WHH Board of Directors Meeting Held in Public

Wednesday 29th June
1:00pm – 4:30pm
Trust Conference Room

Warrington and Halton Hospital NHS Foundation Trust
Agenda for a meeting of the Board of Directors held in public.

Wednesday 29th June 2016, time 13:00 – 16:30
Trust Conference Room, Warrington Hospital

REF BM/16	ITEM	PRESENTER	PURPOSE	TIME	
	Presentation: End of Life Palliative Care MDT	**Dr Liz O'Brien Consultant in Palliative Medicine**	**Information**	**13:00**	**N/A**
/126	**Welcome, Apologies & Declarations of Interest**	**Steve McGuirk, Chairman**	**N/A**	**13:20**	**Verbal**
/127	**Minutes of the previous meeting held on 25th May 2016**	**Steve McGuirk, Chairman**	**Decision**	**13:22**	**Encl**
/128	**Action plan & Matters Arising**	**Steve McGuirk, Chairman**	**Assurance**	**13:25**	**Encl**
/129	**Chief Executive's Report** • **Monitor Q4 PRM Letter**	**Mel Pickup, Chief Executive**	**Assurance**	**13:30**	**Verbal Encl.**
/130	**Chairman's Report**	**Steve McGuirk, Chairman**	**Information**	**13:45**	**Verbal**

Quality People Sustainability

/131	**Integrated Performance Dashboard M2 2016-17**	**All Executive Directors**	**Assurance**	**13:50**	**Encl.**

Quality

/132	**Key Issues Report from the June Quality Committee**	**Lynne Lobley, Committee Chair**	**Assurance**	**14:10**	**Verbal**
/133	**Quality Dashboard M2 2016-17**	**Karen Dawber, Director of Nursing & Governance**	**Assurance**	**14:20**	**Encl.**
/134	**Complaints, Concerns & Compliments Annual Report 2015-16**	**Karen Dawber, Director of Nursing & Governance**	**Assurance**	**14:30**	**Encl.**
/135	**Key Issues Report from the June Charitable Funds Committee** **Revised Terms of Reference**	**Lynne Lobley, Committee Chair**	**Assurance** **Decision**	**14:40**	**Encl.**
/136	**National Nursing Framework Presentation**	**Karen Dawber, Director of Nursing & Governance**	**Information**	**14:50**	**N/A**

People

/137	**Key Issues Report from the June Strategic People Committee** **Revised Terms of Reference**	**Anita Wainwright, Committee Chair**	**Assurance** **Decision**	**15:05**	**Encl.**
/138	**Workforce Dashboard M2 2016-17**	**Roger Wilson, Director of HR & OD**	**Assurance**	**15:15**	**Encl.**
/139	**Trust Engagement Dashboard M2 2016-17**	**Pat McLaren Director of Community Engagement**	**Assurance**	**15:25**	**Encl.**
/140	**HENW Monitoring Visit Results Presentation**	**Lesley Kinsey, Medical Education Business Manager**	**Assurance**	**15:35**	**N/A**

/141	Key Issues Report from the June Finance & Sustainability Committee Annual Report of the Committee	Terry Atherton, Committee Chair	Assurance	15:50	Encl.
/142	Emergency Preparedness Annual Report 2015-16	Sharon Gilligan, Chief Operating Officer	Assurance	16:00	Encl.
/143	NHS Improvement Annual Corporate Governance Statement	Angela Wetton, Company Secretary	Decision	16:10	Encl.

/144	Any Other Business	Steve McGuirk, Chairman	N/A	16:20	Verbal
	Date of next meeting: Wednesday 27th July 2016				

Warrington and Halton Hospitals NHS Foundation Trust
Minutes of the Board of Directors meeting held in public on Wednesday 25th May 2016
Trust Conference Room, Warrington Hospital

Present: **BM/16/127**

Steve McGuirk	Chairman
Mel Pickup	Chief Executive
Terry Atherton	Non-Executive Director
Margaret Bamforth	Non-Executive Director
Andrea Chadwick	Director of Finance & Commercial Development
Simon Constable	Medical Director & Deputy Chief Executive
Karen Dawber	Director of Nursing & Governance
Sharon Gilligan	Chief Operating Officer
Ian Jones	Non-Executive Director / Senior Independent Director
Anita Wainwright	Non-Executive Director

In Attendance:

Jason DaCosta	Director of IM&T
Lucy Gardner	Director of Transformation
Pat McLaren	Director of Community Engagement
Angela Wetton	Company Secretary
Roger Wilson	Director of Human Resources and Organisational Development

Apologies

Lynne Lobley	Non-Executive Director & Deputy Chair

Agenda Ref BM/	
	The Board Meeting opened with a presentation from Dr Akash Ganguly, Radiology Consultant and Governance Lead, on Learning Lessons in Radiology.
16/110	**Welcome, Apologies & Declarations of Interest** The Chair opened the meeting and welcomed those attending the meeting, including Governors and members of the public. Apologies: as above. Declarations of Interest: none declared.
16/111	**Minutes of the Previous Meeting Held on 27th April 2016** The minutes of the previous meeting were approved as a true and accurate record of the meeting.
16/112	**Action Plan** All actions were reviewed and progress was noted. The following were noted as complete: 16/057.
16/113	**Chief Executive Report** The Chief Executive updated the Board on items that had occurred or progressed since the last meeting at the end of April: • Director of Nursing post – 16 applicants; 5 shortlisted to attend assessment centre and

this was then whittled down to 3 for interview by the panel. Kimberley Salmon-Jamieson (currently Deputy Chief Nurse at The Pennine Acute Hospitals NHS Trust) was appointed to the role by the Board Nominations & Remuneration Committee on 17th May and will join the Trust on 7th September 2016.

- A meeting had been held with NHSE New Care Models teams regarding the smaller hospitals programme of support whereby the process had been explained and Mid-Cheshire Hospitals NHS FT had been identified as the closest provider of a similar size to Warrington & Halton. The Trust will take part in the programme and look to identify a couple of priority areas to focus on.
- The Mid-Mersey Alliance had met for the third time during the previous week and their focus remained three areas:
  1) Secondary care
  2) Out of hospital care
  3) Wellbeing & Prevention
- The second meeting of the Alliance Local Delivery System tripartite exec-to-exec with St Helens & Knowsley and Southport & Ormskirk will be held on 26th May. The LDS Alliance has been formed as a part of the wider Cheshire and Mersey Sustainability and Transformation Plan (STP) described in the 5-Year Forward View and is exploring whether we can provide stronger, more resilient and sustainable clinical services by collaborating more closely. The Board was reminded that any local deliver plans have to demonstrate how, over the next five years, the health economy will move, not just to clinical but also to financial sustainability.

The Board noted the report.

16/114	**Chairman's Report** The Chairman gave the Board an update of events since the previous Board meeting: • The inaugural meeting of the Alliance Joint Oversight Group was scheduled for 26th May and Terms of Reference and governance structures would be discussed and agreed. • Outcome of the local elections appeared to have delivered little change to current arrangements The Board noted the report.
16/115	**Integrated Performance Dashboard Model** The Director of IM&T presented the paper which showed the latest version of the new integrated performance dashboard and detailed next steps: • Meetings with individual execs to agree which KPIs will be included in the final version • Agree methodology for the RAG ratings/variances/ranges etc (to be ratified by the Board Assurance Committees) • Eventually interactive links will be included to allow drill down to more detailed data if individuals want to do that but high level will be seen at Board • Trend data and targets will be incorporated • The final version will be 'live' for July Board, replacing the current Quality / People / Performance and Finance dashboards and reports. The Chairman congratulated the Executives on an excellent piece of work and the Board looked forward to seeing the final version in July.

16/116	**Key Issues Report from May Quality Committee** Margaret Bamforth gave an update in Lynne Lobley's absence and reported that the Committee business had covered the following items at its May meeting: • Health & Safety Annual Report • Patient Safety Report • Quality Dashboard • Mersey Internal Audit Quality Governance Framework Review • Risk Management Strategy The Board noted the report.
16/117	**Quality Dashboard M1 2016-17** The Director of Nursing and Governance presented her report and highlighted the following: • **Never Events** We have had 1 never event in April 2016 • **VTE Prophylaxis** 525 inpatients were included in April 2016's safety thermometer survey. 3 out of the 415 patients who required prophylaxis had not received it but should have done at the time of the survey. • **Pneumonia** 75.53% against a target of 78.1% • **Always Events** A sustained improvement throughout 2015/16 with compliance and April 2016 is at 97% • **Mixed Sex Occurrences** There was 1 reported breach of same sex accommodation in April 2016, which occurred in an ITU bed. This breach has been investigated in line with policy and an RCA completed. The total number of breach days was one. • **Complaints** 91.3% (21 of 23) of complaints with a deadline in April 2016 were resolved within the agreed timescale. The target of 94% was achieved in every month of 2015/16 except March 2016, at 91.7%. These consecutive 2 months in which the target was narrowly missed relate to an unusual period of significant staffing changes within the patient experience team. Following a query from the Chairman, the Director of Nursing confirmed that the previously supplied weekly update on complaints to Board members would be reinstated, possibly in a revised format. The Board noted the report.
16/118	**Workforce Dashboard M1 2016-17** The Director of HR & OD provided an update to the Board on the Workforce Dashboard and highlighted the following: • Sickness absence performance has improved in month at 4.5% - revised Absence Management Policy is currently in development stage • Return to Work rates largely unchanged • Positive trajectory on turnover rates @ 10.6%, the stability rate has improved.

- A small improvement also seen in vacancy rate @ 7.2%.
- In month, in line with the trend in the previous 12 month period, the Trust has recruited more starters than it has had people leave the organisation.
- In terms of pay bill, the Trust is £23k under budget during month 1, this includes contracted/non-contracted pay spend
- Building on from the fourteen Romanian nurses who commenced with the trust in February, six more will arrive on 1 June 2016
- Facebook and Twitter accounts have been set up to promote recruitment opportunities
- Recruitment times – new stretch targets set, building on early successes but making a more realistic target
- Employee Relations – 49 live cases, these are being managed through the appropriate governance structures
- NHSI agency cap – the Trust is trying to show system leadership around the agency cap rules and further discussion will take place at the Cheshire & Merseyside Chief Executives Meeting on 27th May.

The Board noted the report.

16/119	**Engagement Dashboard M1 2016-17** The Director of Community Engagement provided the Board with a high level overview of how well the Trust is engaging and involving with key stakeholder groups: - Staff - Patient - Other Key Stakeholders - Charity The Board were pleased to hear that work was being done with the Director of IM&T to improve the information sent out to patients which is their first point of contact with the Trust. This report will form part of the new integrated dashboard model in future. The Board noted the report.
16/120	**Key Issues Report from the May Finance & Sustainability Committee** Terry Atherton advised the Board of the key issues arising from the May Finance & Sustainability Committee: - The Committee Work Programme has been extended to include additional FSC meetings in both August and December on a restricted agenda to enhance grip & control - The Annual Report of the Committee 2015/16 was received and approved for onward submission to June Board - The financial position as detailed in Agenda Item BM/16/121 was discussed in detail - Against a CIP plan for Month 1 of £0.3m the Trust has delivered £0.353m, 118% of plan, in actual CIP savings - At 12th May the Trust has developed 2016/17 CIP schemes to the value of £7.058m PYE and £8.910m FYE. This represents significant progress against the £8m required to be delivered within the financial plan

- Against the 95% National 4 hour A&E standard, the Trust achieved 90.45% which exceeded the improvement trajectory agreed with NHSI of 87%. This was a significant improvement on the March performance of 83.70%
- Whilst May to date has experienced some challenges, we expect to remain on track against the improvement trajectory for the Month of 89%.
- Despite improved performance ambulance handover times remain a concern and work is on going
- Performance beyond A&E remains credibly robust and this is worthy of note.
- IM&T update together with the Business Case "Lorenzo Electronic Prescribing and Medications Administration" (ePMA). On-going work continues around the financials and especially benefit realisation and the Board will receive an update in this respect in due course.
- The Committee received a number of sub-committee minutes

The Board noted the report.

16/121	**Finance Report M1 2016-17**

The Director Finance & Commercial Development provided the Board with an update on the Month 1 financial performance and highlighted the following:
- The 2016/17 NHS Standard Contract with CCG commissioners was signed on 22nd April 2016. The Contract is for a period of 3 years.
- The monthly position is a deficit of £2.0m. The position is £14,000 better than plan and this has delivered a Financial Sustainability Risk Rating score of 2
- The annual planned cost savings target is £10.0m of which £8.0m is included within the financial plan. To date the planned savings target of £0.3m has been delivered
- The planned capital expenditure to date is £0.2m and the actual spend to date is £0.2m
- The cash balance is £2.5m, which is £1.3m above the planned balance of £1.2m
- The Better Payment Practice Code performance for the year to date is 29%
- The value of aged debt is £4.2m
- The value of aged creditors is £11.6m
- The Trust has applied for a working capital loan of £18.6m in 2016/17. Until this application is approved the Trust has access to an interim revolving working capital facility. In April the Trust has drawn down £0.6m from this facility
- The Trust has not applied for a capital loan in 2016/17
- The forecast deficit is £18.6m which is in line with plan
- CQUINs have been allocated to executive leads – it is crucial that we deliver
- Still a degree of estimation around income related to coding activity but this is being checked on a monthly basis.

The Director of Finance confirmed that this report will form part of the new integrated dashboard in future.

The Board noted the report.

16/122	**Corporate Performance Report M1 2016-17**

The Chief Operating officer provided the Board with an update on performance for M1 2016-17 and highlighted the following:

	• **4 Hour A&E Target** Although the Trust did not achieve the 95% four hour standard for April it did exceed the improvement trajectory of 87% @ 90.45% • **Ambulance handover** Despite improved performance ambulance handover times are still an area for concern and work is on-going to improve this position. The department are in the process of validating the handover data at present and a focus on handover compliance is in place. • **62 day cancer target** Whilst the overall indicators for cancer have been achieved and therefore the improvement trajectory for the 62 day target has also been achieved, this continues to be closely monitored. The Board noted the report.
16/123	**Monitor Declaration - Systems for Compliance with Licence Conditions - in Accordance with General Condition 6 of the NHS Provider Licence** The Company Secretary presented her paper and proposed the following responses to the self-assessments: • Declaration 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended 2015/16, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence; any requirements imposed on it under the NHS Acts; and have had regard to the NHS Constitution in providing health care services for the purposes of the NHS Response: Not Confirmed • Declaration 2 The board declares that the Licensee continues to meet the criteria for holding a licence. Response: Confirmed The Company Secretary explained her reasoning for the proposed 'not confirmed' declaration, that during the financial year 2015/16 the Trust was subject to an enforcement notice under S106 of the Health and Social Care Act 2012 as it was in breach of certain licence conditions pertaining to its financial position. However, the actions the Trust had taken to strengthen financial governance would also be included within the declaration form. The Board confirmed the declarations to the self-assessment statements and requested the Company Secretary to ensure submission to the Regulator before the deadline.
16/124	**Annual Senior Risk Officer (SIRO) Report 2015-16** The Director of IM&T presented his report for 2015-16 which is designed to provide an overview on the organisational compliance with legislative and regulatory requirements relating to the handling of information, the management of information and risk including compliance with the Data Protection Act 1998 and the Freedom of Information Act 2000. The following points were highlighted:

	• **Internal Audit** Significant assurance provided against the March 2016 IG Toolkit submission • **Freedom of Information requests** The Trust received 538 Freedom of Information requests in 2015 as opposed to the 481 requests handled under the 2000 Act in 2014 – and 11.8% increase 79% of Freedom of Information requests were answered within the statutory timeframe of 20 working days • **Subject Access Requests (SAR)** During 2015 the Trust received 2,011 requests for access to personal information made under the Data Protection Act 1998 and the Access to Health Records Act 1990 The Board noted the report and the focus of work for 2016-17.
16/125	**Any Other Business** There being no further business to discuss, the meeting closed at 15:45 hrs **Next Meeting:** Wednesday 29th June 2016 in the Trust Conference Room

PUBLIC TRUST BOARD
ACTION PLAN – JUNE 2016

Meeting Date	Minute Reference BM/	Action	Responsibility & Target Dates	Status
27th April 2016	16/096	The Director of Nursing & Governance to establish a working group (including Non-Executive Directors) to agree the format of the quarterly risk register report.	DoN&G	Present to July Board
27th April 2016	16/094	The Director of Nursing & Governance to draft a role description for Maternity Services Board Champion.	DoN&G	Discuss at June Board
30 March 2016	16/070	The Board requested the Finance & Sustainability Committee carry out a 'deep dive' into A&E at the end of April in order to see early indicators as to whether the actions identified and taken were having a positive impact.	Chief Operating Officer	Discussions started with FSC – suggest move to FSC action plan Completed
27 January 2016	16/16	With regard to a Patient story, the Quality Committee to assure itself of the learning and improvement made to the service. Directors to meet with the family in July 2016 to discuss the Trust's response.	DoN&G.	Update: Quality Committee oversight of learning and improvements. DoN&G to arrange follow-up meeting with family. Confirm date at June Trust Board

1 June 2016

Ms Mel Pickup
Chief Executive
Warrington and Halton Hospitals NHS Foundation Trust
Warrington Hospital
Lovely Lane
Warrington
Cheshire
WA5 1QG

NHS
Improvement

Dear Mel,

Q4 2015/16 monitoring of NHS foundation trusts

Our analysis of your Q4 submissions is now complete. Based on this work, the trust's current ratings are:

- Financial sustainability risk rating: 1
- Governance rating: Red

These ratings will be published on NHS Improvement's website later in June.

NHS Improvement is the operational name for the organisation which brings together Monitor and the NHS Trust Development Authority. In this letter, "NHS Improvement" means Monitor exercising functions under chapter 3 of Part 3 of the Health and Social Care Act 2012 (licensing), unless otherwise indicated.

The trust is subject to formal enforcement action in the form of enforcement undertakings. In accordance with NHS Improvement's Enforcement Guidance, such actions have also been published on our website.

NHS Improvement will raise any concerns arising from our review of the trust's Q4 submissions as part of our regular progress review meetings.

A report on the aggregate performance of all NHS providers (Foundation and NHS trusts) from Q4 2015/16 will be available in due course on our website (in the News and alerts section), which I hope you will find of interest.

For your information, we will be issuing a press release in due course setting out a summary of the report's key findings.

We are developing the new Oversight Framework, which will be consulted on and will replace the Risk Assessment Framework in due course.

If you have any queries relating to the above, please contact me by telephone on 020 3747 0245 or by email (michaelduff@nhs.net).

Yours sincerely

Michael Duff
Senior Regional Manager

cc: Mr Steve McGuirk, Chairman
        Ms Andrea Chadwick, Finance Director

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/131**
SUBJECT:	**Integrated Performance Dashboard M2 2016-17 including 2016 Capital Expenditure Programme**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance - Integrated Performance Dashboard** **For Decision – 2016 Capital Expenditure Programme**
AUTHOR(S):	Andrea Chadwick, Director of Finance and Commercial Development Sharon Gilligan, Chief Operating Officer Karen Dawber, Director of Nursing and Governance
EXECUTIVE DIRECTOR SPONSOR:	Andrea Chadwick, Director of Finance & Commercial Development Karen Dawber, Director of Nursing and Governance Sharon Gilligan, Chief Operating Officer
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	All
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	The Integrated Performance Dashboard is an iterative process with the final version due to be presented to Trust Board in July 2016. The June Dashboard contains the following areas: • Finance • Operational Activity and Performance • Quality Workforce metrics will be included in the July Dashboard. The Finance Dashboard has an additional attachment titled 2016/17 Capital Expenditure Programme that was presented to the Finance and Sustainability Committee (FSC) on 22nd June 2016. The FSC supports the Capital Expenditure Programme.
RECOMMENDATION:	**The Trust Board is asked to:** 1. **Note the progress and contents of the Integrated Performance Dashboard** 2. **Approve the 2016/17 Capital Expenditure Programme**

PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Committee Finance and Sustainability Committee
	Agenda Ref.	
	Date of meeting	June 2016
	Summary of Outcome	• Metrics and RAG ratings for Integrated Performance Dashboard approved • 2016/17 Capital Expenditure Programme approved.

INTEGRATED PERFORMANCE DASHBOARD

BACKGROUND

The Integrated Performance Dashboard is an iterative process with the final version of the Dashboard due for presentation at the July 2016 Trust Board.

The final version of the Dashboard will consist of four divisional areas:

1. Finance
2. Operational Activity and Performance
3. Quality
4. Workforce

Each of the four divisions was tasked with agreeing, via their respective Committees, the metrics and RAG rating parameters in relation to their specific area of the Dashboard. All Committees have now taken place. With the exception of Workforce, the metrics contained in the attached Dashboard are those agreed for each of the divisional areas. Workforce metrics are in the process of being finalised and will be presented to the July Trust Board.

INDIVIDUAL BOARD REPORTS

The Integrated Performance Dashboard is designed with the aim of replacing the individual Trust Board reports. From July the individual reports will cease across all divisions.

The Trust's Information team is working on building a link that sits within the Integrated Performance Dashboard that, if required, will take Trust Board members to the Information that sits behind each metric; therefore the ability to review a more detailed report will not be lost.

The Finance and Operational division are one month ahead of plan and have not produced a separate individual Board report in June. An individual report for Quality has been produced to provide additional detail to the Dashboard metrics and Workforce has also produced an individual Board report.

CAPITAL EXPENDITURE PROGRAMME 2016-17

In addition to the Finance Dashboard metrics the Trust Board is asked to note the 2016/17 Capital Programme which requires Trust Board approval.

On 22nd June 2016 the Finance and Sustainability Committee (FSC) received a draft copy of the Capital Programme. The ERDM IT scheme was removed from the programme as this will not take place in year. A contingency of £152k was agreed and on that basis the FSC supported the Capital Programme. A high level summary is attached at Appendix 1.

Further to the FSC meeting the Capital Planning Group has met and recommends amendments to the capital programme as follows:

1. The IM&T programme approved at FSC was £1.264m. Following the Capital Planning Group meeting on 24 June 2016, an extension to a business case for software development was approved (£44k) increasing the IM&T programme to £1.308m.
2. In the same meeting the medical equipment programme was increased from £3.056m to £3.064m for an increase in price for visual field analyser equipment (£38k) and a reduction of £30k for a scheme removal (trolleys which are now revenue).
3. The impact is a reduction to the contingency from £0.152m to £0.100m.

The Capital Programme for 2016/17 is £6.779m (including charitable funds) and consists of £2.307m Estates, £1.308m IT, £3.064 Medical Equipment and £0.100m contingency.

Recommendation:

The Trust Board is asked to:

1. Note the progress and contents of the Integrated Performance Dashboard.
2. Approve the 2016/17 Capital Expenditure Programme.

