor Engagement Guidance, Signposting information and general sources of Patient Information

Trust Newsletter – Your hospitals

Website and social media – information on Governors and Engagement/Involvement activity (to be updated)

Experts by Experience

People who are willing to share their lived experiences of being under our care (including where the experience could have been better) may be willing to help us develop our services through joining our Experts by Experience (EbyE) programme:

What is EbyE?

The input of lay people/experts by experience provides real insight into what patients and public think about services, service change plans and services

- Who can be involved?

  Patients, carers, members of the public, Community Groups (multi-faith groups,
- former patients, charities, patient support and advocacy groups) family
- members; parents, young people, schools, partners etc

To register and interest in becoming an EbyE:

Email: whh.engagement@nhs.net

Call: 01925 665981 or 01925 662114

Experts by Experience

Membership

About membership:

Foundation trusts are membership organisations and the membership helps us to engage with the local community.

Membership is completely free of charge to anyone over the age of 12 who lives locally or who has been a patient with our hospital. You simply need to register with us. Members can:

Be involved by participating in surveys or focus groups

Elect their Governor representative

Keep in Touch by receiving regular updates from the Trust

- For more information on membership visit our website under About
- Us/Membership and Engagement
-
-

For Membership queries please contact:

If you have any queries about membership please email WHH.foundation@nhs.net with your query. You can also call on 01925 66 2139.

Membership Application

Signposting, help and support

Concerns or complaints

If you are presented with a complaint, concern or question associated with an episode of care by a patient, carer or patient representative please refer to the following services:

Questions and concerns: please always refer to PALS

PALS (Patient Advice and Liaison Services is a confidential service to support patients, relatives and carers.

Walk in Hours at Warrington Hospital: 10am to 4pm Monday to Friday

Email: whh.pals@nhs.net

Call: 01925 275512 (in hours) or 01925 662281 (out of hours – voicemail)

Complaints:

Patients and relatives or carers are always advised to raise complaints or concerns on the spot so they can be dealt with as soon as possible. If this has not been the case or if the complaint is after the episode of care, complaints can be made in the

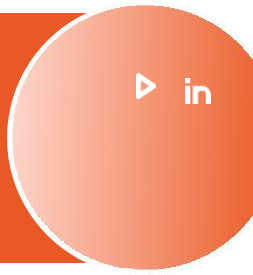
Walk in Hours at Warrington Hospital: 10am to 4pm Monday to Friday

Email: whh.complaints@nhs.net

Call: 01925 275512 (in hours) or 01925 662281 (out of hours – voicemail)

Social Media - key points

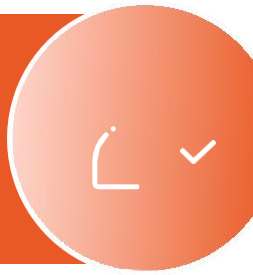
Where people wish to use social media to express opinions that may not be those of the organisation, they should ensure that they do not identify themselves as Trust employees or representatives and furthermore state that their views are their own.



Those using social networking sites should always adhere to the Trust's vision and values, as well as codes of conduct and policies which are part of their professional and employment requirements.

You should be aware that social media sites are open to the public and may be considered public record. You should ensure that any reference made to the Trust, their colleagues, or working practices are professional, responsible and positive, whether posting from work or at home.

If you wish to associates yourselves with Warrington and Halton Teaching Hospitals NHS Foundation Trust on your social media site, you are expected to post under your real name. This demonstrates openness, honesty and accountability.



Posts must not contain anything contrary to the Trust's values and the Equality and Inclusion policy. Anything containing racist, sexist, homophobic, sexually explicit, threatening, abusive, disrespectful or other unlawful comments must not be published. Inappropriate comments relating to protected characteristics set out in current legislation, for example disability, should also not be posted.

Keeping in touch

Website: whh.nhs.uk

Social Media

@Warringtonandhaltonteachingnhsfoundationtrust

@WHHNHS

@WHHNHS

Contact us: Switchboard

- Warrington main switchboard: 01925 635911
- Halton: 01928 714567

Feeding back

In all engagement and involvement activity it is important that people who have taken time to give their views and feedback feel that it has been worthwhile. The following mechanisms for feedback are available to governors to support their engagement activity with members and their community constituencies and will support this insight to inform the Trust's work and future planning:

For non urgent items:

Governor Engagement Group/Constituency meetings

For further discussion via a standing agenda item on Governor Engagement Group
Contact: Keith Bland

For urgent items:

Engagement and Involvement Team

whh.engagement@nhs.net or 01925 662835
For Membership queries:
whh.foundation@nhs.net or 01925 662139

Reporting mechanisms:

- Patient Experience Sub-Committee (monthly report)
- Patient Equality, Diversity and Inclusion Sub Committee (monthly report)
- Council of Governors (quarterly)
- Governor Engagement Group (quarterly)

Work and Work Experience at WHH

During conversations people may express an interest in getting more involved with the work of the Trust – but may not be suitable for EbyE. All :

Trust vacancies:

All Trust vacancies are advertised on the NHS Jobs website.

To search for jobs at Warrington and Halton Teaching Hospitals visit:

www.jobs.nhs.uk and search for Warrington and Halton Hospitals in the 'Browse Jobs' section.

Alternatively – search by job keyboard and Location or postcode under the 'Search Jobs' tab.

Further information sources:

Working at WHH information is available at: www.whh.nhs.uk/workwhh

Training at WHH information is available at: www.whh.nhs.uk/workwhh/TrainatWHH

Work experience information is available at: www.whh.nhs.uk/workwhh/TrainatWHH/work_experience_whh

The work experience coordinator can be contacted at nch tr.workexperience.edu@nhs.net. Work experience application forms can be downloaded from the work experience web page above.

Key sources of information

Scan the QR codes and be directed to key information on the WHH website.

Feedback, Advice, Concerns and Complaints

Getting to Halton Hospital

Patient and Visitor Guides what to expect if you are coming to hospital as a patient or visitor

Getting to Warrington Hospital

Membership application form

Shuttle bus information

Engagement, Involvement and Membership

Change an appointment

Contacts switchboard, appointment booking, wards and departments

Appointment booking numbers

Training and Work experience at WHH

Work at WHH

WHH NHS Jobs page

Frequently asked questions

FAQs

Which services are provided at Halton and which at Warrington, and why?

Warrington

- Emergency trauma and orthopaedics and emergency general surgery, gynaecology and ophthalmology
- The most complex cases are also done here: general surgery, colorectal, breast, urology, Ear, Nose and Throat (ENT) plus:
    - Catheter Lab, cardioversions, balloon etc.
    - Maternity
    - Children's
    - Ophthalmology
    - Emergency Dept

Halton

Captain Sir Tom Moore building: All elective Trauma/Orthopaedics, Urology, Breast, ENT and some gynae patients are treated here - especially those that require enhanced care via Post Anaesthetic Care Unit in the ward.

Nightingale building: High volume, low complexity day cases for a range of specialities including pain, general surgery, urology and Gynaecology.

About to open the recently upgraded clinical treatment room in the Nightingale building which will also take high volume low complexity patients such as pain and vascular services

Also at Halton

- Pre-treatment centre (pre-op and swabbing service) on site as part of the surgical pathway to prepare patients for surgery
- Chemotherapy – Clatterbridge provided service at the Cantreat Centre, cancer support at Delamere Centre
- Halton Clinical Research Unit with Liverpool University Hospitals
- Urgent Treatment Centre
- Diagnostics, Physiotherapy, Occupational Therapy, Cardiorespiratory

How can patients find out about waiting times at A&E?

Waiting times for Warrington's A&E and the Urgent Treatment Centre at the Halton site are updated in real time on the Trust's website. See QR code page for link

All elective Trauma/Orthopaedics, Urology, Breast, ENT and some gynae patients are treated here - especially those that require enhanced care via Post Anaesthetic Care Unit in the ward.

Why become a member of the Trust?

We believe that our membership gives us the opportunity to test ideas and design services with a diverse audience which is representative of our communities.

We will be refreshing our membership database during 2022 and following this will be providing opportunities for members to become involved in the Trust as Experts by Experience, or by attending various engagement events which allow them to learn about the Trust's plans and to provide their feedback to their Governor representatives. We will also provide updates to our members on our plans and engagement opportunities through new electronic communications.

Our governor led engagement group is responsible for developing our engagement work in this area which has been showcased as best practice with the Foundation Trust Governors Association (FTGA).

We will specifically target members who have expressed an interest in being active members of the trust - but our surveys, consultations and focus group work are also available to the public through our website, events work and social media.

How do Governors engage with the Foundation Trust membership in their constituencies and how can we do this?

The Council of Governors helps to hold the Trust to account to local people. They are involved in formulating strategy, monitoring performance and engaging with the public. The Council of Governors help shape and endorse the future strategy of the Trust and provide a critical link between the Hospital Trust and the people that it serves within Warrington, Halton and other local areas - ensuring that local people input into decisions and plans for the hospitals.

The Council of Governors meets formally four times a year in public and anyone can attend to listen to the meeting. The meeting is Chaired by the Trust Chairman. At the meeting, the Governors receive the latest performance information and have the chance to analyse it and raise questions. The formal Public Council of Governors meeting programme is a small part of the Governors' work in the Trust.

Governors observe the Board Committees which allows them to bring information and views to the main Council meeting. These Committees focus on a number of areas including quality in care, finance, people; and communications and membership.
Governors also help us to formulate our annual strategic plan. They also hold their own constituency meetings and can survey their members to ensure the plan is in line with public expectation. Governors also attend engagement events where they can speak to their members and the wider public to gauge public views. The engagement activity of our governors is co-ordinated through the Governors' Engagement Group.

Why are the contacts for PALS and complaints listed on the website the same?
In the first instance we refer those patients/carers/advocates with issues or concerns to seek a quick and response resolution outside of the formal complaints process. If this is not possible this can be escalated to a complaint. If an individual wishes to submit a formal complaint to the trust, there is a dedicated email address: whh.complaints@nhs.net

What is the parking position at the hospital?
Following a review of parking in the spring and summer of 2021 a new staff parking permit system was introduced which has greatly improved availability of spaces on the patient car park at Warrington. Parking wardens are on site every day checking that spaces are being protected for patient/carer use. Parking charges are in place (with some exemptions) and there is information on the Patient Information section/Getting to our hospitals pages. See page 18 of this document for QR code link.

How does the hospital support those with specific nutritional/dietary needs?
On admission to a ward patients should communicate any specific nutritional or dietary requirements to the staff. Menu cards contain information asking patients to notify staff of any specific nutrition or dietary requirements so that a supplementary menu can be provided.

Where do patients go for GP issues?
Patients who have comments or concerns to raise regarding the treatment they have received from a GP or dental practice in Halton and Warrington should contact:
NHS England
PO Box 16738H
Redditch, B87 9PT
0300 311 22 33
England.contactus@nhs.net

Why are patients given a choice of hospital for appointments in some cases?
The arrangements are determined by the commissioning organisations and not all services are offered on choose and book. GPs will refer patients to a service based on the patient's home geography and current waiting times. Some services are provided across two sites, so patients can choose between Halton and Warrington.

Notes

We are WHH & We are PROUD to make a difference

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the Communications Team on 01925 662710.

Polish:	Niniejsza publikacja jest dostępna w alternatywnych językach lub formatach na życzenie
Punjabi:	ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਬੇਨਤੀ 'ਤੇ ਵਿਕਲਪਕ ਭਾਸ਼ਾਵਾਂ ਜਾਂ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ
Urdu:	یہ اشاعت درخواست پر متبادل زبانوں یا وضعوں میں دستیاب ہے
Bengali:	এই প্রকাশনাটি অনুরোধের ভিত্তিতে বিকল্প ভাষা বা বিন্যাসে উপলব্ধ
Gujurati:	આ પ્રકાશન વિનંતી પર વૈકલ્પિક ભાષાઓ અથવા ફોર્મેટમાં ઉપલબ્ધ છે
Arabic:	هذا المنشور متاح بلغات أو تنسيقات بديلة عند الطلب
French:	Cette publication est disponible dans d'autres langues ou formats sur demande
Cantonese:	本出版物可應要求以其他語言或格式提供
Portugese:	Esta publicação está disponível em idiomas ou formatos alternativos a pedido
Spanish:	Esta publicación está disponible en idiomas o formatos alternativos bajo petición

Engagement and Involvement Team
Warrington and Halton Teaching Hospitals
www.nhs.uk email: whh. engagement@nhs.net

Use your camera to hover over this code
it will take you directly to the relevant pages of our website.

Scan me

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 b**
COMMITTEE ATTENDED:	**Finance and Sustainability Committee**
DATE OF MEETING(s):	19/05/22
AUTHOR(S):	Nigel Richardson
GOVERNOR COMMENTS	Very comprehensive and focussed Agenda supported by detailed analysis and summarised reports and presentations from the subject matter Executive leads. Well attended with detail provided resulting in a long meeting which overran by 20 minutes or so. Non Exec Chair and NED provided consistent good constructive challenges on risk and impact. <u>Some highlights include (not exhaustive)</u> Pay assurance Report - challenge of funding temporary workforce is significant expense against demands around FTE's. Booking process to be enforced with compliance to Cheshire and Merseyside rate card. We would want ICS to support us. (Bed utilisation is an ongoing challenge.) Cost Improvement report GIRFT - significant risk and challenge as target saving is increasing. Now at Target £14m, with only half of this currently identified as potential to save. Some ideas through GIRFT but no costed plans yet and short timescales to implement. Sense of urgency understood and recognised by Execs and Non Execs to present costed schemes at pace ideally at next FSC meeting. Chairman asking for progress or escalation. No scrutiny so far from regulators but expected to come, both Regional and National. Benefits realisation report - Difficult to assign RAG ratings. International Nurses to be revisited. Electronic Patient Care - needing to be in partnership with ICS, creatine critical dependency on ICB. Suggestion to engage with other trusts, Cheshire and Merseyside, Liverpool University Hospital to share intelligence re ICS's and ICB's Challenge to understand the cost and ongoing engagement required.

	Monthly finance report - shows increased costs by virtue of inflation. To note A and E is now 20% more expensive. Also implications of allocation of funding to 'Regions'; awaiting the implications of this and influence of ICS's. Opportunity and Risk assessment required. Community diagnostic centre - more detail required for Board on full business case. Support for high level assumptions and strategic direction of travel.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 b**
COMMITTEE ATTENDED:	**Finance and Sustainability Committee**
DATE OF MEETING(s):	22/06/2022
AUTHOR(S):	Nigel Richardson
GOVERNOR COMMENTS	Very comprehensive and focussed Agenda supported by detailed analysis and summarised reports and presentations from the subject matter Executive leads. Well attended with extensive detail provided resulting in a long meeting. Clear Non Exec focus and challenge of execs on funding, resourcing, efficiency and investment challenges notably CIP and GIRFT which presents significant risk. Progress described as 'keeping up pace, although behind'. Efficiency programs still at risk to deliver. ICS meetings now taking place routinely with exec colleagues. Managing change to a new system and place footprint, (not just Trust) will take time and be challenging. Again the trust is open to increased scrutiny from ICS in this region; presents high risk to deliver as an integrated organisation.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 c**
COMMITTEE ATTENDED:	**Quality Assurance Committee**
DATE OF MEETING(s):	7 June 2022
AUTHOR(S):	Akash Ganguly
GOVERNOR COMMENTS	There were 2 NEDs in attendance at the meeting. The meeting had a full agenda and multiple detailed papers were received by all attendees. The meeting was chaired efficiently. All were welcomed, apologies noted, minutes approved, action logs and matters arising reviewed. Highlights: • Hot topic – Maternity continuity of carer report and action plan • Deep dive – Maternity Governance • Moving to outstanding action plan Standard items reviewed including strategic risk register, staffing issues and updates on maternity reports, abdominal aortic aneurysms, histology services, and medicines management annual report. The NEDs challenged and questioned to ensure they had assurance on various items discussed. The chair ensured that all parties were able to contribute. Matters for assurance and high-level briefing papers were taken as read, approved or deferred to next meeting. All essential items had time for discussion and debate. The CoG can remain assured that the QAC meets the required standards.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 c**
COMMITTEE ATTENDED:	**Quality Assurance Committee**
DATE OF MEETING(s):	5 July 2022
AUTHOR(S):	Akash Ganguly
GOVERNOR COMMENTS	There were 2 NEDs in attendance at the TEAMS meeting. The meeting had a full agenda and multiple detailed papers were received by all attendees. The meeting was expertly chaired with opportunity for all stakeholders and presenters to be involved. All were welcomed, apologies noted, minutes approved, action logs and matters arising reviewed. Highlights: • Hot topic – Arthroplasty surgical site infection • Deep dive – Implementation of Medical examiner • Maternity governance updates Standard items reviewed including strategic risk register, staffing issues, clinical audits annual reports, infection prevention annual reports to name a few. The NEDs challenged and questioned to ensure they had assurance on various items discussed. The chair ensured that all parties were able to contribute. Matters for assurance and high-level briefing papers were taken as read, approved or deferred to next meeting. Expert chairmanship of the meeting ensured that all essential items were discussed. The CoG can remain assured that the QAC meets the required standards.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 d**
COMMITTEE ATTENDED:	**Strategic People Committee**
DATE OF MEETING:	18th May 2022
AUTHOR:	Norman Holding
GOVERNOR COMMENTS	There was a full agenda, the meeting was well attended and there was 2 No NEDs in attendance. The was an excellent update report presented on the Staff Networks. The Hot Topic was fully discussed, and in-depth questioning and assurance was provided. There was a very detailed report presented on Employee Relations which was questioned, and assurance provided. The meeting was well chaired and ran to time with all items receiving full attention. The chair allowed all attendees to partisipate in the agenda items and NEDs questioned the Executives and other to gain the necessary assurance on all items. Necessary items requiring Board input were agreed. I met with the chair following the meeting to discuss the meeting and to see if I had any questions.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/49 d**
COMMITTEE ATTENDED:	**Strategic People Committee**
DATE OF MEETING:	20th July 2022
AUTHOR:	Norman Holding
GOVERNOR COMMENTS	There was a comprehensive agenda, the meeting was attended by 16 staff and 2 No NEDs were in attendance. The meeting was observed by Well Lead consultant who is reviewing all Trust committees. After a slightly disjoint start the meeting flowed in the usual efficient manner. The was an excellent Hot Topic presentation on CDC (Community Diagnostic Centre) it was fully discussed, and in-depth questioning and assurance was provided, the presentation also showed that WHH is starting to work with the system. There was a very detailed report presented on Agile Working, which raise may questions. The Trade Union Facility Time Report 2021-2022 was presented and as no fully complete the Chairs action will be required to meet time frames. An overview of the pay award was given to the meeting, further details when received will be presented at the next meeting. The meeting was well chaired and ran to time with all items receiving full attention. The chair allowed all attendees to partisipate in the agenda items and NEDs questioned the Executives and other to gain the necessary assurance on all items. Necessary items requiring Board input were agreed. Items for sub-committees for noting and assurance were presented and agreed. I met with the chair following the meeting to discuss the meeting and to see if I had any questions.

REPORT TO BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/22/07/85**			
SUBJECT:	**Chief Executive's Briefing**			
DATE OF MEETING:	27th July 2022			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE: **(*Please select as appropriate)***	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	✓		
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	✓		
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	✓		
LINK TO BAF RISK:	All			
EXECUTIVE SUMMARY *(KEY ISSUES):*	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: *(please select as appropriate)*	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Board is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable		
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None			

SUBJECT	Chief Executive's Briefing	AGENDA REF:	BM/22/07/85

1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 25th May 2022, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ISSUES

2.1 Current COVID-19 Situation Report

As at the time of writing (22nd July 2022), we have a total of 73 COVID-19 positive inpatients (14 days or less since their first positive sample); two of those patients are in critical care. In total, 122 of our inpatients have tested positive at any time during their admission (two of these are in critical care). There has been a peak of the number of our total COVID-19 inpatients over the last few weeks (which, overall, has exceeded the peak of wave 1 in April 2020), but we are now appearing to see the start of a decline.

The impact of this COVID-19 demand operationally has been significant for infection control and staffing reasons. However, the clinical impact has been very different to the earlier waves of COVID, ie greatly reduced critical care admissions with COVID-19. The vast majority of patients (over 60%) admitted with COVID-19 are admitted for other conditions; their COVID-19 infection can be incidental.

We have discharged a total of 4281 patients with COVID-19 to continue their recovery at home. Sadly, a total of 712 patients with COVID-19 have died in our care.

Total staff absence is just over 8.2% (a headcount of 374), reflecting the increase in community rates that we have been seeing locally and nationally. There have been some slight improvements more recently but staffing remains a challenge on this basis.

2.2 Overview of Trust Performance

Once again, with this report, I have included a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete datasets. In this case, this is month 3, June 2022. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside Committee Assurance Reports.

Some changes will be evident this month. The Trust introduced Statistical Process Control (SPC) charts onto the Trust IPR in 2019 and introduced Making Data Count SPC Assurance & Variation icons in May 2022. Following on from the Trust Board Development Session on 29th June 2022 a number of developments in relation to the IPR are underway or are proposed. My summary dashboard will reflect those improvements.

We have continued to see urgent and emergency care under pressure across the North West, including Cheshire and Merseyside and WHH.

Our total number of super stranded patients with a length of stay greater than 21 days remains far too high at 125, although this is much better than it has been historically and we have achieved less than 100 within the last few weeks. The recent heatwave has unfortunately added further pressure.

The Trust continues to undertake an elective recovery programme, alongside diagnostic recovery.

Activity reports and dashboards have been developed and are reported routinely at Executive Team/Strategic Executive Oversight Group (SEOG), Quality & Assurance and the Finance & Sustainability Committee. The Clinical Services Oversight group (CSOG) continues to oversee the waiting list and safety of patients.

2.3 Executive Team Changes - Director of Communications & Engagement

Pat McLaren, Director of Communications & Engagement, has decided to retire after nearly seven years at WHH. She will not be going too far however as, a local resident and patient, she has agreed to return in a different role in a part time capacity to work on some of our big strategic projects which need high level stakeholder engagement and public consultation.

We conducted a rigorous recruitment and selection process to find our new Director of Communications & Engagement and were very impressed by the number of high calibre candidates that applied. The thorough selection process involved colleagues from across the Trust, as well as from partner organisations. I am delighted to annouce that Kate Henry will join us in October to take a short handover from Pat.

With a strong track record working in communications and engagement locally and nationally in the NHS, Kate has most recently worked with private and third sector organisations. Her last NHS role was as director of communications and engagement at a mental health and community services provider in Yorkshire.

2.4 Cheshire & Merseyside System Development

On 1st July 2022 NHS Cheshire and Merseyside entered its first day as a statutory organisation. The milestone means that NHS Cheshire and Merseyside has become one of 42 Integrated Care Systems (ICS) in the country which are now on a legal footing. It also signals the closure of all nine Clinical Commissioning Groups (CCG) in Cheshire and Merseyside. This marks a significant development in the way health and care needs for the population will be met; by reducing inequality in health and care provision and improving services and outcomes for people. The creation of NHS Cheshire and Merseyside and a new statutory Integrated Care Partnership means that considerations and decisions can be made with partners, including Local Authorities, while retaining local influence and decision making within the nine “Places” of Cheshire and Merseyside, which cover the Local Authority boroughs. For us, this is mainly, but not exclusively, the boroughs of Halton and Warrington.

This development builds on all the really good work that we have been doing working in partnership with others – sharing our problems, and indeed solutions, during the pandemic,

both at a borough level and across the whole of C&M. We are one of three ICS's in the North West NHS region (along with Greater Manchester and Lancashire & South Cumbria).

Unlike previous NHS re-organisations, this marks a fundamental shift in the alignment and work of health and care services across the region and is the single largest change to health and care in decades. Integrated care is designed to improve patient experience and outcomes by bringing services closer together and reducing unfair differences in availability and outcomes for people across Cheshire and Merseyside – thereby helping reduce health inequalities.

