



# WHH Council of Governors

**Thursday 13 May 2021**

**4:00pm – 5.40pm**

**Via MS Teams**

**COUNCIL OF GOVERNORS**  
**THURSDAY 13 May 2021 4.00pm-5.40pm**  
**(via MS Teams)**

AGENDA ITEM COG/20/08/XX	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
<b>FORMAL BUSINESS</b>					
COG/21/05/ 19	4.00pm	Welcome and Opening Comments • Apologies; Declarations of Interest			Chairman
COG/21/05/ 20 <b>PAGE 4</b>		Minutes of meeting held 18 February 2021	<i>For decision</i>	<i>Minutes</i>	Chairman
COG/21/05/ 21 <b>PAGE 11</b>		Matters arising/action log	<i>For assurance</i>	<i>Action log</i>	Chairman
<b>GOVERNOR BUSINESS</b>					
COG/21/05/ 22 <b>PAGE 16</b>	4.05pm	Lead Governor Update: - Board Observation Report - Lead Governor/Deputy Lead Governor roles - J Culshaw/N Holding	<i>For info/update</i>	<i>Verbal/ briefing</i>	Lead Governor
COG/21/05/ 23 <b>PAGE 18</b>	4.15pm	Items requested by Governors	<i>For info/update</i>	<i>Q&amp;A</i>	Chair
COG/21/05/ 24 <b>PAGE 19</b>	4.20pm	Board Committee Observations (a) Audit Committee – S Fitzpatrick (b) Finance & Sustainability Committee – Feb & March P Bradshaw/D Birtwistle April FSC (c) Quality Assurance Committee – A Robinson (c) Strategic People Committee – C Jenkins (d) Charitable Funds Committee – N Holding (e) Clinical Recovery Oversight Committee – J Howe (f) Copies of Chair's Committee Assurance Reports received in the Public Trust Board are included for information in supplementary pack	<i>For info/update</i>	<i>Briefing</i>	
COG/21/05/ 25	4.30pm	Annual Appraisal of the Chair & Non-Executive Directors	<i>For info/update</i>	<i>Verbal</i>	Trust Secretary
<b>TRUST BUSINESS</b>					
COG/21/05/ 26 <b>PAGE 2</b>	4.35pm	Chief Executives Report including: - CEO Board report March 2021	<i>For info/update</i>	<i>Report</i>	CEO
COG/21/05/ 27	4.45pm	Chairmans Briefing	<i>For info/update</i>	<i>Verbal</i>	Chairman
COG/21/05/ 28 <b>PAGE 3</b>	4.50pm	Strategy Delivery Update Quarterly Report	<i>For info/update</i>	<i>PPT Enc</i>	Dir Strategy & Partnerships
COG/21/05/ 29 <b>PAGE</b>		Breast Services Pre-Consultation Engagement	<i>For info/update</i>	<i>PPT Enc</i>	Dir Strategy & Partnerships
COG/21/05/ 29 <b>PAGE 6</b>	5.05pm	Trust Operational Plan	<i>For info/update</i>	<i>PPT</i>	CFO & Deputy CEO
COG/21/05/ 31 <b>PAGE 7</b>	5.15pm	Complaints Report	<i>For info/update</i>	<i>PPT Enc</i>	Deputy Dir Governance
<b>GOVERNANCE</b>					
COG/21/05/ 32 <b>PAGE 7</b>	5.25pm	Council of Governors Cycle of Business 2021- 2022	<i>Approval</i>	<i>Report</i>	Trust Secretary
COG/21/0533	5.30pm	Governor Training and Development MIAA	<i>For discussion</i>	<i>Verbal</i>	Trust Secretary
<b>CLOSING</b>					
COG/21/0534		Any Other Business + Closing		<i>Verbal</i>	Chair

**Schedule of 2021-22 dates attached for information**

**Next Meeting Thursday 12 August 2021, Trust Conference Room - 3.00pm-5.00pm**

**TRUST CONFERENCE ROOM, WARRINGTON – PLEASE NOTE CHANGE OF VENUE IF MEETING IS NOT MS TEAMS**

**GLOSSARY OF TERMS**

CEO	Chief Executive	QIPP	Quality, Innovation, Productivity + Prevention
ANP	Advanced Nurse Practitioner	RTT	Referral To Treatment
AQP	Any Qualified Provider		
BAF	Board Assurance Framework		
BCF	Better Care Fund	StH&KHT	St Helens & Knowsley Hospitals Trust
CBU	Clinical Business Unit	SFIs	Standing Financial Instructions
CCG	Clinical Commissioning Group	SLR	Service Line Reporting
CHC	Continuing Health Care	SORD	Scheme of Reservation and Delegation
CIP	Cost Improvement Plan	SIs	Serious Incidences
COO	Chief Operating Officer	SJR	Structured Judgement Reviews
COI	Conflicts of Interest ( <i>or Register of Interest</i> )	STF	Sustainability Transformation Fund
CNST	Clinical Negligence Scheme for Trusts		
CNO	Chief Nursing Officer		
CRR	Corporate Risk Register	WDES	Workforce Disability Equality Standard
CQC	Care Quality Commission	WEAR	Workforce Employment Assurance Report
CQUIN	Commissioning for Quality and Innovation	WRES	Workforce Race Quality Standard
DIPC	Director Infection Prevention + Control		
DoH	Department of Health	AC	Audit Committee
DTOC	Delayed Transfers of Care	CFC	Charitable Funds Committee
ED+I	Equality, Diversity + Inclusion	FSC	Finance + Sustainability Committee
EoL	End of Life	SPC	Strategic People Committee
ESD	Early Supported Discharge	QAC	Quality Assurance Committee
EDs	Executive Directors	COG	Council of Governors
FTSU	Freedom To Speak Up		
FT	Foundation Trust		
GoSW	Guarding of Safe Working	SEOG	Strategic Executive Oversight Group
HCAIs	Health Care Acquired Infections	CPG	Capital Planning Group
HEE	Health Education England	FRG	Finance Resources Group
HWBB	Health + WellBeing Board	PSCEC	Patient Safety + Clinical Effectiveness Cttee
IAPT	Integrated Access Point to Treatment	PEC	Patient Experience Committee
JSNA	Joint Strategic Needs Assessment	PPSRG	Premium Pay Spend Review Group
KLOE	Key Line of Enquiry	RRG	Risk Review Group
KPI	Key Performance Indicators	OP	Operational People Committee
MIAA	Mersey Internal Audit Agency	SDDG	Strategic Development + Delivery Group
NCA	Non-Contracted Activity	GEG	Governors Engagement Group
NED	Non Executive Director	QiC	Quality in Care
NEL	Non Elective	CQAG	Complaints Quality Assurance Group
NHSE/I	NHS England/NHS Improvement	H&SSC	Health + Safety Sub Committee
OSC	Overview and Scrutiny Committee	EoLSG	End of Life Steering Group
PbR	Payment by Results	MRG	Mortality Review Group
PHE	Public Health England		
PPA	PPA Prescription Pricing Authority		

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**COUNCIL OF GOVERNORS**  
**Minutes of the Meeting held on Thursday 18 February 2021**  
**Via MS Teams Video Conference**

**Present:**

Steve McGuirk (SMcG)	Chairman (Chair)
Terry Atherton (TA)	Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Daniel Birtwistle (DB)	Staff Governor
Keith Bland (KB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Erin Dawber (ED)	Public Governor
Susan Fitzpatrick (SF)	Public Governors
Norman Holding (NH)	Public Governor & Lead Governor
Susan Hoolachan (SH)	Public Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Ian Jones (IJ)	Non-Executive Director
Kevin Keith (KK)	Public Governor
Rebecca Knowles (RK)	Partner Governor, Warrington Council
Kuleep Singh-Dhillon	Partner Governor, Warrington Sikh Gurdwara
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Colin McKenzie (CMcK)	Public Governor
David Marshall (DM)	Public Governor
Lesley Mills (LeM)	Staff Governor
Nichola Newton (NN)	Partner Governor, Warrington + Vale Royal College
Cliff Richards (CR)	Non-Executive Director
Anne Robinson (AR)	Public Governor
Louise Spence (LS)	Staff Governor

**In Attendance:**

John Culshaw	Trust Secretary
Phillip James	Chief Information Officer (CIO) & Senior Information Risk Officer (SIRO) <i>(Item COG/20/02/ matters arising only)</i>
Andrea McGee	Chief Finance Officer & Deputy Chief Executive
Deborah Smith	Deputy Chief People Officer <i>(Item COG/21/02/ WRES only)</i>
Julie Burke	Secretary to Trust Board (Minutes)
<b>Apologies:</b>	S Constable, Chief Executive, A Wainwright Non-Executive Director P McLaren, Director of Communications & Engagement, A Kinross, Public Governor, N Newton, Partner Governor Warrington & Vale Royal College

<b>COG/21/02 01</b>	<b>Welcome, Apologies &amp; Introductions</b>	
	Apologies – noted above. There were no declarations of interest in relation to the agenda items. The Chairman recognised the sad passing of Captain Sir Tom Moore and his incredible legacy left to the NHS.	
<b>COG/21/02 02</b>	<b>Minutes of meeting held 12 November 2020</b>	
	R Knowles was in attendance. With this amendment, the minutes of the meeting held on 12 November 2020 were agreed as an accurate record.	
<b>COG/21/02 03</b>	<b>Matters arising/action log</b>	
	Number of actions paused due to COVID-19 pandemic, to be progressed when COVID-19 constraints have been relaxed.	

	<p>COG/20/02/06 (a) PJ provided a verbal update. Hospedia audit of the current system on hold due to company policy regarding COVID (due December 2020. Trust funding of free to use services ceased in January 2021, however Hospedia offering TV services free of charge between 8am-12pm, no confirmation when this will cease. Variety of options to pay for the services, repair of pay units underway, commitment from Hospedia to meet SLA obligations. Trust had also supplied a number of IPADs and mobile IT Devices for patients.</p> <p>COG/20/02/06 (b) Specification future services. Contract due for renewal October 2021 - <b>£163k inc.VAT per annum.</b> Challenges to fund replacement of service include ward closures required to transfer between systems to remove units. Capital bid process continues, further discussion at Executives w/c 22 February to determine if Patient Entertainment classified as business critical when considered in competing Capital Funding process.</p> <p>COG/20/08/31 – PJ confirmed that all GPs have access to ICE enabling access to results from Warrington / Whiston and vice versa. PJ to ensure communication of this to primary care is reinforced. <u>Action closed.</u></p>	
<b>COG/21/02 04</b>	<b>Lead Governor Update</b>	
	<p><u>Board and Committee Observation report</u> – continued attendance at Board meetings, Extra Ordinary Board and Charitable Funds Committee, challenge and scrutiny by Non-Executives to Executives continually observed.</p> <p>1:1s continue with Chairman; Chairs briefings; proposals discussed at 2 Governor Nominations &amp; Remuneration Committees, (see COG/21/02/12 and /15). Governor Induction in January well attended. Attended Working Transport Group, focus on Car Park challenges, additional Governor representative required for WTG, interested Governors asked to contact NH.</p> <p>2 meetings of Governor Working Party, discussed make-up of Public Constituencies; National Lead Governor Association main topics of discussion Integrated Care System (ICS)/White Paper consultations; some organisations reporting minimum input from Governors in setting CoG agenda; NHS Providers virtual Governor Focus Group, information shared relating to ICS; Governor Advisory Committee – elections underway, (see COG/21/02/08)</p>	
<b>COG/21/02 05</b>	<b>Items requested by Governors</b>	
	<p>SMcG referred to responses provided to questions raised by NH and AR prior to the meeting including complaints and communication from Hospital to GPs in the Discharge of patients home.</p> <p>Further discussion took place on Integrated Care System (ICS):</p> <ul style="list-style-type: none"> <li>- LG provided background and an overview of the ICS outlined in NHS Consultation document, timeline for systems to be operating as an ICS by April 2021 and requirements to be in place by April 202 with focus on Provider Collaboratives, Place Based Partnerships, clinical and professional leadership, governance and accountability, financial framework, data and digital, regulation and oversight and changes to Commissioning.</li> </ul> <p><u>Integrating Care - Consultations:</u></p> <ul style="list-style-type: none"> <li>- 2 formal responses to Consultation (1) from Warrington Together – support for option 2 ICS as statutory corporate NHS body</li> <li>- (2) Response from Liverpool City Region – also supported option 2.</li> </ul>	