Quality Improvement

Description	Aggregate Position	Trend	Variation

High Risk Incidents

Major and Catastrophic Incidents and Serious untoward incidents (SUIs) Level 3

There are no approved incidents of major or catastrophic for April and May 2016. There was 1 SUI in each of April and May

Chart: High Risk Incidents — Major and Catastrophic, SUI (Apr-16 to Mar-17)

There are 8 incidents of major or catastrophic under review

Healthcare Acquired Infections

MRSA and CLOSTRIDIUM DIFFICILE (due to lapses in care)

There were no cases of MRSA in April or May 2016. There were no cases of Clostridium Difficile in April or May 2017

Chart: Healthcare Acquired Infections — MRSA, C-Diff (Apr-16 to Mar-17)

Safety Thermometer

% of patients free from harm   (Safety Thermometer)

Based on monthly snapshot audit of all inpatients, less than 3% patients had a fall, pressure ulcer, VTE or Catheter acquired infection in April and May

Chart: Safety Thermometer — Target TBC, Actual (Apr-16 to Mar-17)

Quality Improvement

Description	Aggregate Position	Trend	Variation

Mortality Ratios

HSMR (12 month rolling)

SHMI (12 month rolling)

The latest HSMR is 'higher than expected' at 115 for April 2015 - March 2016

The latest SHMI is ' as expected' at 109 for March 2015 to February 2016. Following a seasonal rise in deaths in January, February and March, the figures have reduced to 94 in April and 82 in May.

HSMR and SHMI: 12 month rolling figures

We wanted to be in the 'as expected' range and ideally below 100 for HSMR.

Ideally we want to be below 100 for SHMI however, we are in the 'as expected' range.

Total Deaths

Total Deaths in Hospital

The death rate was 2.8% for Q4 2015/16. It is 2.1% for 01/04/16 to 16/06/2016

Total Deaths

The Mortality Review Group is tasked with interpreting the data for the above and driving improvements

Advancing Quality Measures

Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Pneumonia

For COPD, the latest figure available is 50% for January 2016. We are meeting the target. The data for Diabetes will be collected from April 2016. For Pneumonia the latest figure available is 75.36% for January 2016

Awaiting Data

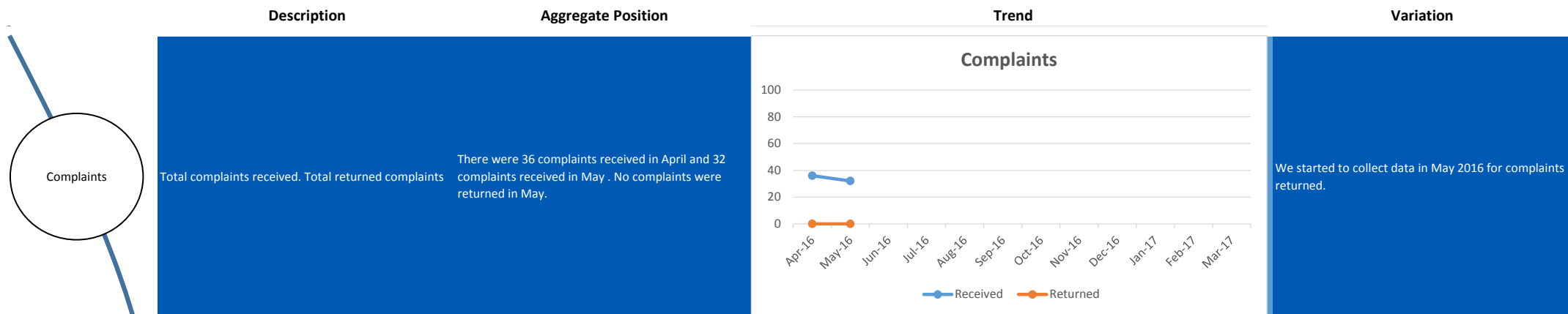For Pneumonia we are narrowly missing the target of 78%

Quality Improvement

	Description	Aggregate Position	Trend	Variation
Sepsis	Screening of all eligible patients - acute inpatients (*to be validated). Screening of all eligible patients admitted to emergency areas (*to be validated). Inpatient received treatments and empiric review within three days of prescribing antibiotics. Emergency patients received treatment and emperic review within three days of prescribing the antibiotics.	This data is not yet available for any of the measures	Awaiting Data	
Antimicrobial Resistance and Stewardship	Antimicrobial Resistance and Stewardship - Reduction in antibiotic consumption per 1,00 admissions. Antimicrobial Resistance and Stewardship- Empiric Review of antibiotic prescriptions within 72 hours	This data is not yet available for any of the measures	Awaiting Data	
Falls	Falls per 1000 bed days	We are below the national average of 5.6 with 4.66 and 2.58 falls per 1000 bed days in April and May respectively	**Falls** chart showing National Average and Actual, Apr-16 to Mar-17	

Path - S:\Company Secretary\Board\Meetings\2016\8. 29 June 2016\Public\Word\ File - BM 16 131b Copy of Integrated-Dashboard 2016-17-02-May.xlsx Tab - [Tab]   Page 20 of 147

Printed on 24/06/2016 at 12:06

Quality Improvement

Description	Aggregate Position	Trend	Variation

Pressure Ulcers

Grade 3 hospital acquired (avoidable).

Grade 2 hospital acquired (avoidable and unavoidable)

We have no confirmed grade 3 or 4 pressure ulcers.

We have had 5 grade 2 pressure ulcers over the 2 months of April and May 2016. The threshold of 82 for the year equates to 6 per month

Pressure Ulcers chart — Grade 3, Grade 2

There are 3 cases of Grade 3 or 4 pressure ulcers under review for April and May 2016

Friends and Family (Inpatients)

% recommending the Trust : Inpatients.

We have met the monthly target for April 2016 with 98% of inpatients recommending the Trust.

Friends and Family (Inpatients) chart — Target, Actual

Friends and Family (A&E)

% recommending the Trust : A & E

90% of A&E attenders asked in April said they would recommend the Trust. This figure is 84.8% for May

Friends and Family (A&E) chart — Target, Actual

We met the monthly target for April but fell slightly below the target of 87% for May

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Warrington and Halton Hospitals NHS
NHS Foundation Trust

Quality Improvement

	Description	Aggregate Position	Trend	Variation
Complaints	Total complaints received. Total returned complaints	There were 36 complaints received in April and 32 complaints received in May . No complaints were returned in May.		We started to collect data in May 2016 for complaints returned.

Complaints

Received — Returned

Safely Reducing Costs & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation

Cash Balance

Cash held in our Government Services Bank Account

Under the terms and conditions of the working capital loan the Trust is required to have a minimum cash balance at the end of each month of £1.2m.

The current cash balance of £1.4m equates to circa 2 days operational cash.

Cash Balance

The current cash balance of £1.4m is in line with the planned cash balance.

Capital Expenditure (Cumulative)

Year to date cumulative capital expenditure

The annual capital programme for the year is £6.7m and to date £0.5m has been spent.

Capital Expenditure (Cumulative)

The Trust has spent £0.06m above plan year to date. The programme will be managed within the resources available.

Financial Position

Net income and expenditure position

The financial deficit at month 2 is £1.6m which increases the cumulative deficit to £3.6m.

Financial Position

The cumulative deficit of £3.6m is £0.3m below the planned deficit of £3.9m.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Safely Reducing Costs & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation

Financial Sustainability Risk Rating

Description: NHSI metric of financial risk.

Aggregate Position: In month Financial Sustainability Risk Rating is 2.

Capital servicing capacity, Liquidity and I&E margin are all at the highest risk (Level 1) whilst I&E margin as a percentage of plan is at the lowest risk (Level 4).

Trend:

Financial Sustainability Risk Rating

Bar chart (£m) showing Plan and Actual from Apr-16 to Mar-17. Plan = 1.0 each month; Actual = 2.0 for Apr-16 and May-16.

Variation: The current Financial Sustainability Risk Rating of 2 is better than the planned rating of 1.

Cost Improvement Programme - Performance to date

Description: Planned improvements in productivity and efficiency.

Aggregate Position: The Trust has a CIP target for 2016/17 of £10m, delivery of £8m is currently assumed in the financial plan.

To date the Trust has developed CIP schemes for 2016/17 to the value of £8.2m in year and £9.6m full year recurrently. In month the trust has delivered savings of £0.6m which increases the cumulative savings to £0.9m.

Trend:

Cost Improvement Programme - Performance to date

Line chart (£m) showing Monthly Plan and Monthly Actual from Apr-16 to Mar-17, rising to about 8.0 by Mar-17.

Variation: The cumulative savings of £0.9m are £0.2m better than the planned saving of £0.7m.

Better Payment Practice Code

Description: Payment of trade invoices within 30 days of invoice date.

Aggregate Position: In May the trust has paid 30% of suppliers within 30 days and the cumulative performance is 29%.

Trend:

Better Payment Practice Code

Line chart (%) showing Plan (~95%) and Actual (~29-30%) from Apr-16 to Mar-17.

Variation: The cumulative position of 29% does not meet the national standard of 95%.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation

Diagnostic Waiting Times 6 Weeks

Description:
All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks.

This metric also forms part of the Trust's Sustainability and Transformation Plan (STP) Improvement trajectory

Aggregate Position:
The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 100%. The Trust has also met the STP Improvement trajectory.

Trend: Diagnostic Waiting Times 6 Weeks
(Target and Actual plotted Apr-16 to Mar-17)

Variation:
0 breaches of the 6 week standard

Referral to treatment Open Pathways

Description:
Percentage of incomplete pathways waiting within 18 weeks. The national target is 92%

This metric also forms part of the Trust's STP Improvement trajectory.

Aggregate Position:
Open pathways continue to perform above the 92% target. There are no 52 week breaches. The Trust has also met the STP improvement trajectory.

Trend: Referral to treatment Open Pathways
(Target and Actual plotted Apr-16 to Mar-17)

Variation:
The only specialities not to achieve the target are:

- General Surgery – 78.87%
- Urology – 91.42%
- T&O – 86.60%

A&E Waiting Times - National Target
A&E Waiting Times - STP Trajectory

Description:
All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge. The national target is 95%

This metric also forms part of the Trust's STP improvement trajectory.

Aggregate Position:
The Trust is not achieving the 95% national 4 hour target. However the Trust is achieving against the STP improvement trajectory.

Trend: A&E Waiting Times - National Target
(Improvement Trajectory and Actual plotted Apr-16 to Mar-17)

Variation:
Whilst the Trust is not achieving the 95% national target improvement in performance continues with the Trust meeting the STP Improvement trajectory.

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation

Cancer 14 Days

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

Cancer 14 Days

— Target   — Actual

Breast Symptoms 14 Days

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

Breast Symptoms 14 Days

— Target   — Actual

This target is becoming more and more challenging each month due to patient choice.

Cancer 31 Days First Treatment

All patients to receive first treatment for cancer within 31 days of decision to treat. This national target is 96%. This target is measured and reported on a quarterly basis.

Cancer 31 Days First Treatment

— Target   — Actual

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation

Cancer 31 Days Subsequent Surgery

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

Cancer 31 Days Subsequent Surgery

Cancer 31 Days Subsequent Drug

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

Cancer 31 Days Subsequent Drug

Cancer 62 Days Urgent

All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%.

This metric also forms part of the Trust's STP Improvement trajectory.

Cancer 62 Days Urgent

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - Board of Directors - May 16

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation

Cancer 62 Days Screening

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

Cancer 62 Days Screening

Cancer 62 Days Upgrade

62 day upgrade

Cancer 62 Days Upgrade

Appendix 1
2016/17 Capital Expenditure Programme

	2016/17 Total per Monitor Plan £m	2016/17 Externally funded £m	2016/17 Total Programme £m
Final programme for 2016/17:			
Estates	2.228	0.079	**2.307**
IM&T	1.308		**1.308**
Medical Equipment	3.064		**3.064**
Contingency	0.100		**0.100**
	6.700	0.079	**6.779**
Funded by:			
2015/16 Schemes Bfwd	0.700		**0.700**
Internally generated depreciation	6.000		**6.000**
Charitable Funds		0.079	**0.079**
	6.700	0.079	**6.779**
Under/**(Over)** Commitment of Schemes	-	-	**-**

Note:

The IM&T programme approved at FSC was £1.264m. Following the Capital Planning Group meeting on 24 June 2016, an extension to a business case for software development was approved (£44k) increasing the IM&T programme to £1.308m.

In the same meeting the medical equipment programme was increased from £3.056m to £3.064m for an increase in price for visual field analyser equipment (£38k) and a reduction of £30k for a scheme removal (trolleys which are now revenue).

The impact is a reduction to the contingency from £0.152m to £0.100m.

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/133**
SUBJECT:	**Quality Dashboard M2 2016-17**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Ros Harvey, (Corporate Nursing Programmes Manager) Hannah Gray, (Clinical Effectiveness Manager)
EXECUTIVE DIRECTOR SPONSOR:	Karen Dawber, Director of Nursing and Governance
LINK TO STRATEGIC OBJECTIVES:	SO1: To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF1.1: CQC Compliance for Quality
	BAF1.3: National & Local Mandatory, Operational Targets
	BAF1.2: Health & Safety
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	The Quality Dashboard (at Appendix 1) includes 2016/2017 quality related KPIs from the:- • CQUINs – National (Local CQUINs will be monitored by the CQUIN monitoring group and reported by exception if required). • Quality Contract • Quality Account - Improvement Priorities and Quality Indicators • Sign up to Safety – national patient safety topics • Open and Honest initiative Please note that VTE, AKI and dementia are extracted for the purpose of this report in advance of submission via UNIFY at months' end and may not show compliance with the threshold. (VTE – 95% and Dementia – 90%). This will be updated in next month's Quality Dashboard.

RECOMMENDATION:	The Board is asked to: • **Note that the data for a number of indicators can change month on month. This applies to mortality peer review, incidents (including pressure ulcers and falls), as incident type and severity can alter once reviewed, complaints and concerns as complaints can become concerns (and vice versa), with the agreement of complainants, and to mortality data which is rebased.** • **Note progress and compliance against the key performance indicators** • **Approve actions planned to mitigate areas of exception**	
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Committee
	Agenda Ref.	
	Date of meeting	June 2016
	Summary of Outcome	

Please see Appendix 1 for the quality dashboard data

PATIENT SAFETY

1. VTE

VTE Risk Assessment
The 95% target has not been achieved in April (90.25%) and May (88.83%). The Lorenzo related trust silver command group is aware of this issue and work is continuing to ensure effective systems are in place to accurately capture these assessments.

VTE Prophylaxis
In April 2016's safety thermometer survey, 3 out of the 415 patients who required prophylaxis had not received it but should have done at the time of the survey. In May 2016, this figure was 2 out of 590. We therefore narrowly missed the 100% target in each month.

CLINICAL EFFECTIVENESS

2. HSMR

The HSMR has been rising but 'as expected' until the period April 2015 – March 2016, for which it is 'higher than expected' at 115. Crude mortality rose to 2.8% in Q4 2015/16. This has fallen back to 2.1% for Q1 2016/17 so far. The compliance for mortality peer review has fallen in April 2016, however these reviews are on-going and the figure will increase. On-going developments to the IT system used to support this will make the process more streamline and user friendly. Further detail is available in monthly mortality reports which are considered at the Mortality Review Group.

3. Advancing Quality
We are narrowly missing the cumulative target for the Pneumonia measure. The compliance for each aspect of the measure for January 2016 only is as follows:

Pneumonia 75.36% against a target of 78%. This is known as the appropriate care score, meaning that 75.36% of the cohort received care as per ALL the standards below. This explains the seemingly low 75.36%, when compared to the percentage scores for each measure below.

- Oxygen Assessment within 24 hours of arrival 69/69 100%
- Chest x-ray within four hours of arrival 58/69 84.1%
- Initial antibiotic received within 4 hours of hospital arrival 23/30 76.6%
- CURB-65 recorded 38/41 92.7%
- Appropriate antibiotic selection 21/23 91.3%

PATIENT EXPERIENCE

4. Always Events
Although the target of 100% is not yet being met, we largely sustained an improvement throughout 2015/16 with compliance for each quarter at 90%, 93% 95% and 94%. For the first 2 months of Q1 2016/17, compliance is above 95%.

5. Mixed Sex Occurrences

There were three reported breaches of same sex accommodation in May 2016. Two of the breaches occurred in CCU and one occurred in ICU. All 3 breeches were investigated in line with the policy and the RCA's have been completed. The total number of breach days was 6.

Patient Experience Return:

Q1 - 0 patients said they had shared accommodation when they were first admitted.

Q2 - 1 patient said that they had shared accommodation after they were moved to another ward

Q3 - 1 patient said that they had used the same bathroom as the opposite sex and 3 did not know.

6. Complaints

91.67% (22 of 24) of complaints with a deadline in April 2016 were resolved within the agreed timescale. The figures are 91.18% (31 of 34) for May 2016. The target of 94% was achieved in every month of 2015/16 except March 2016, at 91.7%. These recent consecutive 2 months in which the target was narrowly missed relate to an unusual period of significant staffing changes within the patient experience team.

Quality Dashboard 2016/17

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

Titles key: IC = Inclusion criteria (See key below), YTD = Year to date

Inclusion criteria key: Improvement priority (IP), National Quality related CQUINs (C), Quality Account indicators (QI), CQC Intelligent Monitoring quality related 'Elevated risks' and 'risks' (CQC), National Patient Safety Priorities (related to Sign up to Safety campaign) (SU2S), Contract KPIs (Quality section only) not considered at other forums (QC), Directive from Sir Bruce Keogh (BK), Open and Honest (OH)

Data key: DC = Data capture system under development, QR = Quarterly Reporting, N/A yet = Not available yet

ST = Safety Thermometer. This is a survey carried out on one day a month on all wards. The survey provides a point prevalence figure e.g. of the number of inpatients who have a hospital acquired pressure ulcer on that day. The figure is NOT the total number of incidents in the month.

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	12 month trend
Safety																					
INCIDENTS	MODERATE, MAJOR OR CATASTROPHIC HARM: APPROVED	TBC	QC	2	5															7	changes monthly
	MODERATE, MAJOR OR CATASTROPHIC HARM: UNDER REVIEW	N/A		6	18															24	changes monthly
	SERIOUS UNTOWARD INCIDENTS (SUIs) Level 2	N/A		1	1															2	
NEVER EVENTS		0	QC	1	0															1	
HARM FREE CARE	% OF PATIENTS FREE FROM HARM (SAFETY THERMOMETER)	TBC	OH	98.48%	97.97%																
	% OF PATIENTS FREE FROM HARM (MEDICINES SAFETY THERMOMETER) Quarterly	TBC	QI	QR	QR																
HEALTHCARE ACQUIRED INFECTIONS	MRSA	0= green, 1-5=amber, >5 red	QC, QI	0	0															0	
	CLOSTRIDIUM DIFFICILE (due to lapses in care)	<=27 per year	QC, QI	0	0															0	
	CLOSTRIDIUM DIFFICILE (no lapse in care)	None set	N/A	0	0															0	
	CLOSTRIDIUM DIFFICILE (under review)	None set	N/A	1	2															3	
VTE	% OF PATIENTS RISK ASSESSED	>=95%	QC	90.25%	88.83%																
	% OF ELIGBLE PATIENTS HAVING PROPHYLAXIS (SAFETY THERMOMETER)	100%	QC	99.43%	99.66%															99.56%	
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (APPROVED)	TBC	QC	N/A yet	N/A yet																
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (UNDER REVIEW)	N/A	N/A	N/A yet	N/A yet																

		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
WHO Checklist	DETAILS TO BE CONFIRMED	TBC	QI	100%	100%															100%	

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend

Effectiveness

		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
MORTALITY	HSMR (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, QC	104	105	107		109	109	108		107	110	108		108	111	115		115	
	SHMI (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, QC	116	115	116		116	115	114		113	113	109		108	109			109	
	TOTAL DEATHS IN HOSPITAL	None set	Reporting only	94	82															176	
	MORTALITY PEER REVIEW (NB figures change as reviews are conducted)	95%	IP, SU2S	54%	N/A yet															54%	
	REGULATION 28 - PREVENTION OF FUTURE DEATHS REPORT	None set	Reporting only	0	0															0	
ADVANCING QUALITY (2015/2016 cumulative targets and figures)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	50%	QI, C	N/A yet	N/A yet											50.0%	N/A yet	N/A yet		50.00%	
	DIABETES	50%	QI, C	N/A yet	N/A yet																
	PNEUMONIA	>=78%	QI, C	80.00%	78.83%	78.65%		78.65%	78.08%	78.47%		77.11%	76.59%	75.53%		75.36%	N/A yet	N/A yet		75.36%	
APPROPRIATE DISCHARGE PLANNING FOR PATIENTS WITH AKI - **NO LONGER CQUIN**		Sliding scale payments 50% - 90%	C	60% (validation incomplete)																	
ANTIMICROBIAL RESISTANCE & STEWARDSHIP - REDUCTION IN ANTIBIOTIC CONSUMPTION PER 1,000 ADMISSIONS			C	DATA COLLECTED QTLY & FINAL REPORTING Q4																	
ANTIMICROBIAL RESISTANCE & STEWARDSHIP - EMPIRIC REVIEW OF ANTIBIOTIC PRESCRIPTIONS WITHIN 72 HOURS		Q1 - REVIEW UNDERTAKEN IN 25% CASES	C																		
SEPSIS SCREENING OF ALL ELIGIBLE PATIENTS ACUTE INPATIENTS (* to be validated)		Baseline to be established in Q1	C	N/A yet																	
SEPSIS SCREENING OF ALL ELIGIBLE PATIENTS ADMITTED TO EMERGENCY AREAS (* to be validated)		Sliding scale payments 50% - 100%	C	N/A yet																	
SEPSIS INPATIENTS RECEIVED TREATMENT AND EMPIRIC REVIEW WITHIN THREE DAYS OF PRESCRIBING THE ANTIBIOTICS.		Baseline to be established in Q1	C	N/A yet																	
SEPSIS EMERGENCY PATIENTS RECEIVED TREATMENT AND EMPIRIC REVIEW WITHIN THREE DAYS OF PRESCRIBING THE ANTIBIOTICS.		Locally agreed target for Q1	C	N/A yet																	

Patient Experience

		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
	ALL FALLS (APPROVED)	TBC	TBC	76	44															120	
	FALLS PER 1000 BED DAYS	<=5.6	TBC	4.66	2.58															3.60	

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
FALLS	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (APPROVED)	TBC	TBC	0	0															0	
	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (UNDER REVIEW)	N/A		0	2															2	
	MODERATE HARM FALLS (APPROVED)	<=12	SU2S (10% reduction)	0	0															0	
PRESSURE ULCERS	GRADE 4 HOSPITAL ACQUIRED (AVOIDABLE)	0	IP	0	0															0	
	GRADE 3 HOSPITAL ACQUIRED (AVOIDABLE)	<=3	IP	0	0															0	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNAVOIDABLE)	N/A		0	0															0	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNDER REVIEW)	N/A		2	1															3	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE & UNAVOIDABLE (APPROVED)	>=20% (<=82)		1	4															5	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE (APPROVED)	>=5%	IP	1	TBC															1	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (UNDER REVIEW)	N/A		3	0															3	
ALWAYS EVENTS		100%	QI	97%	95%																
JOHN'S CAMPAIGN DEMENTIA	CARERS AND FAMILIES NOT RESTRICTED BY VISITING TIMES	Q1 PLAN	C	DC	DC																
FRAILTY CQUIN	QUARTERLY ACHIEVEMENT AS PER CQUIN SPECIFICATION		C	DC	DC																
DEMENTIA	DEMENTIA ASSESSMENT % (PART 1)	>=90%	C	92.21%	N/A yet															92.21%	
	DEMENTIA ASSESSMENT % (PART 2)	>=90%	C	98.78%	N/A yet															98.78%	
	DEMENTIA ASSESSMENT % (PART 3)	>=90%	C	100%	N/A yet															100%	
	DEMENTIA - STAFF TRAINING		C		60.86%															60.86	
CARE INDICATORS RISK ASSESSMENTS	FALLS	>=95%	QI	99%	97%																
	WATERLOW (PRESSURE ULCERS)	>=95%	QI	99%	98%																
	MUST (MALNUTRITION)	>=95%	IP	91%	98%																
MIXED SEX OCCURENCES		0	QC	1	3															4	
	STAR RATING	N/A	Reporting only	4.75	N/A yet															4.75	
	% RECOMMENDING TRUST: INPATIENTS	>=95%	IP, QI, QC	96%	N/A yet															96%	
	% RECOMMENDING TRUST: A&E	>=87%	IP, QI, QC	90%	84.8%																

	Target or Indicator	Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
FRIENDS AND FAMILY (PATIENTS' VIEWS)	RESPONSE RATE: A&E WARRINGTON	Contract target to be agreed	IP, QI, QC	11.48%	10.57%															11.00%	
	RESPONSE RATE: URGENT CARE CENTRE HALTON	Contract target to be agreed	IP, QI, QC	13.37%	9.44%															11.25%	
	RESPONSE RATE: A&E COMBINED	Contract target to be agreed	IP, QI, QC	12.17%	10.15%															12.17%	
	RESPONSE RATE: INPATIENTS	Contract target to be agreed	IP, QI, QC	31.47%	37.29%															34.43%	

	Target or Indicator	Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
COMPLAINTS AND CONCERNS	NUMBER OF COMPLAINTS RECEIVED		IP	36	32															36	
	HIGH RISK COMPLAINTS 72 HOUR REVIEW - COMPLIANCE	NOT SET	IP	ESTABLISH PROCESS																		
	% OF COMPLAINTS RESOLVED WITHIN THE AGREED TIMESCALE	>=94%	IP, QC	91.67%	91.18%															91.38%	
	NUMBER OF RETURNED COMPLAINTS	TBC	QI	DC	0															0	
	NUMBER OF CONCERNS RECEIVED	NOT SET	IP	2	0															2	

BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/16/134
SUBJECT:	Complaints, Concerns & Compliments Annual Report 2015-16
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Yvonne Erikson, Lead Nurse for Quality Improvement
EXECUTIVE DIRECTOR SPONSOR:	Karen Dawber, Director of Nursing and Governance
LINK TO STRATEGIC OBJECTIVES:	SO1: To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF1.1: CQC Compliance for Quality
	BAF1.3: National & Local Mandatory, Operational Targets
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides an overview of complaints and other feedback received by the Trust during 2015/2016: - The Trust received a total of 404 formal complaints between 1 April 2015 and 31 March 2016, which is a decrease of 70 on the previous year. 13 cases have been closed by the PHSO during the year. There are 8 cases on-going at the moment. 2,558 people contacted PALS during the year; this is an increase of 637 contacts on previous year. - Numbers of posts on *NHS Choices* are included and the star rating assigned by the website. 74 formal compliment letters were sent to the Chief Executive. - Graphs demonstrate the total complaints by subject and divisional top 5 complaint themes.