2.5 Opening of Same Day Emergency Care Centre

On 19th July 2022 we finally opened our brand new Same Day Emergency Care Centre, after many years in the conception and planning. Nearly 700 tonnes of concrete, 43 tonnes of steel beams and 94 steel columns later we have got the £6.3m expansion of our Urgent and Emergency Care footprint open. It is a little over seven months since we broke ground on a project that has been brought to life by our amazing UEC and Estates teams.

The result is the creation of a new home for our Same Day Emergency Care service (SDEC) which is designed to help patients avoid being admitted to hospital. Our existing Combined Assessment unit (CAU), previously housed in a 20-year-old portacabin, has relocated into the new estate. SDEC will now be able to take direct GP referrals from August and patients streamed from Emergency Department following clinical assessment.

SDEC is intended to operate with patients experiencing rapid assessment, diagnosis and treatment and, if clinically safe to do so, discharge home on the very same day. The new space includes: Triage room, 12 assessment spaces, 3 treatment rooms and a 36-chair waiting room. There is a first floor administration, equipment, and staff rest area.

While there is no change to our existing ED - which is still much too small to meet the demand we are consistently experiencing, being able to stream patients from the ED to a dedicated SDEC will certainly have a positive effect on patient experience and flow, freeing up precious ED space for those patients who are more unwell. Our next priority is to relook at the vacated ED space and plan for more internal reconfiguration within the scarce space that we do have to make every square centimetre work its very hardest.

Importantly, there is no direct patient access to the SDEC and patients should continue to choose NHS111, GP or Urgent Treatment centres and only present at ED with life-threatening injuries or illnesses.

2.6 July Heatwave

As if Wave 7 of COVID wasn't enough, the 18th/19th July saw some of the hottest weather ever, even in our part of the North West of England. As a Trust, and through the normal Emergency Preparedness, Resilience and Response (EPRR) procedures that we have got so tuned in to over the last couple of years, we prepared as best we can and implemented a number of contingency measures. We were on 'Red' level alert relating to the heatwave and implemented a number of strategies for the safety and comfort of both patients and staff. Everyone responded admirably and 'normal' weather returned by the end of the week.

In addition to the professionalism of our clinical teams in renewed challenging circumstances, I am also especially grateful for the *Helping Hands* of non-clinical and corporate staff who were deployed across both sites to support with drink rounds, ice lollies and water for patients and staff.

2.7 Infection Prevention Strategy 2022-25

We launched our revised Infection Prevention Strategy for 2022 -2025 in June. We have a mission to work together to deliver outstanding healthcare by engaging, educating, and empowering healthcare staff, patients, and their carers to prevent healthcare associated infections.

The Strategy has been developed jointly with staff and external partners and is being promoted using the acronym SPACE-R which stands for Surverveillance, Policy (Audit), Anti-microbial stewardwhip, Clinical advice, Education and Recovery from COVID.

There are 3 key objectives which include:

1. Prevention of healthcare associated infections
2. Strengthening Antimicrobial Stewardship
3. Commitment to high standards of environmental cleanliness

Whilst the focus is on preventing infections, when they occur, we also need to control infections to prevent further cases. We encourage active participation from all our WHH colleagues, partners, patients, and carers to ensure infection prevention activity is embedded across the Trust and we look forwards to continued joint working.

2.8 Quality Academy Showcase

On 11th July we held our annual Quality Academy Showcase, an opportunity to celebrate some of the incredible achievements of our staff over the last year. We began the day with presentations from colleagues across a wide range of specialties, learning about such things as:

- The introduction of standardised triage to improve safety and experiences of urgent maternity care
- The benefits of music during regional anaesthesia
- The experiences and benefits of participating in research within reproductive health
- The introduction of a Trauma Orthopaedic Referral and Management guide
- Improving appropriate referral and management of Trauma & Orthopaedics through the introduction of a guide to “Getting it Right First Time” in ED
- Plans to keep our patients active in hospital and the upcoming launch of the Ready, Dress, GO! campaign
- Improved outcomes for patients with diabetes through collaborative work across primary and secondary care
- The effectiveness of antibiotic ward rounds in tackling antimicrobial resistance
- Opportunities and experiences afforded by the Clinical Research Fellow role

- Efforts to improve the timeliness and documentation of appropriate senior review through the implementation of a standard operating procedure for emergency surgical admissions

Colleagues then had the opportunity to view poster presentations in the Education Centre.

I would like to congratulate the winners of our poster competition on their fantastic contributions demonstrating our commitment to outstanding patient care and continuous improvement. The judging panel consisted of Kimberley Salmon-Jamieson (Chief Nurse & Deputy Chief Executive), Dr Paul Fitzsimmons (Executive Medical Director), and Layla Alani, (Director of Integrated Governance & Interim Deputy Chief Nurse). There was a very high standard of submission.

1st Prize went to Gary Dobson, Jenny Johnston, Joanne Reid, Joanna Smillie for their poster "*Comparison of discharge pathways following knee replacement surgery*" This project introduced a new functional discharge pathway following knee replacement surgery, in line with NICE guidance, resulting in reduced length of stay and a 46% reduction in outpatient physiotherapy referrals, whilst maintaining surgical outcomes for patients.

2nd prize was awarded to Dr H Selvachandran, Mr. N Harrison, Mr. V Sathya for "*Is CT Abdomen/Pelvis the new Abdominal x-ray?*" This audit of patients presenting with acute non traumatic abdominal pain evidenced our adherence to guidance on appropriate and cost effective use of CT scans within the Surgical and Emergency Department, and efforts to limit radiation exposure in younger age groups.

Highly commended was Faye Mather, Advance Orthoptist for "*Redesigning our Paediatric Health Visitor Referral Pathway*" This project reduced unnecessary referrals for children with a family history of vision problems by redesigning the referral and diagnostic pathway to ensure better use of resources and a better experience for children and families.

The event finished with a series of breakout sessions, including topics such as:

- *Making Data Count* hosted by NHS Improvement,
- an opportunity to see the world through the eyes of our patients with Embodied Labs Immersive Patient Experience Platform,
- an introduction to the WHH Patient Experience Strategy,
- how to get involved in research at the trust,
- training from the Quality Academy in Clinical Audit and Quality Improvement.

Our Quality Academy Showcase really does go from strength to strength, year on year, despite the operational pressures that could get in the way. It is fantastic to see the amount of improvement work going on in every corner of the Trust. This should underpin everything we do.

2.9 Mr James Melling and 'Everesting'

Congratulations to Mr James Melling, Consultant General & Colorectal Surgeon, who completed his 'Everest' challenge on Saturday 16th July 2022. The challenge was to pick a hill, and cycle up and down it repeatedly until the height of Everest (8,848m) has been climbed,

and to do this in one day. James picked Peaslows hill in the Peak District which is approximately 1.4km long and averages a 10% gradient.

After the event having been originally cancelled because of the extreme weather warnings on that weekend, James decided to go solo, and a day early. Cycling up and down Peaslows Hill repeatedly, James completed the target of climbing the height of Everest. The challenge took him a total of 19 hrs and 30mins, with temperatures hitting over 30 degrees Celsius. The challenge started at 4:30am and James completed 68 ascents and just over 8,900m climbing, around midnight on Saturday/Sunday.

I cannot thanks James enough for doing this on behalf of our very own WHH Charity. To date, he has raised a little over £1100 so far.

2.10 Special Days/Weeks for professional groups

Since our last Board meeting in May 2022, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised, embraced and celebrated all of these:

South Asian Heritage Month: 18th July – 17th August 2022
Annual Day of Remembrance for Honour Killings: 14th July 2022
NHS 74th Birthday: 5th July 2022
Disability Pride Month: July 2022
World Bronchiectasis Day: 30th June 2022
Dieticians' Week: 20th - 24th June 2022
National Healthcare Estates & Facilities Day: 15th June 2022
HM The Queen's Platinum Jubilee: 2nd – 5th June 2022
Pride Month: June 2022

2.11 Local political leadership engagement

Since the last Board meeting both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. I have also continued to be in regular communication with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation, both in terms of COVID-19 as well as other significant issues; similarly they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

2.12 Employee Recognition

Our *You Made a Difference Awards* are now fully up and running. Nominations are reviewed and awards made by a mutli-professional panel.

You Made a Difference Awards

The panel has made awards for April, May and June 2022. Presentations are pending for logistical reasons. The winners will be shared in my next Board report in September 2022.

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

Chief Executive Award (May 2022): Acute Medicine Consultants

We have a relatively new team of acute medicine consultants (Drs Neil Bailey, Johnathan Chevassut, Michelle Cooper, Damian Dooey, Thej Narayana and Saagar Patel) who have operated entirely differently during the pandemic, working in a very flexible way across our ever-increasing footprint of Emergency Department, Acute Medicine Unit and Combined Assessment Unit despite significant demands. They have remained kind and calm under pressure whilst innovating models of care in the best interests of our patients and trainees in particular. They have also been instrumental in driving the new clinical model of care for our SDEC Centre.

Chief Executive Award (June 2022): Dr Roy Bhati

Dr Roy Bhati is an Associate Specialist in Emergency Medicine and Chief Clinical Information Officer. He has been a clinical lead for our digitisation programme over many years, including the roll-out of Lorenzo in 2015. He is taking a sabbatical from WHH and I wanted to mark his outstanding contribution to WHH over the years.

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

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

- Alison Williams - Matron, Cardiology (Medical Care)
- Mr Azher Shafiq - Consultant Surgeon, Digestive Diseases
- Alex Weare - Physician Associate, Urgent & Emergency Care
- Emma Painter - Associate Chief of Nursing, Unplanned Care
- Paul Fenlon - Security Officer, Estates and Facilities
- Mariamma Mammen - Healthcare Assistant, Ward B12 (Integrated Medicine & Community)
- Naomi Fleming - Healthcare Assistant, ED (Urgent & Emergency Care)
- Matthew Hill - Charge Nurse, Urgent & Emergency Care
- Iain Mackenzie - Staff Nurse, Urgent & Emergency Care
- Sonia Davis - Head of CPD, Corporate Nursing
- Jackie Penney - Medical Records Clerk, Clinical Support Services
- Pauline Wade - Medical Secretary, Surgical Specialities
- Emily Sandford - Staff Nurse, A3 (Medical Care)
- Dr Sana Khan - Doctor, A3 (Medical Care)
- Theo Roberts - Medical Engineering Assistant, Estates and Facilities
- Janet Allen - Domestic Assistant, Estates and Facilities
- Nicky Cross - Respiratory Advanced Care Practitioner, Medical Care
- Dr Andy Langdon - Consultant Anaesthetist, Digestive Diseases
- Carla Preston - Sister, ICU (Medical Care)
- Carolyn Hart - Assistant Accountant, Finance & Procurement
- Louisa Taylor - Senior Business Accountant, Finance & Procurement
- Philippa Fearnley - Medical Secretary, Urology (Surgical Specialities)
- Mr Hemal Raja - Consultant ENT Surgeon, Surgical Specialities
- Mr Ramandee Chalokia - Consultant Urologist (Surgical Specialities)

- Melanie Frangleton - Manager, UTC (Urgent & Emergency Care)
- Jo Burke & Corinne Roe - Ward B11 Team (Women's & Children's Health)
- Paul Roper - Clinical Nurse Specialist, Pain Team (Digestive Diseases)
- Violet Vidamour - Healthcare Assistant, Ward B4 (Digestive Diseases)
- David Howard - Learning & Development Officer (HR/OD)
- Debbie Dutton - Deputy Ward Manager, Ward B19 (Integrated Medicine & Community)
- Dee Taylor - Divisional Administrator, Finance & Procurement

2.13 Signed under Seal

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

- Wellfield Street Car Parl Lease renewal

3) MEETINGS ATTENDED/ATTENDING

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

- NHSE/I COVID-19 NW Region System Leadership (Monthly)
- C&M Integrated Care System Transitional Oversight Board (Monthly)
- C&M Provider Collaboration CEO Group (Bi-weekly)
- C&M Acute And Specialist Trust (CMAST) Leadership Board (Monthly)
- Steve Broomhead, Chief Executive, Warrington Borough Council
- Stephen Young, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- C&M Hospital Cell (Bi-Weekly)
- Warrington Wider System Sustainability Group (Fortnightly)
- Warrington and Halton System Pressures Meeting (Daily)
- Clinical Research Network North West Coast Health Research Alignment (Monthly)

4) RECOMMENDATIONS

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

Appendix 1 - CEO Dashboard Month 03 – June 2022

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality

Operational Performance			
Indicator	**Target**	**Actual**	**SPC**
Diagnostic 6 Weeks	99.00%	85.47%	
RTT 18 Weeks	92.00%	66.18%	
RTT 104 Weeks +	0	14	
A&E % patients seen within 4 hours	95.00%	69.53%	
A&E % waiting longer than 12 hours	2.00% or less	15.73%	
Cancer 14 Days	93.00%	88.04%	
Breast Symptomatic 14 days	93.00%	91.30%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	75.24%	
Cancer 31 Days First Treatment	96.00%	100%	
Cancer 31 Day Surgery	94.00%	100%	
Cancer 31 Day Drug	98.00%	100%	
Cancer 62 Days Urgent	85.00%	83.33%	
Cancer 62 Days Screening	90.00%	88.89%	
Ambulance Handovers within 15 mins	65.00%	42.89%	
Ambulance Handovers within 30 mins	95.00%	66.19%	
Ambulance Handovers within 60 mins	100%	75.21%	
Discharge Summaries 24 hours	95.00%	91.96%	
Discharge Summaries not sent within 7 days	0	0	
Cancelled Operations – nonclinical reasons	Less than 2.00%	N/A	
Cancelled Operations – nonclinical not rebooked within 28 days	0	N/A	
Urgent Operations Cancelled for a 2nd time	0	0	
Fracture Clinic – 72 Hours	95.00%	36.20%	
% Outpatient Appointments Delivered Remotely	25.00%	11.44%	
Super Stranded Patients	Trajectory	128	

Quality of Care			
Indicator	**Target**	**Actual**	**SPC**
Incidents open over 40 days	0	0	
Sepsis Screening Emergency	90.00%	76.00%	
Sepsis Screening Inpatients	90.00%	91.00%	
Sepsis Antibiotics Emergency	90.00%	74.00%	
Sepsis Antibiotics Impatient	90.00%	82.00%	
Duty of Candour	100%	100%	
Inpatient Falls (cumulative)	20.00% reduction	42	
VTE	95.00%	92.75%	
Pressure Ulcers (cumulative)	10.00% reduction	7	
Medication Reconciliation (24 hrs)	80.00%	57.00%	
Staffing Average Fill Rates	90.00%	87.75% (average)	
Care Hours Per Patient Day (CHPPD)	7.9	7.2	
NICE Compliance	90.00%	91.15%	
Friends & Family Test (IP/Day Case)	95.00%	97.00%	
Friends & Family Test (ED & UTC)	87.00%	70.00%	
Complaints over 6 months	0	0	
Continuity of Carer	51.00%	84.90%	
Healthcare Infections - MRSA	0	1	
Healthcare Infections – CDI (cumulative)	Less than 37	0 (9 YTD)	
Healthcare Infections - E. coli (cumulative)	Less than 57	5 (17 YTD)	
Healthcare Infections – Klebsiella (cumulative)	Less than 19	0 (4 YTD)	
Healthcare Infections - P. aeruginosa (cumulative)	Less than 6	0 (0 YTD)	
COVID-19 nosocomial (in month) 8-14 Days 15 Days +	N/A	 14 38	
Mixed Sex Accommodation Breaches (Non ICU Only)	0	0	

Appendix 1 - CEO Dashboard Month 03 – June 2022

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

People

Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	6.25%	
Welcome Back Conversations	85.00%	55.45%	
Recruitment Time to Hire	65 days or less	77 days	
Vacancy Rates	9.00% or less	10.89%	
Turnover	Less than 13.00%	16.06%	
Retention	85.00%	83.17%	
Core/Mandatory Training	85.00%	85.30%	
Role Based Training	85.00%	91.62%	
Safeguarding Training	Trajectory	70.67%	
Workforce Carrying Out a Qualification	2.30%	2.43%	
Payspend (month)	Budget (£20.1m)	£19.7m	
Bank/Agency Reliance	9.00% or less	18.23%	
PDR Compliance	85.00%	60.41%	

Sustainability

Finance

Indicator	Plan	Actual	SPC
Income & Expenditure (culm)	-£4.34m	-£4.56m	
Capital Spend	£3.16m	£3.24m	
Cash	£23.8m	£38.0m	
Better Practice Payment Code (culm)	95.00%	92.00%	
CIP In Year Delivered Recurrent and Non Recurrent (culm)	£2.1m	£2.1m	
CIP Forecast (Recurrent)	£6.5m	£2.1m	

Strategy

Strategy

- **Levelling Up Fund (Halton)** - The Trust is currently working with Halton Borough Council and a range of partners to submit a bid to central government as part of the national Levelling Up Fund, to contribute to the regeneration of Halton Lea. Schemes under consideration by the Trust include an expansion to our Shopping City Outpatient Clinic offer.
- **Runcorn New Town Deal -** The Trust is working closely with partners, including Halton Borough Council and Riverside College, as well as a number of local health and care provider organisations, to develop a multi-use hub in Runcorn Old Town. The business case for the Runcorn Health and Education Hub has been approved by the Runcorn Town Deal Board ahead of submission to government in August 2022.
- **Breast Screening -** Public consultation on the consolidation of breast screening in Warrington at Bath Street concluded on the 20th June.
- **Warrington Wider Estate -** The Warrington Wider Estates Review concluded Phase 1 of the Project in June 2022. A Data Asset Map has been produced that details all public sector estate across Warrington, as well as some Third Sector organisations who also participated in the project. A Delivery Plan was also produced that identified 13 opportunities during this current phase of the project and the Warrington Together Estates Enabler Group (TEEG) has asked for a workshop to review these opportunities in more detail.
- **New Hospitals -** More detailed and temporaneous financial and economic models underpinning the Strategic Outline Cases will be finalised this Summer. Presentations have been shared highlighting how the programme has developed following localisation of benefits, revisions to the site feasibility study, land size required and enhancing the case of need. A workshop will be undertaken in Summer whereby subject matter experts and key stakeholders will score and critically appraise the shortlisted sites for a new hospital in Warrington.
- **Community Diagnostic Centre -** Business Cases have now been submitted to the Cheshire & Merseyside programme team for the development of a community diagnostic centre (or CDC) on the Halton site. If successful we will secure significant capital investment to create the new facilities, which will form part of a regional network of CDCs across the region and across the country. A decision on the cases should be made within the next month.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/59 e**
COMMITTEE ATTENDED:	**Charitable Funds Committee**
DATE OF MEETING:	27th June 2022
AUTHOR:	Jan Howe
GOVERNOR COMMENTS	This was my first time as Governor observer of this committee, which was also chaired for the first time by Steve McGuirk. Improvements were agreed to reduce the number of agreed proposals remaining unspent after 12 months. It was suggested that a time limit be set for future approved projects. Two proposals were presented and approved, for the children's wards and for a radiology staff garden. It was noted that most funding is restricted, involving individual management and overheads, hence the preference must be to secure unrestricted funding wherever possible. The findings of the committee effectiveness survey showed a significant number said that there was not the right level of experience. The chair will consider inviting a representative from an independent charity to future meetings. The meeting ran effectively, with the chair ensuring sufficient discussion and challenge of the key items prior to approval.

Council of Governors

AGENDA REFERENCE:	**COG/22/08/53**			
SUBJECT:	**Council of Governors Draft Terms of Reference 2022-23**			
DATE OF MEETING:	11 August 2022			
ACTION REQUIRED	**Approval**			
AUTHOR(S):	**John Culshaw, Trust Secretary**			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	The Council of Governors is asked to review to and approve the Committee Terms of Reference. There is one proposed amendment to the Terms of reference previously approved by the Council of Governors. The proposed amendment in section 7 and relates to the approval of the appointment of the Deputy Lead Governor.			
PURPOSE: *(please select as appropriate*	Information	Approval ✓	To note	Decision
RECOMMENDATIONS	The Council of Governors is asked to approve the updated Terms of Reference.			
PREVIOUSLY CONSIDERED BY	**Committee** **N/A**			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	**None**			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on ~~12 August 2021~~xx.xx.xxxx

Council of Governors - Terms of Reference

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

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

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

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

- Nomination & Remuneration Committee
- Governor Engagement Group
- Such other committees as may be required from time to time
- Task & Finish Working Groups as necessary

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

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

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

- Provide feedback on the development of the strategic direction of the Trust to the Board of Directors as appropriate.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Act as a critical partner to the Board of Directors in the development of the forward plan.
- Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the Board of its determination.

  Approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.
- Approve or not approve proposals from the Board of Directors for mergers, acquisitions, separations and dissolutions. More than half of the total number of Governors needs to approve such a proposal.
- Approve or not approve proposals for significant transactions where defined in the Constitution or such other transactions as the Board may submit for the approval of Governors from time to time. Such transactions require the approval of more than half of Governors voting at a quorate meeting of the Council of Governors.

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

- The Council of Governors must hold the Non-Executive Directors individually and collectively to account for the performance of the Board. It must agree a process and dialogue with the Board that will enable them to fulfil this duty.

- As part of this a good working relationship between the Board of Directors and Council of Governors is critical; it can be fostered by meeting regularly and with sufficient frequency to establish appropriate channels of communication and constructive challenge.

Some of the following may support this process and dialogue:

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

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

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

10. MINUTES

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

11. REVIEW

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

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	~~V5 -~~V6
Implementation Date	August 2022~~1~~
Review Date	August 2023~~2~~
Approved By	Council of Governors ~~14.08.2021~~xx.xx.xxxx

REVISION			
Date	**Section**	**Reason for Change**	**Approved By**
V3 19.01.2017	5	Changes to section 5 for clarity on quorum – item as described in the Trust's Constitution	CoG 19.01.2017
V3 19.01.2017	6	To include the named Committees established as Quality in Care and Governors Engagement Group	CoG 19.01.2017
V3 19.01.2017	10	The Council of Governors will be supported by the Secretary to the Trust Board.	CoG 19.01.2017
V3 17.05.2018	9	Changes to section 9 to provide clarity on the expectations relating to attendance.	CoG 17.05.2018
V3 17.05.2018	10	The Council of Governors will also be supported by the Head of Corporate Affairs.	CoG 17.05.2018
V3 13.08.2019		No changes to the ToR approved on 17 May 2019	CoG 13.08.2019
V4 13.08.2020	10	Change in title from Head of Corporate Affairs to Trust Secretary	CoG 13.08.2020
V5 12.08.2021	6	To remove the Quality in Care Group	CoG 12.08.2021
V6 xx.xx.xxxx	7	To add approval of the appointment of the Deputy Lead Governor	CoG xx.xx.xxxx

TERMS OF REFERENCE OBSOLETE		
Date	**Reason**	**Approved By**
13.08.2020	V3 replaced by V4	COG 13.08.2020
14.08.2021	V4 replaced by V5	COG 14.08.2021

xx.xx.xxxx	V5 replaced by V6	CoG xx.xx.xxxx

Council of Governors

AGENDA REFERENCE:	**COG/22/08/54**			
SUBJECT:	**Extending the External Auditors Contract**			
DATE OF MEETING:	11th August 2022			
ACTION REQUIRED	**Approval**			
AUTHOR(S):	Jane Hurst, Deputy Chief Finance Officer			
EXECUTIVE SPONSOR	Andrea McGee, Chief Finance Officer & Deputy Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	SO3: We will .. Work in partnership with others to achieve social and economic wellbeing in our communities.			
EXECUTIVE SUMMARY	Foundation Trusts must have an External Auditor in place at all times. This is a legal requirement under the 2006 NHS Act. The contract with the Trust's current External Auditors, Grant Thornton LLP is dueto expire on 30th September 2022 with an option to extend for a further two years. This paper seeks the approval from the Council of Governors to extend the contract to 30 September 2024.			
PURPOSE: *(please select as appropriate*	Information	Approval x	To note	Decision
RECOMMENDATIONS	The Council of Governors is asked to approve the extension of the contract with Grant Thornton LLP for two years up to 30th September 2024.			
PREVIOUSLY CONSIDERED BY	Choose an item.			
PREVIOUSLY CONSIDERED BY	**Committee** **Audit Committee**			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	Choose an item.			
FREEDOM OF INFORMATION STATUS (FOIA):	Whole FOIA Exemption			
FOIA EXEMPTIONS APPLIED: (if relevant)	Section 43 – prejudice to commercial interests			

1. BACKGROUND/CONTEXT

Foundation Trusts must have an External Auditor in place at all times. This is a legal requirement under the 2006 NHS Act. The contract with the Trust's current External Auditors, Grant Thornton LLP is due to expire on 30th September 2022 with an option to extend for a further two years.