	<p><u>Cheshire and Merseyside Health and Care Partnership MoU:</u></p> <ul style="list-style-type: none"> <li>- Trust Board provided responses, key change requested to include Acute Provider representation on Partnership Board, this had been address and CEO and Chair added.</li> </ul> <p><u>What it means for WHH, an ICS will:</u></p> <ul style="list-style-type: none"> <li>- Enable place based integration e.g. with social care, GPs and community services, Town Deals, Integrated Community Teams etc.</li> <li>- Increased emphasis on need to engage at C&amp;M level – funding, service reviews etc eg, Women &amp; Children’s Services, new hospitals, relationships with Acute providers</li> <li>- NHS Trusts and FTs will remain separate statutory organisations, duty for collaborative working including mutually invested finance and decisions.</li> <li>- Direct commissioning of services by Trusts.</li> <li>- Key role for the Trust in development of Place and ICS level implementation plans, emphasizing the importance the Trust’s role as an anchor institution.</li> <li>- Capital spending limit in White Paper to be set, achievement of financial balance at system level required.</li> <li>- Plans to be developed by September for sharing with NHSE/I regionally and nationally.</li> </ul> <p>Chair acknowledged some concerns raised regarding the need for transparency and independent oversight of proposed organisations, challenges from local authority perspective relating to already stretched funding of community services and how these services would be improved. Clarity still required relating to ambiguities of the role of ICS Body and ICS Partnership, whilst recognising Social Care at the centre of the White Paper.</p> <ul style="list-style-type: none"> <li>• <b>Chairman thanked LG for high level summary and agreed with proposal for LG to arrange a joint further session with Accountable Officer of W&amp;H CCGs with Governors to discuss in more detail when plans are being developed.</b></li> </ul> <p>No further questions/comments raised.</p>	
<p><b>COG/21/02 06</b></p>	<p><b>Board Committee Observations</b></p>	
	<p>SMcG referred to the reports from Governor observers for Finance and Sustainability Committee (FSC, PB), and CJ Strategic People (SPC), Charitable Funds (NH) and Audit Committee (JH). No further questions raised.</p>	
<p><b>COG/21/02 07</b></p>	<p><b>Reports from Governor Engagement Group (GEG)</b></p>	
	<p>KB reported:</p> <ul style="list-style-type: none"> <li>- Last meeting had been a successful Q&amp;A session/work shop attended by 14 Governors and 7 Officers, including presentation from the Deputy Chief Nurse of the 5 Year Patient Experience Strategy and its 5 pledges.</li> <li>- Patient Experience Sub Group – three areas of focussed working for 2021, Patient Nutrition, Discharge process and night time challenges.</li> <li>- Q&amp;A with Fundraising Manger of the WHH Charity, highlighting and recognising the incredible work and role of the Hub, through the Pandemic. Supporting the community with food and other donations back into the community. The CoG recognised and congratulated the Charity and Hub Teams on their achievements.</li> <li>- Q&amp;A with the CEO, main topics discussed, (1) mental health on staff during the Pandemic, (2) left over vaccines, (3) spinal surgery.</li> <li>- Discussed raising profile that Halton &amp; Warrington is 1 hospital serving 2 boroughs, thanked Trust colleagues for all their support and efforts.</li> </ul>	

COG/21/02 /08	<b>NHS Providers Election for the Governor Advisory Committee</b>	
	<p>JC presented the report, providing background and context. As a Foundation Trust that is a member of NHS Providers, the Warrington &amp; Halton Teaching Hospitals NHS FT Council of Governors is entitled to vote in the forthcoming election of eight governors to the Governor Advisory Committee (GAC). The committee meets quarterly and meetings are overseen by a Chair that has been voted in by the Committee. Terms of office are three years. Eight Governor vacancies to be appointed to and candidate's statements had been included as an Appendix to the report.</p> <p>A Survey Monkey will be circulated to all members of the Council of Governors in which you will be able to rank your preferred candidates in order of preference by Monday 22<sup>nd</sup> March 2021</p> <ul style="list-style-type: none"> <li>• <b>The Council of Governors reviewed and noted the process for the election of Governors for the Governor Advisory Committee and the candidate profiles.</b></li> </ul>	
COG/21/02 09	<b>Elections Activity Bi-Annual Report</b>	
	<p>Three constituencies had been elected unopposed;</p> <ul style="list-style-type: none"> <li>- Public - Poplars and Hulme, Orford – Colin Jenkins (re-elected)</li> <li>- Public - Rest of England and Wales – Kevin Keith</li> <li>- Staff - Administrative and Clerical – Julie Astbury</li> </ul> <p>Four constituencies were contested;</p> <ul style="list-style-type: none"> <li>- Public - Appleton, Stockton Heath, Hatton, Stretton and Walton – Sue Fitzpatrick</li> <li>- Public - Bewsey and Whitecross, Fairfield and Howley – Susan Hoolachan</li> <li>- Public - Penketh and Cuardley, Great Sankey North, Great Sankey South – Paul Bradshaw (re-elected)</li> <li>- Staff - Estates, Admin and Managerial – Dan Birtwistle</li> </ul> <p>Three constituencies remain vacant, no candidate nominations received;</p> <ul style="list-style-type: none"> <li>- Public - Broadheath, Ditton, Hale, Kingsway, Riverside</li> <li>- Public - Rest of England and Wales</li> <li>- Staff - Medical &amp; Dental</li> </ul> <ul style="list-style-type: none"> <li>• <b>The Council of Governors reviewed and noted the activity report and the outcome of the 2020 Governor elections.</b></li> </ul>	
COG/21/02 10	<b>Chief Executives Briefing</b>	
	<p>The CEO's written reports from November and January Board meetings were noted. AMcG provided an situation report on COVID-19, 143 COVID patients, reduction over last few days numbers still high and above that of Wave 1; community prevalence remains high but slowly decreasing; challenges in critical care hoping to move out of Theatres, however situation will be closely monitored; high attendances recently for Urgent Care for acutely unwell community patients; all cancer and urgent services maintained through COVID.</p> <p>The Trust had submitted a bid, working with Liverpool University Hospitals FT and National Institute for Health Research Clinical Network North West Coast for Clinical Research Hub at Halton site. The Trust had been successful, receiving formal approval of the Halton site to proceed for its first Clinical Trial, a COVID trial to commence mid to end of March.</p> <p>Vaccination programme progressing well in line with national guidance, staff uptake 84%, 94% for Clinically Extremely Vulnerable staff.</p>	

<p><b>COG/21/02 11</b></p>	<p><b>Chairman's Briefing</b></p>	
	<p>In addition to areas covered by the CEO, the Chairman reported virtual meetings continue, both internally and externally with a number of Stakeholders and Regulators. Anticipated future Chairs meetings focus on implications of White Paper. Trust still managing Pandemic, successful Vaccination Programme. Recovery plans in place whilst managing Elective programme. Recovery stage and developing robust Recovery plans.</p>	
<p><b>COG/21/02 12</b></p>	<p><b>Change to Public Constituencies</b></p>	
	<p>JC presented the report detailing proposed amendments to the Trust's Constitution.</p> <p>To minimise the number of vacant Public Governor constituencies, encourage a greater number of nominations from Foundation Trust members and to support more cohesive working amongst the sitting Governors, the proposal would allow, by the way of amendment to the Trust's Constitution, amendments to the Public Governor Constituencies.</p> <p>JC highlighted the outcome of the benchmarking exercise, undertaken by the Governor Working Party (GWP), to compare the composition of the Council's Public Governors with other local Foundation Trusts which had indicated that in comparison to other Trusts in the region Warrington &amp; Halton Teaching Hospitals NHS FT is an outlier in respect of the number of Public Governor Wards</p> <p>The GWP considered the populations of both Warrington and Halton Parliamentary constituencies and the associated Trust membership in Warrington North, Warrington South, Halton. Halton Parliamentary constituency had been broken down into the two separate areas of Widnes and Runcorn.</p> <p>The proposed amendments would be effective from 1<sup>st</sup> April 2021 in preparation for the next Governor Elections scheduled to take place in November 2021. If approved and implemented from 1<sup>st</sup> April 2021, existing Governors would be re-categorised into the new Constituencies.</p> <p>Current constituencies and their Governors were highlighted, with no vacancies, the total number of Public Governors would be 16. The proposed amendment would reduce the number of wards to 5 areas and increase the total number of Public Governors to 19. This would strengthen engagement with Governors in their own constituencies, particularly those areas which have carried vacancies in previous years.</p> <p>It was acknowledged that future elections need to be promoted through various routes to maximise engagement.</p> <p>It was proposed that Governors who currently represent areas 10,11 and 14, represent the constituencies in which they live under the proposed future model and the composition of the Public Council of Governors at 1<sup>st</sup> April 2021, highlighted highlighted for the 5 Ward areas of;</p> <ul style="list-style-type: none"> <li>- Warrington North – 5 (NH, AR, CJ, KB)</li> <li>- Warrington South – 5 (JH, SF PB, ED SH)</li> <li>- Runcorn – 4 AK, DM, LMPJJ, AK,</li> <li>- Widnes – 4 CMcK</li> <li>- Rest of England &amp; Wales – 1 (KK)</li> </ul> <p><b>The Council of Governors:</b></p>	

	<ul style="list-style-type: none"> <li>• Reviewed and noted the proposed amendments.</li> <li>• <b>Approved</b> the proposed amendments to the Constitution, to reduce the number of Public Constituencies to 5 and increase the number of Public Governors to 19, prior to submission to Trust Board on 31 March 2021.</li> </ul>	
<b>COG/21/02 13</b>	<b>Compliance Trust Provide Licence (Bi-Annual report)</b>	
	<p>JC presented the report, reporting that following review of the Trust's compliance with its License, the Trust continues to declare full compliance with all conditions.</p> <ul style="list-style-type: none"> <li>• <b>The Council of Governors reviewed and noted full compliance with all license conditions.</b></li> </ul>	
<b>COG/21/02 14</b>	<b>Workforce Race Equality Standard (WRES)</b>	
	<p>DS provided a high level overview for CoG on recent developments:</p> <p>The Strategic People Committee (SPC) had requested a deep dive into 4 specific indicators, No 3, No 5, No 6 and No 8, key points from the deep dive highlighted:</p> <ul style="list-style-type: none"> <li>- Improvements in experience of BAME staff from 2019-20 relating to Nos 5 and 8, but a decline relating to Nos 3 and 6, all four indicators suggested a more negative experience for BAME staff compared to white staff.</li> <li>- Indicator 3 – 31 cases, 29 related to white staff, 9 to BAME, 1 member of staff had not declared their ethnicity. DS reassured the CoG there were no areas of concerns escalated to the Committee, due process had been followed to reach the decision of no case to answer.</li> <li>- Ethnicity of staff making FTSU disclosures is not collective, 19 FTSU disclosures since 1 April 2020 16 related to bullying/harassment, not clear if these are in relation to ethnicity.</li> <li>- Operational People Strategy programme of work developed to support various workstreams to address issues raised.</li> <li>- Experienced Diversity Consultant has and continues to support the Trust to raise the profile of ED&amp;I across the Trust from Trust Board down.</li> <li>- Three phased approach (1) Vision and Ambition for a whole Board approach, (2) awareness and challenge (3) development and confidence to raise/address issues to begin to embed ED&amp;I across the Trust through the strong framework in place.</li> <li>- Positive feedback following recent development sessions by ED&amp;I Consultant with the ED&amp;I Sub Committee.</li> </ul> <p>Questions invited</p> <p>AR asked where it was felt the Trust were in terms of ED&amp;I. reflecting progress in the last 12-18 months, DS explained positive direction of travel in terms of starting to embed culturally driven from all organisations, supported by establishment of BAME networks raising visible profile in the Trust. In addition the Disabled Network Forum is close to launch.</p> <p>MB added that the Trust had strengthened its governance of ED&amp;I with dual reporting to the SPC and QAC Committees and assurance of progress being made.</p> <p>RK referred to Community ED&amp;I representation and the positive impact this will have, recognising that the Trust engages with and listens to staff and its partners.</p> <p>For further reassurance, DB explained from a staff perspective, ED&amp;I is discussed within the Finance Team to see how the team can engage with networks across the Trust to improve</p>	