	• 98.03% of complaints were closed within agreed timescales.
RECOMMENDATION:	**The Board is asked to:** • **Note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions recommended.** • **Note the latest available national complaints data and the associated benchmarking data.**
PREVIOUSLY CONSIDERED BY:	**Committee** Not Applicable **Agenda Ref.** **Date of meeting** **Summary of Outcome**

EXECUTIVE SUMMARY

This is the fourth annual report from the Patient Experience Team, primarily providing an overview of complaints received, complaint handling and also including some information on other forms of feedback from patients, relatives and other services users from 1 April 2015 to 31 March 2016. This report is written in accordance with the NHS Complaints Regulations (2009).

The types of feedback reported in this document are:

- Formal complaints
- Concerns
- PALS
- NHS Choices
- Compliment letters

During 2015 – 2016, the format of the quarterly reports to the Board altered, to include detailed data regarding complaints, PALS, PHSO, NHS Choices and actions for the following quarter.

In view of this, this report will focus more on the trends and include sections on the analysis of complaints and on benchmarking, using the most up to date national data that is available.

During 2015/2016, there were 613,936 attendances to the Trust. The vast majority of those patients and their families/carers have been satisfied, or happy with the care and treatment they received. When the experience of care is not as expected or is poor, the Trust continues to be committed to providing open, honest responses to complaints and to demonstrate that where there are failings; action will be taken to improve.

1. The service

The Patient Experience Team has been led by the Patient Experience Matron, who has been supported by a part-time Complaints Manager, and the full Patient Experience Team structure is described in the diagram below.

1.1. Patient Experience Team structure – 2015/2016

Director of Nursing

Deputy Director of Nursing, Quality & Patient Experience

Patient Experience Matron

Complaints Manager

PALS/Volunteer Coordinator

Corporate Nursing Administrator

Volunteers

Patient Experience Officers X3

Administration Assistant

Patient Experience Survey Assistant
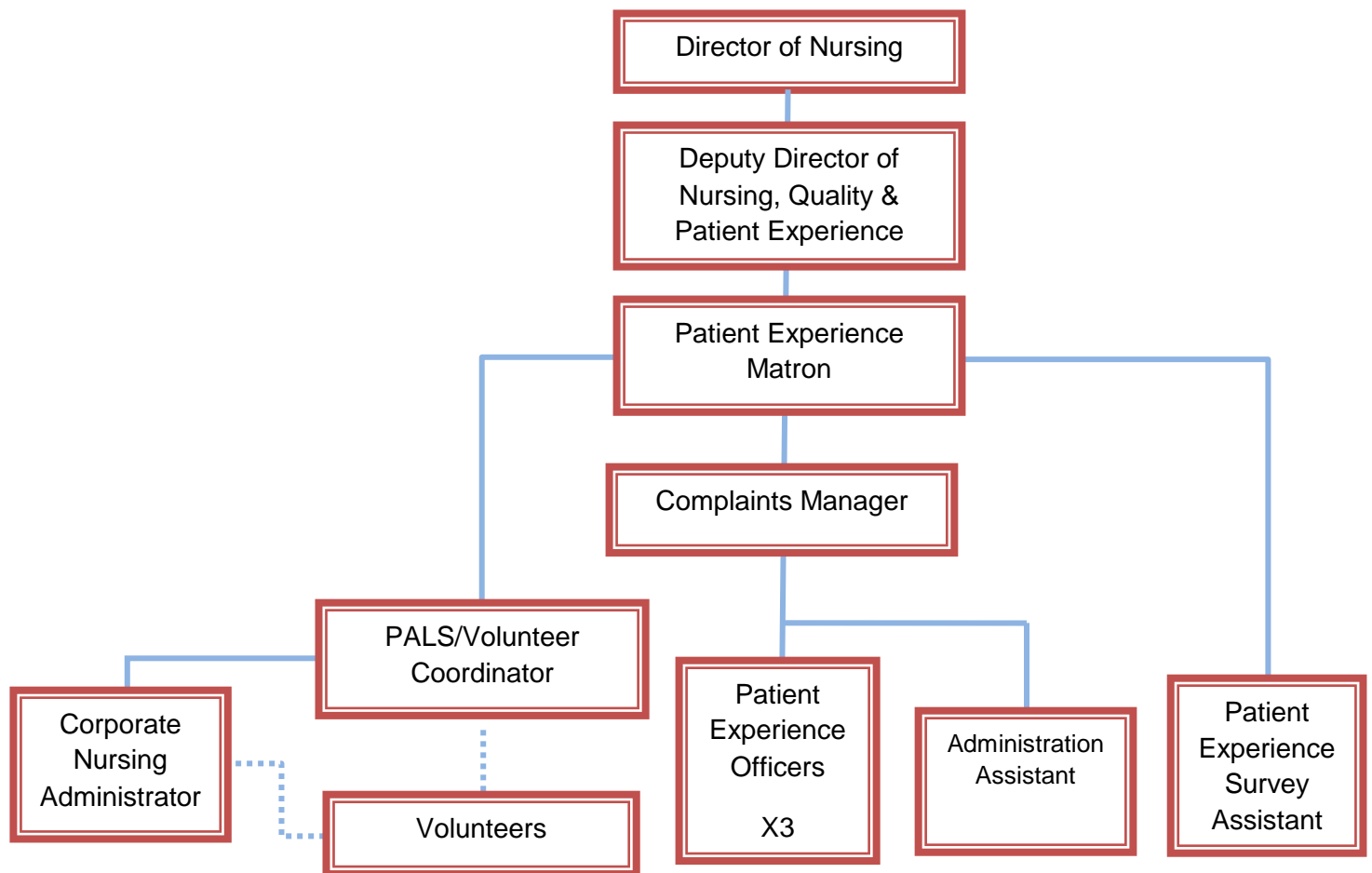
2. Background

This report sets out a detailed analysis of the nature and number of formal complaints, concerns, PALS contacts and other forms of feedback received. The Trust complaints system is in accordance with the *NHS Complaints Regulations* (2009) and is compliant with CQC Regulation 19, Outcome 17.

2.1 Complaints overview

During 2015/2016 there were 613,936 attendances to our services.

Table 1 – Trust activity 2015/2016

	DayCase	Inpatient	Non-Elective	New	Follow up	A&E	MIU	WIC	Ward Attender	Outside Clinic Attendance	Grand Total
2015/16	31423	5458	38535	117604	290387	82486	22964	13756	10662	661	613936

This includes 5,458 inpatients and 105,450 attendances to the Accident and Emergency Department and Minor Injuries Department combined.

Figure 1 – Complaints received per 1000 patient attendances
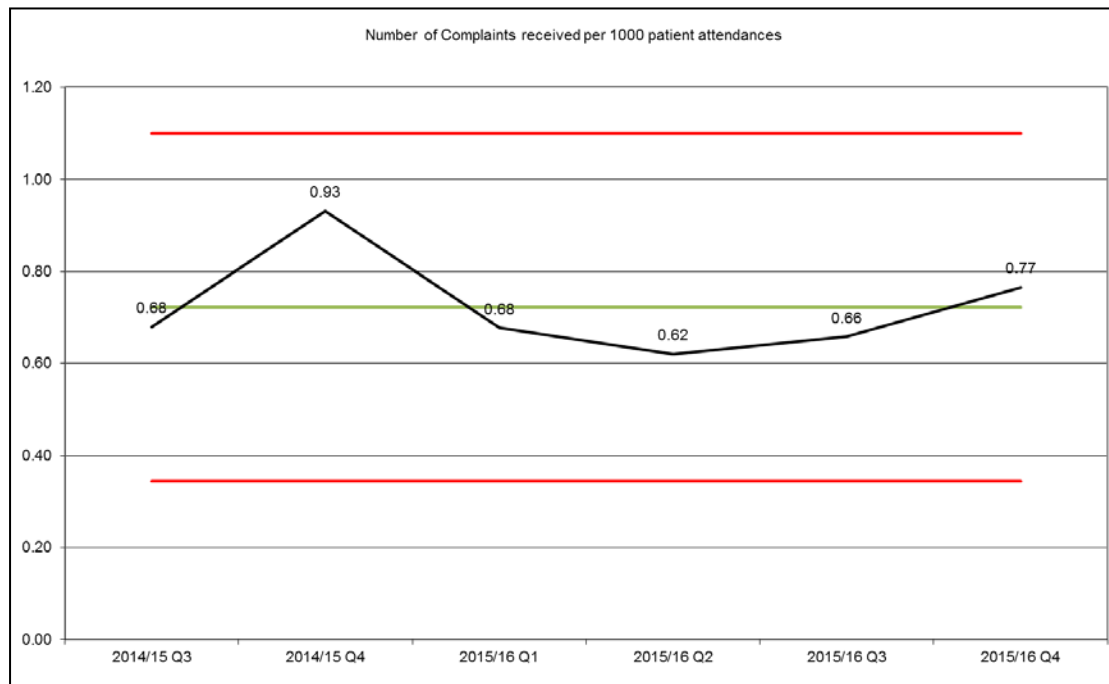
The Trust received a total of 404 formal complaints during the year and these were investigated in accordance with the Trust Complaints and Concerns policy. This is a decrease of 70 on the previous year.

Table 2 – Formal complaints 2012 – 2016

Financial Year	Formal Complaints Received
2012/2013	574
2013/2014	418
2014/2015	474
2015/2016	404

2.2 Parliamentary and Health Service Ombudsman (PHSO)

Figure 2 - Ombudsman Complaints received 2012 - 2016
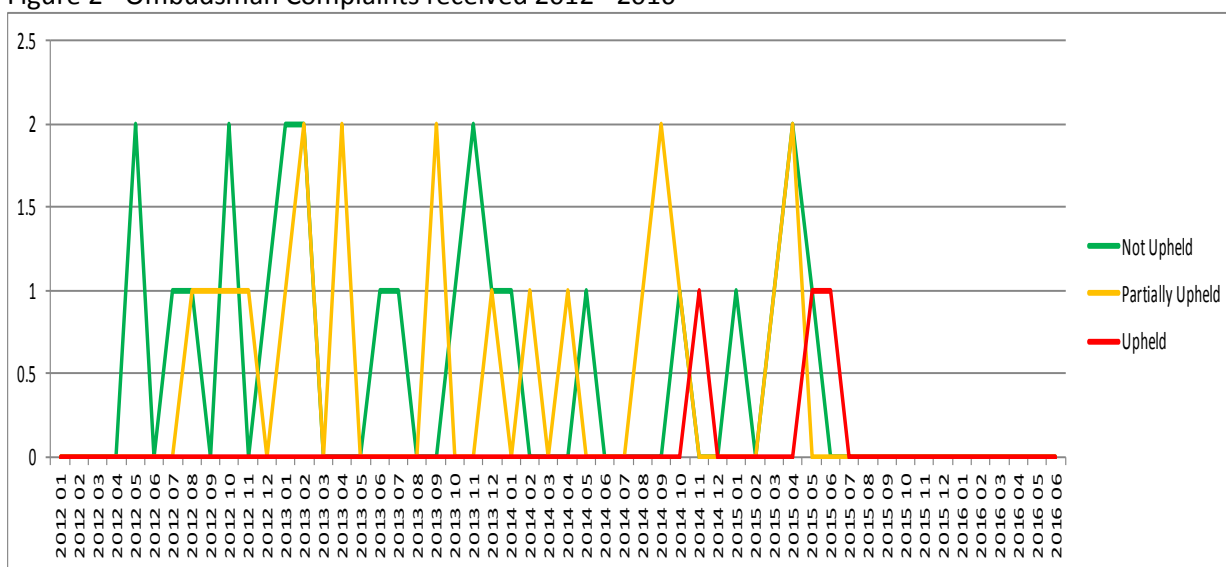
The majority of the Ombudsman's complaints have either not been upheld, or have been partially upheld.

2.3 Patient Advice and Liaison Service (PALS)

A total of 2,558 people contacted PALS in 2015/2016, compared to 1,921 in the previous year. This is an increase of 637.

Table 3: Total PALS contacts by Quarter

Q1	Contacts	Q2	Contacts	Q3	Contacts	Q4	Contacts
April	212	July	183	October	204	January	308
May	189	August	138	November	178	February	246
June	285	September	208	December	192	March	215
Total	686	Total	529	Total	574	Total	769

The PALS/Volunteer Coordinator is assisted by a member of the patient experience team, and at times volunteers also support the service. Additional support is provided by the patient experience officers.   There has been a significant increase in the number of PALS cases throughout the year, which has vastly increased the workload.

2.4   NHS Choices

Patients and visitors can post comments about their experience in our hospitals on the *NHS Choices* website. They can also rate the service in terms of whether they would recommend the hospital to friends and family if they needed similar care and treatment; cleanliness; staff co-operation; dignity and respect; involvement in decisions; and same sex accommodation.   *NHS Choices* calculate a star rating for each site, based on the feedback, with 5 stars being the highest.

Table 4 –Overall star rating by site

Warrington Hospital	Halton Hospital	CMTC
3.5 Stars ★★★⯪☆	5 Stars ★★★★★	5 Stars ★★★★★

Examples of the feedback through the year, has been included in quarterly reports. The feedback is monitored and appropriate responses are posted on the site, encouraging people to raise concerns through PALS or the complaints process.

Table 5 - Numbers of comments posted for 2015/2016 by star ratings and site

Star rating	Warrington	Halton	CMTC
★★★★★	53	43	19
★★★★	10	1	0
★★★	1	0	0
★★	9	0	0
★	23	0	1
Total for 2015/16 **141**	96	44	20

2.5 Compliments

A total of 74 compliment letters were received by the Chief Executive. Positive feedback is always shared with the relevant teams. Sometimes compliments come through other routes, for example a nomination for employee or team of the month may be received form a member of the public who has either experienced excellent care, or has witnessed the care of a loved one that has prompted a nomination.

Figure 3 – Compliments received, by division
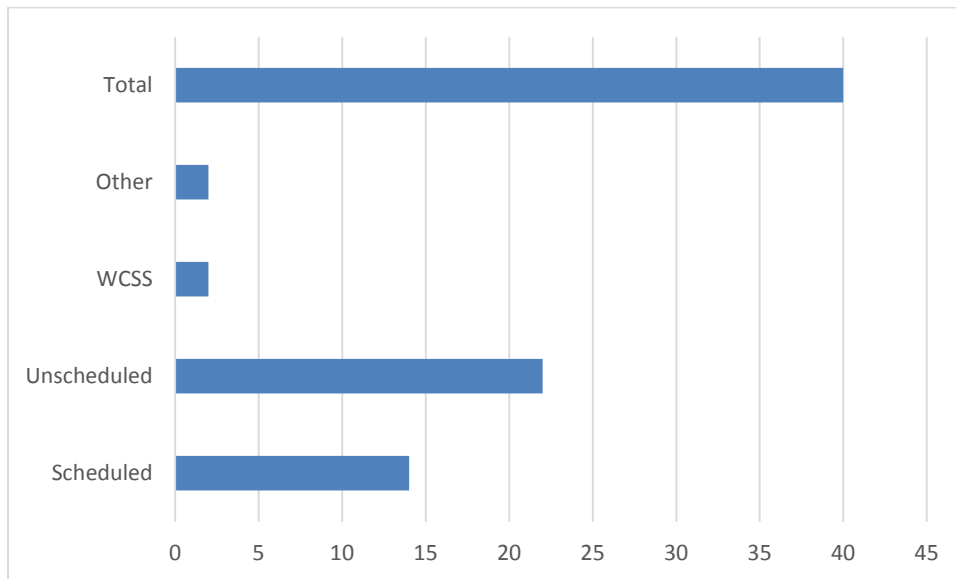
3 Complaints Analysis

3.1 Data collection and analysis

Since the decision was made to re-assign all withdrawn complaints as concerns (previously these were not recorded when withdrawn), the formal complaint figures have become more subject to change than previously. The point at which a complaint is withdrawn can vary so the patient experience team have identified the need to reconcile these figures both monthly, when the KPI report is done and quarterly to ensure that any case that has been withdrawn at a later date is correctly assigned and the quarterly figure is correct.

Quarterly reports now include top 5 themes for all three divisions, corporate and Accident and Emergency to provide the opportunity for further inquiry into trends

3.2 Formal complaints received in 2015/2016

In line with Trust policy, a complaint becomes formal in accordance with patients' wishes. This may originate from a concern (written or verbal) that has not been possible to resolve in the clinical environment, through PALS, or directed to the service for formal investigation.

 A total of 404 formal complaints were received and investigated by the Trust during 2015/2016 compared to 474 received during 2014/2015. This is against the national trend that has seen an increase in complaints overall.

The following graphs provide a quarterly and monthly analysis of complaints for 2015/2016:

Figure 4 - Complaints received 2012/2013 – 2015/2016
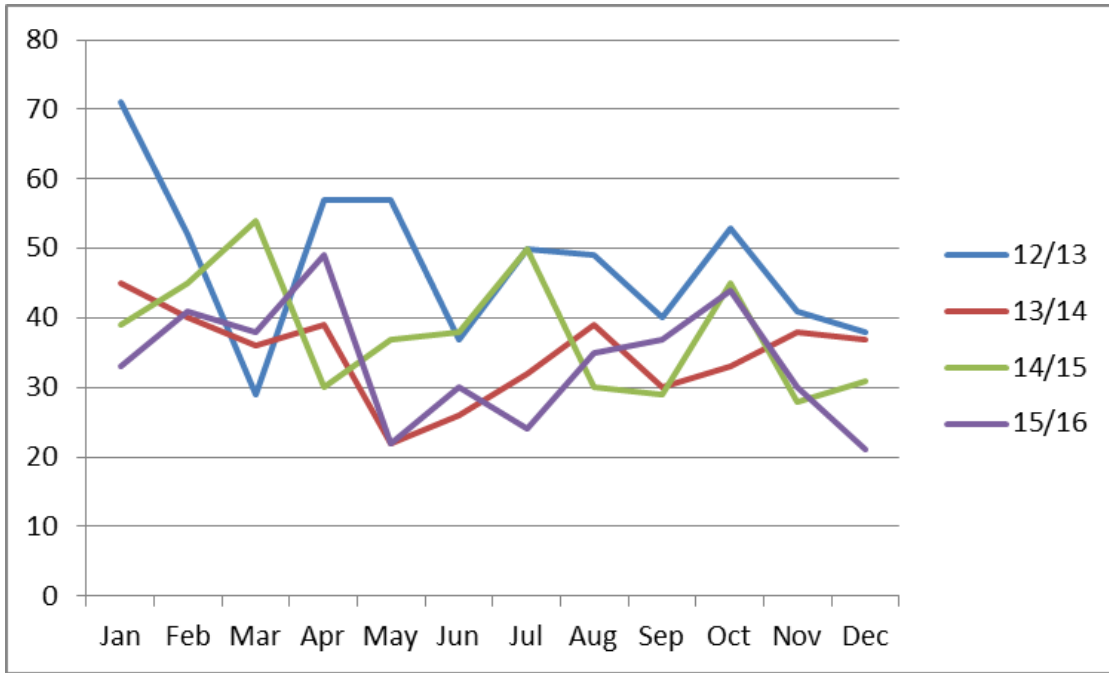
Figure 5 - Closed Complaints
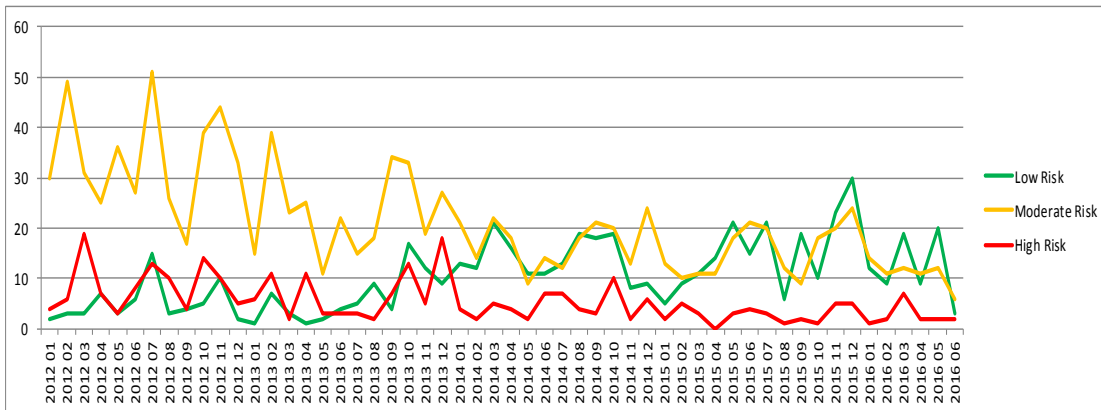
Due to changes within the Patient experience team during February and March 2016, some delays were encountered with final responses being sent out.