An external audit is an examination of the annual financial statements of the Trust in accordance with specific rules by someone who is independent of the Trust. The External Auditor performs the audit by examining and testing the information prepared by the Trustto support the figures and information it includes in its financial statements. In contrast, aninternal audit provides the foundation trust with independent assurance that internal financial (and non-financial) processes and systems are working properly.

The Trust has contracts in place for the delivery of both external and internal audit. BothExternal and Internal Auditors report their work to the Trust's Audit Committee.

The Audit Committee is responsible for evaluating the performance of the Trust's External and Internal auditors each year. It supports the Council of Governors to determine and deliver the process for appointing the External Auditor and it is the Council of Governors who must make the final decision on the appointment of the External Auditor.

2. KEY ELEMENTS

The current contract commenced 1 October 2020. The Trust utilised the NHS Shared Business Services (SBS) framework - 'Audit Services, Counter Fraud and Well Led Review'. Offers were invited using a mini-competition format. The closing date for receipt of bids was 14th August 2020. Despite a number of expressions of interest in the opportunity, only one submission was received, which was from Grant Thornton LLP.

An evaluation panel was established, comprising of:

- Ian Jones, Chair of Audit Committee
- John Culshaw, Trust Secretary
- Jane Hurst, Deputy Chief Finance Officer
- Karen Spencer, Head of Financial Services
- Terry Atherton, Non-Executive Director (*included as a non-scoring member ofthe panel at the presentation stage only*)

Full details of the of the tender evaluation process are included in **Appendix 1**.

The Trust has worked well with the Grant Thornton team over the last few years and the Auditors are in agreement to extend the Contract. The extension letter is attached in

Appendix 2 and the possibility of an extension has been discussed with both the Lead Governor and the Chair of the Audit Committee. The quote is for £120k plus VAT for 245 days, the contract for the 2020/21 audit was £83k plus VAT and 170 days, the work undertaken was actually 244 days and an additional charge of £26k.

Recent benchmarking across Cheshire and Mersey Trusts showed that prices vary from £73k to £168k for similar sized Trusts. In addition several Trusts noted that where contracts had expired they were struggling to get companies to bid for the contracts.

ASSURANCE COMMITTEE

Audit Committee

3. RECOMMENDATIONS

The Council of Governors is asked to approve the recommendation from the Audit Committee to extend the contract with Grant Thornton LLP for a further two years up to 30th September 2024 in line with the option in the original contract.

We are WHH & We are PROUD to make a difference

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Tender Evaluation and Recommendation for Contract Award

Contract for the Provision of External Audit Services for Warrington and Halton Hospitals NHS Foundation Trust

Contract Reference: DN488017
OJEU Reference: 2016/S 033-053430

1. Terms of Reference

To establish a two year contract, with the option of two twelve month extensions for the provision of an External Audit Service.

The procurement was undertaken as a further competition via the NHS Shared Business Services (SBS) framework - 'Audit Services, Counter Fraud and Well Led Review, Lot 1, framework reference – SBS/16/PC/ZY/8952'.

This contract will be in accordance with Trust SFI's by seeking offers from reliable and commercially capable sources.

2. Market Research

Potential sources of supply were identified via:

- Incumbent/Known suppliers
- Discussions with Trust colleagues
- Suitable and available frameworks

3. Invitation to Tender

NHS SBS awarded an 'Audit Services, Counter Fraud and Well Led Review' framework on the 16th May 2016 to provide an independent, effective, professional and proactive audit opinion of the accounts and annual financial reports of NHS Trusts.

Utilising the NHS SBS framework also allowed the Trust to check, and be satisfied, that the call-off terms and conditions were acceptable, as they form the basis of the legal agreement between the Trust and the supplier on award.

3.1 Offers were invited under Lot 1 of the framework – External Audit Services – using a mini-competition format. This was conducted in accordance with the terms and conditions of the framework.

The mini-competition was issued to all appointed suppliers under Lot 1 of the framework via ProContract (the Trust's procurement portal) on the 17th July 2020. The appointed suppliers under Lot 1 were:

- BDO Ltd
- Deloitte LLP
- Ernst & Young
- Grant Thornton LLP
- KPMG
- Mazars LLP
- Price Waterhouse Coopers LLP

3.2 The closing date for receipt of bids was 14th August 2020. Despite a number of expressions of interest in the opportunity, only one submission was received, which was from Grant Thornton LLP.

4. Tender Evaluation Process

The evaluation process used to determine the award of contract, was based on the 'most economically advantageous offer', with those suppliers deemed to have met the Trust's Essential Requirements, then evaluated using weightings below, which were determined by the framework provider (NHS SBS) and agreed by the relevant stakeholders.

4.1 Evaluation Criteria

Financial Evaluation - 35%
Technical Evaluation - 65% as detailed in **Table 1**

Table 1

Evaluation Criteria	Weighting %
Financial:	**35%**
Technical:	
Technical Experience	**5%**
Resourcing	**5%**
Delivery of the Service	**15%**
Risk	**10%**
Quality Assurance	**5%**
Confidentiality	**3%**
Corporate and Social Responsibility	**3%**
Evidence	**4%**
Presentation *	**15%**
Total	**100%**

* Suppliers who submitted a bid were also required to make a presentation to the evaluation panel on elements of their submission. This formed part of the evaluation process, and accounted for 15% of the technical criteria weighting.

4.2 The scoring methodology used for the evaluations is detailed in **Table 2**:

Table 2

Scoring Methodology	
0	No response criteria
1	Poor / fails to provide relevant information
2	Below satisfactory / information provided but incomplete
3	Satisfactory / information complete but requires clarification
4	Good / Information complete
5	Excellent / information indicates a high standard

4.3 An evaluation panel was established, comprising:

- Ian Jones, Chair of Audit Committee
- John Culshaw, Trust Secretary
- Jane Hurst, Deputy Director of Finance and Commercial Development
- Karen Spencer, Head of Financial Services
- Terry Atherton, Non-Executive Director (*included as a non-scoring member of the panel at the presentation stage only*)

5. Tender Evaluation Summary

5.1 Essential Requirements (Pass / Fail)

This is a mandatory section which suppliers must pass to ensure that their bids are scored against the Financial and Technical criteria. Grant Thornton LLP met the Essential Requirements, and, in doing so, were deemed to have submitted a compliant bid for evaluation.

5.2 Technical Evaluation (65%)

Table 3

Technical		Grant Thornton LLP
Technical Experience		
Maximum Score Available	5	
Supplier Score		5
Weighting %	5	
Multiplier	1	
Supplier Percentage Score		**5%**
Resourcing		
Maximum Score Available	5	
Supplier Score		4
Weighting %	5	
Multiplier	1	
Supplier Percentage Score		**4%**

Technical		Grant Thornton LLP
Delivery of the Service		
Maximum Score Available	5	
Supplier Score		4
Weighting %	15	
Multiplier	3	
Supplier Percentage Score		**12%**
Risk		
Maximum Score Available	5	
Supplier Score		5
Weighting %	10	
Multiplier	2	
Supplier Percentage Score		**10%**
Quality Assurance		
Maximum Score Available	5	
Supplier Score		3
Weighting %	5	
Multiplier	1	
Supplier Percentage Score		**3%**
Confidentiality		
Maximum Score Available	5	
Supplier Score		4
Weighting %	3	
Multiplier	0.6	
Supplier Percentage Score		**2.40%**
Corporate Social Responsibility		
Maximum Score Available	5	
Supplier Score		4
Weighting %	3	
Multiplier	0.6	
Supplier Percentage Score		**2.40%**
Evidence		
Maximum Score Available	5	
Supplier Score		4
Weighting %	4	
Multiplier	0.8	
Supplier Percentage Score		**3.20%**
Presentation		
Maximum Score Available	5	
Supplier Score		14
Weighting %	15	
Multiplier	3	
Supplier Percentage Score		**14%**
Total Technical Percentage Score		**56.00%**

5.3 **Financial Evaluation (35%)**

A financial summary of Grant Thornton's bid, showing their total tendered price over the initial two year contract of £220,800 (including VAT is shown in the **Table 4.**

Table 4

Financial (Initial Contract Term of 2 Years)		**Grant Thornton UK LLP**
Maximum Score Available	35%	
Supplier Score		**35.00%**
Supplier Bid (**for initial contract term of 2 years including VAT**)		**£220,800.00**
Total Financial Percentage Score		**35.00%**

Contract prices (inc. VAT) can be broken down across the initial and full contract term as follows:

Initial contract term:

Year 1 £109,200
Year 2 £111,600

Extension periods:

Year 3 £114,000
Year 4 £116,400

Grant Thornton has incorporated the following in their contract pricing:

- The new approach to Value for Money, required under the NAO's revised Code of Audit Practice based upon current information available to us.
- Pay and non-pay inflationary applied incrementally over years 2 to 4.
- Confirmation that unless the risk profile changes significantly over the contract term, the staff mix is anticipated to remain constant.

Full breakdown of Year 1 contract price including staff mix, day rates and proposed activity is detailed below in **Table 5**:

Table 5

Grade	Day Rate	Proposed days by staff grade mix for statutory audit Per Annum	Proposed days by staff grade mix for quality accounts Per Annum	Total- day rate x proposed days
Partner/Director	£1080	16	1.5	£18,900
Audit Manager	£780	34	4	£29,640
Senior Auditor	£550	70	7	£41,580
Audit Assistant	£420	0	0	£0
Trainee	£360	50	3	£19,080
Specialist Staff	£600	0	0	£0
Other (please detail)	£360	0	0	£0
Total (Inc. VAT)				**£109,200**

5.4 **Comparison of Framework Rates**

Although the bid from Grant Thornton was the only compliant bid evaluated, the recommendation is that the bid is accepted on the basis that a process of due diligence has been undertaken, that Grant Thornton's bid is has met all of the specified requirements and that the tendered rates submitted by Grant Thornton are competitive when compared to the contract rates from the other contracted suppliers under the framework. This can be demonstrated in the **Table 6** below:

Table 6

External Audit Rates	Day Rates (excl. VAT) (£)						
Staff Grade / Level	**Grant Thornton**	**BDO Ltd**	**Deloitte**	**Mazars**	**Price Waterhouse Coopers**	**Ernst & Young**	**KPMG**
Director/Partner	900	900	1,350	1,350	1,900	2,220	1,200
Audit Manager	650	700	850	950	950	960	1,000
Senior Auditor	450	450	625	750	610	630	825
Audit Assistant	350	350	485	400	390	474	700
Trainee (Junior Staff)	300	250	310	250	230	474	-
Specialised Staff	500	1,500	850	950	1,500	1,800	1,200
Other	300	-	540	950	263	240	-
Rank (based on an average of rates)	**1**	**2**	**3**	**4**	**5**	**6**	**7**

5.5 **Combined Evaluation Scoring Summary**

Table 7

Combined Scores	Grant Thornton UK LLP
Total Technical Percentage Score	**56.00%**
Total Financial Percentage Score	**35.00%**
Total Percentage Score	**91.00%**

6. Recommendation for Award

Following an evaluation and analysis process, it is recommended that Grant Thornton be awarded an initial two year contract, with an option to extend for two further periods of twelve months, subject to the satisfactory completion of the External Audit Services in years 1 and 2.

7. Action Required

Formal acceptance and approval of the contract award:

	Name	Title	Signature	Date
Submitted by:	Lee Hardy	Procurement Manager		
Ratified by:	Alison Parker	Associate Director of Procurement		
Approval by:	Audit Committee / Council of Governors			

8. Approval

Formal approval of contract award

	Name	Title	Signature	Date
Approved by	Andrea McGee	Chief Finance Officer/Deputy Chief Executive		

Grant Thornton

Andrea McGee
Chief Finance Officer and Deputy Chief Executive
Warrington and Halton Teaching Hospitals NHS Foundation Trust
Kendrick Wing
Warrington Hospital
WA5 1QG

Grant Thornton UK LLP
17th Floor
103 Colmore Row
Birmingham
B3 3AG
T +44 (0)121 212 4000

25 July 2022

Dear Andrea

Contract Extension – Proposed Fee Variations

Contract Extension for 2022/23 and 2023/24

Following our meeting with Jane and Stacey on 11 July 2022 in respect of taking up the 2 x 12 month extension option within the current contract for the 2022/23 and 2023/24 financial years we confirmed that having reviewed the resources we are currently investing in the audit and the increasing quality expectations upon auditors we could only consider taking this up if there was a variation in the fees that we proposed in the original tender.

We were requested to indicate the days we would envisage inputting to the audit in future. As we discussed with Jane and Stacey, from our timesheet analysis we have currently input around 244 days to the 2021/22 audit compared to our estimate of 170 days in the tender. We recognise you are investing in the wider finance team but we would anticipate this taking the next two audit cycles to see the full impact. This, combined with the consistently growing quality expectations, alongside the new value for money approach would mean that we believe we would need to maintain this level of input and also increase the skill mix on the audit.

Our proposal is therefore that the annual audit fee for 2022/23 would need to increase to £120k (excluding VAT) (£144k including VAT) and that for 2023/24 the fee would be increased further by RPI. The anticipated inputs using the same grades as per the original tender document would be:

Grade	Indicative Days in tender for statutory audit	Proposed Days for Contract Extension
Partner/Director	16	15
Audit Manager	34	50
Senior Auditor	70	75
Audit Assistant	0	35
Trainee	50	70
Totals	**170**	**245**

2021/22 Fee Variation

As we discussed, the actual time currently taken for the 2021/22 is 244 days with finalisation of the VFM work still to be completed. We estimate that the final days input would be 255-260 days with an indicative fee of £120k (excluding VAT). However, as discussed, we are cognisant of our position in public sector audit market and do wish to continue working with you. We would therefore propose reducing this to £105k (excluding VAT) (£126k including VAT) for 2021/22.

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Hopefully the proposals in this letter are consistent with our discussions but if you have any questions or wish to discuss them further please let us know.

Yours sincerely

Grant Patterson

Director and Key Audit Partner

cc Jane Hurst, Deputy Chief Finance Officer & Trust Freedom to Speak Up Guardian, W&HTH NHS FT

Stacey Shaw, Procurement Manager, W&HTH NHS FT

Mark Stocks, Partner, Grant Thornton UK LLP

Zak Francis, Audit Manager, Grant Thornton UK LLP

Council of Governors

AGENDA REFERENCE:	**COG/22/08/58**			
SUBJECT:	**Q1 Learning from Experience Update**			
DATE OF MEETING:	11th August 2022			
ACTION REQUIRED	**To note for assurance**			
AUTHOR(S):	Layla Alani, Director of Integrated Governance & Quality			
EXECUTIVE SPONSOR	Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO			
LINK TO STRATEGIC OBJECTIVES:	SO1: We will .. Always put our patients first delivering safe and effective care and an excellent patient experience.			
EXECUTIVE SUMMARY	The information within the Learning from Experience report is extracted from the Datix system and other Clinical Governance reports for Incidents, Complaints, Claims, Health & Safety and Clinical Audit related to Quarter 1, 2022/23.			
PURPOSE: *(please select as appropriate*	Information X	Approval	To note X	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the report for information.			
PREVIOUSLY CONSIDERED BY	**Quality Assurance Committee**			
	Agenda Ref.	QAC/22/08/210		
	Date of meeting	2nd August 2022		
	Summary of Outcome	The Committee noted the contents of the report.		
NEXT STEPS: *State whether this report needs to be referred to at another meeting or requires additional monitoring*	**Submit to Trust Board**			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	Section 22 – information intended for future publication			

Quality Assurance Committee

SUBJECT	Learning from Experience Quarter 1	AGENDA REF:	QAC/22/08/210

1. BACKGROUND/CONTEXT

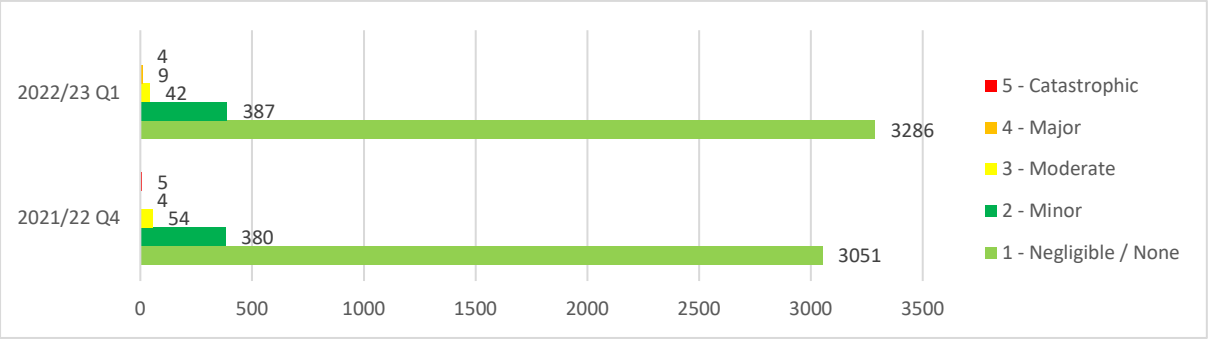
This report relates to the period 1st April 2022 to 30th June 2022 (2022/23 Q1). It contains a quantitative and qualitative data analysis (using information obtained from the Datix risk management system) of incidents, complaints, claims, health & safety and clinical audit. The report includes a summary of themes, trends and key findings identified in Quarter 1 with specific recommendations to support learning across the organisation.

2. KEY ELEMENTS

a. Learning from Incidents

Reporting Position

There was a 7% increase in incident reporting across the Trust in 2022/23, Q1 (3494 in 2021/22 Q4 vs 3728 in 2022/23 Q1). The number of no harm incidents reported increased by 8% in Q1, increase in incident reporting likely linked to increased attendances / operational pressures. Incident reporting is within normal variation.

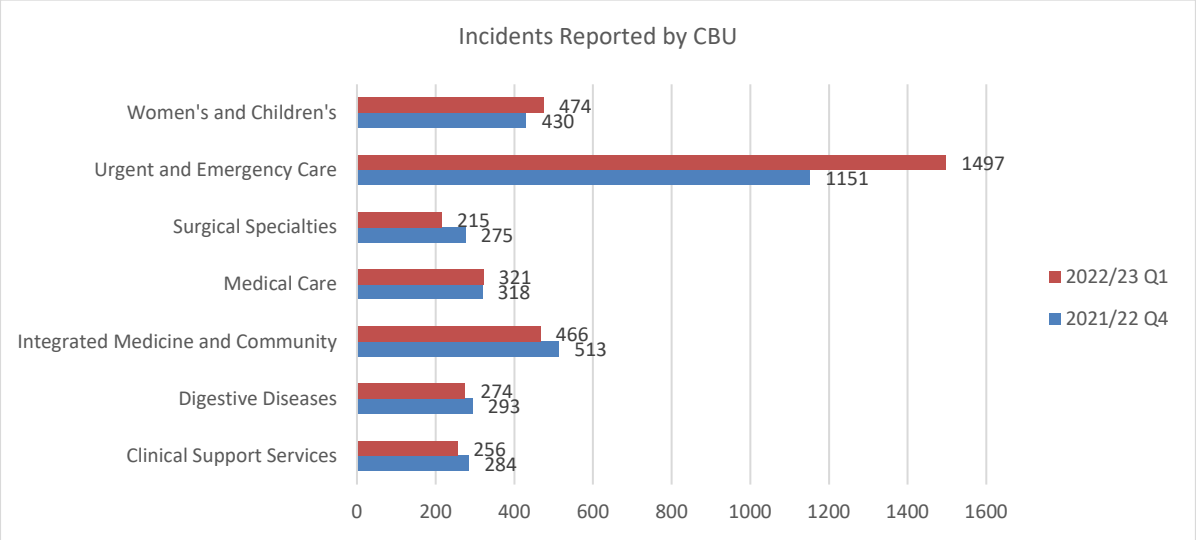


The above graph shows that 4 incidents were deemed as catastrophic in Q1. 9 were deemed as major. 42 were deemed as moderate and the rest minor or negligible. Compared to Q4, 5 incidents were deemed catastrophic, 4 were deemed as major and 54 were deemed moderate. However, it is important to note that incidents should not be defined only by their grade and should be investigated on the learning that is identified as per the Serious Incident framework 2015. Themes across incidents in Q1 relate to delays in treatment and falls. Work is underway to understand the effects of deconditioning as a result of an increased length of stay and patients identified as no right to reside as a result of external health and social care provision. Delays to treatment have also shown to have been significantly impacted by increased attendances, acuity of patients and staffing challenges.

Incidents reported per CBU

There was an increase in the number of incidents reported from the previous Quarter, demonstrating a positive reporting culture. A total of 3503 incidents were reported across the 6 CBUs and Clinical Support Services in Quarter 1, this has increased from 3264 when compared to Quarter 4.

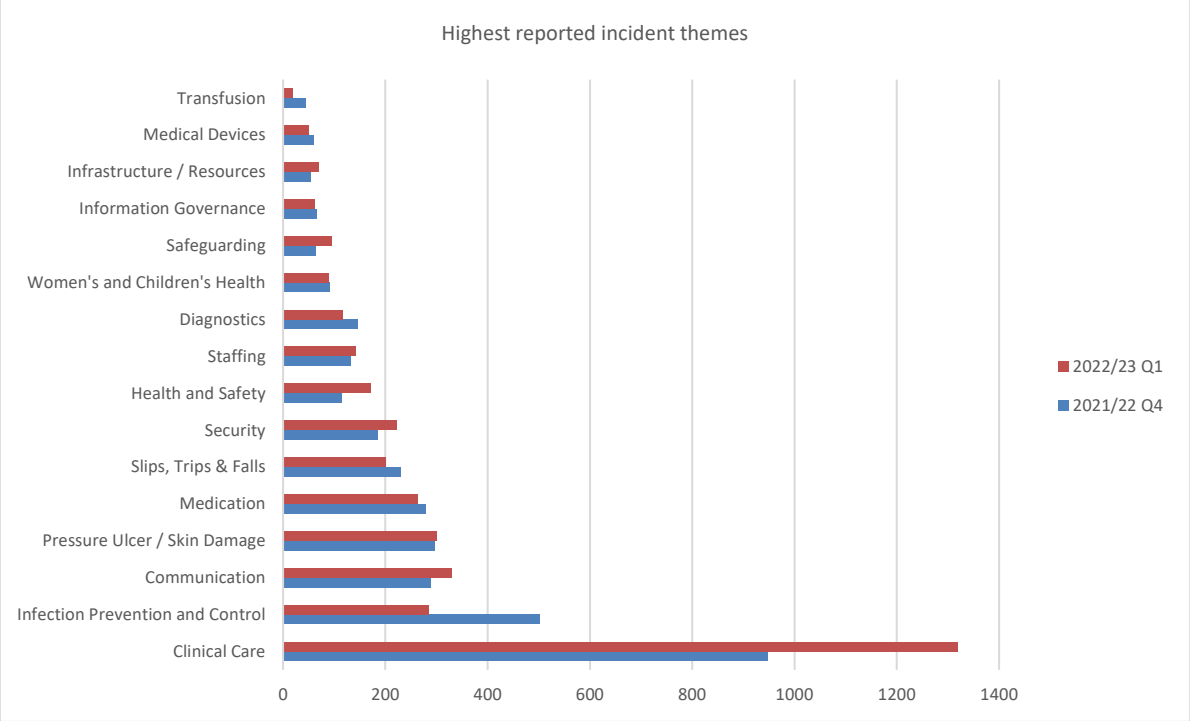
In Quarter 1, Urgent and Emergency care reported the highest number of incidents (1497), this was also the case in Quarter 4 (1151), themes include delay to assessment and time to treatment reflecting the challenges of increased activity being experienced nationally. Of those reported in Quarter 1, 99% of these were minor or negligible harm. This demonstrates that the Urgent and Emergency Care CBU is promoting a culture of positive incident reporting. There has been a slight decrease in surgical specialities, Integrated Medicine and community, Digestive Diseases and clinical support services. Although this is a decrease it is still within statistical control. In order to continue emphasis on incident reporting, the report to improve campaign continues. The governance managers also offer a daily prompt to all CBUs when reviewing incidents. In addition, bespoke Datix training will be offered by the senior administrator for Datix over the next Quarter. A weekly drop in governance session has been established to support any additional training needs. A rolling agenda item has been added to the CBU Governance agenda to highlight the reduction in reporting to those areas noted.