	<p>areas of work, eg PDRs, recruitment etc.</p> <ul style="list-style-type: none"> <li>• <b>J Singh Associates report to be circulated to CoG – DS/JB</b></li> </ul>	
<b>COG/21/02 15</b>	<b>Chairman’s Term of Office (Chair left the meeting at this point)</b>	
	<p>TA explained the context of seeking an extension to the Term of Office of the Chair who will come to the end of his second term of office on 31 March 2021. Steve McGuirk has expressed his interest in serving a third term of three years to commence on 1 April 2021.</p> <p>JC explained the proposal to extend the Chairman’s terms of office for a third term, at the existing remuneration, to 31 March 2024 had been supported at a Governors’ Nominations and Remuneration Committee (GNARC) on 4 February 2021 Chaired by TA. IJ had attended the GNARC providing assurance of the appraisal process for the Chair, aspects of performance which had been included in the Report. The completed appraisal had been submitted to NHSE/I.</p> <p>The importance of stability during these challenging times was acknowledged, especially as the Trust move out of the Pandemic, into recovery and with the publication of the White Paper.</p> <p><b>The Council of Governors:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the process that has been followed to support this proposal.</b></li> <li>• <b>Reviewed and approved the recommendation from the GNARC to extend the Chairman’s term of office.</b></li> </ul>	
<b>COG/21/02 09</b>	<b>Governor Training</b>	
	None reported.	
<b>COG/21/02 09</b>	<b>Any Other Business</b>	
	No matters raised. Date and time of next meeting <b>Thursday 3 May 2021, 4.00pm,</b>	

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

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**COUNCIL OF GOVERNORS ACTION LOG**

<b>AGENDA REFERENCE</b>	<b>CoG/21/05/21</b>	<b>SUBJECT:</b>	<b>COUNCIL OF GOVERNORS ACTION LOG</b>	<b>DATE OF MEETING</b>	13 May 2021
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**1. ACTIONS ON AGENDA**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/02/06 (a)	13.02.2020	Items requested by Governors	Hospedia Audit of services post COVID	Deputy Chief Information	Verbal update CoG 13.05.2021		<p><b>06.05.2020</b> <b>Recommended Next Steps</b></p> <p>(a) Site visit with 3<sup>rd</sup> party engineers to include review the TV services payment mechanism on cessation of the Trust procured TV services on the 09/07/2020.</p> <p><u>13.08.2020</u> Visit paused due to Pandemic. Conduct a review post-COVID-19 of patient entertainment services across the Warrington and Halton hospitals to inform the specification for a new solution prior to the contract end date with Hospedia on 20/08/2021.</p> <p><u>12.11.2020</u>. (a) Hospedia to audit current system, due December 2020.</p> <p><u>18.02.2021</u>. (a) Hospedia audit on hold (Minute COG/21/02/03)</p>	
COG/20/02/06 (b)	13.02.2020	Items requested by Governors	TV Services SLA discussions / host performance and interim solution for TV services to Governors	Deputy Chief Information Officer	Verbal update CoG 13.05.2021		<p><u>13.08.2020</u>. Solution to ensure patients are not without TV services to be resolved. Contract release clauses and optimal digital solution to be progressed at pace.</p>	

							<p>9.11.2020 Recommended next steps: refer to Appendix 1.</p> <p>(b) Post COVID-19 Review. Specification drawn up for fully integrated Patient TV services, on track to deliver prior to August 2021. Refer to minutes COG/20/11/47. Further update to Feb COG.</p> <p>(b) Capital bid process continues, further discussion at Executives w/c 22 February to determine if TV and Radio procurement bid to be considered as business critical scheme. Refer to minutes COG/21/02/03.</p>	
COG/20/08/30 (a)	13.08.2020	Governor Partner Survey (Lead Governor report)	Trust Secretary to write to Top 3 ranked organisations in the Governor Partner Survey to invite to join the COG.	Trust Secretary	Verbal update to COG 13.05.2021		<p>12.11.2020. Letters sent, responses awaited.</p> <p>Further update in February 2021. Warrington Sikh Gurdwara joined CoG January 2021. JC to contact remaining 2 organisations.</p>	

## 2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/20/08/30	13.08.2020	Virtual Governor Observation Visits (Lead Governor Report)	Proposal to restart Virtual Governor Observation visits to be explored by GEG	Chair of GEG/ Trust Secretary	Paused due to Pandemic		Discussed at Governors Working Party, agreed to pause until Q1 2021 due to COVID / operational pressures.	
COG/20/02	13.02.2020	Primary Care Strategy	Halton CCG to be invited to future CoG to share Primary Care Strategy when refreshed.	Trust Secretary	Paused due to Pandemic		On hold due to current COVID-19 Pandemic	

<b>COG/20/08/33</b>	<b>13.08.2020</b>	<b>GEG Report</b>	Chairs of GEG and QIC to be elected for next terms of office	<b>Trust Secretary/K Bland/N Holding</b>	<b>Paused due to Pandemic</b>		Update to be provided in Governor verbal reports.	
<b>COG/19/11/58</b>	<b>14.11.2019</b>	<b>WRAG presentation</b>	Further update in February 2021	<b>WCCG</b>	<b>COG 12.08.2021</b>		To CoG 12.11.2020 Deferred to February 2020 due to Pandemic. Deferred to May due to COVID. Deferred to August due to COVID	

### 3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
<b>COG/21/02/04</b>	<b>18.02.2021</b>	<b>Lead Governor update</b>	Additional Governor representative required for WTG, interested Governors asked to contact NH.	<b>Governors</b>		<b>26.02.21</b>	Confirmed as S Hoolachan <u>Action Closed.</u>	
<b>COG/21/02/14</b>	<b>18.02.2021</b>	<b>WRES Update</b>	J Singh Associates report to be circulated to COG.	<b>Deputy Chief People Officer</b>		<b>08.03.2021</b>	Final report circulated to CoG.	
<b>COG/21/02/05</b>	<b>18.02.2021</b>	<b>Integrated Care System</b>	Future session to be arranged with CoG, LG and Chief Officer Warrington & Halton CCG.	<b>Director of Strategy and Partnerships</b>		<b>26.03.2021</b>	Session held.	

#### RAG Key

<span style="display: inline-block; width: 15px; height: 15px; background-color: red; border: 1px solid black;"></span> Action overdue or no update provided	<span style="display: inline-block; width: 15px; height: 15px; background-color: yellow; border: 1px solid black;"></span> Update provided but action incomplete	<span style="display: inline-block; width: 15px; height: 15px; background-color: green; border: 1px solid black;"></span> Update provided and action complete
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## APPENDIX 1

COG/20/02/06 (b)	13.02.2020	Items requested by Governors	TV Services Progress of SLA discussions / host performance and interim solution for TV services to Governors	Chief Information Officer	Update provided in Appendix 1		9.11.2020 Recommended next steps: refer to Appendix 1	
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- a) **Audit:** The Trust has engaged Hospedia to undertake a health check of the current system. This was targeted for December 2020 subject to UK Government guidance on lockdown measures and restrictions, and follows an amendment to the payment model for TV services in 2020 wherein the Trust funded all patient entertainment services due to visitor restrictions.
- b) **Service Development:** Conduct a review post-COVID-19 of patient entertainment services prior to the contract end date with Hospedia on 20/08/2021. Provision has been made in the submission for capital funding for FY21/22 for Patient TV Services. The specification is being drawn up in conjunction with Communications, and will extend beyond TV/radio services to cover other media forms and integration with patient menus for meal ordering. The project team has met with suppliers as part of pre-market engagement and remains on-track to deliver prior to Aug 2021.

COG/20/08/31	13.08.2020	Items raised by Governors	JC to ask CIO for clarity on answer provided and what results and patient information Consultants/ Doctors have access to in St Helens and Warrington.	Trust Secretary/ Chief Information Officer	COG 12.11.2020		9.11.2020 Refer to below	
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Interoperability of care records remains a national ambition for the NHS.

**Within Locality:** Within the Warrington and Halton localities, healthcare professionals have access to an electronic discharge summary and test results via electronic systems that enable information sharing.

**Outside Locality:** including St Helens, interoperability remains limited. Lab results are routinely available in GP practices, but it would be reliant on the GP practice using the ICE system (in a similar manner to Warrington and Halton GPs). Discharge summaries are similarly limited.

**Developments:**

Regional Share2Care initiative is enabling the sharing of records across Cheshire and Merseyside, with WHH sending discharge summaries to the platform since October 2020. Further work is required to enable *all* healthcare professionals to see results and patient information. There remains an ambitious plan to realise this in 2021.

All medical imaging across Cheshire and Merseyside is routinely available to healthcare professionals through a regional medical imaging system (known as PACS/RIS).

Warrington and Halton GPs will routinely have access to ICE and an electronic discharge summary; St Helens GPs won't unless they also use it as a locality and access is enabled via the MIG.

Your comment still stands Phill if this is desirable – i.e. we would need to engage St Helens CCG to discuss ICE use for results and the mechanisms for doing so (in conjunction with STHK as their HIS provider).

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/20/05/22</b>
<b>COMMITTEE ATTENDED</b>	<b>Trust Board</b>
<b>DATE OF MEETING:</b>	24 <sup>th</sup> February; 21 <sup>st</sup> March; 28 <sup>th</sup> April, 05 <sup>th</sup> May
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p><b>24<sup>th</sup> February 2021 (Extra Ordinary Board)</b></p> <p>All NEDs were in attendance, the main topics discussed were: COVID-19, Cheshire and Merseyside H&amp;CP Memorandum of Understanding, Recovery Activity Governance, Finance, ICS.</p> <p>There was a presentation: Working Together to Improve Health and Social Care for All (ICS), presented by Rob McGough Partner at Hill Dickinson LLP</p> <p>All agenda items / presentation were in depth and all NEDs participated in the questioning.</p> <p><b>31st March 2021 (Bi-Monthly Board)</b></p> <p><b>Part 1 Public Board</b></p> <p>All Governors were circulated the papers for the Public Board in advance. All Ned's were in attendance. The meeting had a very full agenda. The CEO and Chairman gave full and comprehensive reports, the NED chairs gave reports that showed they had been provided with sufficient evidence and assurance to support the actions being taken by executives and their teams. The main items of discussion were: Covid-19, Trust Performance Dashboard, Maternity Services, Spinal Services, Finances, BAME Strategy, Digital Governance, Trust Governance. There was a full list of matters for approval and matters for noting.</p> <p>All NEDs participated in all areas of the meeting challenging and questioning in depth were required. There were several governors observing this virtual meeting.</p>

### **31st March 2021 (Bi-Monthly Board)**

#### **Part 2 – Private Board**

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

### **28<sup>th</sup> April 2021 Board Development Day**

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

### **05th May 2021 (Extra Ordinary Board)**

4No NEDs were in attendance, there was 1No agenda item for discussion ED Plaza. Numerous questions were raised by NEDs, there was very detailed and extensive answers provided by the Executive. These replies were scrutinised **in** depth and further questioning took place. The debate was well chaired and time managed.