Figure 6 – Risk grading of complaints, by Month
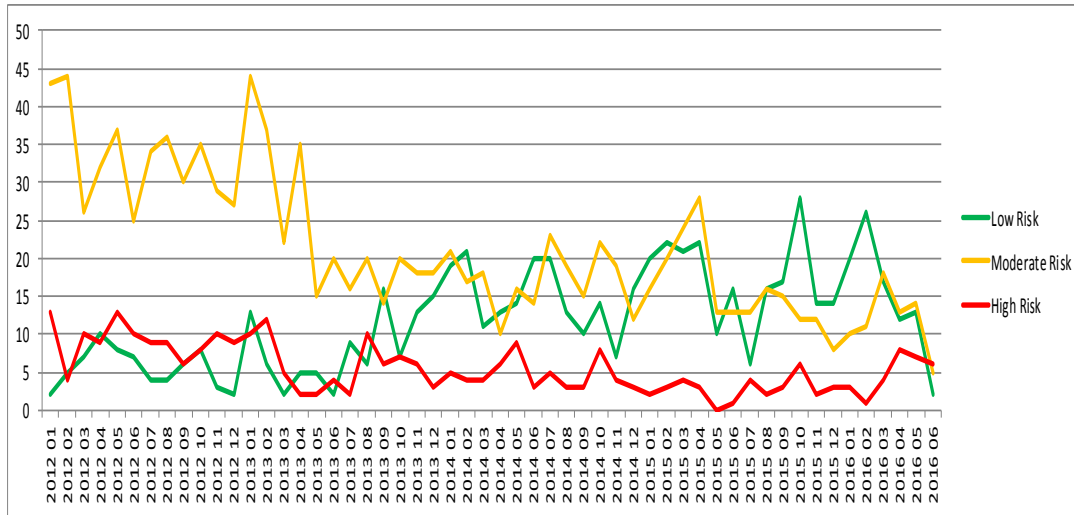
During 2015/2016, the highest numbers of complaints (203) were graded as low risk. 169 were graded as moderate risk, and 32 as high risk.

Figure 7 – Complaints received, by quarter 2015/2016
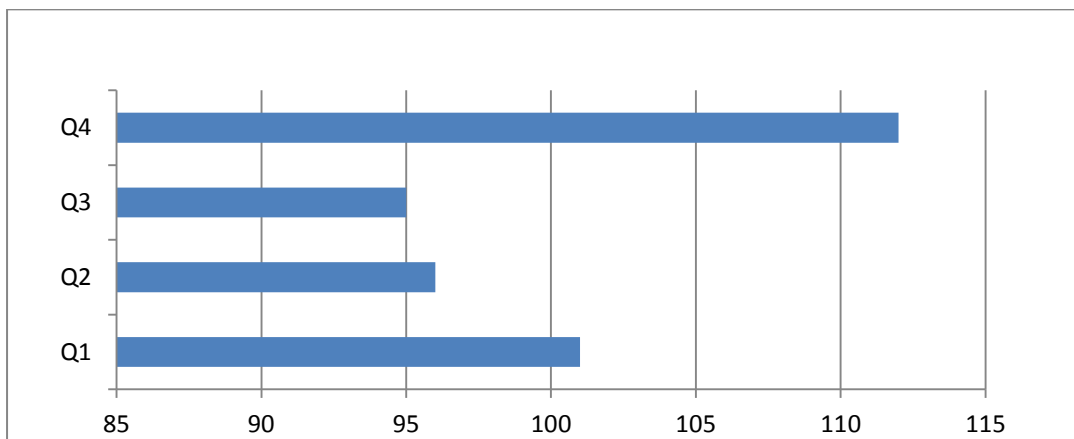
Figure 8 – Complaints, total by month 2015/2016
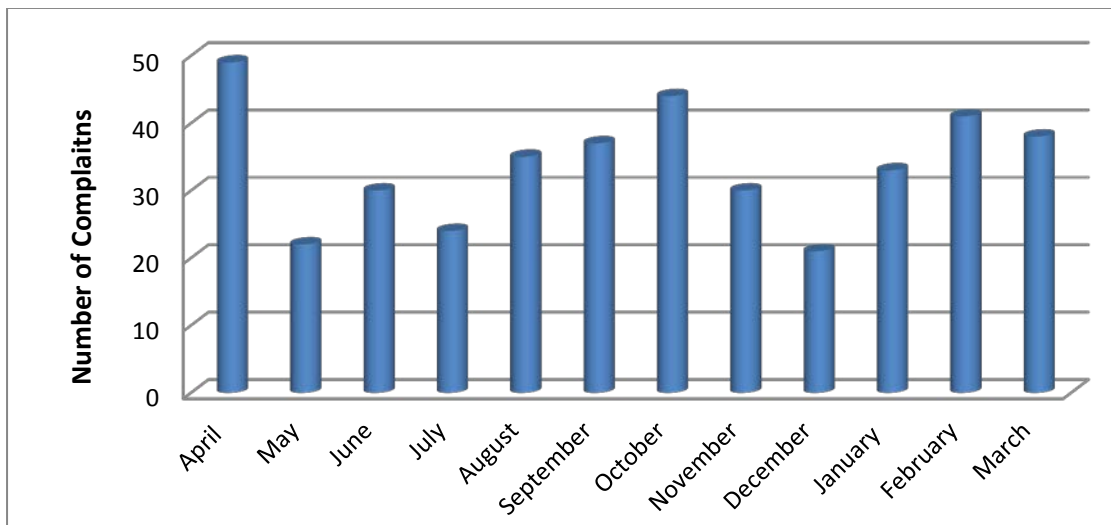
Figure 9 – Top 5 Subjects for Unscheduled Care (excluding AED) for 2015/2016
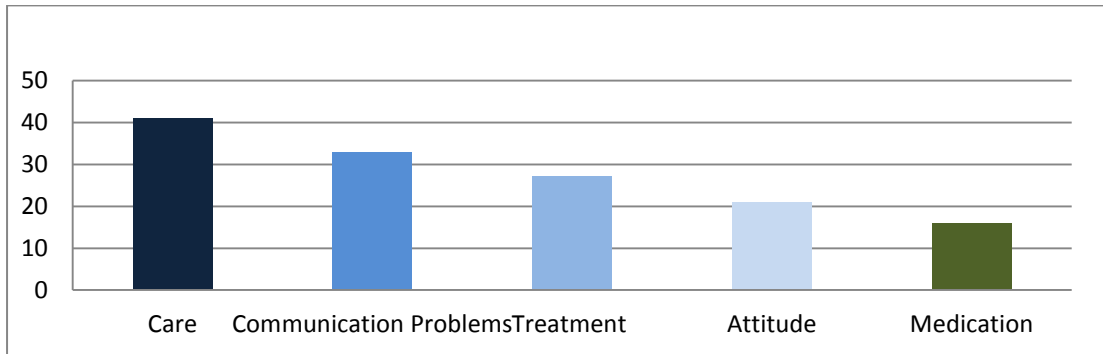
Figure 10 - Top 5 Subjects for AED for 2015/2016
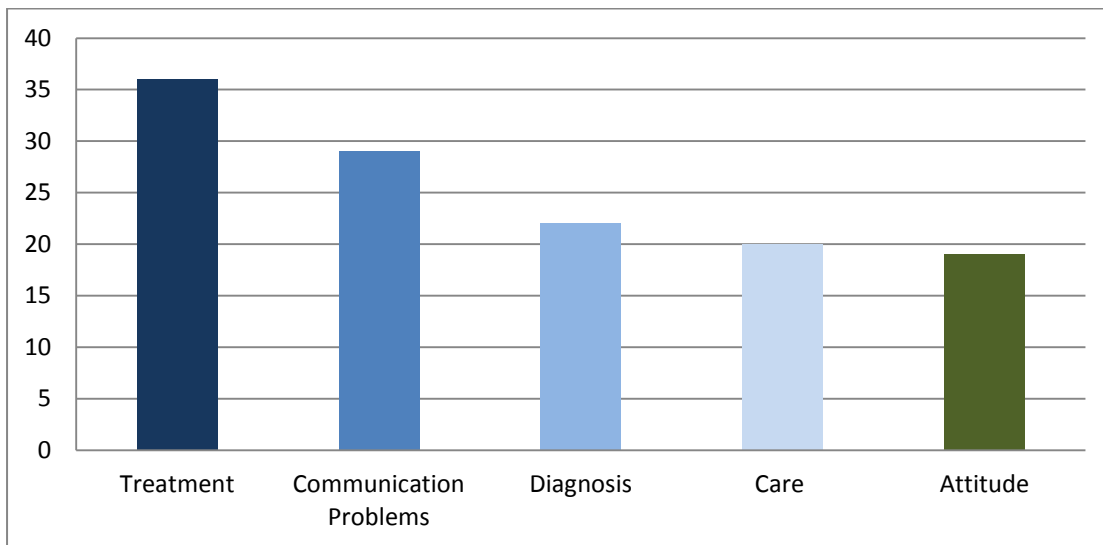
Figure 11- Top 5 Subjects for Scheduled Care for 2015/2016
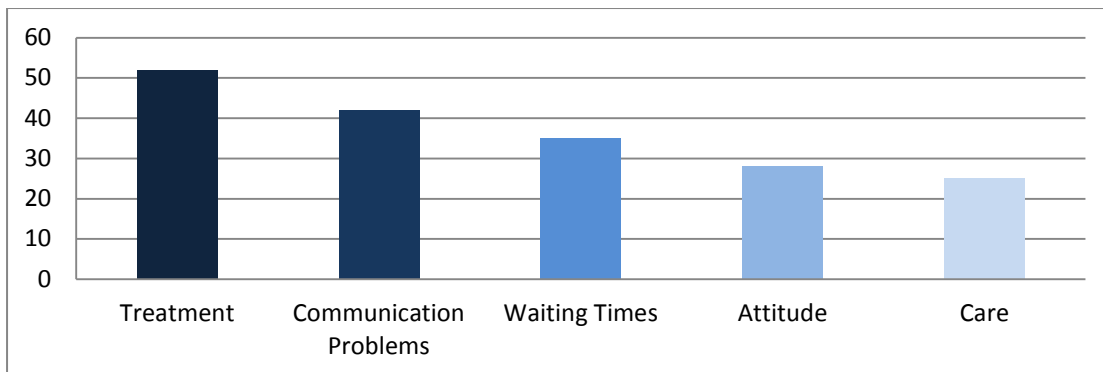
Figure 12 - Top 5 Subjects for WCSS for 2015/2016
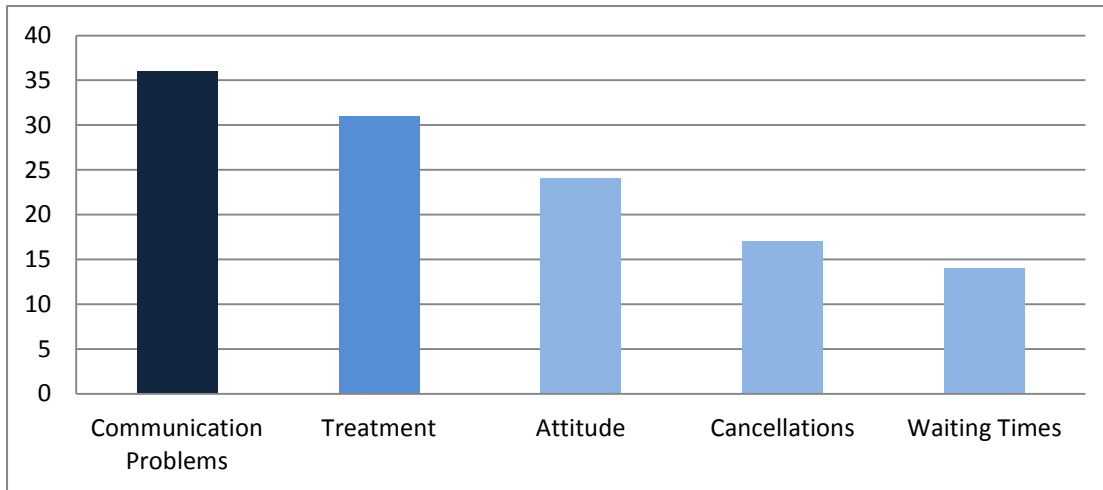
Figure 13 – Top 5 Subjects for Corporate Services for 2015/2016
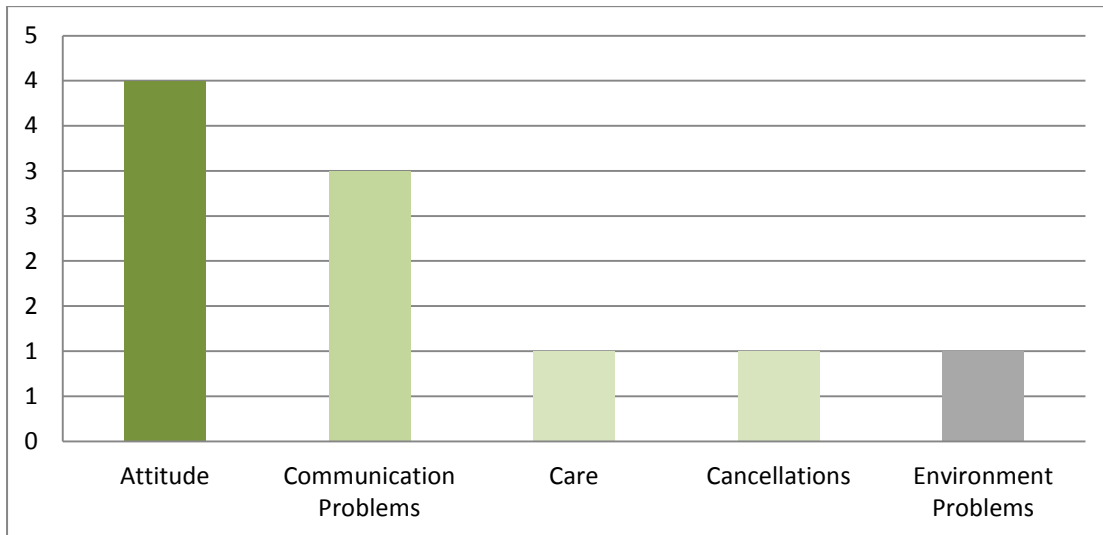
3.3 Demographic analysis of complaints

In accordance with guidance from the NHS Information Centre, the Trust is required to undertake a demographic analysis of complaints, which includes analysis by the age and gender of the person referred to in the complaint.

Figure 14 – Complaints by gender
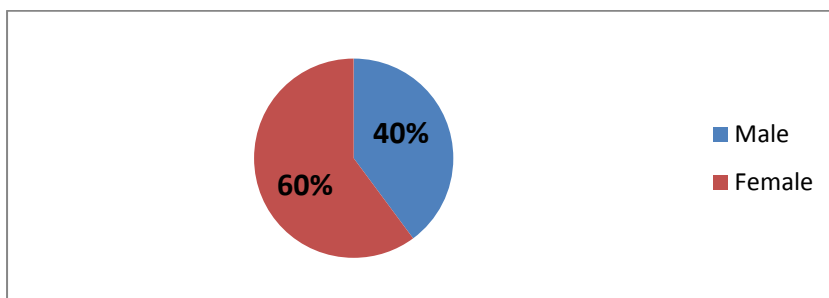
Figure 15– Complainants by age group
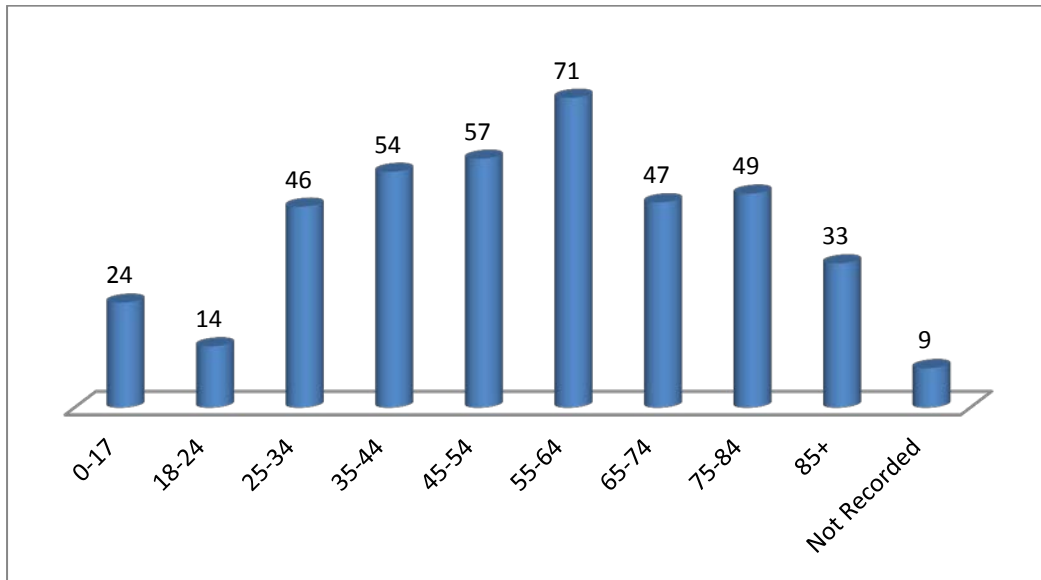
If the complaint is about an individual patient, the Trust records the age of the patient however if the complaint is about a service we cannot record this information. The highest numbers of complaints are received from people aged 55-64 years.

Figure 16 – Complaint origin
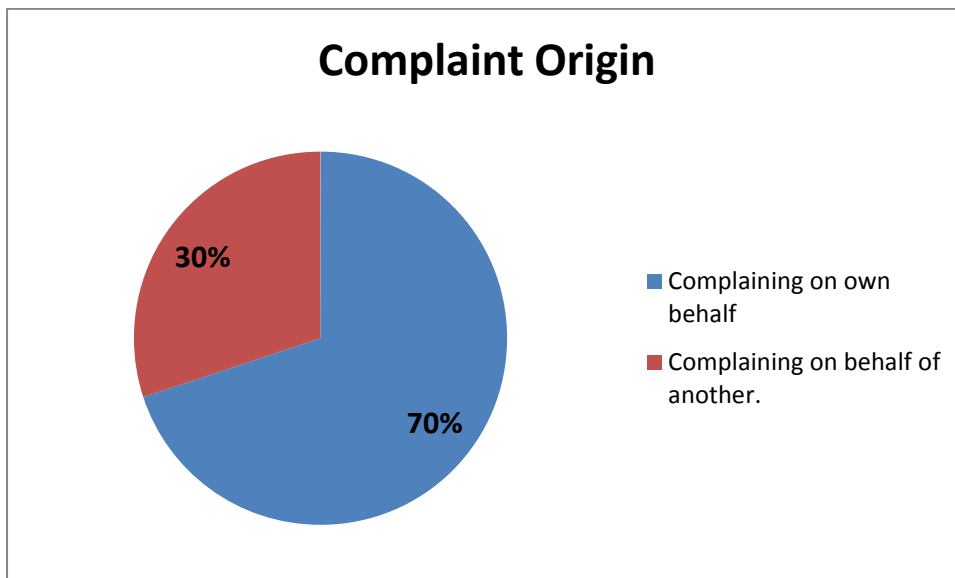
Figure 17 – Breakdown of who complained
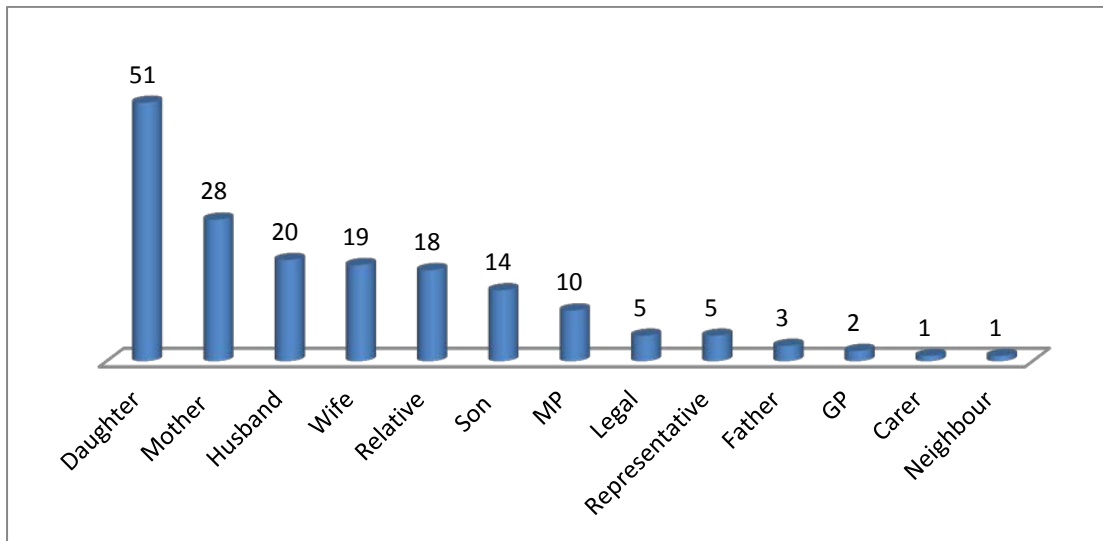
The complaints from GP should have been recorded as interface incidents and investigated through a clinical incident report.

3.4 Responding to people who want to tell us about their experience in a timely manner

During 2015/2016, 98.03% of complaints were closed within agreed timescales. There was a dip in this performance in March 2016, which was due to staffing issues within the Patient Experience Team.

Complaints investigations require more time to reach completion when the concerns raised are significantly more complex, and often cross-divisional. For example a patient's journey may cross diagnostic services, support services, theatres and pharmacy. The impact of investigation concerns across services and departments can build delays in completing the investigation. A major factor in this is availability of medical records. Therefore agreement for an extension for the response date needed to be negotiated with the complainant.

3.5 Complaints withdrawn

During 2015/2016 a total of 165 complaints were withdrawn, were re-categorised and recorded as concerns. Complaints can be withdrawn for a variety of reasons, generally it is because the service user had the opportunity to discuss their issues with a member of the service or a member of staff from the divisional team had contacted them to discuss their concerns and they had been resolved, for example this could be an appointment confirmed, or clarity of information provided satisfactorily. Sometimes complainants do not return completed consent forms and the complaint may be withdrawn, after providing the complainant with a final date for sending the consent.