Types of Incidents being reported

The number of incidents reported relating to clinical care, communication and Health and Safety increased in Q1, 1817 compared to 1351 in Q4. Incidents reported related to infection prevention and control whilst diagnostics and slips, trips & falls decreased in Q1, 602 compared to 876 in Q4. Health and Safety incidents relate to injury to staff and manual handling. A deep dive has been requested and will be reported through the Health and Safety Sub Committee.

As per the below graph, incidents relating to clinical care continue to be the most commonly reported at 1318 and 98% of these incidents were minor or negligible harm. When compared to Q4 this is a reporting increase of 370 with no real variance to incident grading (98% Vs 97%), thus evidencing a positive reporting culture. The increase in incident reporting is a likely consequence of increased demands on operational capacity and capability.



Incident Themes

In Quarter 1, there has been an increase in the number of clinical care incidents reported (39%) with no increase in harm noted many of these relate to 12 hour breach standard. The governance team have been feeding back to CBU's through governance meetings aspects of clinical care which include 12 hour breaches (709), delay in treatment (81) and delay in assessment (66).

There has been a decrease in the number of infection prevention and control incidents reported. This is indicative of the on-going work of the Infection Prevention & Control Team in fostering a culture of continued vigilance across the organisation and incident reporting. In order to support this on-going piece of work, the Quality Improvement Team have developed a Gram-Negative Bloodstream Infections (GNBSI) collaborative. The aim of this collaborative is to reduce healthcare associated GNBSI by 5% by March 2022 and will focus on hot spot areas as noted within the Datix system. A change package outlining evidence-based interventions will be developed in Quarter 2 2022/2023 (revised due to operational pressures), for all wards to implement, it is ongoing at present. Work is also in progress to update and develop relevant trust wide policies and training.

Serious and Concise Incidents closed within Quarter 1

There were 18 Serious Incidents closed within Quarter 1. The highest reporting areas for SI's are (associated learning is noted in the learning section of this report):

Area	Number	Findings
Birth Suite	2	1. Maternal Death 2. Maternity Divert
Ward B18	2	1. Missed diagnosis 2. Fall with fracture
ED Majors	2	1. Delay to be seen, deterioration 2. Delay to be seen

There were 28 concise incidents closed within Quarter 1.

Learning from Incidents and Assurance

The Associate Director of Governance and the Patient Safety Manager continue to attend the CCG meetings in order to present Serious Incidents alongside the Investigating Officer. This enables feedback and assurance in real time through broad discussion with health partners. The Serious Incident Review Group is chaired by the Chief Nurse of the CCG, who has commented that the meeting is proving successful in providing appropriate assurance to the CCG. In addition, the Director of Governance and Quality presents at the Clinical Quality Focus Group any themes and trends and offers assurance to the CCG with learning actions identified. A Root Cause Analysis checklist (RCA) has been added to the RCA template which strengthens the review and ensures all processes have been followed. Plans will be put in place in accordance with future ICB structures.

RCA checklist

This checklist provides a tool in their assessment of systems investigation into RCAs			
Phase of investigation	Element	Answer (yes/no)	If no, was there a robust rationale and that prevents this affecting the quality of the investigation?
Set up/ preparation	Is the Lead Investigator appropriately trained?	Y	
	Did the core investigation team consist of more than one person?	Y	
	Were national, standard NHS investigation guidance and ~~process used~~?	Y	
Gathering and mapping	Was the appropriate evidence used (where it was available) ~~i.e.~~ patients notes/records, written account?	Y	
	Were interviews conducted?	Y	
	Is there evidence that those with an interest were involved (*making use of briefings, de-briefings, draft reports etc.*)?	Y	
	Is there evidence that those affected (*including patients/staff/ victims/ perpetrators and their families*) were involved and supported appropriately?	Y	
	Is a timeline of events produced?	Y	
	Are good practice guidance and protocols referenced to determine what should have happened?	Y	
	Are care and service delivery problems identified? *(This includes what happened that shouldn't have, and what didn't happen that should have. There should be a mix of care (human error) and service (organisational) delivery problems)*	Y	
	Is it clear that the individuals have not been unfairly blamed? (*Disciplinary action is only appropriate for acts of wilful harm or wilful neglect*)	Y	
Analysing information	Is there evidence that the contributory factors for each problem have been explored?	Y	
	Is there evidence that the most fundamental issues/ or root causes have been considered?	Y	
Generating solutions	Have strong (effective) and targeted recommendations and solutions (targeted towards root causes) been developed? Are actions assigned appropriately? Are the appropriate members ~~i.e.~~ those with budgetary responsibility involved in action plan development? Has an options appraisal been undertaken before final recommendation made?	Y	
Throughout	Is there evidence that those affected have been appropriately involved and supported?	Y	
Next steps	Is there a clear plan to support implementation of change and improvement and method for monitoring?	Y	
Overall assessment and feedback			

Private and Confidential whilst in Draft

Following Root Cause Analysis (RCA) investigations of these incidents, the following themes were identified, and actions implemented. In order to measure the success of the learning, complaints, PALS, incidents and risk are monitored on a weekly basis to ensure a downward trend of the specific learning points noted below or timely escalation where required. Learning will be further strengthened in 22/23 by the introduction of a Trust wide Learning Framework and the national implementation of the Patient Safety Incident Response Framework.

Inadequate communication

There were three RCAs that cited communication as a fundamental component in achieving improved outcomes and a better patient experience. This related to communication between teams across Radiology and Cardiology. Within the cardiology report an outcome was to discuss a method of escalation for delayed transfers in-between hospitals. This will ensure review of the pathway to make contact with Liverpool Heart and Chest Hospital after 48hours. This will enable the team to determine if a delay is likely and if so to investigate other possible facilities to transfer and/or to perform these diagnostic tests.

On one of the reports a change in process had already been put in place on 1st April 2021 due to bringing vascular imaging service reporting back 'in house' in April 2021. Audits have been completed to ensure no further patients had been missed and these was clear communication between teams. A wider review of the service is underway to identify further opportunities for improvement.

On the third report there was a lack of communication between radiology staff and the patient which resulted in a Never Event. A patient was injected with lidocaine to the wrong arm prior to a scan being performed. An action from this incident was to amend LocSSIP documentation to include a section to confirm procedure and indicate laterality at the 'time out' stage. This acts as a safety net to mitigate risk.

Inadequate Documentation

7 of the RCAs completed in Quarter 1 found that documentation errors or omissions were root causes or direct contributory factors in the incidents. In order to address the documentation omissions identified in the Integrated Medicine and Community RCA, whereby comfort rounds and body maps were incomplete, a pressure ulcer collaborative was commenced within the CBU, and the area are working closely with the Quality Improvement team utilising traffic light systems and 'heal heroes'. This theme was noted as a trend across other RCAs within K25 and Integrated Medicine and Community CBU. This is monitored centrally via the governance department with care and comfort audits being completed with oversight provided as part of by the pressure ulcer collaborative and Deputy Chief Nurse.

There were two Women's & Children's RCAs relating to maternity unit closures. One of the issues identified that there was no clear communication and action log to action escalation in a timely manner when in amber status. There was no formal proforma to capture dependency, staffing ratio and skill mix. In order to ensure consistency and timeliness of communication a Maternity Escalation Flow Chart to support staff decision making has been developed and is now in use.

Pressure Damage K25 and A4: The contributory factors within both of these RCA's was that care, comfort and repositioning charts were not completed accurately or timely. Tissue Viability are working closely with the ward areas to provide additional support focusing on specific training needs.

Ward B19 - Heel Heroes!

Heel check – Time and date

Morning check: _____
Afternoon check: _____
Night check: _____

Examination – (Circle answers)

Morning:

Footwear removed? Yes/No/NA

Pain? Yes/No

Label condition of heels on diagram (E.g. dry, intact, blanching, non-blanching, darkened area, broken, scab)

Afternoon:

Footwear removed? Yes/No/NA

Pain? Yes/No

Label condition of heels on diagram:

(E.g. dry, intact, blanching, non-blanching, darkened area, broken, scab)

Night:

Footwear removed? Yes/No/NA

Pain? Yes/No

Label condition of heels on diagram (E.g. dry, intact, blanching, non-blanching, darkened area, broken, scab)

Risk – Is the patient at risk of heel breakdown? Yes/No

Do they have any of the following:

Dementia, reduced consciousness, reduced mobility, increased dependence, frailty, vascular disease, sensory impairment, malnutrition/dehydration, Other:

_____

Offered assistance?

Morning: Yes/No/NA
Afternoon: Yes/No/NA
Night: Yes/No/NA

Elevation – Have you elevated the heels?

Morning: Yes/No/NA
Afternoon: Yes/No/NA
Night: Yes/No/NA

Safety Measures – Are any of the following in place?

Repose boots, pillows, heel pads, dressings, airflow mattress, soft foam mattress, creams applied, other:

_____

Morning: sign: Designation:

Afternoon: sign: Designation:

Night: sign: Designation:

Chairman: Steve McGuirk CBE DL QFSM **Chief Executive:** Simon Constable FRCP

Communication

9 out of the 18 RCAs identified challenges with communication between teams. The first RCA was a patient who had been sent in by the General Practitioner awaiting surgical review. A decision was made that as the patient was clinically well and had stable physiological observations, it was unlikely that there would be any interventions required that night. As a result it was agreed that the patient could be discharged home with a plan to return to the surgical clinic. The patient went home but did not have his bloods reviewed which later indicated that he was septic. There was a lack of communication between teams in regards to who the patient was under and who should review bloods taken on attendance. Urgent blood test results should be reviewed before patients are discharged from the ED. When it is clinically appropriate to discharge a patient without all blood results being available, it is the responsibility of the clinician requesting investigations to review the results and act on them accordingly or to formally hand over this task and document this in the clinical record.

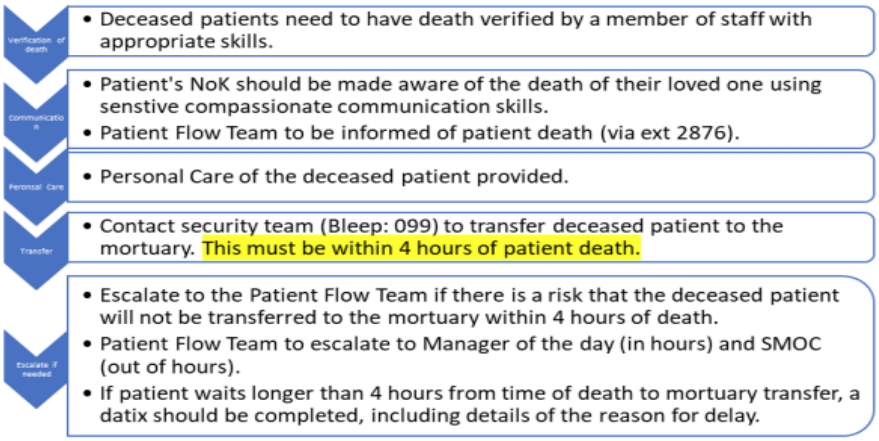
Another report which relates to communication was a patient who was repatriated back from Whiston hospital to Ward B14 . There was miscommunication around the time that the patient would be transferred back, and this was completed out of hours. The patient missed critical medications. As a result of this a pathway and policy will be development for those be repatriated back from other hospitals to ensure a timely medical review is undertaken.

Falls resulting in harm:

There were 5 falls resulting in harm closed in Quarter 1 these occurred on A8, C21, A1, CAU and B18. Within all the reports there was a delay in completing/repeating risk assessments to identify patients as a falls risk. As a result of this the Quality Improvement team are meeting regularly with the Associate Chief Nurses to transfer responsibilities of the change package and to enhance learning with methods of measurement and monitoring in place. As a result of capacity, capability, length of stay and patients that have no right to reside evidence within investigations indicates that falls have increased with deconditioning a significant contributory factor.

Safety Alerts

WHH uses the daily Safety Brief to share learning on a wider scale, these are shared Trust wide via communications, and noted as pop-ups on computer screens and shared at daily staffing huddles. The below table provides examples of Safety Alerts issued by the Trust via the daily safety brief following incidents that occurred or were investigated in Quarter 1:

Subject	Detail	Date issued
Care of the Deceased Patient	It has been identified that in some instances there are long waits for the transfer of deceased patients from time of death to the mortuary. **Action:** The below process was circulated Trust wide with emphasis on the importance of the deceased being moved within 4 hours of the death occurring.  **Assurance:** We will know that this communication has had the desired impact by monitoring the number of incidents relating to this and transfer log times from the ward to the mortuary.	27/05/22
Patient administered medication twice	A patient has been administered a flupentixol decanoate depot injection by a Nurse from the Mental Health Recovery Team on a ward. The flupenthixol decanoate depot injection was also prescribed and administered on the ward by the ward staff, so the patient was administered her flupenthixol decanoate depot injection twice. **Action:** A new process was agreed for staff to follow when a patient on this medication is admitted with input from the Mental Heath Recovery Team, in order for staff to check whether or not the patient has already had the medication in the community. **Assurance**: We will know that this communication has had the desired impact by monitoring the number of incidents reported relating to this issue.	21/06/22
Patient developed a pressure ulcer after being discharged in a cast.	A patient was discharged home with a plaster cast in place. A pressure ulcer developed, and the patient had not been given information on signs to look out for or who to contact should the patient have any concerns. **Action:** A communication was circulated to remind staff of the information to be given to patients in casts prior to discharge. An information leaflet was also circulated to be given to patients in plaster casts to advise them of what to look out for an who to contact if they have any concerns.	06/06/22

	Assurance: We will know that this communication has had the desired impact by monitoring the number of incidents and complaints reported relating to this issue. This will include a review of interface incidents. Interface incidents are also monitored as part of the Trust Interface Meeting with the CCG.	

Never Events from this Quarter

There were 0 Never Events opened in Quarter 1. The list of incidents that can be considered as "Never Events" is included as Appendix 1.

Duty of Candour

The Trust maintains its position of 100% compliance with Duty of Candour.

b. Learning from Complaints and PALS

Complaints

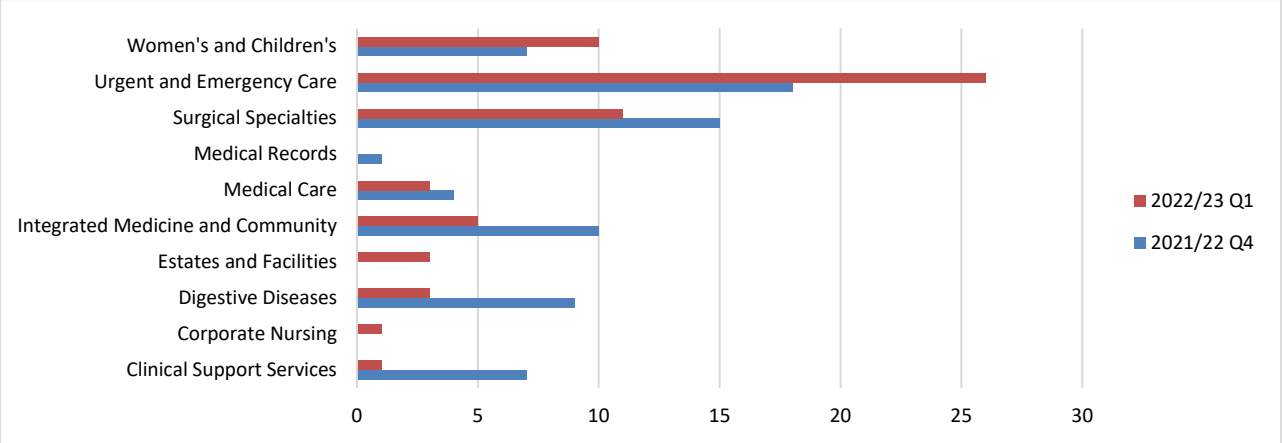
Complaints received

As per the below graph, there was an 11% decrease in complaints opened Trust-wide in Q1 (71 in Q4 versus 63 in Q1). Urgent and Emergency Care (18 in Q4 vs. 26 in Q1) and Women's and Children's (7 in Q4 vs 10 in Q1) reported an increase in the complaints received.

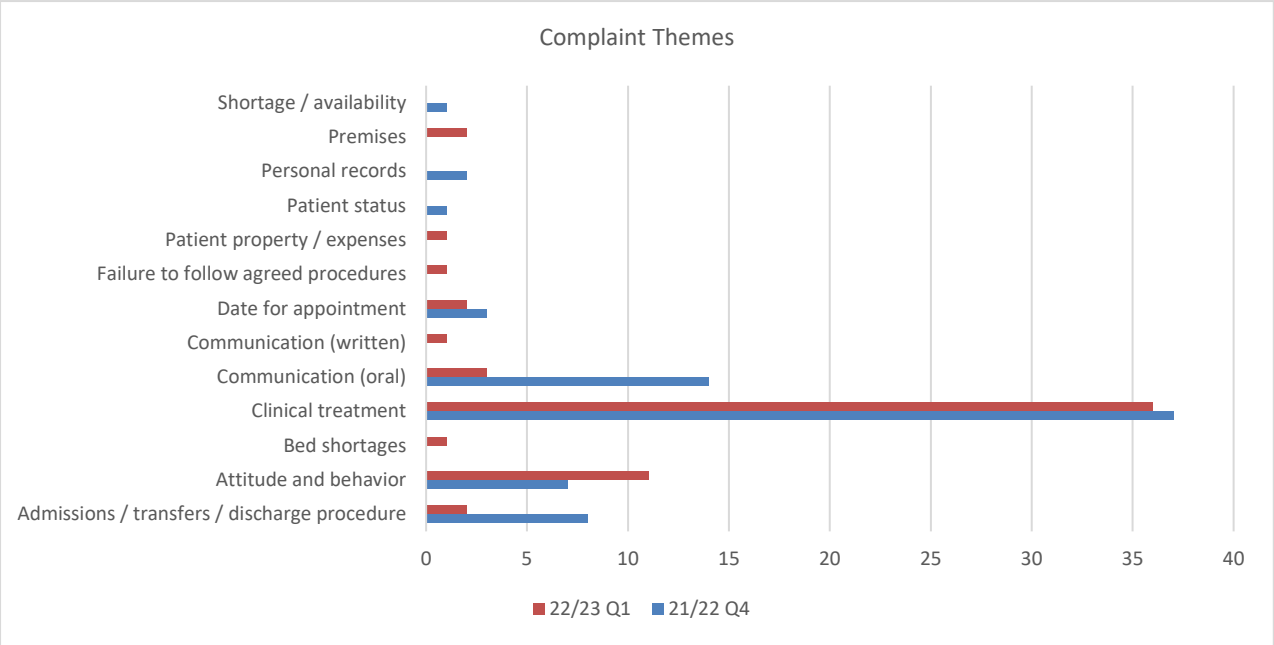
The majority of complaints received relating to Urgent and Emergency Care within Q1 related to delays in being seen (5) and suspected misdiagnosis (9). The Head of Complaints is undertaking a deep dive review supported by the Associate Director of Governance and Patient Safety Manager of complaints received relating to misdiagnosis in the Emergency Department for the last 6 months, to identify any themes and potential areas for service improvement. The findings of this review will be shared with the Senior Management Team for the CBU and reported through the next LFE. It is important to note that a Rapid Incident Review (RIR) is undertaken for each complaint graded as high .The RIRs undertaken for the Urgent and Emergency Care complaints have shown no harm has been caused as a result. The deep dive review will focus on learning from the delays, rather than potential harm as these have all had a rapid review attended by senior clinical and nursing teams.

Of the 10 complaints received for Women's and Children's in Q1, 4 related to suspected delayed diagnosis (each for different conditions), one of these has been closed as a complaint and is being progressed as a Concise investigation. Of the remaining 5, 2 have been closed and will be progressing as Serious Incident investigations following RIRs. The other 4 relate to issues in communication or cancellation of procedures.

The remaining CBU's saw a decrease in the number of complaints received as noted in the graph below.



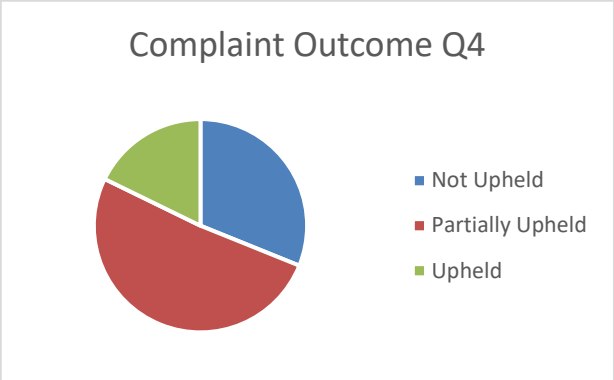
The themes of complaints received in Q4 vs Q1 are outlined within the below chart. Clinical Treatment remains the most common theme of complaints received. This category of complaints includes alleged delayed or misdiagnosis and delayed treatment. The number of complaints relating to this theme have increased slightly from 37 in Q4 to 36 in Q1. This is triangulated with the themes noted within incidents.

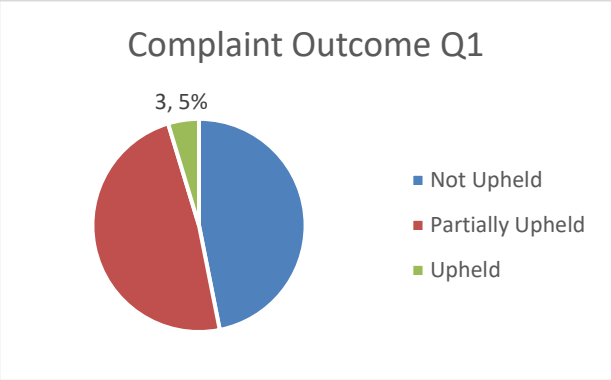


Complaints closed

There was an increase in the number of complaints closed in the Trust in Q1 (45 in Q4 versus 64 in Q1). More complaints are closed month on month than are opened. The below pie charts demonstrate the outcomes for complaints closed in Q4 vs Q1. In Q1 a greater percentage of complaints were not upheld (31% in Q4 vs. 47% in Q1), indicating that the care and treatment provided was appropriate.

*Partially upheld complaints are those where aspects of the case are upheld, but the main issues are not.





Responsiveness
All specialties have responded to complaints within timeframe in Q1. The Trust had a target to respond to 90% of complaint on time and in Q1 the Trust continued to achieve 100%. The Trust continues to have 0 breached complaints and there are no complaints over 6 months old.

Complainants continue to be offered the opportunity to attend a meeting with the appropriate team to facilitate meaningful discussion as an initial measure – this approach facilitates wider learning and understanding. It is also noted that fewer complainants return with further questions or expressions of dissatisfaction after resolution meetings when compared with complaints responded to in writing. The actions from these meetings are managed in the same way as a written response; these are recorded on Datix and monitored. Meetings are still classified as a complaint and therefore these are monitored in the same way as written responses.