**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/05/24 a</b>
<b>COMMITTEE ATTENDED</b>	<b>Audit Committee</b>
<b>DATE OF MEETING:</b>	25 <sup>th</sup> February 2021
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p>Newcomers to the committee were introduced and warmly welcomed by the Chair at the start of the meeting.</p> <p>The Covid 19 DP checklist was presented incorporating the changes that were suggested at the last meeting, making it much easier to follow.</p> <p>Each NED committee chair gave a verbal update, including requests made and deep dives completed. The BAF review noted that all risks aligned well to individual committees where they were discussed in depth.</p> <p>Internal audit - all agreed 'partial' completion shows progress, and suggested 2 dates in future, partial and full completion. One audit had been requested as an interim review of a NEW PROCESS to add most value, rather than wait until completion.</p> <p>The external audit plan, slightly behind schedule due to COVID-19, was agreed to be presented at the next meeting.</p> <p>Various challenges were made and assurance received. Appropriate dates were agreed for the next required update after each key item. The meeting was expertly chaired by Ian, who throughout the meeting invited relevant colleagues for their input and to confirm assurance.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/05/24 a</b>
<b>COMMITTEE ATTENDED</b>	<b>Audit Committee</b>
<b>DATE OF MEETING(S):</b>	29 <sup>th</sup> April 2021
<b>AUTHOR(S):</b>	Sue Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>I was welcomed and introduced to the committee by the chair before the commencement of the meeting.</p> <p>There were no new risks; however, since the last meeting the rating of one risk in relation to the supply of oxygen had twice been reduced then subsequently de-escalated. or amendments to the BAF and the BAF was approved. The addition of a summary of BAF was seen to be a useful document.</p> <p>The NED committee chairs gave an update on and discussed key issues. The deep dive actions will be acted on. Review timelines were agreed.</p> <p>The progress reports were presented with full discussion, challenge and consensus reached.</p> <p>The internal audit report gave a good example of NEDs working together to resolve an issue and offer a solution. There was disappointment from the committee that the overall assessment was moved from Substantial to Moderate assurance regarding audit follow up.</p> <p>The committee agreed that the assessment was fair but It was felt that the change may reflect on the hospital's reputation and agreed that it requires further review. The change may be exacerbated by COVID-19 but it was felt improving the urgency to internal audit recommendations and setting realistic deadlines must be highlighted, communicated and then met.</p> <p>The meeting was chaired well and ran to time but there was ample time for full discussion and consensus to be reached where appropriate.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/05/24 b</b>
<b>COMMITTEE ATTENDED</b>	<b>Finance &amp; Sustainability</b>
<b>DATE OF MEETING(s):</b>	17/02/21, 24/03/21 Unable to attend 21/04/21 (apologies were sent)
<b>AUTHOR(S):</b>	Paul Bradshaw
<b>GOVERNOR COMMENTS</b>	<p>Once again can I commend the work ethic of this group.</p> <p>All paperwork is sent well ahead of the meeting allowing an opportunity for a thorough scrutiny of reports in advance.</p> <p>The Chair moves the meeting along at a pace to ensure the very comprehensive agenda, including standing items, are all addressed but the Chair always allows time for questions.</p> <p>In the last meeting I attended (24/03/21) there was time to discuss an item that I had expressed concerns about in January regarding the Midwifery Led Unit capital scheme. Indeed, committee members were given sight of a draft assignment report, "Management of Capital Programme – Estates Review", which answered many of my questions and gave me assurance that this matter was being probed thoroughly.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/05/24 b</b>
<b>COMMITTEE ATTENDED</b>	<b>Finance &amp; Sustainability Committee – April 2021</b>
<b>DATE OF MEETING(s):</b>	21 <sup>st</sup> April 2021
<b>AUTHOR(S):</b>	Dan Birtwistle, Staff Governor – Estates, Facilities and Admin
<b>GOVERNOR COMMENTS</b>	<p>This was my first opportunity to observe a committee as a staff governor.</p> <p>The papers were distributed in advance of the meeting in accordance with the Terms of Reference. The Chair and other non-executive directors asked the executive directors in-depth questions about the papers presented and executive directors were prepared with answers.</p> <p>The Chair ensured the meeting flowed as per the agenda, keeping to time but also let the discussion flow for pertinent issues.</p> <p>The chair noted the items to be highlighted and escalated at the end of the meeting.</p> <p>Overall as it was my first meeting, I felt that the non-executive directors obtained the assurances they required around the key issues presented at the meeting.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	COG/21/05/24 c
<b>COMMITTEE ATTENDED</b>	Quality Assurance Committee
<b>DATE OF MEETING(S):</b>	04/05/21
<b>AUTHOR(S):</b>	A M Robinson (Public Governor)
<b>GOVERNOR COMMENTS</b>	<p>The Chair is positive and helpful; encouraging any actions needed and completed.</p> <p>A number of topics have been thoroughly explored but still have questions/details to be answered. Authors were requested to follow up either with Chair outside of meeting or to submit for next meeting date.</p> <p>There is an encouraging atmosphere at the QAC with the Chair managing the jigsaw puzzle and its completion! Fellow NED Cliff Richards provides a further questioning, professional voice to ensure all aspects are review.</p> <p><b>Previous report to COG ran up to and included Feb 21 mtg. March 21 (02/03/21) and May 21 (04/05/21) are covered by the above. I was not able to attend the April 21 mtg.</b></p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	COG/21/05/24 c
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(S):</b>	25 <sup>th</sup> March 2021
<b>AUTHOR(S):</b>	Colin Jenkins
<b>GOVERNOR COMMENTS</b>	<p>Any newcomers or guests to the committee were introduced and warmly welcomed by the Chair at the start of the meeting.</p> <p>The Chair outlined the agenda and highlighted items that were linked to previous meeting agenda's that the committee would be receiving updates to and informed the meeting that any pre-submitted questions to any item would be addressed at the appropriate point.</p> <p>Each responsible officer gave a verbal precis of their respective reports and answered any questions that arose from them.</p> <p>The committee ongoing action plan was reviewed and updated where necessary with targets applied to items that were incomplete.</p> <p>Assurance where sought were given along with any necessary parameters.</p> <p>Appropriate dates were agreed for the next required update after each key item. The meeting was professionally chaired by Anita, who throughout the meeting invited relevant colleagues for their input, made salient comments and to confirm assurance.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	COG/21/05/24 d
<b>COMMITTEE ATTENDED</b>	Charitable Funds
<b>DATE OF MEETING:</b>	11 <sup>th</sup> March 2021
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p>There were 4no Neds in attendance on the TEAMS meeting.</p> <p>There was an in-depth discussion around finances. The committee received a very much improved and detailed report, all NEDs took part and raised questions and queries.</p> <p>There were 10 No bids for funds and each one was discussed, all 10 were approved. all NEDs took part in the discussions around each bid.</p> <p>The committee received information on the ongoing fund-raising activities and areas where the Charity was supporting, staff</p> <p>All agreed that a specific meeting was required to discuss the way forward for the Charity.</p> <p>The meeting was chaired well, and all points of view were heard.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	COG/21/05/24 e
<b>COMMITTEE ATTENDED</b>	<b>Clinical Recovery Oversight Committee</b>
<b>DATE OF MEETING:</b>	27 <sup>th</sup> April 2021
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p>This was the second meeting of this new committee and the first I have observed.</p> <p>The committee will focus on four specific key areas. The cycle of business is to meet every two weeks for the first six months and then review this. It is not intended to be a permanent committee.</p> <p>There was an in-depth review and discussion of the clinical harm review process, the reviews where harm had been identified, and governance.</p> <p>As part of establishing &amp; embedding the approach taken by this new committee a number of future enhancements were agreed. These include changing the monthly trajectory to two-weekly to align with the meeting frequency, and to focus on certain areas in much more detail as the meetings progress.</p> <p>The Chair challenged the potential to find a way to accelerate the rate of recovery, and NEDs questioned the monthly variation in the number of harm reviews completed.</p> <p>The meeting was expertly chaired by Terry and closed with a review of the effectiveness of the meeting.</p>

**REPORT TO BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	<b>BM/21/03/28</b>			
<b>SUBJECT:</b>	<b>Chief Executive's Briefing</b>			
<b>DATE OF MEETING:</b>	31 <sup>st</sup> March 2021			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first through high quality, safe care and an excellent patient experience.			✓
	SO2 We will...Be the best place to work with a diverse, engaged workforce that is fit for the future.			✓
	SO3 We will...Work in partnership to design and provide high quality, financially sustainable services.			✓
<b>LINK TO BAF RISK:</b>	All			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
<b>PURPOSE: (please select as appropriate)</b>	Information ✓	Approval	To note	Decision
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable		
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Chief Executive's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/21/03/28</b>
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## 1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 27<sup>th</sup> January 2021, some of which are not covered elsewhere on the agenda for this meeting.

## 2) KEY ISSUES

### 2.1 Current COVID-19 Situation Report

As at the time of writing we have a total of 52 inpatients with COVID-19 at WHH; the week before it was 63. This is a COVID-19 demand that we have not seen since the first week of October. There is no doubt that our figures are relatively slow to come down in comparison with other acute trusts. Out of the 52 COVID-19 positive patients, 32 have a length of stay greater than 21 days (the so called 'super-stranded'). Of those 32 patients, 17 are 'medically-fit'. COVID-19 is a relatively long length of stay illness.

Positively, our overall super-stranded position for patients with a length of stay greater than 21 days is at 85, the lowest it has been for some months outside of a Home For Christmas programme.

The slow decline in hospitalised COVID-19 patients locally is at least partially explained by the 'dial not shifting' much in terms of community prevalence. In the latest 7 days fully published (15<sup>th</sup> March – 21<sup>st</sup> March) in Warrington there were 84 cases per 100,000 people (the average area in England had 44); 177 new cases were reported in that week, up 37 compared with the previous week. In Halton, there were 64 cases per 100,000 people; 83 new cases in that week, up 6 compared with the previous week.

The latest R number for the North West, updated on Friday 19<sup>th</sup> March, is at 0.7 – 0.9, the UK as a whole is at 0.6 – 0.9.

Since March, we have performed over 74137 COVID-19 tests and 5266 have been positive in total. We have discharged a total of 1897 patients with COVID-19 to continue their recovery at home. Sadly, a total of 488 patients with COVID-19 have died in our care.

### 2.2 Executive Team Changes

Phill James, Chief Information Officer, left the organisation at the end of February. The Digital Service portfolio has subsequently been split: executive leadership for IT services has transferred to the Executive Medical Director, Dr Alex Crowe, and for Information services to the Chief Finance Officer & Deputy Chief Executive, Andrea McGee, effective from 1<sup>st</sup> March 2021. The specific Board-level (non-voting) role of Chief Information Officer is therefore disestablished, although the recruitment of a new Chief Information Officer to support Dr Crowe is underway.

The rationale to do this at this point follows on from a direction of travel at WHH in recent years – significantly, an important component of IT being the Patient Administration System (PAS) and Electronic Patient Record (EPR) being fundamentally a clinical tool with clinical implications for patients and staff. The Executive Medical Director is also currently the Board-level Chief Clinical Information Officer and Caldicott Guardian. Moreover, the importance of data becoming information and intelligence with analytics is an area of recent investment that has consequences across all QPS objectives. This aligns well with the finance portfolio and there are many areas of synergy.

### **2.3 WHH COVID-19 Vaccination Programme**

Our vaccination programme as a hospital hub continues to go from strength to strength. At the time of writing, we have performed over 24000 COVID-19 vaccinations. We have also vaccinated 90.27% of WHH staff – the highest staff uptake of any trust in the North West. This is a credit to everyone involved including the staff who have been so ready to take up the offer when presented to them. It is good to be at the top of such an important league table.

We are well on they way with our second doses of vaccine now.

Our WHH Neighbourhood Champion Scheme for vaccination for those within the JCVI 1-9 groups has continued. It works really well in terms of bringing people forward for vaccination, sponsored by members of staff, so that we continue to make best use of our capacity. DNA rates are very low.

### **2.4 National and Regional Developments**

There has been confirmation that the Cheshire and Merseyside Health and Care Partnership has now been formally designated as an Integrated Care System (ICS) and will work towards becoming a statutory organisation from April 2022. There are ongoing discussions with all partners around the development of provider collaboratives as well as integrated care partnerships at place (borough) level.

Effective 25<sup>th</sup> March 2021, the national incident has been reduced from level 4 to level 3, as occurred during the summer of 2020. The national incident infrastructure will be maintained, but the incident management will move to a regional level.

We have today also received the operational and financial/contracting guidance for 2021-2022. This timing of this means that we will be working with an interim budget for 2021-2022 until this is presented to the Trust Board next month.

### **2.5 Captain Sir Tom Moore**

We were all saddened to learn of the death of Captain Sir Tom Moore in February. He was a truly remarkable and inspirational man, in the truest sense of the word, embodying a positive spirit of 2020. Somebody doing something over and above – something they didn't need to do, but did anyway to help others, and demonstrate hope in the process. There have been countless examples of that kind of thought and action in this Trust and across our communities over the last year too.

Sir Tom's connection to WHH is indirect, through the massive amount of money he raised for NHS Charities Together, of which we are a beneficiary. The money has been used to fund staff health and wellbeing initiatives including our Sanctuary Staff Health and Wellbeing Hub, support for the Project Wingman Lounge and other initiatives that will support improvements in staff welfare and development, and ultimately patient care.

It is entirely fitting and consistent with WHH that the renaming last summer of our Cheshire and Merseyside Treatment Centre at Halton Hospital as the Captain Sir Tom Moore Building will be a lasting tribute to him. It was the popular choice from the online poll we did last summer. His legacy will therefore be seen tangibly in our most modern building (and all that goes on within it) as well as felt throughout our Trust through the impact of all of the above which are a direct result of his fundraising efforts.

## **2.6 Halton Clinical Research Unit**

In another low-key ceremony (a reflection of the time we find ourselves in), on 4<sup>th</sup> March we formally opened the Halton Clinical Research Unit (HCRU) with our partners from Liverpool University Hospitals NHS Foundation Trust and the NIHR North West Coast Clinical Research Network.

This last year has been an extraordinary time for clinical research, especially clinical research in the United Kingdom, and particularly the North West. The sheer speed and application of clinical trials, most notably the RECOVERY trial and of course the national COVID-19 vaccination programme has captured the imagination and interest of our wider population. It is therefore significant that we are bringing a piece of that excitement and interest to our part of Cheshire and Merseyside, and giving greater access to clinical research to our local population, as well as greater possibilities to our clinical teams and those individuals who want to do research but have been needing a platform to do this. This is beyond COVID-19 and gives something tangible and with legacy potential way in to the future.