Figure 18 - Split of complaints that are withdrawn and re-categorised as concerns

Number of Concerns

13% Scheduled
17% Unscheduled
17% WCSS
53% Corporate
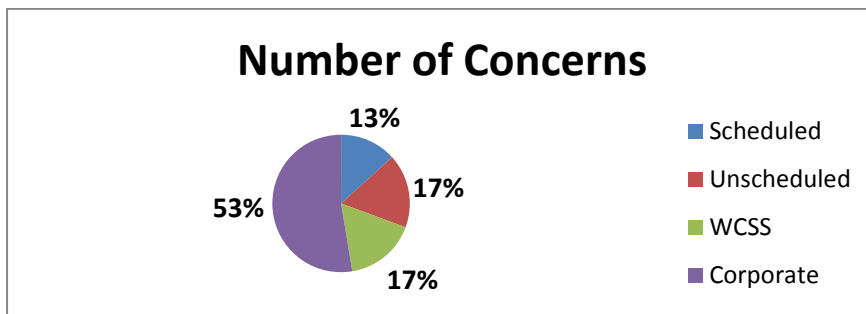
3.6 Returned complaints

Figure 19 – Number of returned Complaints 2012 – 2016
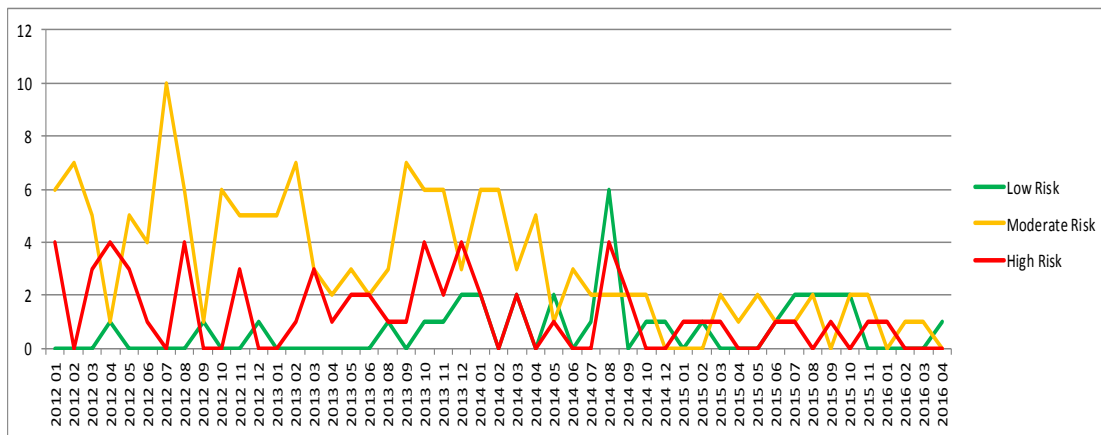
The above graph demonstrates that the number of returned complaints has decreased overall. During 2015/2016 there were 27 returned complaints, broken down as, 5 high risk, 13 moderate risk and 9 low risk.

3.7   MP Complaints

Figure 20 – Number of MP Complaints received 2012 - 2016
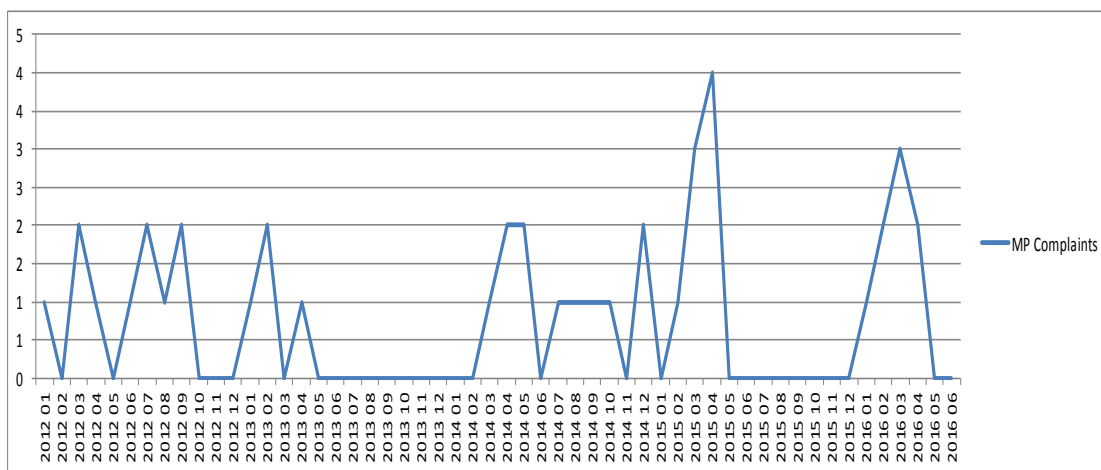
The spikes on the above graph correlate to local / national election periods.

3.8   Complaints linked to serious incidents

During 2015/2016, 39 complaints were linked with reported incidents. Of these 2 became level 1 investigations and 1 has been the subject of a serious incident investigation.

New guidance from the CCG has recommended that any complaint that is graded as high risk should be investigated as a serious incident. Since the initial risk grading is done by the Patient Experience Matron and based on the (subjective) complaint letter, any high risk grading is prioritised and sent to the division for a review within 72 working hours, in order that a decision can be made as to whether there has been severe harm caused in a timely manner. If not, the complaint grading can be reduced to reflect the harm.

3.9 Formal meetings organised

There were 35 meetings with complainants and families during 2015/2016. We continue to try to encourage meetings in order to resolve complaints, develop rapport and support complainants and families.

4. Benchmarking
The most up to date national data has been used in this section of the report, and is based upon the KO41a returns. These are the complaints data collection forms that each Trust has to submit on a quarterly basis.

The Key Facts are as follows:
- The total number of all HCHS written complaints has increased by 6,470 (5.7 per cent) from 114,000 in 2013-14 to 121,000 in 2014-15.
- By profession, complaints for Trust Administrative staff have seen an increase of 23.2 per cent from 8,320 in 2013-14 to 10,300 in 2014-15.
- The number of complaints for the subject area appointments, delay/cancellation (outpatient) has increased by 1,720 (19.1 per cent) from 9,040 in 2013-14 to 10,800 in 2014-15.
- The biggest proportion of HCHS written complaints by profession were for the Medical profession (which includes hospital doctors and surgeons) with 45.4 per cent (54,900) of all HCHS written complaints. Nursing, Midwifery and Health Visiting accounted for the second biggest at 21.1 per cent (25,400). For 2013-14 the proportions were 45.6 per cent and 21.7 per cent respectively.
- 45.1 per cent (53,400) of all HCHS written complaints reported are for the subject area all aspects of clinical treatment. This is a slightly lower proportion than last year's figure of 45.6 per cent (52,300).
- The service area with the highest number of complaints was inpatient hospital acute services, with 34,600 (28.7 per cent), an increase of 200 (0.6 per cent) from 2013-14 (34,400).

Figure 21 - Hospital Written Complaints - Acute Services
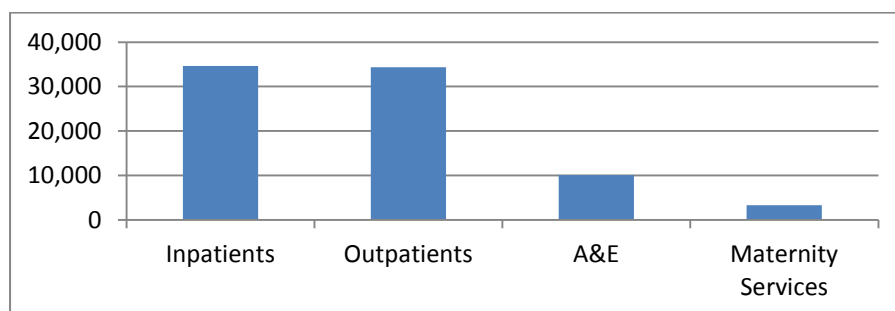
Figure 22 - Complaints by Subject
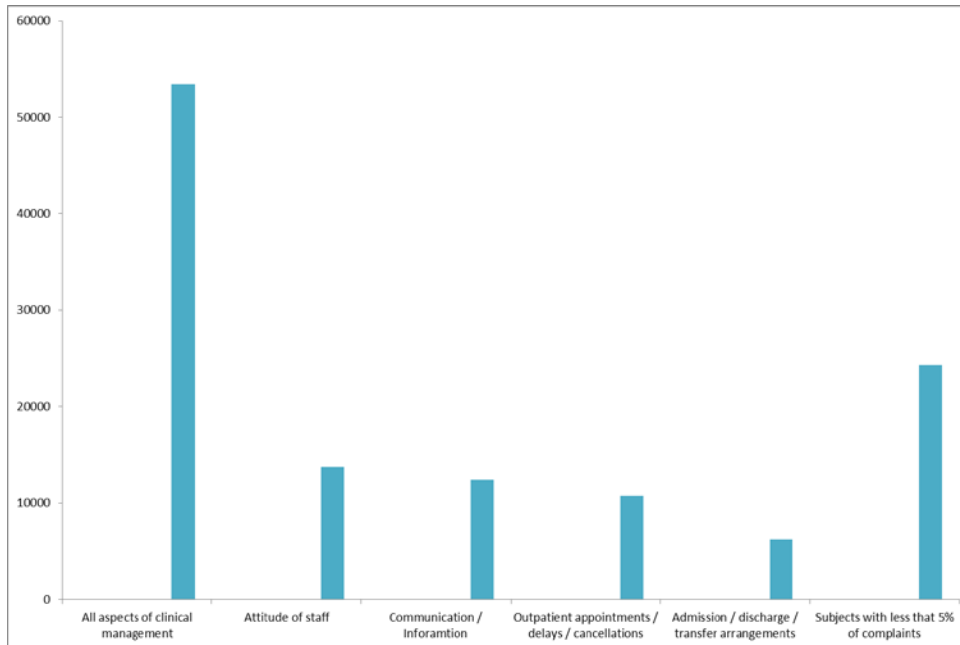
5. Lessons Learnt

It is essential that the Trust continues to learn from complaints, and ensures that what is learnt results in service improvements which are embedded in everyday practice. Throughout the year, quarterly reports have included examples of learning and action taken following complaints. The priorities regarding lessons learnt are as follows:

- Monitor complaints for themes and trends and address at the earliest opportunity.
- Ensure staff know what complaints have been made regarding their ward / department and have access to the responses that are given.
- Ensure that positive feedback is part of the picture so that teams and individuals can see the balance between positive and negative. This will include information from national surveys, friends and family test, local surveys, stories etc.

6. Actions for 2015/2016

As the patient experience agenda expands, our focus needs to be on the following:
- The relevance of the variety of methods available for complaints to be made,
- Our ability to listen to our service users' experiences.
- Our responses to complaints and lessons learnt

In order to meet the expectations of the Board, the commissioners and, most importantly, the public we must continue to improve the systems in place and ensure that the methods we employ to investigate and learn from complaints provide assurance and demonstrate a transparent and committed process and staff who want to acknowledge failures and learn from them.

Improvements planned for 2016/2017 include:

- The implementation of a robust process of monitoring the 72 hour reviews for complaints graded as high risk

- The implementation of the new CBU structure, which will provide the patient experience team with key contacts from a nursing, medical and operational point of view.

- The implementation of a new format for complaint response letters

- A re-launch of the PALS service, to include new posters for all wards and Departments and working with the CBU leaders and ward / department managers to promote staff trying to resolve issues at the time they occur.

- Recruiting to and embedding the new team within the department

7.   Recommendations

The Board is asked to note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions as documented above.

BOARD OF DIRECTORS

AGENDA REFERENCE:	BM/16/135
SUBJECT:	**Key Issues Report from the June Charitable Funds Committee Meeting**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Lynne Lobley, Committee Chair
DIRECTOR SPONSOR:	Lynne Lobley, Committee Chair
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	Not Applicable
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	A summary of the key issues discussed at June's committee meeting. Attached are also: - Copy of New Charities Commission Guidance for Trustees - the Terms of Reference for ratification by the Corporate rustee (i.e. the Board of Directors)
RECOMMENDATION:	**The Board:** **note the contents of the discussions and that there are no matters arising for escalation** **note the guidance and implications for the Corporate Trustee** **assures itself the Terms of Reference reflect the assurance the Corporate Trustee requires and either amend or ratify accordingly**

PREVIOUSLY CONSIDERED BY:	Committee	Charitable Funds Committee
	Agenda Ref.	
	Date of meeting	June 2016
	Summary of Outcome	

HIGH QUALITY,
SAFE HEALTHCARE
QUALITY PEOPLE SUSTAINABILITY

Warrington and Halton Hospitals NHS
NHS Foundation Trust

We are WHH

KEY ISSUES REPORT
JUNE CHARITABLE FUNDS COMMITTEE

Date of meeting:	**23rd June 2016**
Standing Agenda Items	The Meeting was quorate Minutes of the previous meetings held on 3rd December 2015 and 1st March 2016 were approved.
Formal Business	The following items were discussed at the meeting: • Finance Report to 31st March 2016 • Fundraising Report • Key Risks Review • Development of WHH Legacies programme • Fundraising Work Plan 2016-17 • Introduction of a WHH Lottery • Developing Corporate Relationships • Revised Terms of Reference • New Charities Commission Guidance for Trustees • Approval of Bid Applications
Local Policies and Guidance Approved:	None.
Any Learning and Improvement identified from within the meeting:	None.
Any other relevant items the Committee wishes to escalate?	None.

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

1.   PURPOSE

The Board of Directors, acting as Corporate Trustee for the Charitable Funds, hereby resolves to establish a Committee of the Board of Directors to be known as the Charitable Funds Committee. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2.   AUTHORITY

The Committee is authorised to:

- perform any of the activities within its terms of reference;
- obtain outside professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and
- make recommendations to the Board for actions it deems necessary.

The Trust is Trustee of charitable funds registered together under charity registration 1051858 and the Committee is appointed as the Trust's agent in accordance with s16 of the NHS Trusts (Membership and Procedures) Regulations 1990.

The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

3.   REPORTING ARRANGEMENTS

The Committee will have the following reporting responsibilities:

- The Committee will be accountable to the Board of Directors. A report of the meeting will be submitted and presented to the Board by the Chair who shall draw to the attention of the Board issues that require disclosure to the full Board, or require executive action. The minutes of the Committee meetings will be formally recorded and circulated to the Board.
- The Committee will report to the Board annually on its work and performance in the preceding year.
- The Trust standing orders and standing financial instructions apply to the operation of the Committee.

4.   DUTIES & RESPONSIBILITIES

The Committee's responsibilities fall broadly into the following areas:

- Ensure that individual fund objectives and spending plans are in keeping with the objectives, spending criteria and priorities set by the donors.
- Obtain plans for all individual funds and approve if/when appropriate.

- Ensure that donations and investment income or losses are attributed to individual funds appropriately.
- Ensure the sources of income and the terms on which donations are received are acceptable to the Trustees.
- Ensure that all funds are correctly allocated as restricted, unrestricted or designated, and accounted for accordingly. This analysis will differentiate between restricted, specific and the General charitable fund.
- Recommend an investment advisor to the Trustees following appropriate tendering procedures and regularly monitor and review their performance.
- Ensure that the investment policy for Charitable Funds set by the Trustees is implemented and that sufficient funds are kept readily available to meet planned requirements.
- Ensure (through the NHS Foundation Trust's Finance Department and accounting systems*)* that there is an appropriate system of control over income and expenditure, and that there are robust governance arrangements in place.
- Ensure that the NHS Foundation Trust's Constitution Standing Financial Instructions and the Scheme of Reservation and Delegation are appropriately interpreted for charitable funds.
- Receive and discuss all audit reports on charitable funds and recommend action to the Trustees.
- Review the Charitable Funds annual accounts and comment/ recommend approval to the Trustees as appropriate.
- Respond to requests from the Board of Trustees for review or investigation on relating to charitable funds.

5.   MEMBERSHIP

The Committee shall be composed of all independent Non-Executive Directors (excluding the Chairman) and the Board shall appoint one of the Non-Executive Director as Chair of the Committee.

Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum. Should the need arise, the Committee may approve a matter in writing by receiving written approval from all the members of the Committee, such written approval may be by email from the members Trust email account.

6.   ATTENDANCE

The following individuals, or their nominated Deputy, shall normally be in attendance at the meetings:

- Director of Community Engagement
- Director of Finance & Commercial Development
- Director of Nursing & Governance
- Fundraising Manager
- Head of Financial Services
- Company Secretary
- Publicly elected Governor

Other Directors or staff members may also be invited to attend from time to time for appropriate agenda items; however, there is no requirement to attend the whole meeting.

7.   QUORUM

A quorum shall be two (2) members i.e. two Non-Executive Directors.

8.   FREQUENCY OF MEETINGS

The Committee will meet on a quarterly basis.

9.   ADMINISTRATIVE ARRANGEMENTS

The Committee will be supported administratively by a member of the Secretariat.

10.   REVIEW / EFFECTIVENESS

The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties. This review will inform the Committee's annual report to the Board.

DATE: JUNE 2016

NEXT REVIEW: JUNE 2017

Charity fundraising: a guide to trustee duties

Contents

1. Introduction

Many charities need to ask the public for money. They rely on public generosity - an enduring feature of our society, but one that can never be taken for granted - to carry out their important work helping those in need. In return the public place their trust in charities to raise money in a considerate and responsible way and to use it effectively.

Charity trustees have overall responsibility and accountability for their charity and this includes its fundraising. They have a key role to play in setting their charity's approach to raising funds, making sure that it is followed in practice and reflects their charity's values. Getting this right can be very rewarding, a valuable and visible result of trustees' commitment to their charity, those that it supports and those that support it.

As the regulator of charities in England and Wales, the commission expects charities that fundraise to do so in a way which protects their charity's reputation and encourages public trust and confidence in their charity. This includes following the law and recognised standards, protecting charities from undue risk, and showing respect for donors, supporters and the public.

The commission recognises the commitment required of trustees and the challenges they can face in getting fundraising right. It has updated this guidance to support them in discharging their responsibilities.

2. About this guidance

The purpose of this guidance is to help trustees comply with their legal trustee duties when overseeing their charity's fundraising. It sets out 6 principles to help them achieve this. These are summarised at section 3.

It focuses primarily on matters within the commission's regulatory remit. It is not a guide to the wide range of laws and regulations that apply to specific types and aspects of fundraising, but it provides links to sources of information about these rules.

In addition to this guidance an accompanying checklist has been produced, which consists of a series of questions to help trustees evaluate the performance of their charity against the advice in this guidance. The checklist should be read in conjunction with the guidance. It can be used to identify those sections that are relevant to a particular charity.

The guidance also explains what the commission does to regulate fundraising by charities and how this links to the system of self-regulation of fundraising activity.

There is separate guidance about the fundraising rules in Scotland and Northern Ireland.

2.1 Who should read this guidance and when does it apply

This guidance is about all types of fundraising from the public for the benefit of charities and their beneficiaries. It applies whether or not:

- fundraising from the public is a small or major part of the charity's approach to raising money

- the fundraising is carried out by the charity, by a subsidiary trading company fundraising on behalf of the charity, or by another person or organisation on the charity's behalf

It applies to the trustees of all charities that fundraise in England and Wales, registered and unregistered.

The commission also encourages other key people involved in charity fundraising to be familiar with the responsibilities of trustees set out in this guidance. These include senior charity staff and charity staff working on governance, compliance, controls and risk management; trading company directors and senior staff; and professional fundraisers and businesses and consultants working in fundraising. Members of the public can use this guidance to find out how fundraising is regulated and how to raise a concern or make a complaint about fundraising.

2.2 'Must' and 'should': what the commission means

In this guidance:

- 'must' means something is a legal or regulatory requirement or duty that trustees must comply with

- 'should' means something is good practice that the commission expects trustees to follow and apply to their charity

Following the good practice specified in this guidance will help you to run your charity effectively, avoid difficulties and comply with your legal trustee duties. Charities vary in terms of their size and activities. Consider and decide how best to apply this good practice to your charity's circumstances. The commission expects you to be able to explain and justify your approach, particularly if you decide not to follow good practice in this guidance.

In some cases you will be unable to comply with your legal duties if you don't follow the good practice. For example:

Your legal duty	It's vital that you
Act in your charity's best interest	Deal with conflicts of interest
Manage your charity's resources responsibly	Implement appropriate financial controls Manage risks
Act with reasonable care and skill	Take appropriate advice when you need to, for example when buying or selling land, or investing (in some cases this is a legal requirement)

Trustees who act in breach of their legal duties can be held responsible for consequences that flow from such a breach and for any loss the charity incurs as a result. When the commission looks into cases of potential breach of trust or duty or other misconduct or mismanagement, it may take account of evidence that trustees have exposed the charity, its assets or its beneficiaries to harm or undue risk by not following good practice.

Other terms used in this guidance are defined in section 12.

2.3 Fundraising and your trustee duties

First and foremost, it is you and your co-trustees who are legally responsible for your charity's fundraising.

Operating effective control over your charity's fundraising is a vital part of your compliance with your legal duties. Three of them are particularly relevant to this guidance:

- acting in the best interests of your charity

- managing your charity's resources responsibly, which includes protecting and safeguarding its reputation

- acting with reasonable care and skill

These duties are not new. They are part of your existing trustee duties. You should be familiar with the commission's guidance on your trustee duties set out in The essential trustee: what you need to know, what you need to do (CC3).

The trustee body should be made up of people who are able to devote time to running the charity and possess the appropriate skills and abilities.

You and your co-trustees can delegate day to day activities, and their management, to paid staff and others. This is normal practice in many charities and can help trustees to govern more effectively. This guidance recognises that many trustees, rather than carrying out day to day tasks and functions themselves, will have 'systems in place' for achieving this. But you cannot delegate your ultimate responsibility. Your systems and processes should allow you and your co-trustees:

- to hold others to account for how they carry out their role

- access to the right information and advice, to the appropriate level of detail, and in the best format; you and your co-trustees should have the ability and willingness to critically interpret and, where necessary, question the information you receive

- to be assured that your charity's fundraising is compliant with the fundraising approach that you have set, the standards required by your trustee duties, and wider law and best practice

The commission expects trustees to take their responsibilities seriously. Using this guidance and ensuring you give sufficient time and attention to your charity's business will help. The commission recognises that most trustees are volunteers who sometimes make honest mistakes. Trustees are not expected to be perfect - they are expected to do their best to comply with their duties. Charity law generally protects trustees who have acted honestly and reasonably.

3. Take responsibility for your charity's fundraising - 6 principles at a glance

This is a summary of the principles which you and your co-trustees should follow to help you meet your responsibility for your charity's fundraising. To ensure that you fully understand your responsibilities and the specific requirements in each area, you should refer to the rest of the guidance as necessary.

Taking responsibility for your charity's fundraising means:

Planning effectively

This is about you and your co-trustees agreeing or setting, and then monitoring, your charity's overall approach to fundraising. Your fundraising plan should also take account of risks, your charity's values and its relationship with donors and the wider public, as well as its income needs and expectations. See section 4.

Supervising your fundraisers

This is about you and your co-trustees having systems in place to oversee the fundraising which others carry out for your charity, so that you can be satisfied that it is, and remains, in your charity's best interests. It means delegating responsibly so that your charity's in-house and volunteer fundraisers, and any connected companies, know what is expected of them. If you employ a commercial partner to raise funds for your charity, the arrangement must be in the charity's best interests and comply with any specific legal rules and standards that apply. See section 5.

Protecting your charity's reputation, money and other assets

This means ensuring that there is strong management of your charity's assets and resources so that you can meet your legal trustee duty to act in your charity's best interests and protect it from undue risk. It includes ensuring that there is adequate consideration of the impact of your charity's fundraising on its donors, supporters and the public, making sure that your charity receives all the money to which it is entitled, and taking steps to reduce risk of loss or fraud. See section 6.