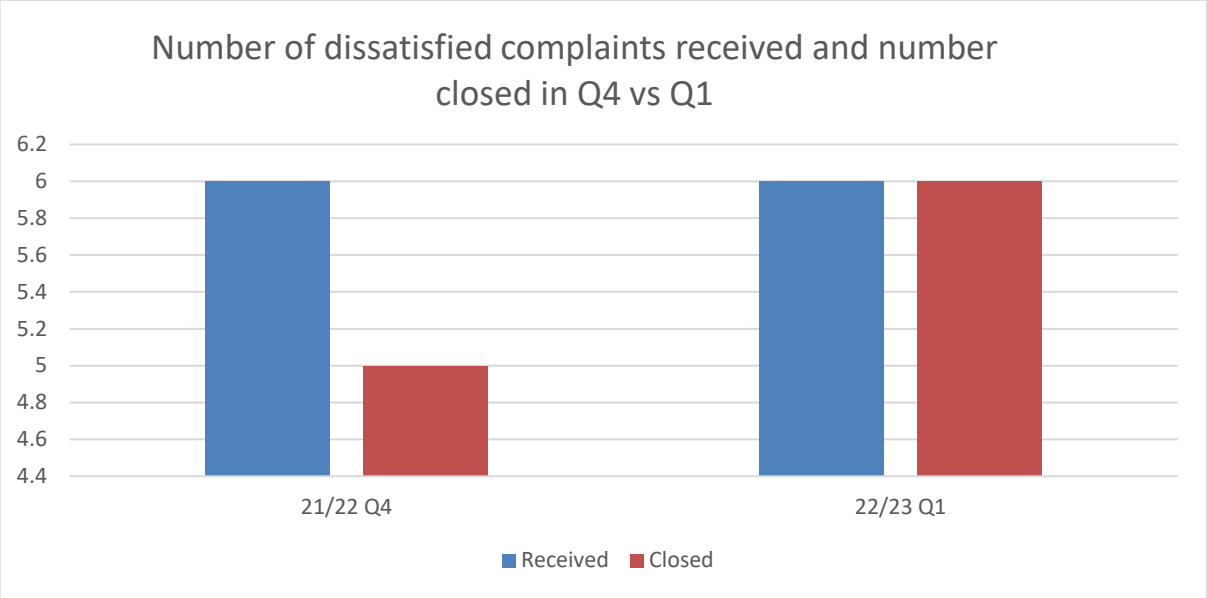
Actions resulting from Complaint investigations
The following table provides examples of complaints responded to in Q1, and the actions we took in order to address the concerns raised and improve our processes. For further assurance, a complaints position with learning is provided quarterly to the Quality Assurance Committee. The Chairman also holds a monthly complaint meeting where a CBU or speciality will present a complaint, the lessons learnt, and actions implemented.

You Said….	We Did….
A Doctor was late to clinic due to having to attend a remote MDT meeting off site which overran.	A room has now been allocated for Doctors to attend remote meetings in. This will mean that when a Doctor is due to attend clinic after an MDT meeting, they will be able to do so without having to commute in. This will also reduce the risk of clinic starting late if the MDT meeting overruns.

A patient raised concerns about the communication between staff on different units. The patient felt that staff on the maternity ward were not always fully aware of the plan in place for babies being cared for on the neonatal unit.	A new process was implemented whereby midwives from the maternity ward now attend the neonatal daily patient reviews, in order to ensure staff on both wards are aware of the plans of care for mothers and babies and in order to update mothers on any changes to the plan of care for babies on the neonatal unit.

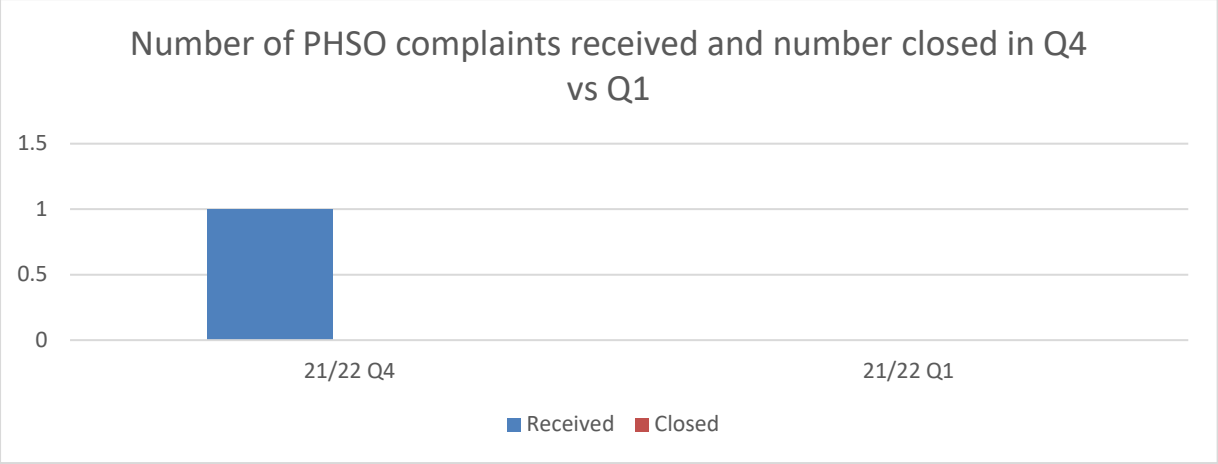
Dissatisfied Complaints

The below graph demonstrates the numbers of dissatisfied complaints received and closed in this Quarter vs. the previous Quarter. The Complaints Team is continuing to work with the CBUs to improve the quality and detail of the complaint responses to reduce the number of dissatisfied complaints. The same number of dissatisfied complaints were opened in Q1 as in Q4 (6). The roll out of a formal complaints training package begun in Q1 and will continue into Q2. The aim of these training sessions is to give staff in the CBUs information around how formal complaints and PALS can be responded to, to give the best outcome for our patients and their families. This also facilitates learning in real time. This training is expected to improve the quality of responses which will help to reduce the number of dissatisfied complaints received.



PHSO Complaints

There were no PHSO complaints received within Q1. PHSO complaints continued to be dealt with in a timely manner. There have been no PHSO complaints closed within Q1 as the investigations being undertaken by the PHSO have not yet concluded.



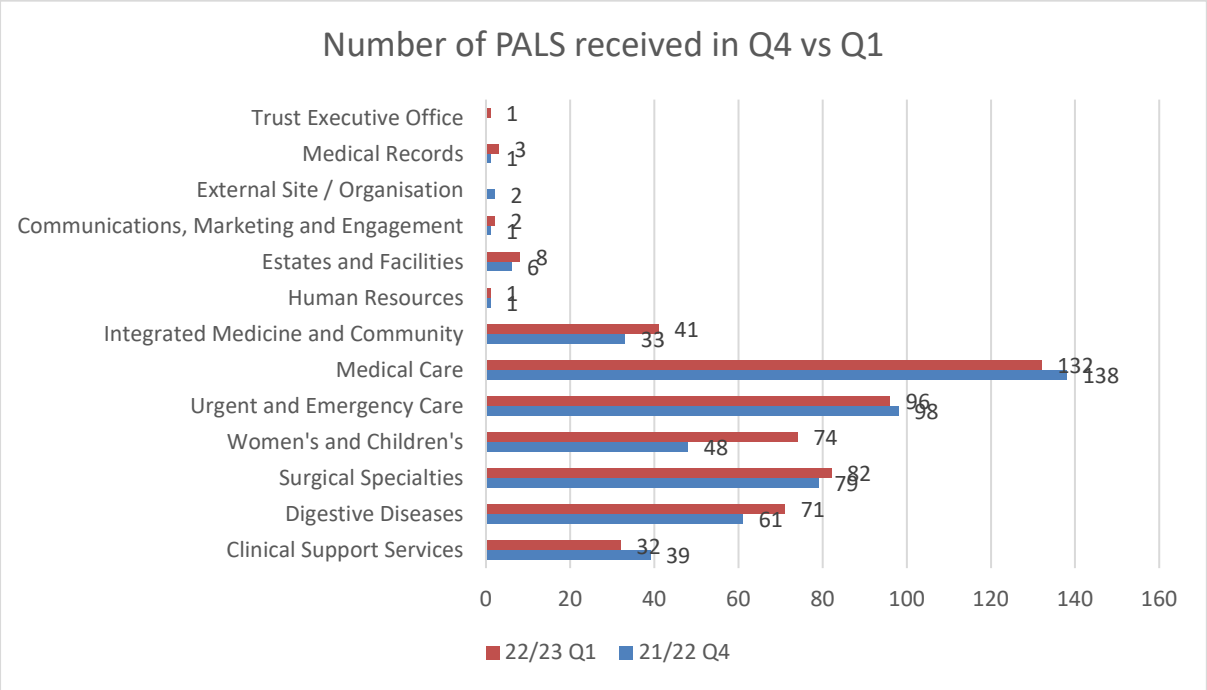
PALS

PALS received

There were 543 new PALS received in Q1, a 6.8% increase from the 507 received in Q4. The below chart demonstrates the breakdown of PALS received for each service. In Q1, a new PALS Standard Operating Procedure (SOP) was introduced, which provides the PALS Team with clearer direction on the handling of PALS cases. In Q1, the average response time for PALS cases was 2.4 days, which is under the Trust's target response time of 3 working days.

PALS closed

In Q1 there were 541 PALS cases closed, an increase of 2.6% from 527 closed in Q4. The below chart demonstrates the breakdown for PALS closed for each service.



PALS relating to the Women's and Children's CBU saw the largest increase in cases closed in Q1, with 72 cases closed, compared with 50 closed in Q4. The increase is due to an increase in PALS received within the quarter and also due to the CBU working to ensure that all PALS cases are closed within

the Trust's 3 working-day turnaround period. The number of complaints closed for Women's and Children's in Q1 is considerablly lower than the number of PALS received (10 complaints vs. 74 PALS) and this demonstrates that the CBU is effectively dealing with concerns and queries quickly and informally.

Actions resulting from PALS cases

You Said….	We Did….
Concerns were raised in relation to relatives being given conflicting information about the COVID visiting restrictions, in terms of which areas these had been relaxed in.	The concerns were flagged to the Patient Experience Team, who sent out a Trust wide communication via the "good morning message" to reiterate the restrictions in place.
A patient was late to an appointment as they had not been told that building works were being undertaken on the site, which meant that diversions were in place.	Appointment invite letters were updated following the concerns. The appointment letters were amended to give directions and a map was enclosed.

c. Learning from Claims

Clinical Claims

Clinical Claims Received
There were 23 clinical claims received in Q1, a slight decrease from the 27 received in Q4.

Clinical Claims Closed
35 clinical claims were closed in Q1, 6 of which were with damages (totalling £680,108.71) (excluding the costs of instructing Trust solicitors). This is not a concerning feature as the number of claims remain stable. Damages were lower in Q1 than Q4 as fewer claims were closed and the values of the claims closed were lower on average than the previous quarter.

Clinical Support Services	**£20,557.75**
Radiology	**£20,557.75**
Surgical Specialties	**646.302.14**
ENT	**622.302.14**
T&O	**21.000.00**
Urology	**£3,000.00**
Urgent and Emergency Care	**£1,250.00**
Emergency Medicine	**£1,250.00**
Women's and Children's	**£12,000.00**
Paediatrics and Neonatology	**£12,000.00**

4 clinical claims were successfully repudiated and 25 were withdrawn.

Non-Clinical Claims (Employee Liability/Public Liability)

Non-Clinical Claims Received

There were 4 non-clinical claims received in Q1. This is a decrease of 8 from Q4. The learning from these will be provided once they have been closed.

Non-Clinical Claims Closed

There were 2 employer Liability Claims closed in Quarter 4 with no damages paid. There was 1 public liability claim with no damages paid.

Improvements and changes arising from Claims

Following claims investigations for claims closed in Quarter 1, the following themes were identified, and actions implemented. In order to measure the success of the learning, complaints, PALS, incidents and risk are monitored on a weekly basis to ensure a downward trend or appropriate escalation in relation to the themes of the specific learning points noted below. A claims report is provided to each CBU meeting. In addition, there is a clinical claims review group that is attended by various clinicians. A newsletter is also produced which highlights key themes for learning.

Delayed diagnosis of inflammatory hip arthropathy

Within Q1, a claim was closed where it was determined that there was a failure to consider and diagnose inflammatory hip arthropathy following the patient's x-ray and to undertake relevant investigations. Although the staff member involved has since left the Trust, the case has been shared as a learning piece within the CBU to encourage other clinicians to reflect on the patient's presentation and the importance of considering the potential diagnoses associated with inflammatory joint pain.

Failure to identify fracture to finger

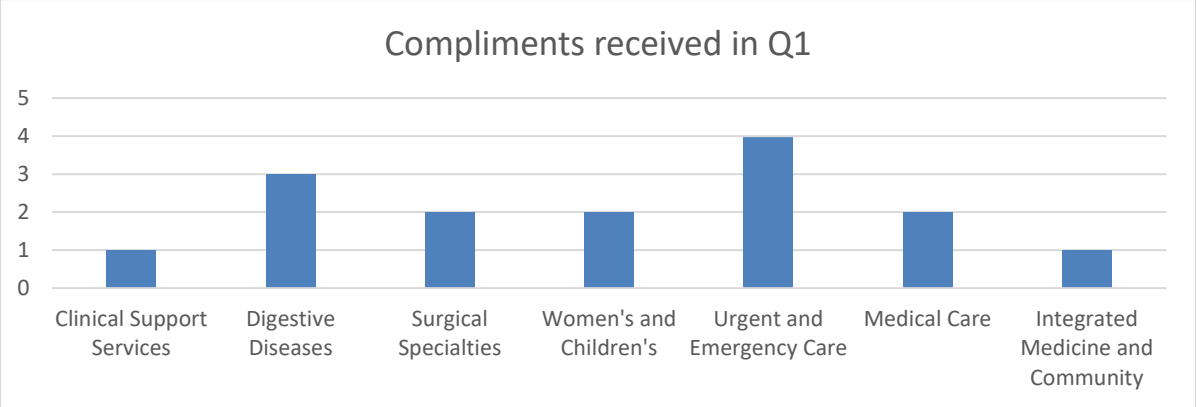
A claim was closed in Q1, where it has been confirmed there was a failure to identify a fractured finger, following a patient's presentation to the Emergency Department. Although an x-ray was undertaken, the fracture was subtle and was missed. The case has been shared for learning with the Emergency Department Team with discussion around how to better identify subtle fractures.

Delay in diagnosing sinus thrombosis and left cerebellar infarct

A claim was closed in Q1 where it was identified that there had been a delay in diagnosis of a sinus thrombosis and left cerebellar infarct as the patient had not been reviewed by an ENT doctor upon presenting to the Emergency Department. A new process has been implemented whereby any patient who presents with ENT complaints to the Emergency Department will be referred for review by an ENT doctor before discharge. Rapid Access Clinics have also been implemented to prevent delays in patients waiting to be reviewed in the outpatient setting.

d. Learning from Compliments

A positive safety culture is one where compliments are fed back to staff in the same way that investigations are. Compliments are a really useful tool for the Trust to be able to identify what areas are working well. In Q1 the Trust received 15 compliments, this compares with 15 compliments which were received in Q4.



The trust is continuing to explore the creation of a 'Greatix' module within the Datix system. This will enable the recording of positive incidents, behaviours and treatment by Trust staff about their colleagues. Feedback will then be provided to the individual staff and departments involved. This will encourage celebration of our staff efforts and identification of positive values and behaviours. We aim to go live with this in Q2 2022/2023 as currently being built and formatted in the system in Q1 2022/2023.

e. Learning from the CBUs

This section highlights points for learning identified in each CBU following the review of incidents, complaints and claims with actions identified for assurance of learning.

Medical Care

We found….

We Acted….
• The ward to produce an admission checklist to include asking a patient if they have their own medications on their person. • Incident and the need to ask patients about having their own medications to be added to the ward safety brief • To be highlighted at the Trust safety huddle and to discuss whether a poster should be created to advise family's / patients if they do have their own medications these need to be given to staff • Safeguarding referral to be completed • Alert to be added to patient records regarding use of medications

Integrated Medicine & Community

We found….

Staff not informed by a previous shift that a patient was scoring on the NEWS chart and required review. Dr's arrived on the ward to review patient with a reported NEWS of 12. Night-time nurse in charge unaware of elevated NEWS. Patient had been scoring for approximately 3 hours
MET call not made. IBleep only to request assistance. Agency nurse caring for the patient reported being unaware what a met call was or how to complete one. Nurse reported had discussed with another member of staff who advised to complete an iBleep. Consultant advises this delay did not affect the outcome for the patient.

We Acted….

- Individual nurse learning: how to complete a MET call, and how to follow the NEWS policy for when to put out a met/ emergency call
- Family informed of the delay in review
- Ward manager to follow up with agency to assess training needs of the agency staff member before booking any further shifts.
- All staff complete a ward induction including how to escalate concerns. ward manager to check this is up to date for all agency staff.

Clinical Support Services

We found….

A gram stain on joint fluid was reported with a gram positive cell + and pus +, on a second check it was deemed that this was not a gram positive cell, the patient had already had an arthroscopic wash out due to clinical indication.

We Acted….

- Education was provided for the operating staff on the correct procedure for obtaining samples (as it was identified that a sample was placed in formaldehyde and was therefore unusable).
- The microbiology team have shares learning and are to advice for second opinions on any questionable sampling reports.
- The quality commissioning mechanism for correct sampling has been shared with the microbiology staff to ensure correct practice is followed.
- The patient had an arthroscopic knee wash out due to clinical indication of infection – including swelling to the joint and a raised CRP therefore was a suitable action despite incorrect GPC result.

Urgent & Emergency Care

We found….

Patient attended Warrington Hospital. Safeguarding concerns were raised in relation to patients personal care from the care home and were discussed with the patients family but not acted upon. The patient sadly passed away on the 13th of February whilst in hospital, safeguarding procedures were not followed through.

We Acted….

- Feedback to Agencies used by the Trust to ensure all agency staff working have had appropriate
- Audit induction forms for Agency staff working within the Trust to ensure they have had
- Nurse in Charge to check with agency staff on duty in their areas to highlight any Safeguarding
- Add into Safety Huddle any concerns relating to Safeguarding for any patient in the Department.
- Simulation training is in progress alongside NEWS2 refresher training, in progress, alongside a weekly audit of the NEWS2 observation charts in progress the Emergency Department.

Surgical Specialities

We found….

We Acted….

Digestive Diseases

We found….

We Acted….

- All anaesthetics and ODP are encouraged to check the CO2 prior to starting cases.
- Prior to the start of each theatre the ODP/anaesthetics team are to ensure that all co2 monitors are set up correctly displaying on the ventilator screen
- Staff are to continue to promote " no trace – wrong space" for staff to ensure an ETT space is correctly in situ
- Lessons learnt and feedback from the incident has been shared with all staff members from theatres
- The theatre lead has now set the Co2 monitor back to always showing on 2 screens with the co2 always being visible on the ventilator screen – this is standard across all theatres.
- During the incident, the ODP ensured that the ETT tube was in the correct place and changed to hand bagging or the patient, then reconnected the ventilator when the co2 waveform was back on the screen ensuring no harm to patient.

Women's & Children's

We found….

-There was a lack of awareness the DASH assessment and the risk of harm pregnancy places a woman from the risk of domestic abuse. The form can be completed with the woman or without depending on the level of risk of harm identified within the DASH form.
-There were agency staff covering the ward without substantive cover

We Acted….

- Single point learning shared with ED and Ward C 20
- Safety brief discussions and targeted domestic abuse training for ward staff
- Senior review of staffing to ensure substantive staff are on shift
- Share learning with Agency staff and the agency

f. Learning from our Staff

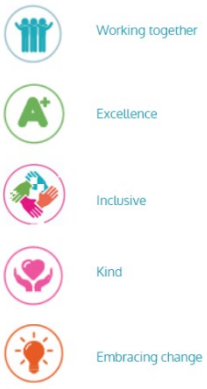
Schwartz Rounds

Warrington System Schwartz Round

Schwartz Rounds are a multi-disciplinary forum designed for **all** staff to reflect and discuss the emotional and social challenges associated with working in the care system. It is a confidential space to reflect and share common experiences. The Q1 Schwartz round was held on 23rd June 2022.

Behaviour Badges

Our values shape the way that we deliver high quality, safe and effective healthcare for patients. The Extranet has been updated to include the "Behaviour Badge" nomination form.



We like to say Thank You to our staff and encourage patients, public and all of our team to nominate their care givers or colleagues who have gone above and beyond in their work to support quality patient care.

Staff members can nominate someone for a behaviour badge, if they feel the individual has demonstrated and role modelled one of our behaviours. Nominations will be reviewed by a panel and badges awarded accordingly.

Bright Spots

The Bright Spots section is within the daily Trust-wide Safety Brief and is an opportunity to recognise the efforts of our staff and thank them for their hard work. The table in Appendix 2 provides examples of some of the staff featured in the Bright Spots section in Q1.

g. Learning from Patient Experience

Continued focus on learning from patient experiences:

- Introduction of Trust wide digital stories programme to drive quality improvement.
- Continuous engagement with community partners to continually learn and act on experience to improve outcomes.
- Attendance at Carers Event led by the Local Authority to share the Carers passport with the local community. The Carers Passport aims to ensure enhanced communication with carers whilst in hospital and to ensure patients individual needs and preferences are understood

The Patient Experience and Inclusion Team carried out **extensive engagement** with our patients, carers, community partners and other public and third sector organisations to co-produce the Trust first **Patient, Service User and Carers Diversity, Inclusion and Belonging Strategy 2022 – 2025.** Engagement was undertaken in multiple formats to maximise opportunity which included

- Digital surveys
- Internal focus groups with workforce and Staff Networks
- Engagement with members of the Patient Equality, Diversity and Inclusion Sub-Committee
- External workshops, both virtual and physical, which were open to the communities of Warrington and Halton.

h. Learning from Clinical Audit

National Audits

National Audit of Paediatric Diabetes (NPDA)

Summary:
The audit NPDA was established to compare the care and outcomes of all children and young people with diabetes receiving care from Paediatric Diabetes Units (PDUs) in England and Wales. It aims to address a series of questions relating to paediatric diabetes care, which include:

- What proportion of children and young people with diabetes are reported to be receiving key age-specific processes of diabetes care, as recommended by NICE?
- How many achieve outcomes within specified treatment targets?
- Are children and young people with diabetes demonstrating evidence of small vessel (microvascular) disease and/or abnormal risk factors associated with large vessel (macrovascular) disease prior to transition into adult services?

Results:
The majority of WHH sample is made up of type 1 diabetes (96.4%), 10–14-year-olds make up the biggest proportion of the sample (43.8%). The population ethnicity was predominantly white which is 98.5%. An overall health check completion rate for young people aged 12+ was conducted in 91.8% and the national average was 88.6%. The table below shows the percentage of young people receiving the seven care processes for type 1 diabetes:

Key Care Process	Warrington	Northwest	England & Wales
HbA1c	100%	99.5%	99.7%

Blood Pressure	96.3%	96.5%	96.5%
Thyroid	98%	88.6%	87.8%
BMI	100%	99.3%	99.3%
Albuminuria	77.8%	80.6%	79.1%
Eye Screening	68.5%	72.6%	74.5%
Foot Examination	100%	88.3%	84.3%

The following action plan was implemented:

Action Required	Action Lead	Action by Date:	Where reported	Risk Rating (If Action Not Implemented)
Improvement required in training patients for carbohydrate counting at diagnosis (Participate in RCPCH QI)	Paediatric Diabetes MDT team	31st March 2022	CBU governance	9
Increase uptake Diabetes eye screening (Needs communicating to patients at annual screen in clinic visits and escalate to community lead for Diabetes retinal screening lead)	Paediatric Diabetes MDT team	31st March 2022	CBU governance	9
Ensure improved monitoring for coeliac screening at diagnosis (raise awareness with juniors at induction and monitoring by PDSN after discharge)	Paediatric Diabetes MDT team	31st March 2022	CBU Governance	6

All actions have been completed. Awareness was raised at the juniors doctors induction and various department teachings. Communicated and escalated to the eye screening team. The diabetes service participated in Royal College of Physicians (RCPCH) Quality Improvement collaborative on Carbohydrate counting.

Assurance rating:

Significant	There is a good system of internal control designed to meet the system objectives, and that controls are generally being consistently applied .

Local Audits

An Audit of the Use of Radiology Alert Codes

Summary:

Radiology has a well-established process for the communication of urgent findings (with a ratified SOP). The reporting clinician will add an 'alert code' to the report either using digital dictation or VR. The alert codes have been reviewed and amended over time as the imaging service has developed. An alert code was introduced to enable Radiology to arrange follow up imaging (July 2020). Most recently an alert code was added for any positive VTE (Jan 2022). The aim of this audit. To ensure that current practice in Radiology is in line with the process detailed in the SOP and to ensure that the current process is safe and reliable.