In the lead-up to the formal opening, over the last few months, a multi-disciplinary project team has been established, created from this new and exciting partnership. Our partnership has provided expertise in research and enabled us to apply for our very first clinical trial from the HCRU.

Crucially we have received investment from the CRN (nearly £200,000) to set up the unit which will create a fantastic legacy for the Trust. The project team has worked quickly to set up the unit, and I am pleased to say that we have received approval for our first clinical trial in the HCRU for a new COVID-19 vaccine. The trial is planned to start in April.

Medical and nurse staffing, recruitment, research and development, training, pharmacy, infection prevention and control, haematology, estates and facilities, operations, IM&T, communications, procurement and finance are all a part of making this happen and I cannot thank everyone involved enough for their energy, enthusiasm and ability to make things happen. Signs are now up in the Trust to guide us to the unit in the Nightingale Building. The unit has been set up to provide flexible accommodation and staffing to support different types of clinical research and trials, as this is very much only the beginning.

We will be placing the unit under the stewardship of our Quality Academy, a flagship of our commitment to a future where our ambition for research becomes part of what we do every day for the benefit of our local communities, our patients and absolutely for our staff.

## **2.7 Other developments at Halton Hospital**

In addition to the opening of the Halton Clinical Research Unit described above, there is a lot of other development work going on in Halton at the moment, including:

- Movement of Breast Services, in line with Halton as the Trust's location for providing this service, including the expansion of Breast Surgery lists at Captain Sir Tom Moore Building and the creation of a Breast Screening and Assessment unit, relocating this service from Warrington's Kendrick Wing (due for completion this year).
- Development of the Post-Anaesthetic Care Unit (PACU) at Captain Sir Tom Moore Building, enabling the elective surgery expansion.
- Utilisation of Captain Sir Tom Moore Building for COVID recovery, including the addition of sessions for a number of new specialties from this location, including General Surgery, Urology, ENT and Ophthalmology.
- Shopping City Programme with approximately £1m investment from Liverpool City Region and the Trust, including the novel relocation and expansion of Ophthalmology, Audiology and Dietetics outpatient services (due to open September 2021).
- Proposed £3m health and education hub in Runcorn town centre included in Runcorn's Town Investment plan – awaiting Government feedback on the overall plan.

We continue to seek national funding for the redevelopment of the whole hospital site to provide services in a modern estate in a way that is complementary to the new Warrington Hospital proposals.

## **2.8 Urgent and Emergency Care**

It has been a difficult few weeks more recently from a UEC point of view. Attendances have been significantly up, both at the Warrington Emergency Department but also at the Halton Urgent Treatment Centre. As ever, attendances are rarely smoothly profiled throughout the day. Whilst our super-stranded position has been improving in terms of patient flow (although there is always more to be done) we have also been thwarted by bedded assessment areas which further impacts our ability to make best use of assessment capacity and keep patients out of hospital. It is also related to the constraints brought about by COVID/non-COVID flow separations.

As at the time of writing our super-stranded position is at 84 patients, the best situation we have had for many weeks outside of a Home For Christmas programme and the historical favourable Christmas Eve bed situation.

## **2.9 Anaesthesia Clinical Standards Accreditation (ACSA)**

At the beginning of March I was very pleased to join our Anaesthetics and Theatres teams in welcoming a virtual review team from the Royal College of Anaesthetists (RCoA) as the first stage on our path to Anaesthesia Clinical Standards Accreditation (ACSA). It is a journey I started as medical director a little while ago now and has been slowed for over a year by the

pandemic. However, the RCoA are now trying to do as much as they can virtually before visiting us when some of the public health restrictions are lifted.

For me it is absolutely fitting that this is happening now given the crucial role played by anaesthetics and theatres in the COVID response, both at WHH and across the country. The review team was extremely complimentary already about the positive departmental attitude and organisation, as well as the high quality policies including the systematic follow up of patients who had had any sort of problem with anaesthesia. We know that we have some work to do around training, alarm systems in theatres and patient satisfaction surveys but we are well on the way to being where we need to be in terms of meeting the required standards. Well done to the entire team led by Drs Dan Edwards, Ruth Cowen and Andy Langdon alongside Gemmell Johnston, Mark Rigby and Guy Hanson.

### **2.10 Car Parking**

Car parking continues to be a major issue, particularly at Warrington. This is despite the national lockdown and normal 'foot-fall' being suspended for over a year. It is not helped by the number of spaces we have lost temporarily because of all the very important (but equally beneficial) estates work going on at the present time. It is obviously an unsustainable situation as parking demand increases year on year, and significantly impacts on our patients' experience as well as being very frustrating for staff, especially those arriving later in the day for late shifts.

There is no quick fix to this and we continue to explore all options, including a multi-story car park. In this regard, we also need to have a clearer idea of any new hospital development within the wider town master plan before we commit to anything.

However, we do have to regulate car parking and make the best use of what we have got, including the off-site spaces that we have invested in. Last year we carried out an extensive survey of staff car park users and we have reviewed this feedback. In summary, this involves us switching the cameras back on 1st April, protecting patient/visitor spaces as much as we can and reinstating charges for patients, visitors and the general public (albeit with an increased number of concessions available) in line with most other trusts. We will introduce a new criteria-based permit system – all staff will be required to apply for a new permit between April and June via a new system. Staff will be issued with passes assigned to a specific car park on site or at one of the four offsite car parks (Wellfield St, Basfords, Poundstretcher, Froghall Lane).

There are no plans to reintroduce charges for staff parking either on or offsite. This is consistent with the NHS People Plan and national directives.

### **2.11 National Day of Reflection**

Tuesday 23<sup>rd</sup> March marked one year since the first national lockdown, and as part of a national day of reflection there was a minute's silence at noon. This was observed by individuals and teams throughout the trust, alongside a series of reflective pieces in Good Morning WHH, my daily message.

### **2.12 Warrington Guardian Lockdown Heroes Awards**

The Warrington Guardian plans to honour community heroes who have gone above and beyond over the past 12 months. The awards are being held in association with Warrington Borough Council and WHH – in recognition of the support and efforts of our amazing local community for our hospitals during the pandemic. The event will be hosted by TV medic Dr Hilary Jones and will hail NHS staff, shop workers, volunteers and young people. The event is virtual and everyone can join live on Friday, April 30th.

The Communications Team are assisting with nominations. Both the Chairman and I are chairing panels for two of the 12 awards.

### **2.13 WHH Armed Forces & Military Veterans Network**

WHH is currently developing our WHH Armed Forces/Military Veterans Network for those with a connection to the Armed Forces and who wish to be involved in that community. In addition, we are also seeking a Chair and Vice Chair(s) for the network with protected time to undertake the role.

### **2.14 Maternity Services**

We opened The Nest on 1st December 2020 in a very low-key ceremony. The Nest is our Midwifery-Led Unit (MLU) and the latest addition to the birth options available to the women of the Warrington and Halton area. The Nest offers four ensuite birth rooms, each with its own birthing pool and two having outside access to the garden area (still under development as the weather improves). The state-of-the-art rooms have been designed to promote active, upright labours in a calm and relaxed environment.

From opening until the end of February the team have cared for 102 women in labour and welcomed 78 babies into the world; the remaining 24 women will have, for one reason or another, had to transfer to our main Delivery Suite/Labour Ward. That is a transfer-in-labour rate of 23.5%, when the national average for units like this is 26.4%.

There have been 49 waterbirths on The Nest; a waterbirth rate of 62.8%.

The Nest is just one of a series of capital and revenue investments in Women's and Children's Health within the last year, that also includes us investing over £450K in staffing for the important continuity of care agenda, as well as in leadership for the team.

### **2.15 COVID-19 LAMP Testing**

In November 2020 WHH agreed to be one of three 'early adopter sites' in the North West for the roll out of Lateral Flow Device Testing to asymptomatic front line staff across the workforce, alongside North Care Alliance (Oldham Site) and East Lancashire Hospitals NHS Trust. The programme has since been rolled out to all acute trusts and extended to Mental Health, Community Trusts and Ambulance Services. More recently we have begun using Lateral Flow devices on patients in the Emergency Department and on patients and family members in the Maternity Unit.

In February 2021 it was recommended that they all trusts in the North West explore moving to LAMP (Loop Mediated Isothermal Amplification) testing instead of Lateral Flow testing. LAMP testing detects the presence of RNA of the SARS-CoV-2 virus from a fresh saliva sample

provided by staff. LAMP testing is self-administered and takes only a few minutes to complete. Testing is carried out at home before eating or brushing teeth to prevent the potential interference with the sample. For some sub regions access to LAMP is not universally available, however for Cheshire and Merseyside the Health & Care Partnership has developed plans to transfer.

LAMP testing is more comfortable than a nose or throat swabs – the test is saliva-based and has enough sensitivity to mean confirmatory PCR tests are not needed. Test outcomes are automatically reported through the laboratory. Unlike lateral flow testing, asymptomatic testing under the LAMP regime only needs to take place once per week and takes around five minutes for the individual to carry-out. It currently can take around 30-40 mins for a staff member to carry out a Lateral Flow Test, twice per week.

LAMP is simple to start, supported by well-developed digital technology. Staff taking part in the LAMP testing programme register their data online, resulting in readily available data. Unlike Lateral Flow, LAMP is not a 'rapid' test. However, it can be processed much more quickly than PCR tests, and turnaround is less than 24 hours. Because samples must be sent to laboratories, the LAMP regime lends itself much more easily to hospital sites, where large numbers of staff can efficiently access sample drop-off points. There is considerable lab capacity for LAMP testing (Liverpool Clinical Laboratories are doing this for us).

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

Since our last Board meeting in January, 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 in equal measure.

There have been several over the last couple of months, reflecting the depth, breadth and diversity of WHH in terms of healthcare delivery in our communities. These include:

- LGBT+ Month – February 2021
- Time To Talk Day – 4<sup>th</sup> February 2021
- International Mother Language Day – 21<sup>st</sup> February 2021
- World Sleep Day – 19<sup>th</sup> March 2021

### **2.17 Local political leadership communication**

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 dialogue with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation; similarly they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

### **2.18 Employee Recognition**

During the COVID-19 pandemic the WHH employee recognition scheme (*Employee of the Month and Team of the Month*) has been temporarily suspended.

***Chief Executive Award (February 2021): Ward A8 and Ward A9***

Both of these wards have been operating in an extremely challenging environment throughout the pandemic, but have continued to deliver high standards of care with countless examples of positive patient and family feedback. Kindness and compassion have frequently been words used to describe the care given on these wards.

***Chief Executive Award (February 2021): Communications Team***

Deferred from January, this award was made for the extra hard work and success in delivering the Thank You Awards in December 2020 at very short notice. This successful event occurred, virtually, despite the pandemic and involved the team being innovative and flexible in equal measure.

***Chief Executive Award (March 2021): Olivia King***

One of our midwives, Olivia King, was traveling as second-on-call to a homebirth in Warrington when she saw a young woman sat on a bridge. Olivia circled back to the girl and called the police. We understand the girl's intention was to commit suicide. Olivia stayed with the woman until the police and other services arrived. Cheshire Police have said Olivia undoubtedly saved her life and will be nominating Olivia for a commendation.

***Chief Executive Award (March 2021): Critical Care***

Our critical care team have been at the very forefront of COVID-19 care throughout waves 1, 2 and 3 of the pandemic, and over the last two waves have been one of the busiest and most escalated critical care units in the North West. They have my utmost admiration for all that they have done and the way that they have done it.