Identifying and ensuring compliance with the laws or regulations that apply specifically to your charity's fundraising

The legal rules that apply to various types of fundraising can be detailed and complex. They cover compliance in important areas such as with data protection law, licensing, and working with commercial partners. There are new rules in the Charities (Protection and Social Investment) Act 2016 which affect some charities that fundraise. You should make sure that your charity has access to sufficient information and appropriate advice to ensure that its fundraising complies with all relevant legal rules. See section 7.

Identifying and following any recognised standards that apply to your charity's fundraising

These are in the Code of Fundraising Practice. The Code outlines both the legal rules that apply to fundraising and the standards designed to ensure that fundraising is open, honest and respectful. If your charity is a member of IOF or subscribes to the Fundraising Regulator you must comply with the standards in the Code as a condition of your membership. The commission expects all charities that fundraise to fully comply with the Code. See section 8.

Being open and accountable

This includes complying with any relevant statutory accounting and reporting requirements on fundraising and using reporting to demonstrate that your charity is well run and effective. In your fundraising communications it is about being able to effectively explain your fundraising work to members of the public and your charity's donors and supporters. See section 9.

4. Plan effectively

This section is about planning and monitoring your charity's fundraising. It tells you that you and your co-trustees should agree or set your charity's overall approach to fundraising. Your charity's values should be reflected in its planned fundraising activity, and there should be effective systems in place to monitor implementation of your plan.

Appropriate involvement in your charity's fundraising will depend on its size, structure and complexity, and how planning is done will vary. If yours is a charity where senior staff or others take the lead on developing plans, you and your co-trustees should be able to question, challenge and (if necessary) robustly discuss their proposals.

As a minimum, you and your co trustees should:

- decide your charity's overall approach to getting the resources it needs to fund its work (income generation)

- set or agree your charity's fundraising strategy - this is your plan for:

    - what funding your charity needs from its fundraising, now and in the future

    - why it is needed

    - how and when it will be achieved

    Your plan may not need to be lengthy or complex. But it should include issues such as:

    - the fundraising methods to be used

    - the resources your charity will use and the costs it will incur

    - the financial, reputational and other risks your charity may face and how they should be avoided or managed

    - how your charity's fundraising will reflect its values; some charities have developed explicit published values to define what they do and how they go about it - whether or not your charity's values are implicit or explicit, you and your co-trustees have an important role in setting and protecting them - this includes thinking about how you go about your fundraising activity so that you can express the needs of your charity to raise money for its work, whilst maintaining a positive and respectful approach to your donors and the wider public

- regularly monitor progress against the strategy you have set or agreed, looking carefully and critically at the areas of highest risk

You and your co-trustees must not expose your charity to undue risk. You should have effective systems in place to identify and regularly review the key risks your charity faces in all areas of its fundraising. This doesn't mean never taking risks. It's about recognising and assessing risk and deciding how to deal with it.

The commission's guidance on risk management sets out the basics of dealing with risks and includes a risk management model.

There are free resources to help charities who are setting fundraising plans and strategies, including those produced by the Institute of Fundraising.

5. Supervise your fundraisers

This section is about the fundraising carried out for your charity by staff, volunteers and others - including trading subsidiaries and organisations your charity works with to raise money. It tells you to have effective systems in place to keep control of this fundraising.

5.1 Delegation to employees

If you and your co-trustees do not carry out the fundraising yourselves, it is likely to be run by your charity's staff, or by other organisations. Where, as is normal practice in many charities, you decide to delegate the day to day management of fundraising to your employees, you should have effective systems in place so that:

- delegation is clearly documented (for example in staff job descriptions, volunteers' role descriptions and committees' terms of reference) understood and implemented

- clear reporting procedures are in place, which include guidance on any particular matters that are to be reported to the trustees

- there are checks that the delegated authority is exercised properly

- you receive regular and fully documented report backs on agreed matters, presented in a way you can understand and use, and which allows you to exercise proper oversight

Avoid mistakes - be clear about your role as a trustee of a fundraising charity

Be careful to get your involvement right. This means not ignoring fundraising or leaving it solely to others so that you can focus on the charity's work with its beneficiaries. If you do this you are not fulfilling your legal trustee duties. Remember you and your co-trustees are accountable if something goes wrong.

Equally, where you have made staff responsible for the day to day management of your charity's fundraising operation, avoid becoming over involved. You should allow your staff to carry out the functions which you have assigned to them. Proper trustee oversight is about making sure that staff are accountable and work within the parameters you have set. You can use your systems and processes to maintain scrutiny and control.

5.2 Working with volunteers

Many charities rely on significant volunteer effort to raise vital funds for their work. As with your fundraising staff, you and your co-trustees should have effective systems in place so that the work of the fundraising volunteers recruited by your charity is overseen. This is so that they:

- are clear about what they are supposed to do

- are aware of the rules and boundaries within which they must work, for example, when representing or speaking on behalf of the charity

- work safely

- know what to do if there's a problem

- know what they need to report and who they report to

There should be appropriate systems in place, so that volunteers get appropriate training, and know they must comply with policies and procedures.

Find out more about managing your charity's volunteers.

You can also read more about working with volunteers from the Code of Fundraising Practice.

5.3 Working with commercial partners

Working with commercial partners to raise funds can bring significant benefits to your charity, provided risks are identified and managed.

You and your co trustees must have sufficient systems in place so that your charity's arrangements with any commercial partner:

- are in the best interests of your charity

- do not allow remuneration or reward for the commercial partner which is excessive in relation to the funds raised

- are fully compliant with any specific legal requirements that apply - for example, 'professional fundraising' or 'commercial participation' arrangements are subject to the requirements summarised at Annex 1

- make clear in any statement soliciting funds from the public for the charity:

  - the remuneration or reward to the commercial partner, or

  - how the funds raised will be distributed between the charity and the commercial partner

Before decisions are made about whether an agreement with a commercial partner is in your charity's best interests you should have effective systems in place to ensure that:

- the partner is a suitable and appropriate body to work with - a significant aspect of a trustee's legal duty to protect charitable assets, and to do so with care, means that there should be proper due diligence checks on those organisations that work closely with the charity; ensuring that the appropriate level of research and checks are carried out will help you and your co-trustees to satisfy yourselves about the solvency, integrity and reputation of the partner and their ability to deliver to an acceptable standard

- the arrangement with the partner is consistent with your charity's:

  - fundraising strategy and values

  - expectations of how its fundraising should be carried out

- the fundraising to be carried out is for a purpose for which your charity is set up

- the costs of the arrangement are justifiable in the best interests of the charity

- the terms of the arrangement ensures that your charity has proper control of funds

- the terms of the arrangement will protect your charity against undue risk, including to its:

  - reputation

  - finances

  - data

  - name, image, logo and intellectual property

- there is appropriate review and control of any fundraising communications to be used such as scripts, written marketing material, advertisements, and packaging

- compliance with the agreement is monitored

- the arrangement is free from any conflicts of interest which haven't been recognised and properly dealt with, and from any unauthorised benefit to connected parties

- your charity has appropriate review processes to review arrangements to ensure they remain in the best interests of the charity throughout their duration

Remember that:

- no legal document should be signed unless the terms are in the best interests of your charity

- you should take appropriate advice when you need to

- if it has an agreement with a professional fundraiser or commercial participator, your charity is entitled to inspect the books, records and other documents which the partner holds about your charity for the purposes of the agreement - your charity should take advantage of this to ensure that it is obtaining a fair and full return from the arrangements

Find out more about working with commercial partners in the Code of Fundraising Practice.

5.4 Working through your trading company

Many charities own trading companies which are set up to raise funds for the charity.

Trustees must have systems in place to routinely monitor the performance of their trading subsidiaries and they need to remember, in all decisions made in regard to a trading subsidiary, that the best interests of the charity are paramount.

Find out more about subsidiary trading companies in Trustees trading and tax: how charities may lawfully trade.

In most instances, the Charities Act 1992 (the 1992 Act) excludes a charity's trading company from being a 'professional fundraiser' or 'commercial participator' where the company is raising money for the charity that owns it.

But even where a company is not required to comply with the 1992 Act, it should operate on a similar basis where this will allow the parent charity to:

- operate effective control of the fundraising, or

- provide transparency to its supporters, donors and the public about the fundraising arrangement

For example, the company:

- and the charity can formalise arrangements through a written agreement

- can make an appropriate solicitation statement - for instance, in a charity shop - it may be possible to display a notice by the till indicating to customers that any profits which are made in the shop are given by the company which runs the shop to the charity which owns the company

The Office for Civil Society has produced detailed guidance on the current requirements of the 1992 Act.

Avoid mistakes - keep oversight of commercial partnerships made by your subsidiary trading company

Sometimes a partnership or agreement is made between a charity's subsidiary trading company and a commercial organisation, as part of the trading subsidiary's work to raise funds for the charity.

These arrangements can bring benefits for a charity and are not in themselves a cause for concern. But you and your co-trustees must have sufficient systems in place to oversee them.

This is so that, as with arrangements that your charity enters into directly, you and your co-trustees can be sure that the arrangement is in the best interests of your charity, properly protects its name and reputation and is subject to appropriate review and control.

You should have effective systems in place so that, where products or services are sold through or in the name of the charity, the nature of the commercial partnership and the fee or commission received by the charity is clear and transparent.

6. Protect your charity's reputation, money and other assets

This section is about your duty to manage and protect your charity's reputation and other assets from undue risk. It tells you to have effective systems in place to:

- identify the reputational risks your charity may face in its fundraising and to plan for their management

- plan for the charity resources which you will use to fundraise

- manage and be able to justify your fundraising costs

- protect the money raised in your charity's name

6.1 Protect your charity's reputation

Fundraising is often a key way in which charities interact with supporters, donors and the public. This means that a charity's approach to fundraising has the potential to significantly build or damage its reputation.

The reputational risks faced by a charity will vary significantly. You and your co trustees should have effective and appropriate systems in place to identify and manage the key reputational risks your charity may face from its fundraising.

Your approach to managing reputational risk from fundraising should include, but is not limited to:

- taking account of likely donor, supporter and public perception when deciding about income expectations and other goals - this includes assessing the reputational risks when using particular methods of fundraising and agreeing the level of your fundraising costs

- following the principles in this guidance so that:

  - legal rules and recognised standards are followed

  - there is effective control over:

    - your charity's fundraising approach

    - the fundraising that staff or other people or organisations carry out for your charity

    - the assets and resources you use and raise

    - your systems for assessing and responding to criticisms and complaints

Avoid mistakes - be able to justify your fundraising costs

Very high fundraising costs can seriously damage a charity's reputation.

Where an arrangement with a commercial partner is significantly boosting a charity's income it is easy for trustees to overlook other issues. But you and your co-trustees should have effective systems in place for showing that your agreement with any third party is in your charity's best interests and protects its reputation.

Trustees should be aware that some fundraising companies use models which mean that the charity receives only a very small proportion of the money donated by the public, both at start-up and at later stages of the fundraising. These models can damage a charity. They can attract negative media coverage, complaints and regulatory intervention. This is because it can create the perception that the charity is being exploited or abused for private gain, and therefore mismanaged.

If you are considering an agreement with a commercial partner, be careful to balance your focus on increasing the charity's income with attention to its wider best interests. You should think about how the charity's donors, supporters and the public might view your fundraising approach, if only a small part of their donation reaches the charity. You must be able to justify your fundraising costs and show how they are in the charity's best interests.

Find out more about fundraising costs in section 6.4.

Remember you can take appropriate advice from a suitably qualified person if you need to.

6.2 Planning and monitoring fundraising finance

You and your co-trustees should be fully aware of your charity's overall financial position and be able to demonstrate how fundraising supports its long term strategy for the achievement of its objectives. You should have effective systems in place so that:

- your charity's sources of income are analysed, to identify risks from over dependence on any one source

- there is a realistic budget for fundraising, against which results are monitored

- any investment of the charity's money is balanced with the expected income, ensuring it is an appropriate investment

- individual business plans and budgets are, where appropriate, drawn up for any new or significant fundraising activities or appeals

- the progress and financial performance of the charity's fundraising, including its costs and any risks, is monitored

You can find out more about financial management in:

- Managing charity assets and resources

- Charity trustee meetings: 15 questions you should ask

- Financial difficulties in charities

6.3 Managing assets and keeping them safe

You and your co-trustees should have effective financial controls and safeguards in place which are appropriate to your charity's size, activities and complexity. These include having systems for:

- making sure that the charity receives all of the money to which is entitled, where people are given permission to raise money on its behalf
- protecting income received from:
  - public collections
  - other fundraising and sponsored events
  - your trading activity
- clarifying to the public, and being clear internally, which funds you are raising on a restricted basis - these restricted funds must only be used in the way specified
- having a policy on donations which identifies when accepting donations may not be in the interests of the charity
- ensuring complete and accurate returns are made so that the charity receives tax reliefs to which it is entitled
- protecting the other charity assets used in your fundraising. This may include the charity's data, name, image, logo and intellectual property

Avoid mistakes - operate effective control over cash collections

Although most people who fundraise and support charities have honest intentions, cash - based fundraising can be attractive to both opportunist and organised fraudsters. So you and your co-trustees must have adequate controls in place where you give permission for people to collect money on your charity's behalf. The fundraising must be compliant with any relevant legal rules and you should follow good practice for secure collection, counting, and banking of the money. This will help you to meet your legal duty to safeguard your charity's assets. It will also help reassure the public that they can donate safely to fundraisers and charities, and that funds will be applied for general charitable purposes.

Remember that if your charity gives people who fundraise for you official charity material such as badges, tins or tabards, there should be a record of this and everything should be collected back promptly. The charity's accounts must show the gross amount of funds raised before the deduction of any fundraising costs and expenses and these deductions must be shown as a separate expenditure item in the accounts.

You can find out more about controls for cash collections in Internal financial controls for charities and you can check your approach using the checklist.

6.4 Managing and explaining costs

There is no set amount that a charity should spend on fundraising costs and the commission recognises that costs can vary between different forms of fundraising, different causes and from year to year.

You and your co-trustees must be satisfied that your fundraising costs are in your charity's best interests. You should be able to explain your costs and be transparent about how money is spent and how your charity benefits.

Any effective charity will need to spend funds on both its general administration and on fundraising, but you and your co-trustees should:

- know, overall, how much the charity's fundraising costs, and have systems in place for setting costs for specific fundraising activities

- have systems in place so that the cost of fundraising is justifiable - this means it should be proportionate to the income and other benefits it produces, and in the charity's best interests

- ensure that there are systems in place to ensure that costs are fair to the charity, before arrangements with a professional fundraiser, commercial participator, or other third party are entered

- have systems in place so that there is transparency for donors, giving them a fair indication about the extent to which the charity will benefit from their support:

  - often this indication will be given in the solicitation statement that professional fundraisers, commercial participators and other paid fundraisers must make to donors in a wide range of circumstances including in face to face, telephone, advertising and website fundraising

  - where these rules don't apply, but your charity is paying for a fundraising service, its reputation can be subject to unacceptable risk if it doesn't give donors a fair indication of the arrangement and its costs in a solicitation statement or a statement in a similar form

- follow any requirements in the applicable Statement of Recommended Practice (SORP) about how fundraising costs are allocated and presented

- be able to explain to donors, supporters and the public how your charity works and why its costs are necessary

6.5 Fundraising fraud

Whilst the vast majority of charitable appeals and collections are legitimate, fundraising fraud does occur.

Find out more about common types of fundraising fraud. You can also read the commission's regulatory alerts about risks and vulnerabilities that could affect your charity.

Find out more about protecting your charity's property from the commission's Compliance toolkit. The toolkit includes a detailed checklist describing anti-fraud measures which your charity might find useful.

6.6 Suspicious donations

The commission is aware of cases where donations to charities have been used to facilitate money laundering or other criminal activity.

You and your co-trustees should have effective systems in place so that:

- the know your donor principle is operated (for example, if your charity receives large donations, particularly anonymous or cash donations or with conditions attached)

- staff and volunteers are aware of this risk

You and your co-trustees should be alerted to any suspicious donations.

6.7 Intervening where an appeal is being run using your charity's name without permission

In many cases, an appeal may have been launched by a well-meaning member of the public who intends to donate the funds raised to your charity. They may not have contacted your charity prior to raising funds on your behalf. But the unauthorised use of a charity's name is a serious issue that could damage a charity's reputation.

Where unauthorised fundraising comes to your charity's attention, you and your co trustees should have effective systems in place to:

- contact the people running the appeal promptly; in some circumstances, such as a local cake sale or other small scale event, it may be appropriate to give permission to fundraise on the charity's behalf and provide some guidance to the organiser to ensure the collection is done legally - otherwise, your charity should formally authorise the fundraising or ask the organisers to stop

- be aware that, where your request is not met, fundraising rules allow you to seek an injunction restraining someone from raising funds in the charity's name - find out more

- report unauthorised fundraisers who do not cooperate, and whom you suspect may be involved in fraudulent activities - the reporting should be to the police and the commission

Decisions about the charity's money and resources are important, so think about the advice and information you may need in order to make decisions in the charity's interests.

7. Follow fundraising laws and regulation

This section is about the range of legal rules that apply to different types and aspects of fundraising. It tells you to have effective systems in place so that your charity fully complies with any legal rules which apply to its fundraising.

This list gives an indication only of some of the legal rules which apply to different types and aspects of fundraising. In each case you can use the Code of Fundraising Practice and supporting guidance to find out more about the rules and how they apply to your charity's fundraising.

There are legal rules about:

- what is required of a professional fundraiser or commercial participator

- the statements that paid fundraisers must make, in some circumstances, when asking for funds from the public

- when charities must display their registered charity status on a range of documents and on their website

- collecting cash in the street

- collecting cash, or goods or direct debit details door to door

- lotteries and raffles

- data protection when collecting or handling personal details such as names, contact details and credit or debit details

- avoiding unsolicited calls to numbers registered with the Telephone Preference Service (TPS) and Corporate Telephone Preference Service (CTPS)

- fundraising involving children

- event fundraising

- commenting on your charity's fundraising activity when preparing charity accounts or reports which are subject to the Statement of Recommended Practice

Fundraising rules can be detailed and complex. You should consider taking appropriate advice and be satisfied that the people and organisations you authorise to fundraise for your charity are competent to comply with these rules.

You should report a serious incident to the commission if your charity is being investigated by the police or another regulator for any reason.

Find out more about the legal requirements which apply to fundraising from the Code of Fundraising Practice and supporting guidance. You may also find some information about legal rules from Annex 1 and the organisations listed at Annex 2.

8. Follow the recognised standards for fundraising

This section is about the recognised standards, set out in the Code of Fundraising Practice, that apply to different types and aspects of fundraising. It tells you to have effective systems in place so that your charity complies with any standards which apply to its fundraising.

This list gives an indication only of some of the standards which apply to different types and aspects of fundraising. There are standards about fundraising charities:

- using enclosures in direct mail packs

- ensuring that any third party fundraisers engaged by your charity comply with the Code of Fundraising Practice

- providing information to children and parents/guardians on how to fundraise safely

- carrying out a proportionate process of due diligence when engaging in a fundraising partnership with a business

- processing unsubscribe requests in a timely way

- not making marketing telephone calls under the pretext of administrative calls

- ensuring that face to face fundraisers are properly trained

- making a record of the issue and return of any charity collection materials

- securing cash donations and banking them as soon as possible

- not sharing personal data without explicit consent

- including opt-out information on fundraising communications sent to a named individual

The Fundraising Regulator regulates charities' compliance with recognised standards.

To find out more about the standards which apply to fundraising, you can look at the Code of Fundraising Practice and supporting guidance. You may also find out some information about standards from the organisations listed at Annex 2.

9. Be open and accountable

This section is about your charity being answerable for its fundraising. It tells you to have effective systems in place so that your charity's fundraising is explained clearly and openly, fully complies with accounting and reporting obligations, and is appropriately open to challenge by complainants.

9.1 Complying with the accounting framework

Every registered charity must produce an annual report and accounts that explain where its money comes from and how the charity expended the funds.

Some larger charities must comply with particular rules and requirements about how they account for and report on their fundraising activity. These requirements are set out in the Applicable SORP.

This reporting is so that the readers of accounts and reports can understand what the fundraising activities were, how much was spent on raising funds, what was involved, and how the income raised assisted the work of the charity.

Smaller charities using the SORP might find some or all of this reporting useful to do as well.

Reporting requirements, introduced by the 2016 Act, will require larger charities to state what has been done to protect vulnerable people and other members of the public from behaviour, in the course of fundraising, which:

- is unreasonably intrusive or persistent, or
- involves placing undue pressure on a person to donate

Find out more about the 2016 Act in Annex 1 and about charity reporting and accounting.

9.2 Being open about complaints

You and your co-trustees should have effective procedures for dealing with complaints, which are easy to find and easy to follow. Your systems should ensure that:

- there is a complaints procedure that is accessible, open and transparent
- any concerns raised by the public, supporters, donors or others are addressed in a timely and direct fashion

9.3 Clearly wording your appeals

When running appeals, information on the following issues is recommended:

- the identity of your charity and what it does
- what the funds raised are for and how they will be used
- any secondary purpose of an appeal
- how to donate
- the Gift Aid arrangements
- what deductions will be made for expenses

Failed appeals

Being clear about the purpose(s) of an appeal is particularly important. Careful thought should be given to the terms and wording used in your appeal.

If the purpose specified in the appeal cannot for some reason be achieved, or you raise too much or too little money, it can present difficulties which can only be resolved by formal and often time consuming and costly processes. These difficulties can be avoided if proper attention is paid to the wording of appeals. Your wording should say clearly what will happen to any surplus funds and what will happen to donations if not enough funds are raised.

The commission's guidance Disaster appeals: Charity Commission guidance on starting, running and supporting charitable disaster appeals includes general information about running and wording successful appeals.

10. How is fundraising regulated?

It is subject to a self-regulatory system which sets and enforces clear standards of conduct for fundraising.

The standards, which have been developed to ensure that fundraising is open, honest and respectful, are set out in the Code of Fundraising Practice.

The Fundraising Standards Board (FRSB) currently supervises charities' compliance with the Code and adjudicates on complaints, but a new Fundraising Regulator will take over this role this summer, 2016.

10.1 The Fundraising Regulator's role

The Fundraising Regulator will:

- regulate all types of fundraising by all UK[1] based charities

- use the Code to adjudicate on concerns and complaints about fundraising

- use its register to promote visible compliance amongst charities with the Code

- have an appropriate and wide range of sanctioning powers to use if necessary - these may include 'naming and shaming', cease and desist orders, compulsory training and clearance of future fundraising campaigns

10.2 Transitional arrangements for receiving and adjudicating on complaints

Complaints about poor fundraising practice are dealt with in the self-regulatory system. They should be sent to FRSB until the launch of the Fundraising Regulator. The FRSB will continue to manage its current caseload of complaints, adjudicate on them and receive new ones. All concerns about fundraising should be directed to the Fundraising Regulator after its launch.

10.3 The commission's role

The commission does not regulate against the standards in the Code, but we do have a role in fundraising regulation where there is evidence:

- that trustee actions or failings, in fulfilling their duties towards their charity, pose a serious risk to the charity

- of a serious risk to charitable funds, or to public trust and confidence

In this role we will work closely with the Fundraising Regulator to identify cases where, in addition to breaches of fundraising standards, these sorts of regulatory concerns may arise.

Find out more about commission intervention on fundraising issues in section 11.