Results:

Key:	
Green	90% and above
Amber	80% to 89%
Red	79% and below

no.	Standard	Present audit	Recommended
1	Was the alert actioned?	100%	100%
2	Was the receipt documented on CRIS?	81%	100%
3	Follow up Imaging arranged	99.4%	100%
4	VTE nurses alerted	100%	100%

Key Findings:

- Reports are being actioned effectively
- Follow up imaging is being booked appropriately
- The main area for improvement is noting the receipt of alerts/following up on unacknowledged alerts

Recommendation:

- Deep dive into the 45 patients whose alerts were not receipted
- Review the process for actioning alerts, to streamline and standardise the process

Action Required	Action Lead	Action by Date:	Where reported	Risk Rating (If Action Not Implemented)
'Deep dive' into the 19% of patients where receipt of alert was not recorded	G Matthews (Radiology Governance Lead)	September 2022	Radiology Audit and Governance meeting	6
Review of Radiology Alerts Process	G Matthews (Radiology Governance Lead) C Boland (QSI Lead)Dec 2022	December 2022	Radiology Audit and Governance meeting	6

Assurance rating:

Significant	There is a good system of internal control designed to meet the system objectives, and that controls are generally being consistently applied .

i. Quarterly Learning Piece

Infection Prevention Strategy 2022-2025

We have a mission to work together to deliver outstanding healthcare by engaging, educating, and empowering healthcare staff, patients, and their carers to prevent healthcare associated infections and a vision of a world in which healthcare associated infections have been reduced to the lowest possible level.

The Strategy has been developed jointly with staff and external partners and is being promoted using the acronym SPACE-R which stands for:

- Surveillance
- Policy/Audit
- Antimicrobial Stewardship
- Clinical Advice
- Education
- Recovery from Covid

There are 3 key objectives which include:

1. Prevention of healthcare associated infections
2. Strengthening Antimicrobial Stewardship
3. Commitment to high standards of environmental cleanliness

Whilst the focus is on preventing infections, when they occur, we also need to control infections to prevent further cases.

j. Patient Quality and Safety Summit

In Quarter 1, the Trust hosted the Patient Quality and Safety Summit (agenda below). This was compiled by the Director of Governance and Associate Medical Director for Patient Safety, chaired by the Deputy Medical Director. The summit was a success and featured presentations from guest speakers around key areas of patient safety and governance. The summit looked at different ways of working across the NHS and celebrated the different initiatives that are being undertaken across organisational boundaries to improve the quality of care and safety provided to patients. This was attended by over 100 clinical and nursing staff. Feedback from the event will be available in the next LFE paper. At the time of writing the report the Quality Academy is due to launch its second event with learning to be shared within the next LFE.

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Patient Quality and Safety Summit

Day: Wednesday 29th June 2022
Time: 9:30 to 15:15
Venue: Microsoft Teams
Chair: Anne Robinson, Deputy Medical Director

Subject	Time	Presenter
Opening remarks	9.30	Kimberley Salmon-Jamieson, Chief Nurse
Learning disability and Autism – Transforming Neurodiversity Support	9:45 – 10:30	George Matuska (RNLD) Learning Disability and Autism Lead Clinical Advisor – Health Education England (South East)
Learning from litigation	10:30 – 11:15	Jessica Neary, Hill Dickinson Trust Legal Provider
Patient Safety Strategy	11:15 - 12:00	Deborah Carter, Project Director Patient Safety
Lunch	12:00-13:00	n/a
Civility Saves Lives	13:00-13:45	Debby Gould, Associate Director of Operations, Liverpool Women's Hospital
Human Factors	13:45 – 14:15	Andrea McGuinness, Head of Improvement, Advancing Quality Alliance (AQUA)
Court of Protection	14:15 – 14:45	Paul Allerston, Hill Dickinson Trust Legal Provider
Medical Examiner Services	14:45-15:15	James Williamson, Trust Chief Medical Examiner
Closing remarks	15:00-15:15	Paul Fitzsimmons, Medical Director

END

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

We are WHH & We are PROUD to make a difference

k. Workstreams for Quarter 2

Action Planning

Complaints Monitoring and Improvement

Formal complaint responses continue to undergo close scrutiny through the complaints and senior Governance Team to review the quality of the responses. Where appropriate, the Complaints Team will continue to encourage staff to seek to resolve complaints via telephone conversations or local resolution meetings with complainants.

The Complaints Quality Assurance Committee (QAG) continues to meet monthly, focussing on a different CBU each time. These meetings are an opportunity for the Chairman to review the Trust's complaints position, and for CBUs to reflect and feedback upon the quality and detail included within their responses. The Complaints Quality Assurance Groups held in Quarter 1 focussed on Women's & Children's, Surgical Specialities and Clinical Support Services.

PALS Improvement work

The PALS Team has maintained an average response time of 2 working days throughout Q1. The focus is now on improving the quality of the PALS service provided. In Q1, the PALS Team have drafted an updated PALS leaflet, to give clearer information on the scope of the PALS service. This is expected to be finalised and circulated in early Q2. The PALS service has also updated their telephone voicemail message, which now gives additional information on ways to contact the PALS service. In Q2, the PALS Team will be introducing a walk-round service, whereby they attend different wards within the hospital, to support ward staff in resolving patient concerns at a local level.

Welcome Booklet

The Patient Experience Team are in the process of redesigning the Trust's "Welcome to our Hospitals" booklet. This booklet provides information for patients, relatives and carers on what to expect from their hospital stay, from admission to discharge. It provides key details around topics including mealtimes, visiting and infection control. The booklet is being redesigned in collaboration with the Digital Communications Team, Complaints & PALS Team and Clinical Teams from each of the CBUs and seeks to address questions commonly asked by patients and relatives. This workstream was paused due to the rise of the Omicron variant. This is currently being re-reviewed by the Patient Experience Team to determine whether work on this can recommence in Q2/Q3 2022/23.

Junior Doctor Incident Training

The Patient Safety Manager has been completing Junior Doctor training to support the understating of governance and how incidents are managed and progressed. During these sessions incidents are pick out to discuss, on occasions the junior doctors have pick out scenarios and completed a presentation these for discussion. The feedback received from these sessions is that they are informative and bring about positive discussion identifying workstreams where we can learn and work together to improve patient care. These sessions will continue in Q2 2022/2023, and plans are in place to extend this to wider health professionals including nurses and AHPs.

3. RECOMMENDATIONS

The Quality Assurance Committee is asked to note the report.

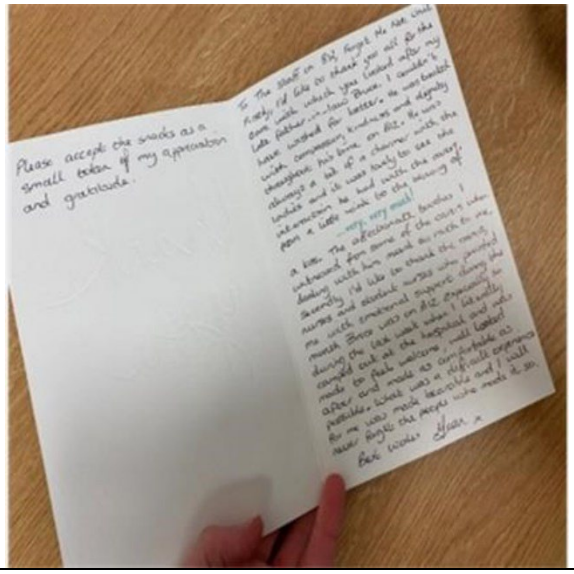
Appendix 1

Never Event List

The Never Event list (2018) as defined by NHS England is as follows (note: this list is not exhaustive):

1. Wrong site surgery
2. Wrong implant/prosthesis
3. Retained foreign object post-procedure
4. Mis-selection of a strong potassium containing solution
5. Administration of medication by the wrong route
6. Overdose of insulin due to abbreviations or incorrect device
7. Overdose of methotrexate for non-cancer treatment
8. Mis–selection of high strength midazolam during conscious sedation
9. Failure to install functional collapsible shower or curtain rails
10. Falls from poorly restricted windows
11. Chest or neck entrapment in bedrails
12. Transfusion or transplantation of ABO-incompatible blood components or organs
13. Misplaced naso- or oro-gastric tubes
14. Scalding of patients
15. Unintentional connection of a patient requiring oxygen to an air flowmeter

Appendix 2 – Bright Spots Examples

Staff/Area	Feedback	Date
Ward B12	Nicola Armstrong would like to say how proud she is of Ward B12. A relative came in the other day too with a card and some gifts. Keep up the good work B12!  	11/05/2022
Student Nurse	As a student, you are always a little nervous when starting a new placement. But that wasn't the case on the unit. From the minute I started this placement, I was treated with dignity and respect. The whole team was approachable and friendly and made sure that they helped you if you were unsure about anything. Nothing was too much trouble. The manager on the unit was friendly and approachable and had an opened door policy whereby you could nip in if you wanted a chat. My mentor was very eager and willing to help you in any way that they could. All members of the Multidisciplinary team were great role models throughout and showed great teamwork throughout. I am fortunate as a student because I have many years of experience within the NHS and this has helped me in each placement so far. The skills that I have gained over the years could be transferred to newly qualified members of staff within the unit. This Unit should be highlighted as a placement for all students from year 1 to 3 to experience before they qualify or even apply for a job once qualified. The whole team should be proud of how they treat students and keep up the good work. I hope this feedback reaches management and is mentioned to all members of staff on the ward. The changing facilities are great and hopefully, I could one day become a member of staff on this ward. Thank you for a great experience.	30/05/2022
ED	The Patient Safety Team would like to give ED a shout out for their continued work on improving the management of sepsis. After reviewing the May figures in their audit; sepsis screening and administration of antibiotics within the hour have all improved. Well done, Team, despite the continued pressures you are under. We are proud of you!	13/06/2022

REPORT TO COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/22/08/59**	
SUBJECT:	**Trust Engagement Dashboard Q1 2022**	
DATE OF MEETING:	11th August 2022	
AUTHOR(S):	Alison Aspinall, Senior Manager Communications & Involvement	
EXECUTIVE DIRECTOR SPONSOR:	Pat McLaren, Director of Communications & Engagement	
LINK TO STRATEGIC OBJECTIVE: ***(Please select as appropriate)***	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.	X
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future	X
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.	X
EXECUTIVE SUMMARY ***(KEY ISSUES):***	The Engagement Dashboard is for the period Apr-Jun 2022 inclusive (Q1) and is linked to the CQC's Well Led Framework (KLOE 7.) It also incorporates Engagement and Involvement activity. The dashboard provides metrics relating to: • Level of success in managing the Trust's reputation in the media and across digital and social platforms • Our engagement and involvement with patients, staff and public via our social media channels • The Trust's website and levels engagement with this key platform • Patient enquiries via our website • Patient/public feedback on the independent platforms • Patient and Public Involvement and Participation, including our new Experts by Experience programme • Staff Communications **Media** 164 media articles/broadcast items about the Trust in Q1 *(186 in Q3)* Sentiment – positive • Endoscopy at Halton Hospital rated among UK's best thanks to passionate staff • How Warrington Hospital is supporting staff as stress absences across NHS soar • Award for innovative Warrington and Halton hospitals unit Sentiment – Negative • Inquest hears further details over death of Warrington teenager in hospital • Warrington and Halton hospitals broke NHS rules more than a dozen times - still far better than national average (*this referred to mixed-sex breaches)* **Social Media** 1. During Q1, there were a total of 1,061 social posts across three social media channels (Facebook, Twitter and Instagram) 2. WHH social media channels reached an audience of over 500k, with a combined following of 26k	

	Website 1. **Website visits** - the Trust's website sees continued growth with 48K in April, 54K in May and 47K in June (*Website peak during 2021 was peak 50K in December)* 2. **Website pages**: Most visited page is Covid-19 stats followed by Maternity, Contact us and blood test clinic. 3. **Website referrals**: 56.84% of visits came directly from Google *(Referrals sources steady against Q3*) **Engaging with and Involving our community** 1. A six week public consultation on the reconfiguration of our breast services took place in Q1 and closed with 163 responses – scrutiny and oversight is underway. 2. The Working with People and Communities Strategy 22-25 was completed and approved at Trust Board in May 22 3. The Experts by Experience programme is up and running with 8 patient representatives recruited to various services in the quarter. 4. We handled 347 patient/public enquries via our website (631 in the previous quarter and 640 in Q1 for 2021-22) We have worked on refining our content and accessibility to make sure that information is easy to search/find as well as further developing our FAQs. **Patient Feedback** 1. During Q1, there were 36 reviews about the Trust on key feedback platforms of which 58% were positive. (*This compares with 21 reviews in Q3 of which 84% were positive*) In addition to the traditional platforms (NHS Choices, Care Opinion and I Want Great Care) Google reviews are becoming more commonly used 2. **Healthwatch** continues to collect ratings on healthcare services in each borough, Halton Hospital is at 4.5*, RUTC is at 4.5* and Warrington Hospital is at 3*. (*These ratings are unchanged from Q3*)

PURPOSE: ***(please select as appropriate)***	Information X	Approval	To note X	Decision
RECOMMENDATION:	The Council of Governors is asked to note the Engagement dashboard and new metrics linked to KLOE7 in the CQC's Well Led framework.			
PREVIOUSLY CONSIDERED BY:	Governors' Engagement Group – August 2022			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Choose an item.			

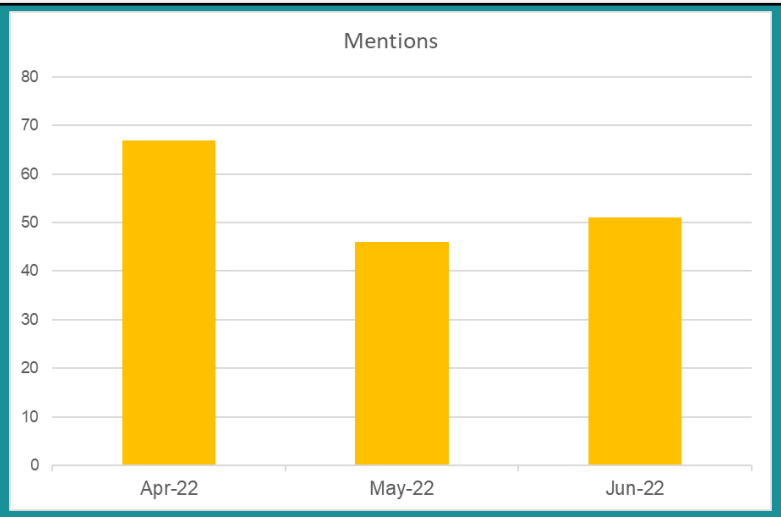
NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

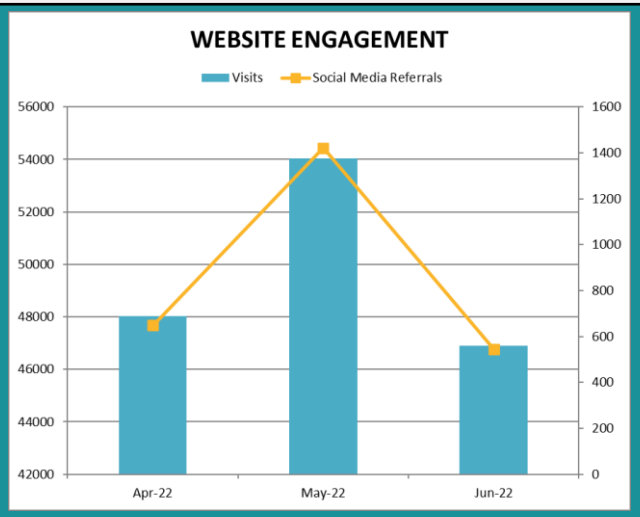
WHH Communications, Engagement and Involvement

Dashboard Q1 April – June 2022

‘Well-Led’ KLOE 7: Communicating with the Public

Metric	Media coverage Visits to the public website
Current Performance	During quarter one, there were xxx **media** articles/broadcast items about the Trust. **Top positive news stories:** • *Endoscopy at Halton Hospital rated among UK’s best thanks to passionate staff* • *How Warrington Hospital is supporting staff as stress absences across NHS soar* • *Award for innovative Warrington and Halton hospitals unit* **Most viewed/shared negative news stories**: • *Inquest hears further details over death of Warrington teenager in hospital* • *Warrington and Halton hospitals broke NHS rules more than a dozen times - still far better than national average* Website: ‘COVID-19 current status’ continues to be the most visited **website** pages, followed by Maternity Services
Actions / Comments	• Media coverage was largely positive during quarter one, mainly attributed to the Endoscopy at Halton Hospital and action on staff wellbeing. • Q1 seen that ‘COVID-19 current status’ was the most visited web page with 16,108 views. The peak was Tuesday 10 May 2022. • 56.84% of those visits came directly from Google.

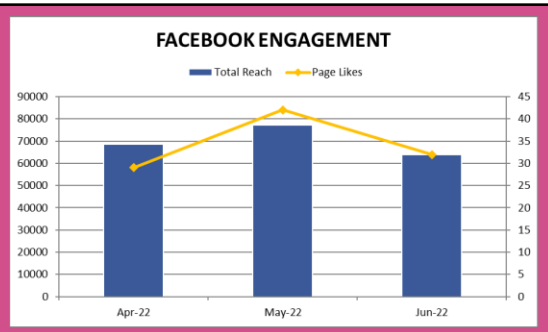


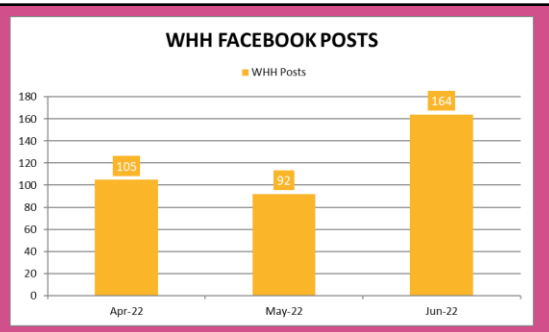


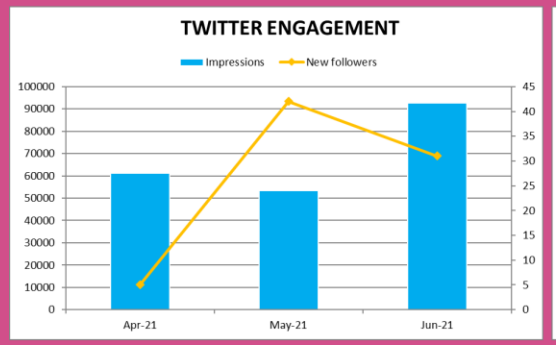
Website visits: most popular sections	345,318
/	36,429
/Covid-19 status	16,108
/Maternity	8,327
/Contact us	8,227
/Blood test clinic	7,624
/Services	7,002
/Halton General Hospital	6,480
/home	6,463
/visiting and facilities	6,352

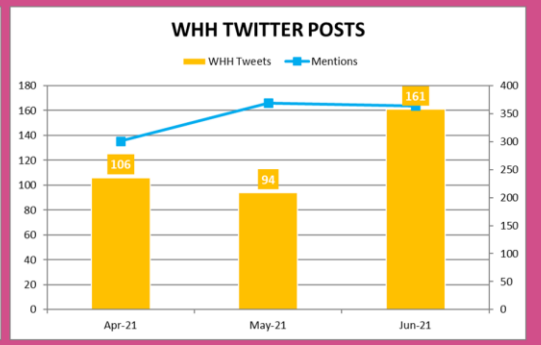
‘Well-Led’ KLOE 7: Communicating with the public

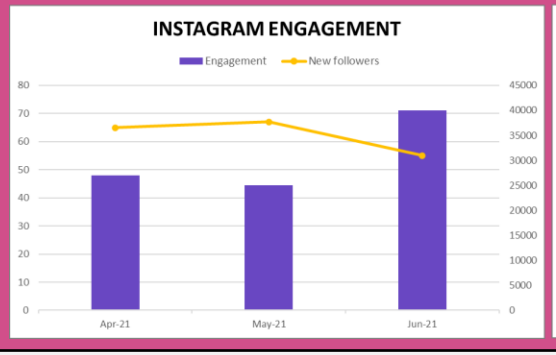
Metric	Social media posts, engagement and sentiment
Current Performance	This quarter, there were a total of 1,061 social posts across three social media channels (Facebook, Twitter and Instagram) WHH social media channels reached an audience of over 500k, with a combined following of 26k
Top Posts for Engagement	

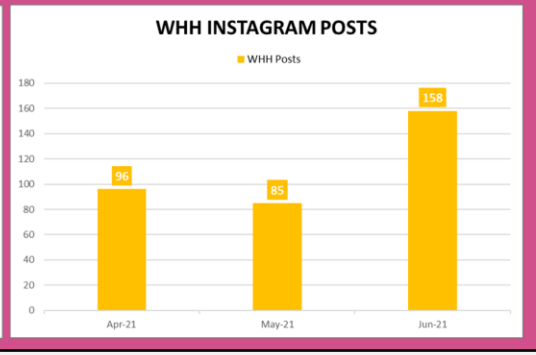












‘Well-Led’ KLOE 7Metrics: Engaging with and Involving our community

Metric	Engagement opportunities
Current Performance	

Public Consultations:

Reconfiguration of Breast Services (Phase 2)

- A six week public consultation on the reconfiguration of our breast services
- Face to face and virtual consultation, printed and online materials and questionnaires
- Consultation with stakeholders, partners and advocacy groups, with follow up comms to specific groups in our community who are typically less well represented.
- consultation received 162 responses which were representative of our local residents

Engagement:

- **Working With People and Communities Strategy 2022-2025**
- Refresh of Patient and Public participation and Involvement (PPP&I) Strategy 2022-25 has been refreshed and renamed following engagement with stakeholders and is now titled Working with People and Communities Strategy.
- Annual Deployment plan in development

Governors Engagement Group

- Face to face meetings recommenced.
- Governor Action Plan and four priorities.. Governor Engagement and Promotion, Hospital Food, Patient letters/accessible Information, Patient and Public Engagement and Involvement
- Governor Guide to Engagement produced.

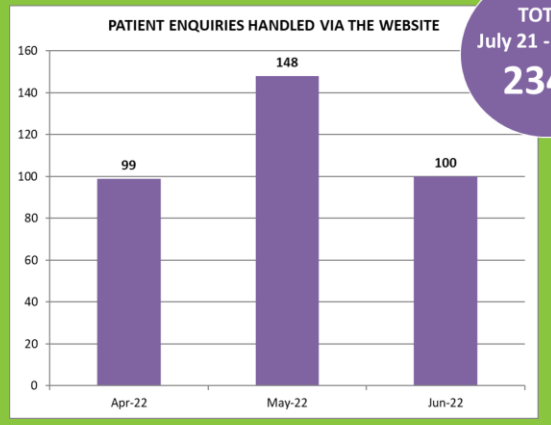
Experts by Experience (EbyE)

- **E**byE request Form now available on Extranet and recruitment form on Trust Website
- 8 Experts by Experience have been recruited - 1 to EDI Metric Steering Group, 3 to patient Letters Task and Finish Group, 2 Green Plan/Zero Carbon patients Pilot, 2 Estates and First Impressions project

Social Value:

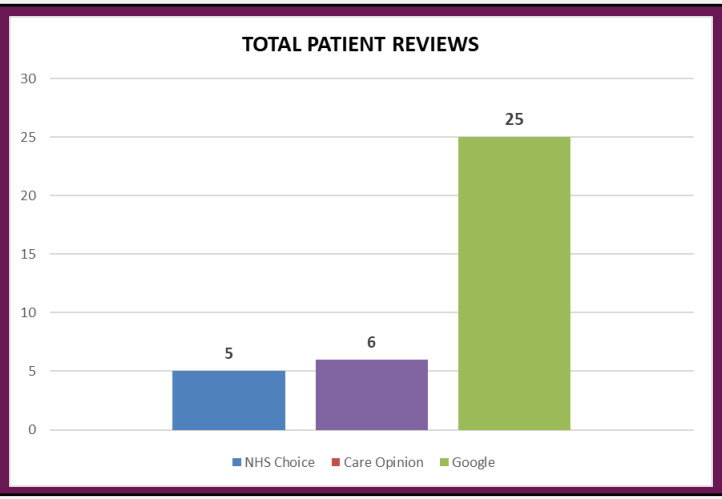
Platinum Jubilee Celebrations

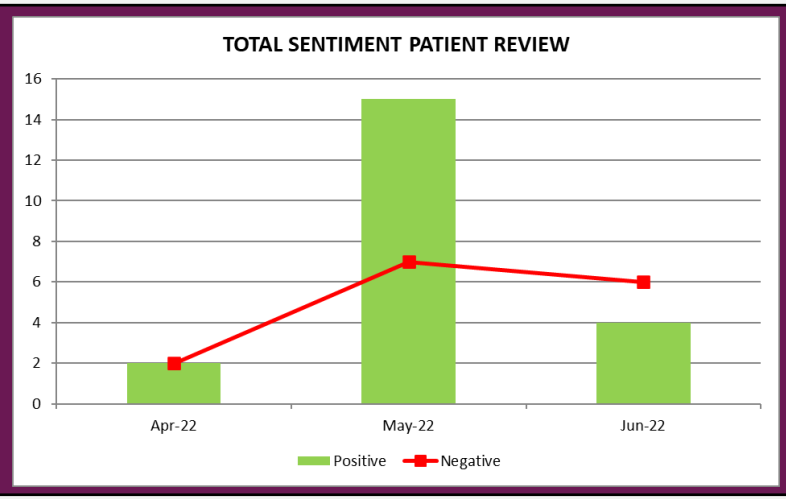
- WHH Charity held an event on Thursday 26th May which brought our community, patients and staff together in celebration of the Queen’s Platinum Jubilee.
- Sacred Heart Primary School created a wall of beautiful commemorative posters/plates and poems, which were proudly displayed within the main entrance of Warrington Hospital throughout the lead up to the Jubilee weekend.