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

I have also specifically recognised the work of the following members of staff:

- Mel Thompson, Ward Manager A7
- Jennie Myler, Executive Assistant
- Veronica Brash, Medical Secretary - Digestive Diseases
- Dr Anna Vondy, Consultant, Urgent & Emergency Care
- Mr Hemal Raja, Consultant ENT Surgeon
- Matthew Rogers & Team, COVID-19 Vaccination Programme
- Dr Alex Crowe, Executive Medical Director
- Katie Nixon & Team, Ward Manager - B12
- Mr Noaman Sarfraz, Consultant Surgeon
- Erin Schofield, Student Nurse - Women's & Children's Health
- Joanna Thomas, Clinical Specialist Physiotherapist - Critical Care Unit
- Elena Evans-Guillen, WHH Charity Fundraiser
- Ruben Evans-Guillen, WHH Charity Fundraiser
- Mr Azher Shafiq & Team, Consultant Surgeon and Breast Screening Team
- Dr Mark Forrest & Team, Clinical Director - Medical Care

- Mr Mark Tighe & Team, Consultant Surgeon - Digestive Diseases
- Dr Bharathi & Team, Consultant Gastroenterologist/Endoscopy Unit
- Renee Roberts, Senior Domestic Supervisor - Estates and Facilities
- Barbara Kelly, Waiting List Clerk - Endoscopy Unit
- Dr Prakash Mathew, Associate Specialist Ophthalmology
- Mark Hampson, Head of Resuscitation
- Karen Johns, Medical Secretary - Specialist Surgery
- Deborah Owens, Medical Records Clerk
- Andrea McGee, Chief Finance Officer & Deputy CEO
- Val Doyle, Associate Director, Elective Care
- Claire Grice, Ward Manager - PACU
- Sally Proffitt, Associate Director of Finance
- Joanne Nolan, Healthcare Assistant - Ward K25

### 2.19 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under Seal by the Chairman and myself:

- Underlease of the Reception Desk area at Warrington Hospital
- Deed of Variation to the property at the Entrance Concourse at Warrington Hospital
- Licence for alterations at the Reception Desk area at Warrington Hospital
- Project Agreement for a pathology equipment service

## 3 MEETINGS ATTENDED/ATTENDING

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

- North West Coast Vaccine Alliance Steering Group (Monthly)
- Clinical Research Network North West Coast Partnership Board (Quarterly)
- NHSE/I COVID-19 System Leadership (Weekly, now biweekly)
- C&M CEO Provider Group Calls (Weekly)
- C&M Medical Directors Clinical Prioritisation & Mutual Aid meeting (Weekly)
- NHS 111 Oversight Group (Monthly)
- Update calls with our local MPs: Andy Carter MP, Charlotte Nichols MP, Derek Twigg MP, Mike Amesbury MP
- Steve Broomhead, Chief Executive, Warrington Borough Council
- David Parr, Chief Executive, Halton Borough Council
- Dr Andy Davies, Clinical Chief Officer, NHS Warrington and Halton CCG
- Colin Scales, Chief Executive, Bridgewater Community Health NHSFT
- Warrington Health Scrutiny Committee (March 2021)
- Warrington Health and Wellbeing Board (March 2021)
- Halton Health Policy and Performance Board (March 2021)
- C&M Hospital Cell (Weekly)

- C&M Gold Command (Twice weekly)
- NW Hospital Cell Gold Command (Weekly)

#### 4) RECOMMENDATIONS

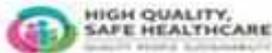
The Board is asked to note the content of this report.

# WHH Strategy 2018-2023 Mid-point Review

Lucy Gardner, Director of Strategy and  
Partnerships

**A look back at what has been achieved and a look  
forward at the priorities for 21/22 and 22/23**

# Our strategy 2018-2023



## Our Mission, Vision, Values Aims and Objectives



# Looking back...what has been achieved?

## Quality

Significant achievements since 2018 include...

- Launch of **Quality Academy**.
- Implementation of **Family Liaison Officer role** during covid-19 pandemic
- Launch of **Ward Accreditation Programme**.
- Improved recording, escalation and response time for **deteriorating patients**.
- Material **reduction in the overall number of inpatient Serious Harm Falls**.
- Implementation of **electronic nursing observations**.
- Development and delivery of **Frailty strategy**.
- Increase in **Friends and Family Test** scores ensuring all specialities meet or exceed national benchmarks.
- Improvements across all indicators in the **inpatients survey**.
- Significant **reduction in formal complaints**.

## People

Significant achievements since 2018 include...

- Refreshed **Health and Wellbeing** offer including significantly enhanced mental health offer for staff.
- Publication of **Equality, Diversity and Inclusion** strategy.
- Improved visibility and **celebration of diversity** across the Trust Launch of **Advanced Clinical Practice** strategy.
- Centralised **temporary staffing** model.
- **Compassionate Leadership Development** programme.
- Development and launch of **Team Development** programmes.
- Development of **staff networks**.
- Recruitment of **60 international nurses**.

## Sustainability

Significant achievements since 2018 include...

- **Estate improvements** including Frailty Assessment Unit, Combined Cardiology Ward, the Nest, new MRI scanner and upgraded front entrance.
- Establishment of **PACU** on the Halton site.
- **Digital enhancements** such as Guest Wifi, electronic prescribing and B.I. dashboards.
- **Collaborative working** including stroke services and Integrated Discharge Team.
- Secured external funding to support the **provision of out of hospital services** with partner organisations.
- Generated local political **support for new hospitals**.
- Approval of **SOCs** for new hospitals
- **Social Value Award** status

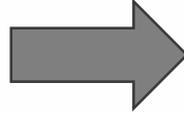
# Here and now...what has changed?

- We have recently refreshed our Mission, Vision, Values and Objectives.
- We have updated our objectives and outcomes under the **People** domain through Strategic People Committee and incorporated 2 new outcomes linked to the Equality, Diversity & Inclusion strategy.
- We are seeking approval for updated objectives under the **Sustainability** domain.



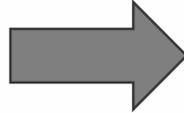
# Sustainability – Objectives

Play a central role in our healthcare economies to support integrated place based care.



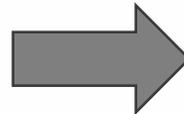
Enhance our role as an **anchor institution** by building on the provision of **integrated** place based care and addressing health inequalities within our populations, being guided by the principles of **social value**.

Work with other acute care providers to ensure that those services which need to be provided in an acute environment are the best they can be and are clinically and financially sustainable.



Work with **other acute care providers** to ensure that those services which need to be provided in an acute environment are the **best they can be** and are **clinically and financially sustainable**.

Provide our services in an estate that is fit for purpose, supported by technology, and aligned to the needs of our developing populations.



Provide our services in an estate **that is fit for purpose**, supported by the **realisation of digital opportunities**, and aligned to the **needs of our patients, staff, and populations**.

# Sustainability – Outcomes

<b>Provider of integrated services, intermediate care and care home services</b>
<b>Improved pathways for local residents to ensure that everyone receives the right support, care and treatment at the right time</b>
<b>Strong relationships and collaborative working with all partners, including councils, CCGs, mental health and community services providers and the voluntary sector</b>
<b>Ensure services meet the demand of our populations</b>
<b>Provide services on behalf of others where our services are clinically and financially superior</b>
<b>Disinvest in or transform services which are not financially sustainable and do not currently provide high quality outcomes</b>
<b>Share best practice and collaborate to ensure the best outcomes for our populations</b>
<b>Maintain and then improve financial position</b>
<b>New hospital and wellbeing campus in Halton</b>
<b>New hospital in Warrington</b>
<b>Recognised digital exemplar</b>

(1)

## Quality

Quality priorities 2021/22, approved at QAC April 2021

- Continued reduction in **Gram Negative Bloodstream Infections**.
- Ensure **proactive management of waiting lists** and **early recognition of potential clinical harm** as part of the elective recovery programme post-covid.
- Embed **Medical Examiner** system across the Trust.
- Enhance the standard of **patient nutrition and hydration**.
- Implement the **Serious Illness Care Programme**.
- Improve the **communication processes for DNACPR**.
- Implement **recommendations arising from National Confidential Enquiries** (NCE's), where relevant to the Trust.
- Implement the Trust **Learning Disability Strategy**.
- Review all published **national audit reports** and produce a management summary and action plan.
- Implement recommendations from the **Getting it Right First Time** Programme (GIRFT).

## People

People priorities, approved at SPC July 2020.  
Below is a summary of priorities post March 2021, based on progress report to SPC in March 2021

- Review and refresh of **line managers development opportunities**.
- Continued **team support programmes**, for teams reforming and developing following the pandemic.
- Continued development of **international recruitment**.
- Develop and embed new ways of working based on **comprehensive workforce plans**.
- Implement the NHS Leadership Academy **Talent Management and Succession Planning Framework**.
- Implement a programme of work around **civility and respect**.
- Launch **Kindness and Civility Campaign**.
- Continued implementation of **Just Culture** principles.
- Deliver the **Model Employer** action plan.
- Launch targeted **career management** support.

(2)

## Sustainability

Key priorities to 2023 include:

- Play a key role in the development of Cheshire & Merseyside **Integrated Care System** and in the development of **Integrated Care Partnerships** in both Warrington and Halton.
- New **Continuity of Carer** model for maternity services and integration of community midwifery in Halton.
- **Further estate improvements** including ED Plaza, Urology Investigations Unit and Children's Outpatients.
- **Partnership working** with St Rocco's Hospice, University of Chester and Warrington & Vale Royal College.
- **Recovery of elective care**, aligned to system targets, following the covid-19 pandemic. Accessibility of elective recovery fund for over trajectory is an opportunity.
- Development of out of hospital services at **Runcorn Shopping City** and **Health & Wellbeing hubs** in Warrington and Runcorn.
- Development of health and social care **academy** with University of Chester and Warrington and Vale Royal College.
- Further develop plans and build support for **new hospital buildings in Warrington and Halton**.
- Embed the principles of **enhancing social value and reducing health inequalities** into business as usual practices.
- Further **digital enhancements** supporting quality and safety.
- Access to appropriate funding within **system funding envelope** for capital and revenue.
- Focus on **productivity**, efficiency and cost reduction.
- Collaboration across Cheshire and Merseyside to deliver **sustainable pathology services**.

**Relationships are key to sustainability**

# Next Steps

- Further staff and partner engagement on priorities 21/22 and 22/23 – via questionnaire, Team Brief, etc.. - May 2021
- Board approval of refreshed sustainability objectives – Trust Board May 2021
- Annual report detailing strategy delivery for 20/21 – Trust Board May 2021
- Refreshed KPIs for strategy delivery for approval – Trust Board May 2021
- Summary booklet on progress and priorities for 21/22 and 22/23 – June 2021

# Proposed Relocation of Breast Screening & Assessment Services at WHH

**Prof Simon Constable, Chief Executive**  
**Lucy Gardner, Director Strategy & Partnerships**

# Purpose of Presentation

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1. Describe the proposal to relocate the breast screening and assessment service from Kendrick Wing Warrington Hospital to Halton Hospital, **retaining the current service at Bath St Warrington**
2. Describe the planned engagement and consultation processes.



## Breast Screening:

- Offered to all women aged 50 - 70 years every three years
- Commissioned by NHS England Specialist Commissioning
- WHH is lead provider of the service for Halton, Knowsley, St Helen's and Warrington

## Assessment Service:

- Assessment is to obtain a timely diagnosis of all potential abnormalities detected during screening
- Uses triple assessment: mammography/ultrasound, clinical examination and image-guided needle biopsy if indicated



# Current Service Offer

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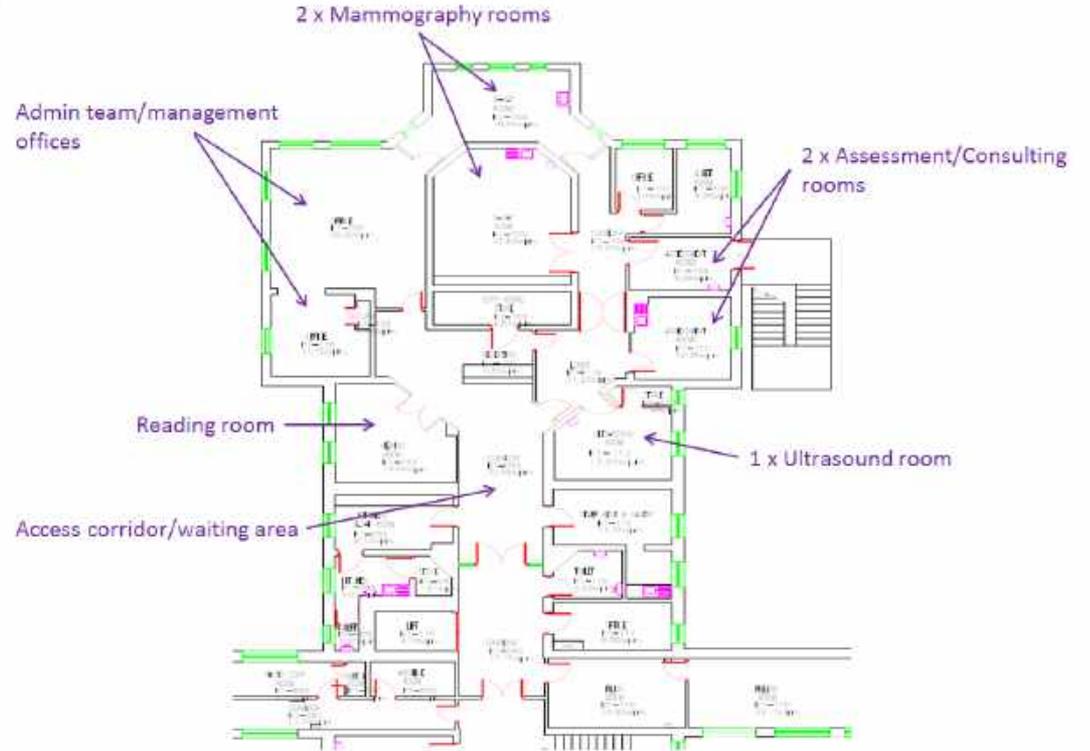
- Halton – Halton Hospital 20.6K per year
- Knowsley 9K per year
- St Helen's 20.9K per year
- Warrington 32.9K per year – Kendrick Wing and Bath St.