10.4 The role of other regulators

There are also other laws and regulations relevant to fundraising such as the rules on data protection, collections in public spaces and running lotteries. The rules for these are set and enforced by other regulators, including those listed at Annex 2.

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1   The regulatory arrangements for fundraising in Scotland and Northern Ireland are currently being negotiated.

11. Why is it important to follow this guidance?

11.1 The consequences of improper or poor fundraising practice

Where trustees don't keep their charity's fundraising in line with the law and recognised standards, or fail to balance their need to raise money with an approach which protects their charity from risk, there can be serious consequences for the affected charity and, sometimes, for charities generally.

The consequences of improper or poor fundraising practice can be costly for a charity. They include:

- negative reputational consequences and complaints which can cause lasting damage to a charity and, sometimes, charities generally, with the potential to jeopardise the vital public support that charities rely on to fund their long term work

- legal consequences such as fines or penalties, or trustee liability if the charity incurs a loss as a result of a breach of trustee duty

- regulatory challenge or intervention which can be by the Fundraising Regulator, the commission, or other organisations and agencies with a role in regulating fundraising

The commission expects the trustees of charities that fundraise to comply with their trustee duties, specific fundraising law, and to follow recognised standards.

The commission has written this guidance to help trustees meet these requirements and expectations. They can use the checklist to check their approach.

11.2 Commission intervention on fundraising issues

The nature of any intervention by the commission will depend on the seriousness of the risk to a charity or charities generally. The commission will assess this using its risk framework. This also sets out the different types of regulatory engagement that the commission has with charities where problems, poor practice or abuse have been identified.

Where trustees fail to act properly or make a mistake the commission always expects them to act promptly to put things right and prevent a recurrence of the same or similar issue.

Where trustee actions or failings present a serious risk to the charity, the commission is likely to regard this as mismanagement or misconduct and to take remedial action.

Intervention always depends on the seriousness of the issue and is sometimes undertaken alongside or in support of other agencies.

11.3 Fundraising issues that may be serious enough to trigger commission intervention

These include:

- serious risks to a charity's reputation or its other assets

- failure to protect and account for all funds raised

- weak governance or trustee oversight of the charity's activities, resources or reputation

- commercial participation/professional fundraising arrangements which do not comply with the law and which cannot be shown to be in the charity's best interests

- high fundraising costs that:

  - risk seriously undermining the charity's reputation

  - arise as a result of lack of oversight by the trustees

  - cannot be justified by the trustees as being in the charity's best interests

- damage to public trust and confidence caused by the charity's fundraising activities

- where conflicts of interest and private benefit have not been properly controlled

- serious and/or frequent failures in the conduct of fundraising (for example, persistent unlicensed fundraising or failure to provide required information) which put funds and reputation at risk

- methods of fundraising which are either inappropriate for a charity, or which would be a breach of trust and which pose a significant risk to public trust and confidence

- arrangements which amount to tax evasion or seek to exploit tax legislation artificially, including tax avoidance schemes

- criminality which exposes related concerns about misconduct and mismanagement in the administration of a charity - for example fraud, theft, false accounting, tax fraud (including the making of fraudulent Gift Aid claims), or failing to obtain legal authority to fundraise

11.4 Commission's jurisdiction over funds raised as charitable appeals

Where funds are raised as charitable appeals for charities, or for charitable purposes, the commission has jurisdiction over those funds and those holding the funds. It can intervene if necessary to ensure that funds are applied to the charities, or for the charitable purposes for which they have been raised.

Where funds are raised as charitable appeals, the sorts of issues that may be serious enough to cause the commission to intervene, sometimes alongside or in support of other agencies, are:

- where fraudsters misuse a charity's name, or otherwise use dishonest methods, to deceive the public into giving money

- when funds raised for charitable purposes or in the name of a charity are used, or at risk of use for private, illegal or other non-charitable purposes

- where funds raised by other individuals or bodies for charities are not properly accounted for or at risk of loss or diversion

- where the commission's intervention is needed to protect public trust and confidence

12. Terms used in this guidance

12.1 Key terms in fundraising regulation

The Fundraising Regulator is the body responsible, from summer 2016, for adjudicating against the Code on concerns and complaints about fundraising.

The Code of Fundraising Practice (the Code) sets out the legal requirements and recognised standards which apply to different types of UK fundraising activity.

'Self-regulation' is the system for setting and making adjudications against the standards in the Code.

This guidance uses the term 'recognised standards' to refer to the standards included in the Code.

The Institute of Fundraising (IOF) is the membership organisation for fundraising professionals and fundraising organisations.

12.2 Technical terms used in this guidance

This section explains some legal and technical terms used in this guidance.

The 1992 Act is the Charities Act 1992.

The 2011 Act is the Charities Act 2011.

The 2016 Act is the Charities (Protection and Social Investment) Act 2016.

The 1994 Regulations are The Charitable Institutions (Fund-Raising) Regulations 1994.

'Applicable SORP' is the term used to describe the SORP to be used by the charity to prepare its accounts on an accruals basis which is in effect for the financial year for which the accounts are being prepared. Find out more about the Charities SORP.

'Beneficiary' or 'beneficiaries' means a person or group of people eligible to benefit from a charity. A charity's beneficiary group is usually defined in its governing document. Some charities call their beneficiaries clients or service users.

A 'charity' is any organisation set up under the law of England and Wales for solely charitable purposes.

'Commercial participator' means a commercial enterprise, rather than fundraising business, that takes part in a promotional venture, such as an advertising or sales campaign, where the public are informed that contributions will be given to or applied for the benefit of a charity. A commercial participator may be subject to the same regulatory requirements as professional fundraisers if all of its activities are for 'charitable purposes.'

A third party may still be a commercial participator even if it enters into a contract with a subsidiary trading company (rather than the charity itself) if it is represented that the funds go to charity. A subsidiary trading company may be a commercial participator if it makes similar representations in relation to a charitable institution that does not control it.

The 'commission' means the Charity Commission, the regulator for charities in England and Wales.

'Commercial partners' includes, but is not limited to, professional fundraisers and commercial participators. It means any commercial organisation that the charity or its subsidiary trading company works or partners with to raise funds for the charity. The terms professional fundraiser and commercial participator are defined in this glossary.

A 'fundraising agreement' is a written agreement signed by both parties that sets out the objectives and terms under which a professional fundraiser or commercial participator may raise funds on behalf of a charity.

The 'governing document' is the legal document that sets out the rules that govern a charity. These include the charity's purposes and, usually, how it must be administered. It's usually a trust deed, constitution, CIO constitution or articles of association. Some charities have a different type of document such as a conveyance, will, royal charter or commission scheme.

'In the charity's best interests' means what the trustees believe will best enable the charity to carry out its purposes for the public benefit.

'Misconduct' includes any act that the person committing it knew (or ought to have known) was criminal, unlawful or improper.

'Mismanagement' may include doing something which:

- loses or misuses charitable resources

- undermines a charity's reputation

- puts beneficiaries at risk

A charity's 'purpose' is what it is set up to achieve (for example, relieving poverty or promoting health). A charitable purpose is one that:

- falls within one or more of 13 'descriptions of purposes' listed in the 2011 Act

- is for the public benefit (the 'public benefit requirement')

A 'professional fundraiser' is anyone who carries on a commercial fundraising business, wholly or mainly fundraising for charitable purposes; or any other person who is paid to solicit money or other property for charity. This does not include:

- a charity or a 'connected company'

- any officer or employee of the charity or connected company

- a trustee of the charity, acting as trustee

- any public charitable collector, other than promoters

- people who solicit funds on TV or radio

- any commercial participator

- anyone who is paid no more than £1,000 for a particular appeal, or no more than £10 per day or £1,000 per year where there is no specific appeal

'Restricted funds' are funds subject to specific trusts that fall within the wider purposes of the charity. Restricted funds may be restricted income funds, which may be spent at the discretion of the trustees in furtherance of some particular aspect of the purposes of the charity, or they may be endowment funds where the assets must be invested or retained for actual use rather than spent.

A 'solicitation statement' is a statement that must be made by:

- professional fundraisers when soliciting funds from the public

- commercial participators when explaining how a charity will benefit from a promotional venture

- any other fundraiser who is not a volunteer when taking part in a public collection

The statement must explain the individual's or body's relationship with the charity and the payment that they or the charity will receive.

'Subsidiary trading company' means any non-charitable trading company owned by a charity or charities to carry on a trade on behalf of the charity (or charities), including a company which is wholly owned by more than one charity, even if it is not technically a 'subsidiary' of any of the charities which own it.

'Trustee' means a charity trustee. Charity trustees are the people responsible for governing a charity and directing how it is managed and run. The charity's governing document may call them trustees, the board, the management committee, governors, directors, or something else. The 2011 Act defines the people who have ultimate control of a charity as the charity trustees, whatever they are called in the charity's governing document.

'Values' mean the commitments a charity makes to going about its work in a certain way. Charity values are usually communicated to a charity's employees, volunteers, the other people it works with, and the public - to help them to understand how the charity does things, what behaviours it expects and what its intentions are.

Although values can be expressed in any way, some examples of charity values are 'collaborative', 'respectful, 'child-focused', 'independent', 'we strive to keep our promises'.

There is no requirement for a charity to have explicit values.

Annex 1. A summary of legal requirements included in Charities Acts legislation and regulations

1. Working with professional fundraisers and commercial participators

Where a charity uses a professional fundraiser to raise funds on its behalf, or enters an arrangement with a commercial participator, specific rules apply. They require:

- written agreements between charities and professional fundraisers/commercial participators which comply with specific requirements

- professional fundraisers, commercial participators, and charity staff paid to fundraise in public places to make a solicitation statement satisfying certain requirements

- some larger charities to include statements about their approach to professional fundraising/ commercial participation in their annual report

The Office for Civil Society has produced detailed guidance on the current requirements.

1a. Written agreements

Current requirements

Professional fundraising or promotions by commercial participators are not permitted unless there is a written agreement. The written agreement must be signed by all parties and include the following:

- the name and address of each party, the date, the duration of the agreement and the terms of the agreement's termination

- a statement of its principal objectives and methods used

- that the funds must be transferred to the charity as soon as possible

- that professional fundraisers and commercial participators acting for a charity must inform the giving public of the details of the charity for which they are collecting and how much the professional fundraiser or commercial participator is receiving

- that professional fundraisers must state the method by which their remuneration is to be calculated and the actual amount of this, if it is known, at the time the statement is made - otherwise the remuneration must be estimated and the estimate must be calculated as accurately as is reasonably possible

- that commercial participators must state for each product or item of service purchased by a member of the public the precise amount or the percentage of the price paid that will be given to the charity or charities, or must state the sum they are giving in connection with the promotional venture

- if more than one charity is a party to the agreement, it must contain a provision setting out how the proportion in which each of the charities is to benefit under the agreement is to be determined

Right to inspect books and records

The 1994 Regulations require professional fundraisers or commercial participators who are parties to agreements with charities to keep and to make available to the charity on request and at all reasonable times, any books, documents or other records (however kept) which relate to the charity AND kept for the purposes of the agreement.

New requirements

The following items will be required to be included in the written agreement when the 2016 Act is implemented:

- details of any fundraising standards or scheme for fundraising regulation that the professional fundraiser or commercial participator has voluntarily subscribed to

- how the professional fundraiser or commercial participator will protect vulnerable people and other members of the public from behaviour which:

    - is an unreasonable intrusion on a person's privacy

    - is unreasonably persistent

    - places undue pressure on a person to give money or other property

    - how the charity will monitor compliance with the agreement

1b. Solicitation statements

Paid fundraisers, including charity staff, trustees who are paid, professional fundraisers and commercial participators, must declare their status by making a solicitation statement when requesting money or property for the benefit of one or more charities.

Most fundraisers are obliged to make solicitation statements, including:

- professional fundraisers when requesting money or property for the benefit of one or more charities

- commercial participators when representing that the contribution will be made to one or more charities during a promotional venture

- other paid fundraisers engaged in door-to-door or street collections, such as trustees, officers and employees who are officially acting on behalf of their charity (or a connected company) who are paid for collecting

A paid fundraiser must state:

- for which charity or charities they are fundraising, or, if relevant, that they are fundraising for charitable purposes and not for the benefit of a specific charity or charities

- the proportions in which the charities will benefit (if they are fundraising for more than one charity) or how the proceeds of the appeal will be distributed to different charities (if they are fundraising for charitable purposes)

- whether they are an officer or employee of a charity or connected company or trustee of such an institution and are acting as a collector in that capacity

- that they are paid for acting as an officer, employee or trustee, or for acting as a collector

A professional fundraiser, in addition to the above requirements, must state how their remuneration, in connection with the appeal, is to be calculated and the amount of that remuneration.

Commercial participator solicitation statements vary from other paid fundraisers. A commercial participator must clearly indicate:

- which charity or charities will benefit from the promotional venture

- if there is more than one charity that will benefit from the venture, in what proportions the charities will respectively benefit

- what proportion of the proceeds of the goods, services or promotional venture sold will be given to the charity or charities, or the total amount of the donation given to the charity as a result of sale of goods, services or running the promotional venture

1c. New requirements to report on professional fundraising/commercial participation arrangements

When the 2016 Act is implemented, some larger charities will be required to include new statements in the trustees' annual report which cover, but are not limited to, their arrangements with professional fundraisers or commercial participators. These new requirements are outlined next.

2. Reporting requirements for larger charities that fundraise

Every registered charity must produce an annual report and accounts that explains where its money comes from and how the charity expended the funds.

Some larger charities must comply with particular rules and requirements about how they account for and report on their fundraising activity. These requirements are set out in the Applicable SORP. The following requirements will be added for some charities when the 2016 Act is implemented:

If section 144(2) of the 2011 Act applies to a financial year of a charity, the trustees' annual report for that year must include a statement of each of the following for that year:

- the fundraising approach taken by the charity, or by anyone acting on its behalf, and whether a professional fundraiser or commercial participator carried out any fundraising activities

- details of any fundraising standards or scheme for fundraising regulation that the charity has voluntarily subscribed to

- details of any fundraising standards or scheme for fundraising regulation that any person acting on behalf of the charity has voluntarily subscribed to

- details of any failure by the charity, or by any person acting on its behalf, to comply with fundraising standards or scheme for fundraising regulation that the charity or the person acting on its behalf has voluntarily subscribed to

- whether the charity monitored the fundraising activities of any person acting on its behalf and, if so, how it did so

- the number of complaints received by the charity, or by a person acting on its behalf for the purposes of fundraising, about fundraising activity

- what the charity has done to protect vulnerable people and other members of the public from behaviour which:

- is an unreasonable intrusion on a person's privacy

- is unreasonably persistent

- places undue pressure on a person to give money or other property

3. Other Charities Acts requirements and provisions

Statements about charitable status

The 2011 Act requires registered charities with an income above £10,000 a year to state they are a registered charity on a range of documents including on their website, advertisements and other documents such as receipts. This requirement extends to any notices, advertisement or documents used to fundraise. There are additional rules for charities that also operate in Scotland.

Failed appeals

An appeal for funds can fail if it raises insufficient funds or funds in excess of the purpose of the appeal. If an appeal for a specific purpose does not raise sufficient funds, donors may be entitled to a refund. If it raises excess funds, legal authorisation or a scheme, made under the 2011 Act, from the commission may be needed before the excess funds can be directed to a similar purpose.

Find out more about failed appeals in Disaster appeals: Charity Commission guidance on starting, running and supporting charitable disaster appeals.

The 1992 Act contains special requirements about written statements and refunds in relation to telephone fundraising and broadcast appeals. Where a donor pays £100 or more to a professional fundraiser or commercial participator, regardless of the amount received by the charity, the donor has the right to a refund if it is requested within seven days of either receiving the required written statement from the telephone fundraiser or of the broadcast appeal.

Find out more about these rules in Office for Civil Society guidance Charitable Fundraising: Guidance on Part 2 of the Charities Act 1992.

Injunctions

The 1992 Act and the 1994 Regulations enable charities to seek an injunction restraining someone from raising funds in the name of the charity where any of the following apply:

- the fundraiser is using methods to which the charity objects
- the fundraiser is not a fit and proper person to raise funds for the charity
- the charity does not wish to be associated with that fundraising venture

Find out more about the rules in the 1992 Act and 1994 Regulations in Office for Civil Society guidance Charitable Fundraising: Guidance on Part 2 of the Charities Act 1992.

Annex 2. Sources of information

Organisations with a role in fundraising regulation

Compliance with the Code of Fundraising Practice

The Fundraising Regulator is the body responsible, from the summer of 2016, for supervising charities' compliance with the Code of Fundraising Practice and adjudicating on complaints.

Lotteries, cash collections and collections of goods

The Gambling Commission regulates commercial gambling and the National Lottery. Its work includes licensing forms of gambling, such as lotteries, which raise money for good causes.

Local Authority Licensing departments grant licenses for collections by charities of cash or other goods, such as clothing. A license is usually required whether the collection is carried out in the street or door to door. Where the collection is in a London Borough (excluding the City of London), licenses are granted by the Metropolitan Police. Collections in the City of London are licensed by the City of London Corporation Licensing Service. The public can check with the charity itself whether a collection is licensed, or they can contact their local authority's licensing department.

Advertising and marketing

The Advertising Standards Authority is the UK's self-regulator for advertising across all media. Like all other advertisers, charities must ensure that their advertisements are not misleading, harmful or offensive.

Ofcom is the communications regulator for the TV and radio sectors, fixed line telecoms, mobiles, postal services, plus the airwaves over which wireless devices operate. With regard to charity appeals, Ofcom has a number of rules in the Broadcasting Code to protect viewers and listeners.

Data protection

The Information Commissioner's Office (ICO) is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. All fundraising that involves recording or taking down personal details is subject to data protection laws. Charities that use face-to-face fundraising, online fundraising, direct mail, events, broadcast or telephone fundraising who handle personal details such as names, contact details and credit or debit details should be aware of and comply with the Data Protection legislation and rules. ICO has compiled advice and guidance for charities which cover these topics.

Fraud

Action Fraud provides a central point of contact for information about fraud and financially motivated internet crime. If a charity or the public becomes aware of a charity scam, or are the victim of one, they should report it. They can also contact local police, the local authority trading standards service, and the appropriate charity regulator.

Tax

HM Revenue and Customs (HMRC) is the UK's tax authority. Its work includes preventing and stopping tax avoidance and evasion.

Other charity regulators

The Charity Commission for Northern Ireland (CCNI) is the regulator of charities in Northern Ireland. The Scottish Charity Regulator (OSCR) is the regulator of charities in Scotland. Some charities are exempt from registration and direct regulation by the commission. Their trustees have the same basic responsibilities as those of a registered charity, but some Charities Act requirements don't apply. Most, but not all, exempt charities now have principal regulators, responsible for overseeing their compliance with charity law.

Guidance referred to in this publication

Commission guidance

The essential trustee: what you need to know, what you need to do

Charities and risk management

How to manage your charity's volunteers

Trustees trading and tax: how charities may lawfully trade

Managing charity assets and resources

Charity governance, finance and resilience: 15 questions trustees should ask

Financial difficulties in charities

Internal financial controls for charities

Disaster appeals: Charity Commission guidance on starting, running and supporting charitable disaster appeals which includes general information about running and wording successful fundraising appeals

Charity reporting and accounting: the essentials March 2015

Charities: due diligence checks and monitoring end use of funds

Protecting charities from harm: compliance toolkit

How to report a serious incident in your charity

Risk framework: Charity Commission

Regulatory alerts: Charity Commission

Other key guidance referred to

The Code of Fundraising Practice and supporting guidance produced by the Institute of Fundraising.

The detailed guidance on the current requirements of the 1992 Act produced by the Office for Civil Society.

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/137**
SUBJECT:	**Key Issues Report from the June Strategic People Committee 2016-17**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Anita Wainwright, Committee Chair
DIRECTOR SPONSOR:	Roger Wilson, Director of HR&OD
LINK TO STRATEGIC OBJECTIVES:	SO2: To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work togther to care for our patients
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF2.4: Engaging & Involving Workforce
	BAF2.2: Nurse Staffing
	BAF2.3: Medical Staffing
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides a high level summary of business at the June meeting. The revised Terms of Reference are also attached for ratification by the Board.
RECOMMENDATION:	**The Board note the report and that there are no matters arising for escalation.** **The Board satisfies itself that the revised Terms of Reference will ensure the Committee delivers the assurance It requires and either makes amendments or ratifies accordingly.**

PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

KEY ISSUES REPORT
JUNE STRATEGIC PEOPLE COMMITTEE

Date of meeting:	20th June 2016
Standing Agenda Items	The meeting was quorate. Minutes of the meeting held on 4th April were approved as a correct record.
Formal Business	Strategic People Committee now meets with a smaller group of members enhancing focus and effectiveness. The sub-committee structure reporting into Strategic People Committee were discussed and roles and accountabilities clarified. (See attached schematic). Director of Nursing and Governance gave an update on the Allocate Safer Staffing Acuity tool and provided assurance on both the cost and application to the Committee. The Committee discussed the outline People Strategy and agreed the timescales to seek Trust Board Approval. It was agreed that the strategy would be presented to the Trust Board at the scheduled 31st August 2016 meeting. It was agreed to use the Learning Organisation elements chart as the basis for regular staff pulse checks The HR & OD KPI report was also agreed as part of the recut organisational dashboard. The Trust Exclusion Report was considered and recommendations made for future presentation. The NHS Workforce Race Equality Standard Report was considered by the Committee and it was agreed that the Workforce Race Equality template used by Bradford Teaching Hospitals NHS Foundation Trust for future Board reporting. The Health Education North West & General Medical Council Monitoring Visit 2016 report was considered by the Committee and it was agreed that the key findings would be presented to the Trust Board at the June 2016 Board meeting. Revised Governance arrangements for the ratification of policies was agreed.

	The Committee received Operational People Sub Committee meeting minutes from May 2016
Local Policies and Guidance Approved:	Annual Leave Policy, Special Leave Policy, Management of Personal Relationships at Work Policy, Professional Clinical Registration Policy, Protection of Pay Policy and Secondment Policy
Any Learning and Improvement identified from within the meeting:	None.
Any other relevant items the Committee wishes to escalate?	None.