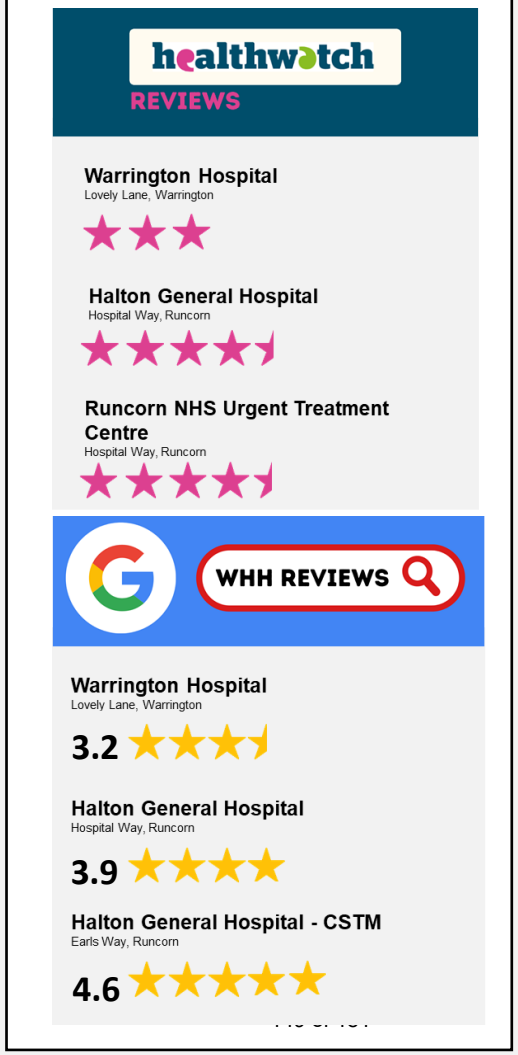


‘Well-Led’ KLOE 7 Metrics : Patient engagement through public channels and media

Metric	**ENGAGEMENT WITH FEEDBACK CHANNELS** Feedback include channels in the public domain : Google reviews, NHS Choices, Care Opinion
Current Performance	In Q1 there were 36 reviews about the Trust of which 58% were positive.
Actions / Comments	**Top online source for public feedback:** Google reviews **General Theme:** A&E is most reviewed both positively and negatively **Positive feedback:** “I cannot thank the staff at A & E enough last night. They were fantastic from start to finish. From triage staff who were so caring and reassuring from the start, to a reception staff member asked if I was ok a couple of hours into the wait time (that was so lovely of you). There was no ‘cold’/‘just a number’ treatment just warmth and compassion for my situation. The doctor who I will name L - I have not received doctor care like that for many years - you’re thoroughness/care and dedication to your role are evident. Obviously they need a lot more staff they are so stretched. However, I cannot tell you how much I appreciated being at Warrington hospital and feeling so looked after. Thank you”

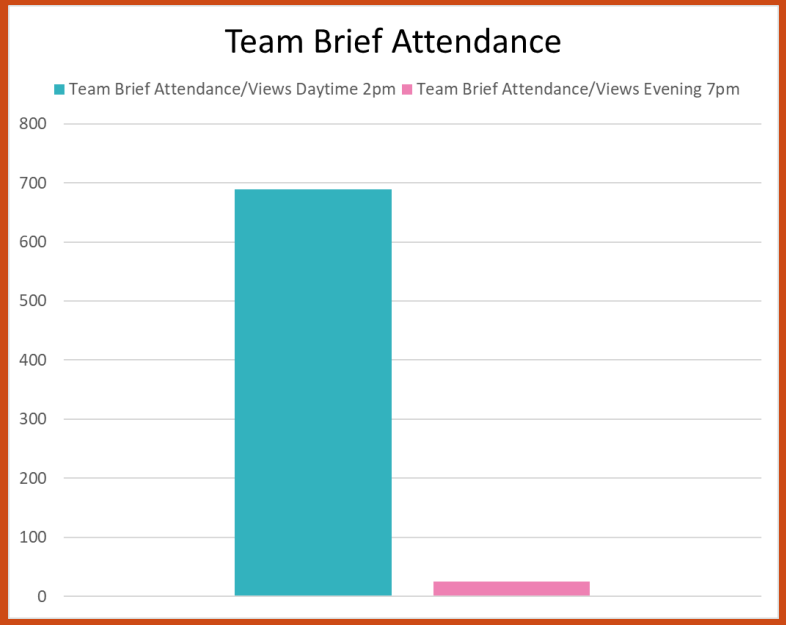






‘Well-Led’ Metrics : Communicating with staff

Metric	**Engagement with Staff Communication Channels** Trust-wide staff communications channels include: The Daily Safety Brief Good Morning WHH from the CEO The Week A closed staff-only Facebook group WHH People Monthly Team Brief Extranet announcements (NEW) Staff App – currently being trialled by 50+ staff
Current Performance	**TEAM BRIEF TOTAL ENGAGEMENT FOR 2021-22** Attendance • 2pm slot - 689 • 7pm slot - 25 • April saw the highest attendance, top story – the rise in Emergency care patients **MEMBERS ON WHH PEOPLE FB PAGE** 608 staff members. **STAFF APP – NEW – COMING SOON** • App downloads (this will be cumulative) • Most viewed pages



Strategy Programme
Highlight Report – June/July 2022

5	Living Well Hub in Warrington	LG	SB/CL	
6	Runcorn Town Deal	LG	CM	
7	Runcorn Shopping City	LG	CM	
8	New Hospitals Programme	LG	KJ/RO'D	
9	Community Diagnostic Centre	LG	SB	
10	WHH Green Plan	IW	VR	
11	Warrington Wider Estates Review	LG	RO'D	
12	Halton Blocks	LG	CM/RO'D	
13	Breast Service Reconfiguration – Phase 2	LG	CL	
14	C&M Pathology Network	LG	KJ/VR	
15	Health & Care System Reconfiguration	LG	KJ/SB/CM	
16	Health & Social Care Academy	WVRC	SB/CL	
17	Anchor Programme Development	LG	KJ	
18	Development of Overall Trust Strategy	LG	KJ/SB	

Key code	

Pipeline of Strategic Opportunities	
19	Brief updates on other potential strategic opportunities for the Trust

This strategy report provides a progress update on key strategic projects and initiatives that underpin WHH's Quality, People and Sustainability (QPS) Aims and Objectives.

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

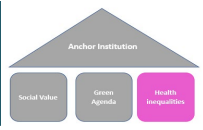
Should further information be required on any projects contained within the report, please contact the strategy team directly.

Stakeholder Engagement Log

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Lisa Sculpher	Strategic Estates, NHSEI	Warrington Wider Estates Review, New Hospitals Programme & staff facilities – health and wellbeing framework development
Cheshire & Warrington Local Enterprise Partnership	Board	New Hospitals Programme
Andy Carter	MP	New Hospitals Programme
Andrea Ashbury	Programme Director, System P	System P and potential to use data to inform service redesign and tackle health inequalities
Lauren Sadler	Transformation and Change Lead – Warrington Together Partnership	Warrington Wider Estates
Warrington System Finance Directors	Warrington Together Finance, Investment & Resources Committee	Living Well Hub and need to support investment in prevention agenda across Warrington
Amanda Amesbury	Director of Children's Services, WBC	Involvement of Warrington Children's Services in Living Well Hub
Eleanor Blackburn	Head of Inclusive Growth and Partnerships, WBC	Potential use of UK Shared Prosperity Fund to support Living Well agenda
Tom Butterworth	CIPHA Programme Manager	Potential to use data from CIPHA system to inform service redesign and tackle health inequalities
Martin Griffiths	CAPITA	Halton Blocks
Nicki Goodwin	Senior Programme Manager, One Halton	One Halton Programme, Shopping City Clinical Hub
Anthony Leo	Place Director, One Halton	Place development
Hannah Flemming	Regeneration Development Manager, Riverside Housing Ass.	Halton Lea Regeneration / Levelling Up Opportunity
Ifeoma Onyia	Director of Public Health, Halton	Health and wellbeing strategy
Thara Raj	Director of Public Health, Warrington	Population health
Samantha Yates	Director of Nursing, Bridgewater	Runcorn Town Deal Health and Education Hub
Andy Davies	CEO Warrington and Halton CCGs	ICS development
John Watkins	Investment manager Shopping City	Shopping City future plans

Stakeholder Engagement Log

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Ian Triplow	CDC Programme Director Cheshire & Merseyside	Presented business case for Fast-Track CDC to regional programme board
Liz Bishop	CEO Clatterbridge Cancer Centre and SRO for CDC Programme in Cheshire & Merseyside	
Ruth Austin-Vincent	Cheshire & Merseyside Neuro-Diversity Alliance	Living Well Hub and inclusion of services for neuro diverse people
Mike Watson	CEO Active Cheshire	C&M Obesity plan and involvement of Active Cheshire in Warrington Living Well programme and the Living Well Hub
Carl Marsh	Place Director, Warrington	Place delivery plan and governance
Stephen Young	CEO, Halton Borough Council	All Halton programmes
Wesley Rourke	Operations Director, Halton Borough Council	Regular catch up with senior HBC representatives
Linda Buckley	MD Provider Collaborative, Cheshire & Merseyside	Regular catch up with Provider Collaborative leadership
Su Foster	Strategic Estates Lead (Cheshire & Merseyside)	Feedback on proposed lease arrangements for the Living Well Hub
Neil Hutchinson, Mark Lloyd	Owen Ellis Architects/NHSPS	Further review latest stage 3 designs for the Living Well Hub
Marie-Ann Hunter	PCN Strategic Manager for Central East, East and South Warrington PCNs	Opportunities to collaborate with local PCNs and how to engage GPs in development of projects across Warrington
Alex Pitman	Green Project Director, Alder Hey	Discussion to share approaches to developing organisations as 'Anchor Institutions'
Dave Sweeney	Director of Partnerships, C&M ICS	Attended launch of Great, Green & Good Forum to talk about ICS Green Plan.
Hitesh Patel	CEO, Halton Citizens Advice	Runcorn Shopping City
David Wilson	GP, Runcorn	Halton developments



Living Well Hub in Warrington

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

Progress since last report

- Lease negotiations have progressed sufficiently and will be progressed further on completion of stage 4 designs
- Stage 3 designs have been completed. Stage 4 designs are now in progress.
- Initial conversations have commenced with Warrington Borough Council around planning permission and vehicle access to the Hub.
- Options paper approved by WHH Board recommending that the Trust should hold the head lease on the property identified as the preferred location for the Hub.
- Further work and discussions aimed at ensuring the hub is aligned with Warrington Together system-wide programmes of work including the Living Well programme, single front door and the Clear programme.
- Presentation to Warrington Together Finance, Investment and Resources Committee around the importance of investing in the prevention agenda and projects like the Hub.

Financial Implications/ Budget Update

Total project value is £3.1m, which is funded via central government. Ongoing revenue implications and how they will be covered across all system partners are to be confirmed.

Upcoming Key Milestones	Date	Status	Comments
Design team working up to stage 4	Jul- 22		Although initially delayed by appointment of NHSPS as a partner this remains on schedule
Tender for build contractor	Aug 22		Post stage 4 completion
Seek planning permission	Sep-22		Post stage 4 completion
Hub operational	May-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Formal agreement to be reached with all partners around ongoing financial and management arrangements of the Hub.	Significant impact on project if agreement is not reached. Alternative options will need to be considered.	12	All partners fully engaged in discussions around possible options and impacts.	8
Failure to secure the Contact Centre building from Landlord Caused by: Landlord having other plans for the building/ unsuccessful lease negotiations	Project delays whilst scoping new location for the hub	12	Progress lease negotiations as quickly and strategically as possible	4

Runcorn Town Deal

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long term conditions from a central location in Runcorn.
The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

Progress since last report

- Initial draft received for Heads of Terms of lease. Currently under internal review.
- Final business case received following feedback from all partners.
- Business case progressing through individual organisations governance. The case has been approved by the Trust, the College, Merseycare and the Council to date.
- Press release drafted with input from the Trust, Halton Borough Council and Riverside College

Financial Implications/ Budget Update

Total value of project as submitted through Runcorn Town Deal Programme: £3.89mil (across 5 years). Town Deal contribution: £2.85mil. Providers, including education, Council and Health bodies expected to meet remaining project costs of: £1.04m (across 5 years)

Upcoming Key Milestones	Date	Status	Comments
Completion of local sign-off for business case from partner organisations, including Bridgewater, Mersey Care and One Halton	Aug 22		
Business case submission DLUHC	Aug-22		
Expected funding announcement	Nov 22		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: secure funding Caused by: Government rejecting business case Resulting in: failure of project	Failure of project, no health and education hub	9	Strong governance, oversight and local engagement, sound project management and lessons learned from similar programmes	6
Failure to: reach formal agreement regarding ongoing financial and management arrangements Caused by: various causes	Alternative options for delivery will need to be considered	9	All partners fully engaged in discussions around options, mitigations and impacts	6

Runcorn Shopping City

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

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

Progress since last report

- Refurbishment on-going. Current completion date September 22.
- Project Group stepped up to weekly to enable increased levels of operational delivery planning ahead of planned service start in October. Remit includes detailed operational plans and assurance around CQC requirements
- Local schools produced ideas around design of graphics for the Hub.
- Shop unit hoarding now dressed, featuring advertisements for upcoming services and logos for all partners.
- Reports currently in production detailing issues with Capital cost overrun.

Financial Implications/ Budget Update

Total Programme Budget: £844.5k, funded via:

Internal Trust Capital Programme: £494.5k
Donated income: £350k (via LCR Town Centre Commission)

Current forecast cost: £966k

Actions being taken to identify sources of additional funding and reduce costs.

Upcoming Key Milestones	Date	Status	Comments
Construction Programme Complete	May-22		Construction programme currently due to complete in September 22
Service Delivery Commencement	May-22		Delivery due to begin October 22 following delays to construction programme

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: complete the programme to time and / or budget Caused by: programme overruns / unforeseen issues requiring spend	Resulting in: added complexity, delayed delivery, risk to project	15	All variations reviewed in detail to identify any cost reductions achievable. Additional capital funding currently being sought through Trust and external partner organisations	12
Failure to: secure long term	Resulting in: reconfigured	12	Revenue case agreed	12

New Hospitals Programme

Anchor Institution | Social Value | Green Agenda | Health inequalities

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

Development of new WHH hospital estate and infrastructure.

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

Within Halton this is the redevelopment of the Halton Hospital site, including extending CSTM to incorporate all existing services and additional services, whilst releasing land to support Health and Wellbeing Campus vision.

Progress since last report

- Capital costs for the programme have been revised by Turner and Townsend and are being used to inform financial modelling.
- Building sizes for Warrington and Halton Hospitals have been reviewed and adjusted to account for the increased requirements arising from Health Building Notes. The revised m2 uplifts for both hospital sites will inform costings.
- The Trusts financial baseline has been agreed and this has enabled progress to be made on the financial model for new hospital options.
- A Logo and strapline for the programme have been agreed and comms material is in production.
- A new hospitals update was presented at the Cheshire and Warrington Local Enterprise Partnership and members have agreed to input into site selection for the new Warrington Hospital.
- New Hospitals Strategy session held with Trust Executive Team to provide oversight of changes since the original SOCs were produced and to validate planning assumptions.

Financial Implications/ Budget Update

Agreed capital funding to progress with financial affordability model and benefits enhancement work has been spent as planned.
Capital costs for the programme have been revised by Turner and Townsend, following a review from EDGE and updated drawings from Gilling Dodd. This will determine future budget requirements

Upcoming Key Milestones	Date	Status	Comments
Outcome received from EOI stage of application to the New Hospitals Programme	Spring-22		Results will determine next steps in the comms plan and project direction. Have been advised EOI results could arrive towards the end of the year due to government delays
Refresh of the Warrington and Halton financial and economic cases within the SOCs.	Sep-22		
Selection of preferred site for new Warrington Hospital	Sep-22		Plan in place and ready to be progressed following completion of financial model

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

Community Diagnostic Centre

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Overview

As part of the national strategic vision to create Community Diagnostics Centres (CDC) across England, the Trust is working alongside the regional team to develop a centre for outpatient diagnostics to serve the populations of Warrington and Halton. This will also be a regional resource.

The Trust has submitted two business cases to the regional/national programme team. The first is to develop a Fast-Track CDC within the next 12 months based within the existing Nightingale building on the Halton site. The second is for a full new build CDC as an extension to the CSTM building on the Halton site.

Progress since last report

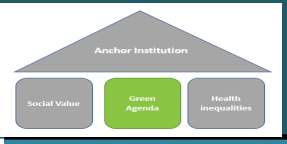
- 2 separate but linked business cases have been produced and subsequently approved by WHH Trust Board.
- The cases were presented to the regional CDC programme board in June 2022 and were well received.
- The case for the Fast-Track CDC has subsequently been sent to the national team for review/approval and decision. Initial list of questions/queries was received and subsequently responded to. This has led to an agreed re-profiling of elements of the project (and costs). A decision on the case has been requested by the end of July 2022.
- The second case for the full new build CDC will be submitted to the national team in July with a decision requested by the end of August 2022.
- Interviews for the Senior Project Lead to oversee delivery scheduled to take place in early August.

Financial Implications/ Budget Update

Fast-Track CDC (phase 1) - £11.5m capital
Full New Build CDC (phase 2) - £14.9m capital

Upcoming Key Milestones	Date	Status	Comments
Project Lead to commence in post	Oct-22		
Complete design work for Fast-Track CDC	Nov-22		
Decision from regional/national team on Full CDC	Aug-22		
Fast-Track CDC operational	Mar-23		
Full CDC operational	Jul-24		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Availability of workforce across multiple specialties to staff a potential large scale CDC in the short to medium term	Will significantly impact on ability to operate enhanced capacity.	10	National discussions re: workforce development strategy.	8
Financial risk with revenue beyond year 2	Potentially need to decommission beyond year 2 if funding does not match costs	10	Regional team have confirmed plan to develop national CDC	6



WHH Green Plan

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Overview

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

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

Progress since last report

- First meeting of the Great, Green & Good Forum took place 4th July, attended by action leads and colleagues with an interest in the Green Agenda. Dave Sweeney, Director of Partnerships at C&M ICS, delivered opening remarks reiterating the importance of the programme of work and the links to social value and health inequalities. The Forum will take place bi-monthly, with the next on 5th September.
- Green plan is being designed for sharing and publication on the Trust's website.
- There are a number of funding opportunities coming online, including round 3b of the Public Sector Decarbonisation scheme. The guidance for the scheme has been released and is being interrogated in order to develop a bid to be submitted in September.

Financial Implications/ Budget Update

TBC. Significant investment will be required to enhance Trust estates to meet required carbon savings.
External funding opportunities are being researched.

Upcoming Key Milestones	Date	Status	Comments
Complete design and publish Green Plan	August 2022		
Submit bid for Healthier Futures Action fund	August 2022		
Submit bid for Public Sector Decarbonisation Scheme 3b	Sep 22		
Submissions open for Anchor Hackathon	Sep 22		Hackathon to take place October 2022

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Insufficient funding to enable deliver against actions e.g. estate improvements, technological solutions	Do not achieve required reductions in emissions	15	-Capital pressures to be assessed and logged via Capital Planning Group -External funding sources to be found	9
Capacity and expertise – prog lead required to oversee and progress plan supported by technical expert	Do not achieve required reductions in emissions	15	Explore funding recurrent roles to provide Sustainability	9

Warrington Wider Estates Review

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

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

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

Progress since last report

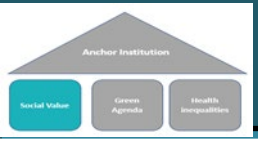
- Stakeholder engagement is now complete with 22 partners involved across the Borough.
- Estates Asset Map produced. Training has been provided by Turner and Townsend on how to navigate and update the Asset Map.
- Asset Map has been shared with Partners along with identified opportunities.
- Asset Map and opportunities socialised with co-chairs of Warrington Together Partnership Board and ready to be shared with the full Board in September 22 (Deferred from July-22 meeting).
- Work is underway with Place partners to agree an online digital solution to enable real-time updating of the asset map by partners.
- Discussions progressing with Place partners aimed at ensuring the asset map is governed appropriately and embedded as a key tool to support shared decision making and maximise efficiencies.

Financial Implications/ Budget Update

Total costs (inc. VAT) = £42,637
Externally funded via One Public Estate 8 funding agreement

Upcoming Key Milestones	Date	Status	Comments
Agree ongoing governance arrangements for the asset map	Oct-22		
Agree digital solution for the asset map	Jan-23		
Partners to work through their individual opportunities identified in the Delivery Plan and report back on the outputs.	Jul-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Technical queries around database hosting and enabling external access to refresh the database remain unresolved.	The potential solution may require capital investment and/or capacity from WHH to support a refresh.	12	Technical queries around database investigated, resolutions identified and escalated to Place for discussion on resolution across the partnership.	6



Halton Blocks

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

The Trust and its local partners are now keen to identify how best the Halton Blocks could be used to generate social value in line with the regeneration plans of the area, as well as providing a financial benefit to the Trust if developed as part of the wider masterplan for the Halton site.

Progress since last report

- A fully drafted report has been issued and shared with key individuals for comment.
- Final draft delivered July 2022.

Financial Implications/ Budget Update

Total costs (inc. VAT) = £44,733.60
Externally funded via One Public Estate 8 funding agreement

Upcoming Key Milestones	Date	Status	Comments
Sign off Appraisal Paper, including costed options and detailed delivery plan	June-22		Delayed to August due to Annual Leave and Covid
Report to execs outlining report recommendations and next steps	Aug-22		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
If Halton Blocks aren't reconfigured, then the Trust won't contribute to the Halton Lea regeneration programme in full and elements of the Halton Hospital and Wellbeing Campus masterplan will not be delivered in short term	Resulting in reputational damage among local delivery partners including Halton Borough Council, impacting access and opportunities for future funding	10	A number of other schemes are in development with Council to identify sources of funding and opportunities to strengthen the Trust's contribution to local regeneration	10

Breast Service Reconfiguration – Phase 2

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

The Trust is looking to consolidate and expand Breast Screening Services at Bath St Health & Wellbeing Centre in Warrington through a relocation from Kendrick Wing on the Warrington Hospital site.
This is phase 2 of a reconfiguration and improvement of Breast services for Warrington, Halton, St Helens and Knowsley (WHSKBSS) following the relocation of Breast Assessment and Symptomatic clinics from Warrington Hospital to the new £1.2m Breast Care Centre located in the Captain Sir Tom Moore building at Halton.
The planned reconfiguration will improve WHSKBSS by increasing staffing efficiencies, modernising facilities and increasing the physical space available to carry out the screening.