<b>Halton</b>	Females aged 50-74	20,600
<b>Knowsley</b>	Females aged 50-74	9,000
<b>St Helens</b>	Females aged 50-74	29,400
<b>Warrington</b>	Females aged 50-74	32,900

- Women can chose any of the centres at time of booking

# Breast Service at Kendrick Wing

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# Breast service at Kendrick Wing



# Breast Screening & Assessment Service Halton Captain Sir Tom Moore building

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# Breast Screening & Assessment Service improvement

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## Captain Sir Tom Moore Building, Halton Hospital

### Kendrick Wing, Warrington Hospital

- 2 Mammography Rooms
- 2 Assessment / Consulting Rooms
- 1 Ultrasound Room
- 1 Waiting Area
- 1 Reading Room
- Admin Office

- 3-4 Mammography rooms
- 2-3 Ultrasound clinic rooms
- 4 Consultation rooms
- 2 Counselling rooms
- 1 Prosthetic fitting room
- 4-5 changing cubicles
- 2 Main waiting areas
- 1 Reading room
- 1 Radiologist office
- Beverage bay
- 1 Main office
- Radiographer QA area

# Why relocate?

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- 1. Provision of both screening and assessment clinics simultaneously** - critical for patients experiencing anxiety following their breast screening where there are anomalies
- 2. Local and national shortage of Breast Radiologists and Mammographers** making recruitment into crucial posts challenging – concentrate specialists onto one site
- 3. Service and operational efficiencies** ensuring the service is future-proofed
- 4. Service closer to home for the majority of referring postcodes** (ie those who would have had to travel to Warrington Hospital for the assessment service)
- 5. Significantly enhanced patient experience and accessibility** to a ground floor service at Captain Sir Tom Moore building
- 6. There are no alternative, suitable locations elsewhere on the Warrington Hospital site**

# Numbers that will be impacted – assessment service

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Aspect of Service	Total Number of WHH Patients	Number attending Warrington	Number attending St Helens	Number to move to CSTM
Symptomatic	3,550	2,800	N/A	2,800
Assessment Clinic	1,400	1,100	300	1,100

- Women can still chose WHH Halton Hospital OR St Helen's & Knowsley to have their assessment appointments
- A free shuttle bus operates from Warrington Hospital to Halton Hospital
- Good public transport is available from both Warrington and St Helen's

# Engagement and Consultation Plan

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## Summary of service change

1. There are five locations that women can choose to have their three-yearly breast screening: Bath St Warrington, Halton Hospital, St Helen's Hospital, Whiston Hospital and Warrington Hospital's Kendrick Wing
  2. If women need to be called back - or if patients are referred in directly by their GP – they need to attend clinic for assessment and results
- **We plan to relocate** the current screening service from Kendrick Wing to Halton
  - **We will retain and expand** the screening service at Bath St. Warrington
  - **We plan to relocate** the assessment clinic from Kendrick Wing to Halton.

## Objectives of engagement and consultation

1. To ensure the local population is made aware of the proposals and provided with a number of platforms to engage and participate
2. To ensure the local population are able to make alternative recommendations and suggestions relating to the proposals
3. To ensure any emerging issues and themes are taken into account and any potential mitigating actions are considered
4. To inform the Public Consultation documentation, questions and answers using initial feedback from the first round of engagement
5. To ensure wide and meaningful engagement with focus on hard to reach/minority groups
6. To prepare engagement reports for the appropriate stakeholder and advisory groups

# Engagement and Consultation Plan/2

- Comprehensive communications plan, an information and engagement document, FAQs and questionnaire in partnership with Halton and Warrington CCGs
- Development of Easy Read, Additional Language and other format materials
- Local engagement with service users, patients and staff
- Patient panel workshop service design and wayfinding 9 April 2021
- Promotion of the proposed plans for initial input
- Media release
- Briefing to MPs and other key stakeholders
- Collation of feedback, analysis to inform public consultation
- Collection of respondent data for Equality Impact Assessment will be in standard NHS Consultation format.

# Engagement and Consultation Plan/3

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## Timeline:

1. Pre-consultation engagement work 1 April – 15 May 2021 (6 weeks)
  2. Formal Public Consultation 28 May 2021 – 8 July 2021 (6 weeks)
- **Funding** of £1.8m has been allocated through WHHNHS capital programme for the proposed scheme. The costs to run this consultation will be funded by WHHNHS
  - **Risk:** The project is governed in line with WHHNHS risk controls. A detailed risk log is available and mitigations are in place as appropriate
  - **Equality Impact Assessment:** Has been carried out relating to both elements of the service change

# Questions

Operational Plan 2021/22 First Draft  
Andrea McGee, Chief Finance Officer, Deputy  
Chief Executive  
Council of Governors 13 May 2021

We are **WHH** & We are  
**PROUD**  
to make a difference

- Overview
- Activity and Performance
- Workforce
- Finance
- Next Steps



# Overview of planning

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- Activity, Workforce and Finance plans to be submitted for Half 1 (H1)
- Financial guidance for H1 has been received with income and inflation (excluding Pay) confirmed
- Recovery targets known but access to the Elective Recovery Fund (ERF) will be based on the system performance against the recovery targets



# Trajectory Priority 2 and 52 Week wait patients

- Current Priority 2 (P2) patients was at 519 at the end of March 2021, by August 2021 the trajectory is to be on plan at a run rate of 290 P2 patients
- The current RTT as at the end of March 2021 is 72.94% for patients seen in 18 weeks of referral, by the end March 2022 this will be 83.35%. This is expected to fully recover to 92% by December 2022
- Current 52-week waits is at 1,545 at the end of March 2021, by February 2022 the trajectory is to be at 190 patients waiting over 52 weeks



# Activity & Performance

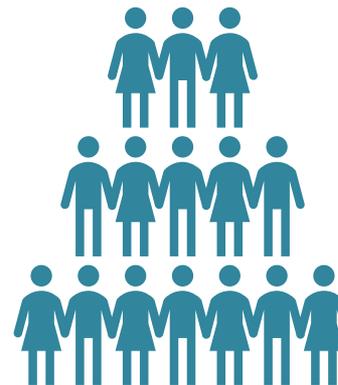
An Elective Recovery Fund (ERF) has been set up in 2021/22, with £1bn available for recovery

Activity		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Elective	Day Case Activity	1,618	1,573	1,911	2,040	1,960	2,153
	Inpatient Activity	186	225	260	267	264	281
	%	72%	75%	80%	86%	86%	90%
Outpatients	Outpatient Activity	21,379	23,145	26,589	27,382	24,024	26,751
	%	85%	100%	100%	100%	100%	100%
	Target	70%	75%	80%	85%	85%	85%
Financial Performance - ERF		£46,403	£501,546	£575,405	£613,099	£540,206	£690,420

- ERF is accessible at system level
- Proposal by C&MHCP is to pro rata to providers above the thresholds
- Includes I/S activity at a system cost of £0.8m (May to Sep 21)
- Total incentive contribution to support the system is estimated at £3.0m



# Workforce



WTE Bridge	Substantive	Bank & Agency	Total
2020/21 Outturn March 2021*	3,962.7	474.6	4,437.3
COVID-19 2020/21 Non recurrent	(15.5)	(174.2)	(189.6)
International Nurses	96.0	(96.0)	0.0
Approved Business Cases**	17.9		17.9
Cost Pressures**	26.2		26.2
COVID-19 2021/22**		25.8	25.8
Development**	56.3		56.3
Other	3.5		3.5
<b>Total WTE</b>	<b>4,147.2</b>	<b>230.2</b>	<b>4,377.3</b>

** Breakdown of Staff Type	Approved Business Cases	Cost Pressures	COVID-19 2021/22	Developments	Total
Allied Health Professionals		7.00			7.00
Carer/Staff Grade		5.00			5.00
Consultants	1.00	0.20		9.50	10.70
Healthcare Scientists	2.00				2.00
NHS Infrastructure Support	8.90			19.30	28.20
Nursing	2.00	2.00		18.20	22.20
Support Clinical Staff	2.00			8.30	10.30
Trainee Grades	Page 67 of 200	12.00		1.00	15.00
Bank & Agency			25.80		25.80
<b>Total WTE</b>		<b>17.90</b>	<b>26.20</b>	<b>25.80</b>	<b>126.20</b>

\*Outturn includes:-

- Additional beds relating to K25 (23 wte)
- 18 beds on Warrington site (21 wte)
- Winter planning in Q4 (22 wte)

# Proposed Income & Expenditure Budgets 2021/22

Detail	Submission H1 £000	Estimated H2 £000	Total 2021/22 £000
Clinical Income	113,530	113,530	227,060
Top Up 1	14,175	14,175	28,350
COVID-19 Top Up 2 – Allocation from CMHCP*	9,003	0	9,003
Other Income	9,505	8,743	18,248
Expenditure	(153,736)	(152,340)	(306,076)
<b>Deficit</b>	<b>(7,523)</b>	<b>(15,892)</b>	<b>(23,415)</b>
<b>Control Total</b>	<b>(7,509)</b>	<b>TBC</b>	<b>TBC</b>

*\*This figure will not be confirmed until all plans are finalised within the envelope*

H2 Income not yet confirmed

Two control totals -

1. £6.374m – Original from C&M
2. £7.509m – Revised from NHSE/I with depreciation increase

Based on the information to date the Trust can achieve the control total for H1. H2 assumes income applied in the same way (bar COVID-19 top up 2), however too early to draw any conclusions regarding H2

On the 6 May Cheshire and Merseyside Health and Care Partnership announced a Breakeven position must be submitted with further work to be undertaken

# Next Steps

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- Submit system final plan 24 May 2021
- Continue review Activity & Productivity plans
- Clarify the funding arrangements for Independent Sector / ERF
- Await feedback from C&M H&CP
- Commence CIP process



# Any Questions?

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Warrington and Halton  
Teaching Hospitals  
NHS Foundation Trust



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# Complaints and PALS Q4 Report

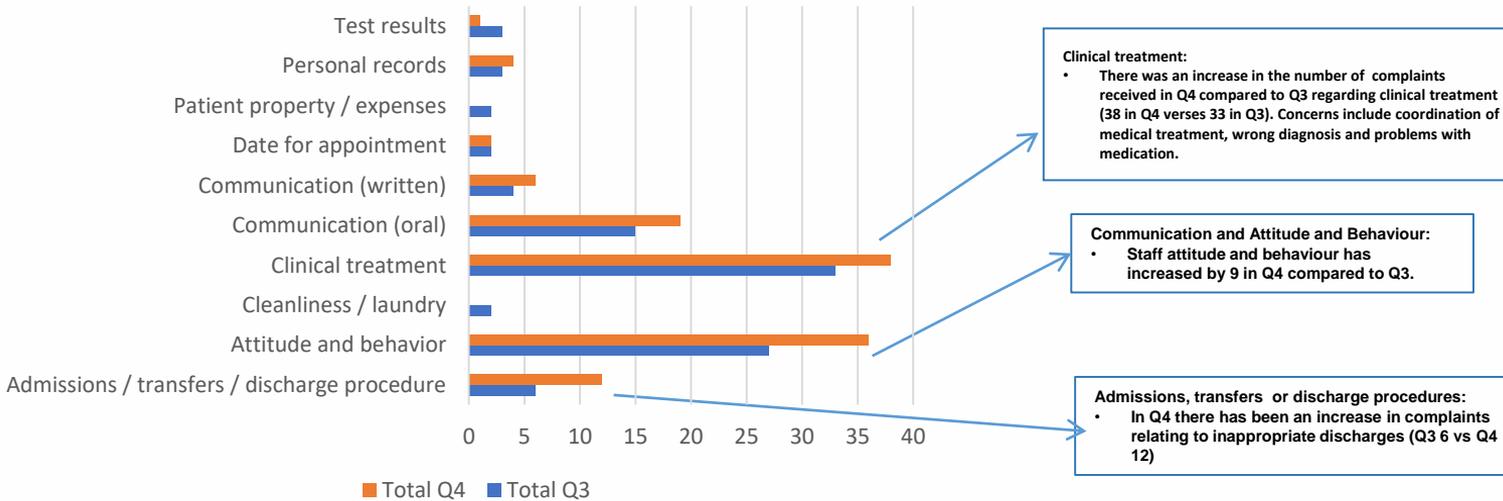
**Council of Governors**

**May 2021**

# Complaints Analysis Q3 vs Q4

The information shows the top subjects in complaints in Q3 vs Q4.  
Note: Complaints can have more than one subject.