Progress since last report

- The public consultation completed on the 20th June
- The consultation made use of various methods of communication and engagement:
  Website and social media campaigns
  Stakeholder briefings
  Press coverage
  Experts by experience panel
  GP and PCN communication
- The consultation was delivered in a range of formats including:
  face to face engagement
  paper surveys
  online surveys
  MS teams Live event
  verbal scribe
- 163 responses were collected
- The results of the consultation are currently being circulated via Warrington, Halton and St Helen's local authority meetings, Warrington and Halton CCG and Specialised Commissioning routes
- IT requirements assessed and an audit of current available hardware within the Trust made.

Financial Implications/ Budget Update

The renovation works for this project are being financed and completed by Renova. As such, the Trust do not share any of the financial risk surrounding the renovation element of the project. Funds secured for the first phase of the project included £30,000 for relocation of existing equipment from Kendrick Wing to Bath Street. Their will be a one off 6% capital charge which will be jointly financed by WHH and Warrington CCG (50:50 split). Ongoing rental agreements have also been agreed with Warrington CCG funding the majority of the costs.

Upcoming Key Milestones	Date	Status	Comments
Public consultation completed and results circulated to relevant Commissioning and Local Authority Committees	Sep-22		Public consultation period commenced in June following local elections.
Project completed and allocated capital for this financial year spent.	Jan-23		Likely to be January now due to increased refurbishment works and delay of finance agreements

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

Cheshire & Merseyside Pathology Network

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

Progress since last report

- The Transformation Unit have commenced work to accelerate production of a Cheshire & Merseyside FBC. The initial phase of work will be completion of a readiness assessment to progress to FBC. This is due September 2022 and will be used to inform the timescale for production of the FBC.
- A localised procurement approach for histopathology has been agreed with the network. Work is underway to determine the financial viability of aligning the contract term with the network's suggestion. Before a contract is awarded full consideration will be given by WHH executive team to the longer-term vision for harmonisation and the financial implications for the new contract.
- A review of governance arrangements has been completed and WHH representation aligned across workstreams.
- The Networks Microbiology Clinical Workstream Lead has stood down and Expressions of Interests are being sought from clinicians across the Network who would be willing to take on the role.

Financial Implications/ Budget Update

Financial implications to be worked up through development of Collaboration Agreement to Business Case.

Upcoming Key Milestones	Date	Status	Comments
Sign off of Collaboration Agreement at Cheshire and Merseyside HCP.	Nov-20		Collaboration agreement reviewed but not formally approved. This may resurface through the readiness assessment.
Risk and Gain Share Principles agreed	Jun-21		Paused pending network direction on next steps
FBC produced and reviewed by Board	TBC		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Cellular Pathology – Cohort of Pathologists nearing retirement.	Shortage of staff in service and difficulties in recruiting until service configuration confirmed.	16	Mutual aid being provided by STHK.	10

Health & Care System Reconfiguration

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

System reforms mean a transition to Integrated Care Systems (ICS) from 1st July 2022, comprising an Integrated Care Board (ICB) to discharge NHS functions and duties and an Integrated Care Partnership (ICP) comprised of health and care partners across the ICS, both will work collaboratively to:

- improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access,
- enhance productivity and value for money and help the NHS support broader social and economic development

During this transition, WHH is working with system leaders to ensure organisational prioritises and interests are understood at region and place level and relationships developed to support attainment of organisational objectives.

Progress since last report

- Integrated Care Systems were formally constituted on 1st July 22 with the Cheshire & Merseyside Integrated Care Board formally commencing its duties from this date.
- Place Based Boards – One Halton and Warrington Together Partnership Board were also constituted on 1st July 2022.
- While the legal structures underpinning system reforms have been established, a significant amount of work remains to ensure the benefits are leveraged. Work continues to ensure Trust representation across region and place and to ensure appropriate influence.
- At Place, work has commenced to refresh the existing health and wellbeing strategies which will then be translated into Place Delivery Plans.
- Place Directors for both Warrington and Halton have commenced in post.
- Views have been sought and provided on the devolvement of specialised commissioning to ICS and providers.
- Fragile services prioritised for action by medical and strategy director networks in CMAST, joint session arranged to agree plan and action. Solution for dermatology accelerated.

Financial Implications/ Budget Update

The ICS will be the regional commissioning body through which finances will flow. Relationships may influence the status of WHH at region and any financial benefits or risks derived by will be captured and quantified.

Upcoming Key Milestones	Date	Status	Comments
Revised health and wellbeing strategies completed	TBC		
Place delivery plans developed			
ICS Joint Working Agreement and Committees in Common proposal to be reviewed and feedback provided			
Update session on Place arrangements with Place Directors at Board	Sep 22		
Joint medical and strategy directors CMAST session on fragile services			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
If WHH does not appropriately influence at place and regional level there is a risk that priorities will not be supported or delivered and that future funding and service delivery could be negatively impacted.	Potential negative impact on service delivery. Potential reduced funding allocated.	10	Ensure appropriate representation and influence. Demonstrate delivery.	8

Health & Social Care Academy

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

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

Progress since last report

- Joint oversight committee meetings with the Health and Wellbeing hub are ongoing to ensure synergy across both projects. The college Principal attends these meeting.
- HSCA focus steering group meetings are ongoing with direct input into shaping the curriculum to meet the Trust's needs by the Trust's Head of Education and Wellbeing.
- Site visit was conducted to share learning of the Town Deal projects and the Health and Social Care Academy and to develop an understanding of the continued development of the curriculum.
- As a result of this project, closer links have now been developed with WVRC which are resulting in ongoing mutually beneficial opportunities.

Upcoming Key Milestones	Date	Status	Comments
Implementation of new Health and Social Care Curriculum	Sep 22		
Commence delivery of courses within Health and Social Care academy	Sep 22		
Official opening of the Health and Social Care Academy	Oct-22		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score

No risks identified at this stage.

Anchor Programme Development

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

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

Collectively the Trust's strategic projects support delivery of the ambitions of the anchor programme

Progress since last report

- An Anchor Programme Update was given to Trust Board in July 22, which provided a summary of progress since November 2021 and progress against additional priorities agreed at Trust Board in January 2022.
- Progress continues to be made in advancing the Trust's anchor maturity and the anchor programme has been recognised as exemplary both within Cheshire and Merseyside and nationally.
- In July 2022, **The Great, Good and Green Forum** was launched. The Forum's purpose is to promote awareness and widespread adoption of the Trust's ambitions as an anchor institution, facilitate open discussion and idea sharing on initiatives.
- Consideration has been given to how the overarching impact of the programme is measured and discussions with Place colleagues are advancing to move towards a collective Place focus.
- The programme has been reviewed against the Cheshire & Merseyside Anchor Institute Charter and Principles which was released in July 22 and the Trust is already making progress against each of the identified priorities.

Upcoming Key Milestones	Date	Status	Comments
Incorporating Anchor into Strategy refresh Embedding our anchor ambitions will be further cemented by including them as core features of the Trust wide strategy refresh. Anchor priorities will also be included in Place based delivery plans.	Apr-23		
Streamlining reporting Reporting against the key strategic projects which constitute the anchor programme will become part of reporting against the Trust's overall strategy	Apr-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
The anchor programme is vast and there is a risk the totality of work is not captured.	Gaps and opportunities may be missed and not reflected. Equally impact may be underrepresented.	8	Reporting linked to overall strategy report. Mechanism to visually identify anchor work to be implemented	6

Development of Overall Trust Strategy

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project Overview

Development and subsequent delivery of overall WHH Trust strategy.

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

Progress since last report	Upcoming Key Milestones	Date	Status	Comments
• Guidance for developing an enabling strategy has been refreshed and uploaded to the intranet, alongside links to all existing enabling strategies. • Workshops delivered with CBU teams to understand key strategic objectives for clinical specialty teams and specialty responses to key organisational strategic priorities. • Plan developed and supported at Trust Board in July 22 for how the refresh of the overall Trust strategy will be approached.	Complete CBU Clinical Strategy discussions	Aug-22		
	Commence work to refresh overall organisational strategy (2023 onwards)	Aug-22		
	Refreshed 5 year strategy approved	April -23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score

No risks identified to date.

Strategic Opportunity Pipeline

Overview

This section lists the strategic opportunities that are currently in the pipeline and are in the process of being explored/assessed for the potential to progress by the Strategy Team. For more information about these opportunities or to suggest any further opportunities, please contact a member of the Strategy team.

Proposal Name	Brief Description	Strategy Team Contact
Warrington Wolves – Combined Training and Wellbeing Facility	Early discussions around the potential to create a new facility combining state of the art training space for the rugby team with community health and wellbeing space(s)	Lucy Gardner
Runcorn Shopping City – Phase 2	Additional space is available for development in Runcorn Shopping City adjacent to the facility that is being developed by the Trust and partners (see slide 7). Currently discussing with partners and looking at potential service and funding options.	Carl Mackie
Halton Primary Care Collaboration	Potential opportunities to work in collaboration with Primary Care services in Halton on a number of opportunities including; provision of health checks in Runcorn Health & Education Hub (see slide 6), use of GP ARRS roles, Use of Runcorn UTC.	Carl Mackie
Burtonwood Parish Council Building	Working alongside Warrington Borough Council (WBC) to scope out potential to repurpose some disused space in Burtonwood as a sports and wellbeing facility. Links to the wider Living Well agenda. Capital refurbishment requirements have been submitted by WBC under the latest Levelling Up bids.	Steve Bennett
Levelling Up funding - Halton	Working with Halton Borough Council to look at options for the use of the latest round of capital investment as part of the Government's Levelling Up agenda.	Carl Mackie
Shared Education Facility	Very early discussions with WBC about potential to develop a new education facility that could provide a space for learning and education for both the council and the Trust.	Lucy Gardner
Time Square phase 2 development	Discussions with WBC to look at potential for the Trust to utilise some space within the proposed new Time Square phase 2 development in Warrington town centre.	Kelly Jones
Respiratory One Stop Shop	Explore potential to establish a one stop shop to confirm diagnosis of COPD/review those with suspected COPD/review medications and ensure they're optimised and suitable for current condition. This was piloted previously in Widnes	Rachel O'Dwyer

Strategic Opportunity Pipeline Cont'd

Proposal Name	Brief Description	Strategy Team Contact
Digital Health Partnership Award Funding	Money is available for partnership projects that incorporate collaborative approaches to the development and delivery of digital projects. Discussions about whether an application can be aligned to an existing planned project that could be expedited with additional funding	Kelly Jones
UK Shared Prosperity Fund - Warrington	Working with WBC to develop plans to make use of the UK Shared Prosperity Fund (UK SPF) monies – a UK replacement for European Regional Development Funding post-Brexit. Current ideas include investment in digital solutions to support improved health including a new Warrington Directory of Services	Steve Bennett
Discharge Integration Forerunner Programme	There was an opportunity for each ICB to submit an expression of interest for a 'Discharge Integration Frontrunner' programme. Cheshire & Merseyside put forward Cheshire East and West but were willing to fund another two pilots. This was explored and following discussion with Local Authorities a decision made not to submit an expression.	Kelly Jones
One Public Estate £140k	The Liverpool City Region One Public Estate programme was awarded £140k in April 2022. The funding is being utilised to complete an NHS Place Estates Asset Review across the boroughs in Liverpool City Region, with the goal of producing a five-year strategic pipeline which identifies opportunities to optimise current and future NHS estate and outline potential non-NHS funding routes to achieve this. Work is currently ongoing with outputs expected by March 2023.	Carl Mackie

Council of Governors

AGENDA REFERENCE:	COG/22/08/61			
SUBJECT:	Workforce Race Equality Standard (WRES) 2021/2022 Report and Action Plan			
DATE OF MEETING:	11th August 2022			
ACTION REQUIRED:	To note the 2021/2022 Workforce Race Equality Standard Report and Action Plan			
AUTHOR(S):	Sofia Higgins, Workforce Equality, Diversity and Inclusion Manager			
EXECUTIVE DIRECTOR SPONSOR:	Michelle Cloney, Chief People Officer			
LINK TO STRATEGIC OBJECTIVE	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
EXECUTIVE SUMMARY:	The Workforce Race Equality Standard (WRES) is an important requirement for the Trust and is detailed in the NHS Standard Contract. The purpose of the standard is to ensure that members of the workforce who are from Ethnic Minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Trust's WRES Action Plan has been produced through an analysis of the data with a comparison to the previous year's data and progress made against the Action Plan for 2021/2022. The production of the Action Plan has been supported by the Trust's Multi-Ethnic Staff Network (MESN).			
PURPOSE: (please select as appropriate)	Information	Approval	To note x	Decision
RECOMMENDATION:	The Council of Governors are asked to note the WRES data for 2021/2022 and supporting action plan			
PREVIOUSLY CONSIDERED BY:	**Committee**	Strategic People Committee		
	Agenda Ref.	SPC/20/07/77		
	Date of meeting	20th July 2022		
	Summary of Outcome	Approved for submission		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***			

FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None

Council of Governors

SUBJECT	Workforce Race Equality Standard (WRES) Report for 2021/2022 and Action Plan	AGENDA REF:	COG/22/08/61

1. BACKGROUND/CONTEXT

The Workforce Race Equality Standard (WRES) is an important requirement for the Trust and is detailed in the NHS Standard Contract. The purpose of the standard is to ensure that members of the workforce who are from Black, Asian and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The Trust is expected to show progress against a number of indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels. The WRES measures are important as they demonstrate the experience that our organisation is providing for our racially diverse workforce and research shows that a motivated, included and valued workforce contributes to the delivery of outcomes such as reduced health inequalities, high quality patient care, increased patient satisfaction and improved patient safety.

The WRES data has been provided by the Trust's Electronic Staff Record (ESR), the national Staff Survey results, and HR Casework Teams.

The Trust's WRES Action Plan for 2022/23 in **Appendix 1** has been produced through an analysis of the 2021/2022 data with a comparison to the previous year's data, 2020/2021 and progress made against the previous Action Plan. The production of the Action Plan has been supported by the Trust's Multi-Ethnic Staff Network (MESN).

For the purposes of this report, non-white ethnicities are referred to as Ethnic Minorities, however, throughout the WRES indicator descriptions and narrative within the Action Plan, the terms BME (Black and Minority Ethnic) and BAME (Black, Asian and Minority Ethnic) are also used.

2. REPORTING REQUIREMENTS AND TIMESCALES

The Trust's WRES data has to be submitted to the national central Government portal by 31st August 2022. As part of the reporting requirements, organisations are required to develop an Action Plan approved by Trust Boards and uploaded to the Trust's website by 31st October 2022.

The Trust's 2021/2022 WRES data and Action Plan were presented to the Workforce Equality, Diversity and Inclusion Sub-Committee on 13th June 2022 and recommended for approval by the Strategic People Committee. The data and Action Plan were submitted for approval to the Strategic People Committee on 20th July 2022 and was approved and submitted to Trust Board

on 27th July 2022. Following Trust Board, the data will be submitted to the Government online portal before 31st August 2022 and the Action Plan uploaded to the Trust website by 31st October 2022.

3. WRES ACTION PLAN DEVELOPMENT

In order to develop the Action Plan in response to the 2021/2022 WRES data, views were sought from members within the Multi-Ethnic Staff Network, Trade Union colleagues and members of the Workforce Equality, Diversity and Inclusion Sub-Committee. In addition to seeking views from members of staff, actions were developed based on best practice evidence from other organisations.

4. WRES KEY FINDINGS

Analysis of the Trust's WRES 2021/2022 data in **Appendix 1** has identified improvements against a number of the WRES indicators, including:

- Percentage of BAME staff in clinical and non-clinical AfC pay bands when compared with the overall workforce
- Relative likelihood of staff entering the formal disciplinary process
- Percentage of staff experiencing harassment, bullying or abuse from staff

However, there are areas which have deteriorated in comparison with the previous year 2020/2021:

- Percentage of Ethnic Minority staff believing that the Trust provides equal opportunities for career progression or promotion
- Ethnic Minority staff experiencing discrimination at work from a manager, team leader or other colleagues.

5. WRES ACTION PLAN

Appendix 1 details the Action Plan for the 2021/2022 WRES.

Key actions include:

- Kindness, Civility and Respect campaign across the organisation targeting all staff and managers to address WRES indicators 5 and 6 regarding bullying and harassment at work. The aim of the campaign is to increase awareness of, and eliminate, negative behaviours, and to ensure the Trust's values are enacted by all staff, encouraging kindness in everyone's approach. Whilst the Trust performs on average in this area with other Trusts, it is vitally important that we take action as a responsible employer to mitigate the occurrence of bullying and harassment in the workplace. Further work is required across the organisation to also address patient behaviours towards staff.
- There will be a focused review of our employee relations practices to ensure they are inclusive. This will include ensuring there is opportunity to identify and address any unconscious bias in decision making as well as triangulating employee relations data

with incidents on Datix and FTSU to ensure robust decision making and to ensure employees reporting incidents are fully supported by the organisation.

- Following the implementation of the Reciprocal Mentoring programme and positive feedback from participants, the Trust is keen to implement lessons learnt from the first cohort and implement an internal Reciprocal Mentoring scheme to support Ethnic Minorities.
- A gap analysis for the Anti-Racist Framework published by the NW NHS BAME Assembly is underway to develop an action plan to address the gaps. Following implementation of the actions, the Trust will apply for accreditation for the Anti-Racist Framework.
- To address the decreased percentage of staff believing that the Trust provides equal opportunities for career progression or promotion, there is a positive action development programme targeted at BAME staff being developed to support career progression.

6. MONITORING/REPORTING ROUTES

A Task and finish group is being established to monitor the Workforce EDI Strategy Workplan including the WRES Action Plan. Progress against the WRES Action Plan will be monitored via the Workforce Equality, Diversity, and Inclusion Sub-Committee, with escalation to the Strategic People Committee.

7. RECOMMENDATIONS

The Council of Governors is asked to note the report.

8. Appendices

Appendix 1 - Workforce Race Equality Standard Action Plan

Metric	Standard	2020/2021	2021/2022	BAME Staff Experience 20/21 vs 21/22	Actions	Timescales
1	Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.		18 improved 7 stayed the same 3 decreased	Improved	Introduce targeted marketing of employment opportunities to increase diversity in all staff groups	Q4 2022/23
					Development and delivery of a positive action development programme targeted at BAME Nursing and Midwifery to support career progression, and wider roll out to the organisation	Q2 2022/23
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	0.83	0.8	Improved	Develop and refresh equality training for all staff outlining Public Sector Equality Duty	Q3 2022/23
					Continued development and delivery of EDI managers training to include case studies from own workforce.	Q4 2022/23
					Include equality, diversity and inclusion objective in all staff PDRs	Q2 2022/23
					Develop and deliver multiple units of EDI related training	Q2 2022/23

					specifically targeted at recruiting managers.	
					Inclusive Recruitment and Inclusive Employer work to be carried out	Q4 2022/23
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	3.84	1.07	Improved	Development and launch of Civility, Kindness and Respect framework across the organisation	Q2 2022/23
					Senior HR review of cases relating to BAME staff. Embed as business as usual	Q4 2022/23
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.8	0.97	Declined	Develop inclusive talent management programme / framework.	Q4 2022/23
					Promotion and implementation of BAME specific learning and development opportunities internally and externally. Embed as business as usual.	Q4 2022/23
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 21.6% BAME: 25%	White: 21.0% BAME: 25.6%	Declined	Work with the BAME Staff Network, Freedom to Speak Up Team and HR Team to enhance reporting of incidents	Q3 2022/23
					Targeted work via HR Team and OD Team in specific areas highlighted via the analysis	Q4 2022/23

					Analysis of DATIX data to identify patterns, hotspots and areas of concern.	Q3 2022/23
					Analysis of Staff Survey to ascertain any hotspot areas or staff groups.	Q3 2022/23
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 19% BAME: 26%	White: 17% BAME: 21.5%	Improved	Organisational participation in local community culture events such as Warrington Mela. Cultivate links with community groups.	Q3 2022/23
					Investigate, and implement membership of Race Charter at Work	Q2 2022/23
					Embed in business-as-usual practices. Review the opportunities to collect equality monitoring data as part of Freedom to Speak up.	Q4 2022/23
					Scope best practice, develop and adopt bespoke WHH anti-racist organisation framework.	Q3 2022/23
					Develop Multi-Ethnic Staff network to include peer/ally network for International nurses.	Q3 2022/23
7	Percentage of staff believing that trust provides equal opportunities for career progression or	White: 91.4% BAME:	White: 64.3% BAME: 49.7%	Declined	In place and on-going. Continued development of new, diverse, intersectional	Q4 2022/23

	promotion	82.3%			development opportunities.	
					Develop an in-house reciprocal mentoring programme	Q3 2022/23
					Introduce targeted marketing of employment opportunities to increase diversity	Q4 2022/23
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White: 4.50% BAME: 10.70%	White: 5.0% BAME: 11.9%	Declined	Increase BAME representation as Freedom To Speak Up Champions	Q4 2022/23
					Development, in partnership with the BAME Staff Network of line manager guidance for dealing with specific concerns from BAME members of staff	Q3 2022/23
9	Percentage difference between the organisation's Board voting membership and its overall workforce. Note: Only voting members of the Board should be included	White: +11.0% BAME: -9.9%	White: +5.0% BAME: -3.7%	Improved	Participation in the NHS Leadership Academy Shadow Board leadership programme.	Q4 2022/23
					Participation in bespoke EDI training for board members	Q3 2022/23

Council of Governors

AGENDA REFERENCE:	**COG/22/08/62**			
SUBJECT:	**Review the Trust's Compliance with Provider Licence 2022-23 Bi-Annual report**			
DATE OF MEETING:	11 August 2022			
ACTION REQUIRED	**For assurance**			
AUTHOR(S):	**John Culshaw, Trust Secretary**			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	NHS Foundation Trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.			
PURPOSE: *(please select as appropriate*	Information	Approval	**To note** ✓	Decision
RECOMMENDATIONS	The Self-Certification for the items G6 and CoS7 is attached and the Council of Governors is asked to note full compliance with all license conditions.			
PREVIOUSLY CONSIDERED BY	**Committee**	**Trust Board**		
	Agenda Ref.	**BM/22/05/65**		
	Date of meeting	25th May 2022		
	Summary of Outcome	Approved		
NEXT STEPS: *State whether this report needs to be referred to at another meeting or requires additional monitoring*	**None**			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2021/22

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

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

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

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

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

EITHER:

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

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		
3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		

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

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

The Trust recorded an adjusted surplus of £0.2m which is slightly better than the breakeven plan. This adjusted surplus is the value which NHSE/I monitors the Trust against and was achieved.
The annual capital programme was £19.2m and the actual spend for the year was £19.15m, delivering an underspend of £0.05m.
Public Dividend Capital (PDC) of £33.7m was provided in March 2021 to support the Trust in continuing to pay creditors promptly in line with guidance. The cash balance at the end of the year was £44.7m which will be utilised to fund the annual leave accrual, new EPCMS and delayed capital creditors.
There were no failures in financial governance during the year. The Finance and Sustainability Committee reviewed and scrutinised the financial position and performance of the Trust closely throughout the year and escalated any relevant items to the Board in the Chair's exception report. Furthermore, the Board reviewed the position and challenged forecast outturns and mitigations on regular basis.
Capital has been monitored through the year via Capital Planning Group and Finance and Sustainability Committee, with particular focus on schemes over £0.5m.
Over the last 12 months the Trust has continued to have regular meetings with NHSE/I where the financial position, forecast and capital have been discussed, reviewed, and challenged.

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

Signature		**Signature**	
Name	Steve McGuirk	**Name**	Simon Constable
Capacity	Chair	**Capacity**	Chief Executive
Date	25th May 2022	**Date**	25th May 2022

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