## Complaints Q3 vs Q4 by primary subject



# Complaints Outcomes

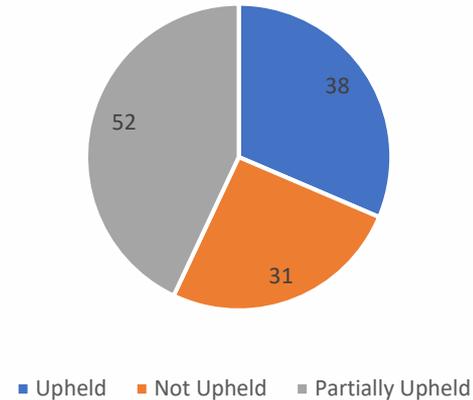
## Q4

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Once a complaint has concluded (either following a local resolution meeting or once a formal written response has been sent) the outcome will be recorded in line with the findings of the investigation.

A complaint will be “upheld”, “upheld in part” or “not upheld”.

Q4 Complaints by Outcome Code

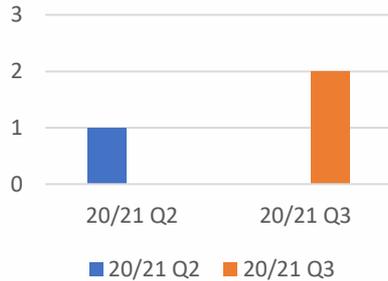


# PHSO Q4

## So how many complaints do they investigate?

The PHSO has commenced 0 investigation into the Trust in Q4.

PHSO Opened cases per Quarter

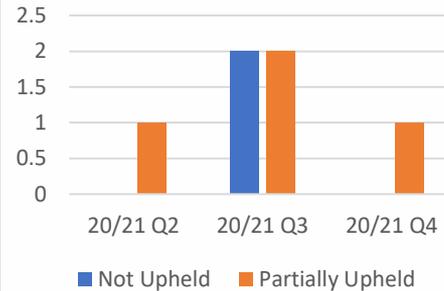


Complainants dissatisfied with the Trust's response have the right to ask the Parliamentary Health Service Ombudsman (PHSO) to consider their complaint. The PHSO will consider the complaint file, medical records and any other relevant information as necessary. The PHSO may decide not to investigate further and no further action will be required from the Trust. Alternatively, recommendations might be made for the Trust to consider. The PHSO may decide to conduct a full investigation which might result in the Trust being required to make an apology, pay compensation and / or produce an action plan to describe what actions are planned to rectify the situation and prevent further **occurrences**.

## And what are the outcomes?

The Trust currently has 3 open PHSO cases. The PHSO closed 4 cases in Q3 and 1 case in Q4. One of these cases was where the Trust trialled Early Dispute Resolution with a family successfully.

PHSO Complaints closed by Outcome Code



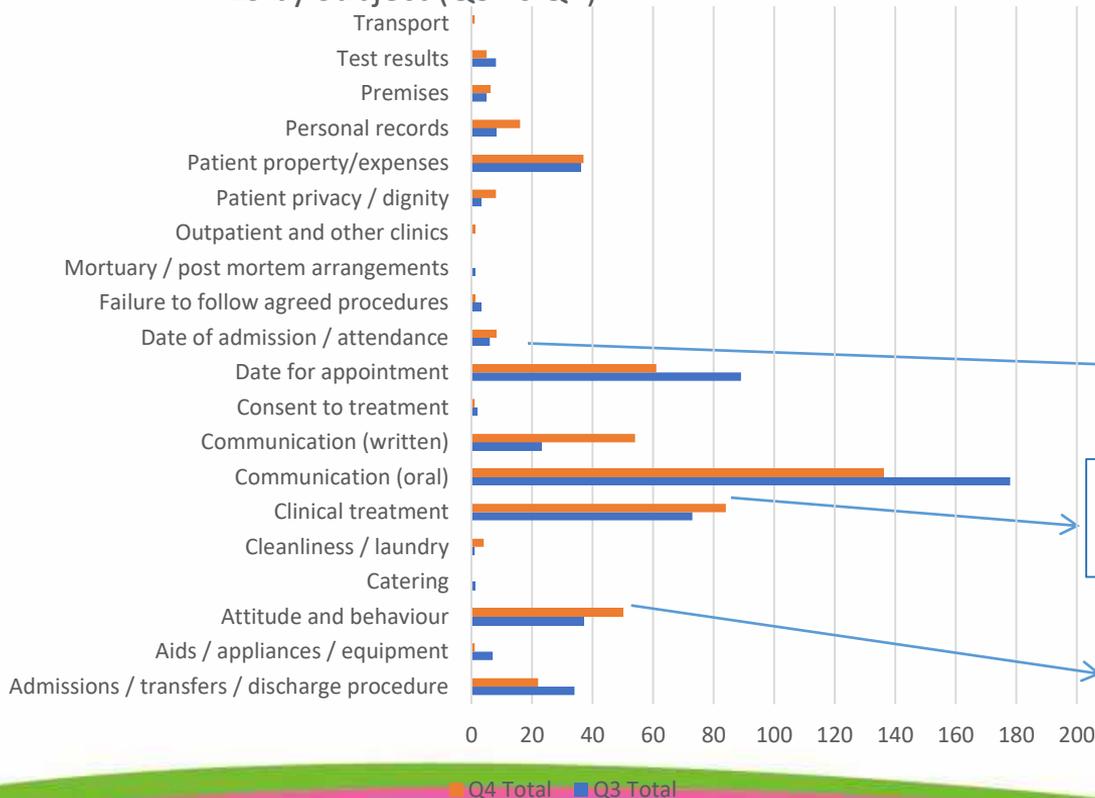
# PALS Analysis Q3 vs Q4

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

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

Q3	Q4
6 days	4 days

PALS by Subject (Q3 vs Q4)



**Date of admission:**  
During the Covid-19 pandemic there has been an increase in the number of PALS concerns relating to date of admission as a result of the National pause on elective activity.

**Clinical Treatment:**

- Co-ordination of medical treatment
- Delay in treatment
- Poor aftercare
- This is also mirrored in the complaints analysis.

**Attitude and behaviour**  
During the Covid-19 pandemic we have noted an increasing trend in PALS and complaints related to attitude and behaviour.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/21/05/32</b>			
<b>SUBJECT:</b>	<b>Council of Governors Cycle of Business 2021-22</b>			
<b>DATE OF MEETING:</b>	13 May 2021			
<b>ACTION REQUIRED</b>	<b>Approval</b>			
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>			
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All			
<b>EXECUTIVE SUMMARY</b>	<p>In accordance with the Foundation Trust's Constitution 'Board of Directors – Standing Orders', the Council of Governors are required to review their Cycle of Business on an annual basis.</p> <p>Proposed changes to Cycle of Business are as highlighted.</p>			
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	<b>Approval</b> √	To note	Decision
<b>RECOMMENDATIONS</b>	That the Committee approves the Cycle of Business			
<b>PREVIOUSLY CONSIDERED BY</b>	<b>N/A</b>			
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None			

**DRAFT COUNCIL OF GOVERNORS – CYCLE OF BUSINESS FEBRUARY 2021-MARCH 2022**

	Lead	May 2021	August 2021	November 2021	2022	February 2022
<b>Formal Business</b>						
Chairman's Opening Remarks & Welcome	Chairman	X	X	X		X
Apologies & Declarations of Interest	Chairman	X	X	X		X
Minutes of Previous Meeting	Chairman	X	X	X		X
Action Log	Chairman	X	X	X		X
<b>GOVERNOR BUSINESS</b>						
Lead Governor Update	Lead Governor	X	X	X		X
Items Requested by Governors	Lead Governor	X	X	X		X
Annual Appraisal of Non-Executive Directors	Lead Governor	X				
Annual Appraisal of Trust Chairman	Lead Governor		X			
GNARC Ratification of NED Appointments (as required)	Lead Governor					
Chairs Report - Governor Engagement Group	Chair GEG	X	X	X		X
Patient + Public Participation Involvement Strategy Quarterly report	Chair GEG/Dir CE+F	Q4	Q1	Q2		Q3
Patient + Public Participation Involvement Annual Report (Approval)	Dir Comms + Egmnt		X			
Board Committee Observations, Trust Board/SPC/CFC/Audit/FSC/QAC	Nominated Govs	X	X	X		X
Governor Engagement Group Terms of Reference & Cycle of Business	Chair GEG	<del>X def Aug</del>	X			
<b>TRUST BUSINESS</b>						
Chief Executives Report	CEO	X	X	X		X
Chairman's Briefing (report from work of NEDS)	Chairman	X	X	X		X
Trust Operational Plan	CFO&Deputy CEO	X				
Annual Reports + Accounts including Auditors Letter and Report on Quality Account	Auditors		X			
Quality Account	Deputy Dir Gov			X		
Quality Strategy Update	Deputy Dir Gov		X			
Complaints Report (LFE complaint slides))	Deputy Dir Gov	X	X	X		X
Engagement Dashboard (wef May 2018)	Dir Comms & Engagement	Q3 def Jan + Q4	Q1	Q2		Q3
Strategy Delivery Update Quarterly Report	Dir Strategy & Partnerships	X	X	X		X
New Hospitals Quarterly Report	Chief Executive	X	X	X		X
<b>GOVERNANCE</b>						
Council of Governors Cycle of Business + ToR	Trust Secretary	X	ToR X			
Appointment of External Auditors (due August 2022)	Trust Secretary					
Compliance Trust Provider Licence (bi-annually)	Trust Secretary		X			X
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office as reqd	Trust Secretary	X		X		
Changes to the Constitution(as required)	Trust Secretary					

**DRAFT COUNCIL OF GOVERNORS – CYCLE OF BUSINESS FEBRUARY 2021-MARCH 2022**

Governor Training & Development Programme (1) New Governor Induction	Trust Secretary					
Governor Training & Development Programme (2) MIAA courses – as available	<i>Verbal as r'qd</i>					
Audit Committee Chairs Annual Report + review of Audit Committee Terms of Reference	Chair Audit Cte		X			
Annual Council of Governors Effectiveness Survey	Trust Secretary					
Workforce Race Equality Standard (WRES) Update (legislative requirement) bi-annual	WRES Lead		X			X
Lead Governor role (every two years – next due January 2023)	Trust Secretary		X			
<b>OTHER BUSINESS / CLOSING</b>						
Annual Members Day + Annual Members Meeting: Date TBC	Trust Secretary & Dir Coms & Engagement		X			

## Council of Governors

### DATES 2021-2022

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

Meetings at Halton Hospital, Lecture Theatre to be held  
3.00pm-5.00pm

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
<b>2021</b>			
Thursday 18 February 2021 <b>3.00pm-5.00pm</b>  <b>Lecture Theatre, HALTON EDUCATION CENTRE</b>	w/c 25 January	Tuesday 9 February	<b>Thursday 11 February</b>
Thursday 13 May 2021 <b>4.00pm-6.00pm</b> <b>Trust Conference Room, Warrington</b>	w/c 19 April	Tuesday 4 May	<b>Thursday 6 May</b>
Thursday 12 August 2021 <b>3.00pm-5.00pm</b>  <b>If face to face meetings resumed, CHANGE OF VENUE TO TCR WARRINGTON, Time remains 3pm</b>	w/c 19 July	Tuesday 3 August	<b>Thursday 5 August</b>
Thursday 11 November 2021 <b>4.00pm-6.00pm</b> <b>Trust Conference Room, Warrington</b>	w/c 18 October	Tuesday 2 November	<b>Thursday 4 November</b>
<b>2022</b>			
Thursday 10 February 2022 <b>3.00pm-5.00pm</b>  <b>Lecture Theatre, HALTON EDUCATION CENTRE</b>	w/c 17 January	Tuesday 1 February	<b>Thursday 3 February</b>