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| CLINICAL OPERATIONAL GROUP | OPERATIONAL PEOPLE SUB-COMMITTEE | DIVISIONAL WORKFORCE CHALLENGE SUB-COMMITTEE |

| | OPERATIONAL PEOPLE GROUP | SURGERY WOMEN'S, CHILDREN'S SMT | CORPORATE SMT | ACUTE CARE SMT |
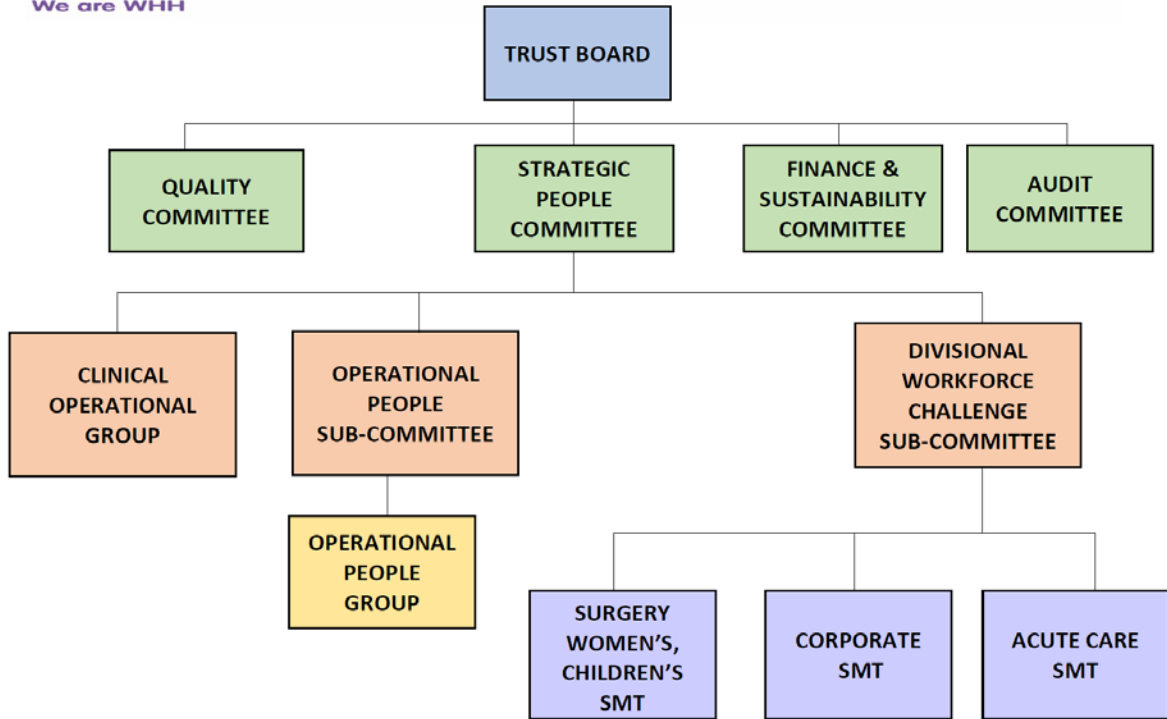
Strategic People Committee

Terms of Reference

1.   PURPOSE

The Strategic People Committee ("the Committee") is accountable to the Board of Directors (the Board) and will operate under the broad aims of reviewing strategies and procedures relating to the Trust's requirements as Model Employer and the objective to be the employer of choice for the healthcare we deliver and provide assurance to the Trust Board on the management of risks relating to those objectives.

2.   AUTHORITY

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

3.   REPORTING ARRANGEMENTS

The Committee will have the following reporting responsibilities:

The minutes of the Committee meetings will be formally recorded and circulated to the Board. The Chair of the Committee shall draw to the attention of the Board and Audit Committee any issues that require disclosure to it, or require executive action.

The Committee will report to the Board annually on its work and performance in the preceding year.

The Trust standing orders and standing financial instructions apply to the operation of the Committee.

4.   DUTIES & RESPONSIBILITIES

The Committee's responsibilities fall broadly into the following areas:

- To provide overview and scrutiny in areas of workforce performance referred to the Committee by the Trust Board
- To monitor the Trust's performance against national standards so far as they relate to employment.
- Receive and consider the workforce plans and make recommendations as appropriate to the Board.
- To monitor the effectiveness of the Trust's workforce performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.
- To provide overview and scrutiny to the development of the workforce strategy
- To ensure the workforce strategy is designed, developed, delivered, managed and monitored appropriately

- To ensure that appropriate clinical advice and involvement in the workforce strategy is provided
- To review the performance indicators relevant to the remit of the Committee
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate via the Key Issues Report.
- To ensure that the framework for Education Governance is conducive to achieving the objectives of Model Employer.
- To ensure that appropriate consultation is undertaken with the relevant staff groups and representatives where appropriate

5. MEMBERSHIP

The Committee shall be composed of not less than two (2) independent Non-Executive Directors.

The Board will appoint one of the Non-Executive Director members of the Committee to be Chair of the Committee. Should the Chair be absent from the meeting the committee may appoint a Chair of the meeting from amongst the Non-Executive Directors present.

Members can participate in meetings by two-way audio link including telephone, video or computer link (excepting email communication). Participation in this way shall be deemed to constitute presence in person at the meeting and count towards the quorum. Should the need arise, the Committee may approve a matter in writing by receiving written approval from all the members of the Committee, such written approval may be by email from the members Trust email account.

6. ATTENDANCE

The following individuals, or their nominated Deputy, shall normally be in attendance at the meetings:
- Director of HR & OD
- Chief Operating Officer
- Medical Director
- Chief Nurse
- Associate Director of Human Resources
- Associate Director of Education and Development

Other Directors including the Chief Executive or staff members may also be invited/expected to attend from time to time for appropriate agenda items; however, there is no requirement to attend the whole meeting. The Staff Side Chair will have an open invite to the meeting.

7. QUORUM

A quorum shall be two (2) members. In the event that two Non-Executive Directors cannot attend a meeting of the Committee, one of the Non Executives Directors who are not members of the Committee may attend in substitution and be counted in the quorum.

8.   FREQUENCY OF MEETINGS

The Committee will meet every two months

9.   REPORTING GROUPS

The groups listed in the next paragraph are required to submit the following information to the Committee:

- Operational People Committee
- Workforce Planning & Management Sub-Committee
- Staff Engagement Sub-Committee
- Joint Negotiating Consultative Committee
- Joint Local Negotiating Committee
- Education Governance Committee

Each Sub-Committee will submit a one page key issues detailing any items of escalation report rather than minutes.

10.   ADMINISTRATIVE ARRANGEMENTS

The Committee will be supported by a member of the Trust Secretariat.

11.   REVIEW / EFFECTIVENESS

The Committee will undertake an annual review of its performance against its duties in order to evaluate its achievements. These terms of reference will be reviewed at least annually by the Committee

DATE: JUNE 2016

NEXT REVIEW: APRIL 2017

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/138**
SUBJECT:	**Workforce Dashboard M2 2016-17**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Mick Curwen, Associate Director of HR
EXECUTIVE DIRECTOR SPONSOR:	Roger Wilson, Director of Human Resources & Organisational Development
LINK TO STRATEGIC OBJECTIVES:	SO2: To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work togther to care for our patients
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF1.3: National & Local Mandatory, Operational Targets
	BAF2.2: Nurse Staffing
	BAF2.5: Right People, Right Skills in Workforce
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	• Our sickness absence performance has improved again in month. RTW rates have increased in month, but still lower than we require. A revised Absence Management Policy is currently under discussion with Staff Side. • Both the turnover and stability rates have increased but the vacancy rate is at one of its lowest levels. • In month, the number of starters and leavers was roughly the same • In terms of pay bill, the Trust is £106k under budget in the month of May 2016, this included a reduction of £217k on temporary staffing spend in comparison with April 2016 • Trust is genuinely trying to lead in relation to compliance with capped agency rates. The Trust is discussing with NHSI, a locality summit. • The trust now has 19 Romanian nurses from the two international recruitment cohorts

	- A very successful advertising campaign using Facebook and Twitter has resulted in the appointment of at least 25 nurses with approximately another 5 where we are awaiting confirmation of offers - Recruitment times continue to fall and new ambitious stretch targets have been set - Employee Relations – 49 live cases, these are being managed through the appropriate governance structures	
RECOMMENDATION:	**The Board is asked to: Note progress on the achievement of the KPIs and the action being taken to try and address shortfalls where appropriate.**	
PREVIOUSLY CONSIDERED BY:	**Committee**	Strategic People Committee
	Agenda Ref.	
	Date of meeting	20th June 2016
	Summary of Outcome	

HR PERFORMANCE MANAGEMENT UPDATE

At the Strategic People Committee and Operational Committee the PDR and Mandatory Training compliance rates are regularly monitored. Therefore, this report concentrates on the other workforce issues contained in the dashboard and the narrative which follows.

Position as at May 2016

Please see the dashboard on the next page for the trust wide position.

Expenditure

YTD Budget £	£27,376,751
YTD Contracted £	£23,918,197
YTD Non-Contracted £	£3,352,163
YTD Variance £	-£106,391
Flex Labour Reliance %	12.3%
Overpayment Balance	£104,400

YTD Non Contracted Expenditure

- Overtime £213,023
- Locum £368,337
- Bank £728,251
- Agency £1,494,640
- WLI £547,912
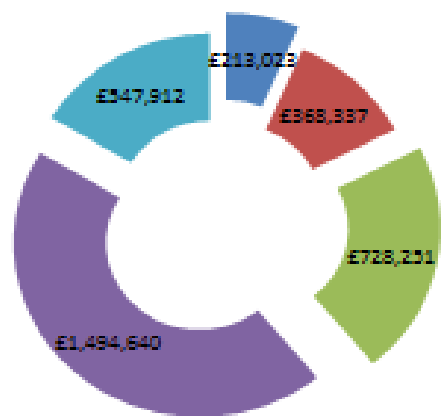
NHSP Booking Reasons Per Month

Legend: Vacancy, Maternity, Sickness, Unplanned Leave, Escalation, Workload Increased, Planned Leave, Specialing, Training, Initiative, Paternity, Seasonal Pressures, Theatre 18 wk Initiative
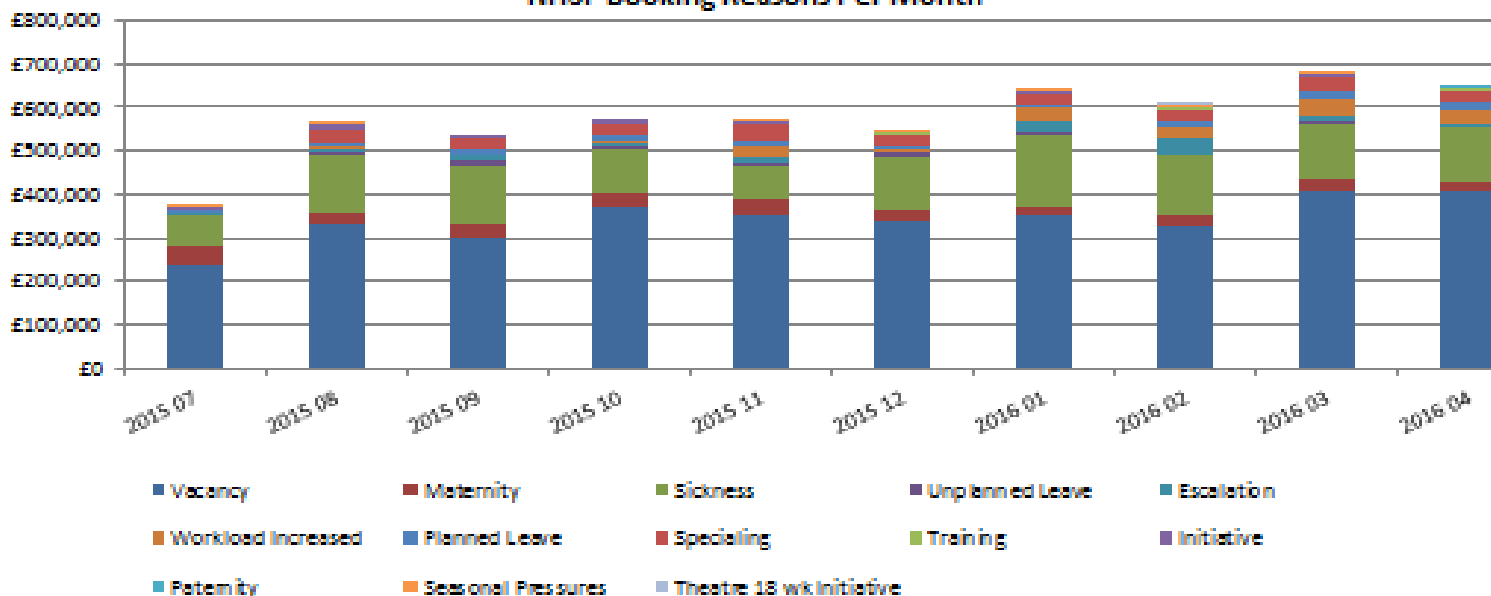
Sickness Absence

Monthly Sk Abs % - 12 Months

Legend: Trust Abs %, Trust Target, North West Abs %, Previous Yr Abs %

Monthly RTW %	64%	Cumulative RTW %	53%
Monthly Sk Abs %	3.7%	Trust Target	3.75%
YTD Sk Abs %	4.1%		
Long Term Sick %	2.5%	Short Term Sick %	1.2%
Calendar Days Lost	4611	No of Episodes	394
Est Monthly Cost	£318,372	Est Cumulative Cost	£4,215,798

Top 5 Abs Reasons in 12 Months

- S10 Anxiety/stress/depression/other psychiatric illnesses
- S12 Other musculoskeletal problems
- S25 Gastrointestinal problems
- S98 Other known causes - not elsewhere classified
- S13 Cold, Cough, Flu - Influenza

Workforce Profile
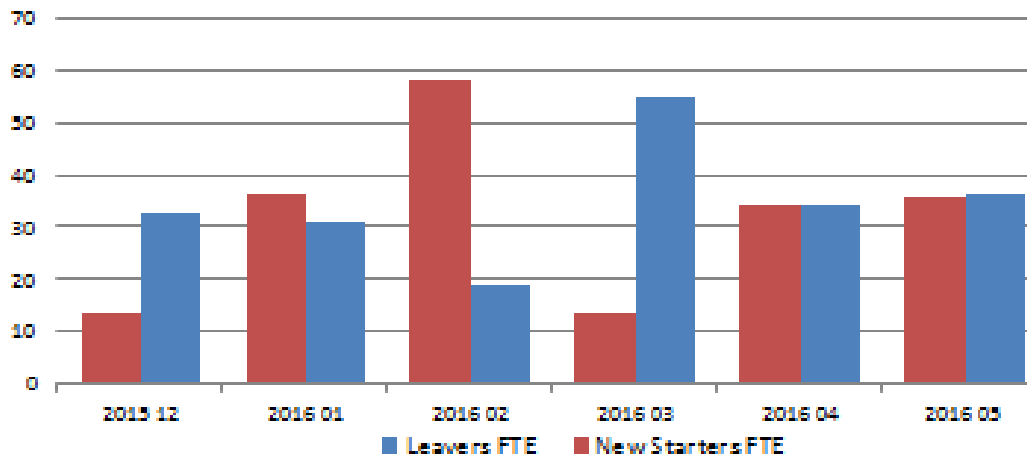
Top 5 Reasons for Leavers in 12 Months

- Work Life Balance 96
- Flexi Retirement 75
- Retirement 74
- Other 73
- End of Fixed Term Contract 58

Legend: Leavers FTE, New Starters FTE
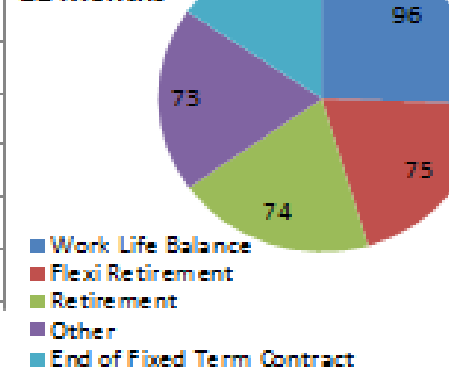
Annual Leave Hrs	231,114 : 140,915	Current Mat Leave FTE	49.1	Stability	17.7%
Headcount	4044	Contracted FTE	3500.4	Funded FTE 3737.2	Vacant FTE 236.8

Legend: Funded FTE, Contracted FTE (Bands 1-9)
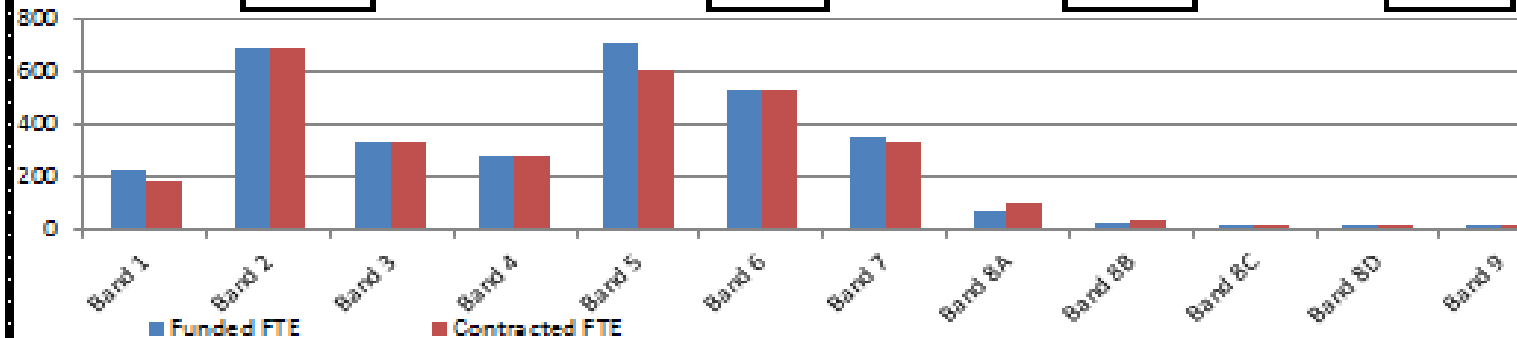
Recruitment

Overall Vacancy % & FTE	6.3%	34.5	Turnover	11.3%
Avg Monthly New Starters FTE	42.3			
Avg Monthly Leavers FTE	39.2			

Avg Recruitment Times

Legend: Total Recruitment Days Exc Notice, Pre-Employment Checks, Advert Closure and Interview (Shortlisting), Total Recruitment Days Target, Pre-Employment Checks Target, Advert Closure and Interview (Shortlisting) Target

Employee Relations

Categories: Performance Improvement, Disciplinary, Further ER Stages - Tribunal, Grievance, Harassment

Legend: YTD Cases, Live Cases

Division/Directorate/Department Name	Period: Monthly date the data is produced

Expenditure

YTD Budget £: Year to Date Budget from Finance

YTD Contracted £: Year to date amount spent on contracted employees

YTD Non-Contracted £: Year to date amount spend on non-contracted employees, such as locums, other agency, overtime, NHSP, additional hours, WLIs etc

YTD Variance £: Difference between Budget and actual spend on the budget

YTD Non Contracted Expenditure: Breakdown of non-Contracted expenditure

Flex Labour Reliance %: Percentage of hours worked through non-contracted agreements compared to the contracted hours within the Division/ Directorate/Department - demonstrating reliance on non contracted hours

Overpayment Balance: Outstanding balance of overpayments the Trust is attempting to recover

NHSP Booking Reasons: Further breakdown of NHSP spend by reason, grade and month

Sickness Absence

RTW % : Percentage of Return to Work interviews completed monthly and annually

Monthly Sk Abs %: The in month sickness percentage with the graph showing the monthly sickness percentages for the last 12 months, comparing it with the Trust and the Trust Target

Trust Target: Sickness absence percentage target set by the Trust

Cumulative Sk Abs %: Cumulative sickness absence percentage for the last 12 months

Divisional Sk Abs %: Divisional sickness absence monthly percentage

Long Term Sick %: Percentage of employees absent for 28 days or more in the month

Short Term Sick %: Percentage of employees absent of 28 days or less in the month

Calendar Days Lost: Number of calendar days lost due to sickness in the month

No of Episodes: Number of sickness episodes within the month

Est Monthly Cost: Estimated monthly cost due to sickness absence, only takes into account the cost of salary

Est Cumulative Cost: Estimated 12 month costs due to sickness absence, only takes into account the cost of salary

Top 5 Abs Reasons: Chart showing the top 5 sickness absence reasons for the last 12 months

Workforce Profile

Leavers/Starters: Graph showing the number of monthly leavers and new starters

Top 5 Reasons for Leavers: Chart showing the top 5 reasons for employees leaving the Division/Directorate/Department in the last 12 months

Annual Leave: Amount of annual leave taken compared to the target amount

Mat Leave FTE: Current number of employees on Maternity leave in FTE

Stability %: A percentage indication of how stable the workforce is within the selected Division/Directorate/Department, by reviewing the number of permanent leavers with less than 12 months service, 0% being very stable

Headcount: Number of employees

Contracted FTE: Total Employed FTE

Funded FTE: Total FTE available

Vacant FTE: Difference between funded and contracted FTE

Staff Profile: Graph showing the make up of staff within the Division/Directorate by banding comparing the funded (budget) FTE and contracted (actual) FTE.

Recruitment

Overall Vacancy %: Percentage difference between Budgeted FTE and Actual Staff in Post FTE

Avg Monthly New Starters FTE: Average number of new starters each month (12 month period)

Avg Monthly Leavers FTE: Average number of leavers each month (12 month period)

Turnover: Turnover percentage, the number of leavers in the last 12 months as a percentage against the average headcount

Rec Process Start: Average calendar days taking to start the recruitment process

Advert Closure and Interview (Shortlisting): Average calendar days between advert closing and interview Target = 10 Days

Pre- Employment Checks: Average calendar days between successful candidates ID checks being completed and agreeing the start date (excluding notice period) Target = 14 Days

Total Recruitment Days: Average total number of calendar days taken to recruit from Advert to Start Date (excluding notice period) Target = 37 Days

Employee Relations: A graph showing, by Division the number of Employee Relation Cases, both year to date and currently live

Expenditure

Whilst the flexible labour reliance (Percentage of hours worked through non-contracted agreements compared to core workforce contracted hours - demonstrating our level of reliance on non-contracted hours) remains significantly higher than we would want at 12.3%, May 2016 has seen a 0.7% reduction on the previous month.

Whilst expenditure of £1.6m for the month, on non-contracted pay, is high, the Trust spent £217k less than in April and is £106k underspent on pay bill up to May 2016. Total expenditure for April and May was £3.4m. The main areas of expenditure during May can be broken down as follows (excluding WLIs and overtime):

Category	Expenditure in May
Nurse Bank & Agency	£704k (£734k in April)
Agency excluding Medical and Nursing	£136k (£159k in April)
Medical Locums & Agency	£346K (£502k in April)
TOTAL	£1.2m (£1.4m in April)

This is shown by expenditure in the clinical Divisions and Corporate:

Division	Expenditure in May
Acute Care Services	£718k (£896k in April
Surgery, Women's & Children's	£356k (£342k in April)
Outpatients	£32k (£44k in April)
Corporate (mainly Lorenzo)	£78k (£112k in April)

- Enhanced Grip and Control is in place within Divisions and Corporate functions to manage down our additional staff pay spend which appears to be making some early progress
- International recruitment has seen a total of 19 Romanian nurses working at the trust through NHSP
- Exploratory conversations have taken place with Gatenby Sanderson with regard to how they could support the Trust in Consultant Recruitment
- Traditional recruitment has seen the appointment of 3 Consultant cardiologists with interviews for a fourth cardiologist planned for mid-July
- Facebook and Twitter have been utilised to enhance our Employer Brand via Social Media, this has resulted in a minimum of 25 nurses being appointed with the possibility of 5 others where the trust is awaiting confirmation. Due to the success of this campaign, a further initiative is planned during the month of July

The following Dashboard outlines the Medical and Nursing agency spend and the challenge the Trust faces, despite encouraging signs in the reduction of Medical agency spend. This Dashboard will be reviewed on a regular basis by Finance and Sustainability Committee.

Medical Price Cap Breaches

Legend: Number of Shifts Breaches (red bars); Medical Locums Breaches % (blue line); Linear (Medical Locums Breaches %) (black line)

Nursing Price Cap Breaches

Legend: Number of Shifts Breached (red bars); Agency Nurse Breaches % (blue line); Linear (Agency Nurse Breaches %) (black line)
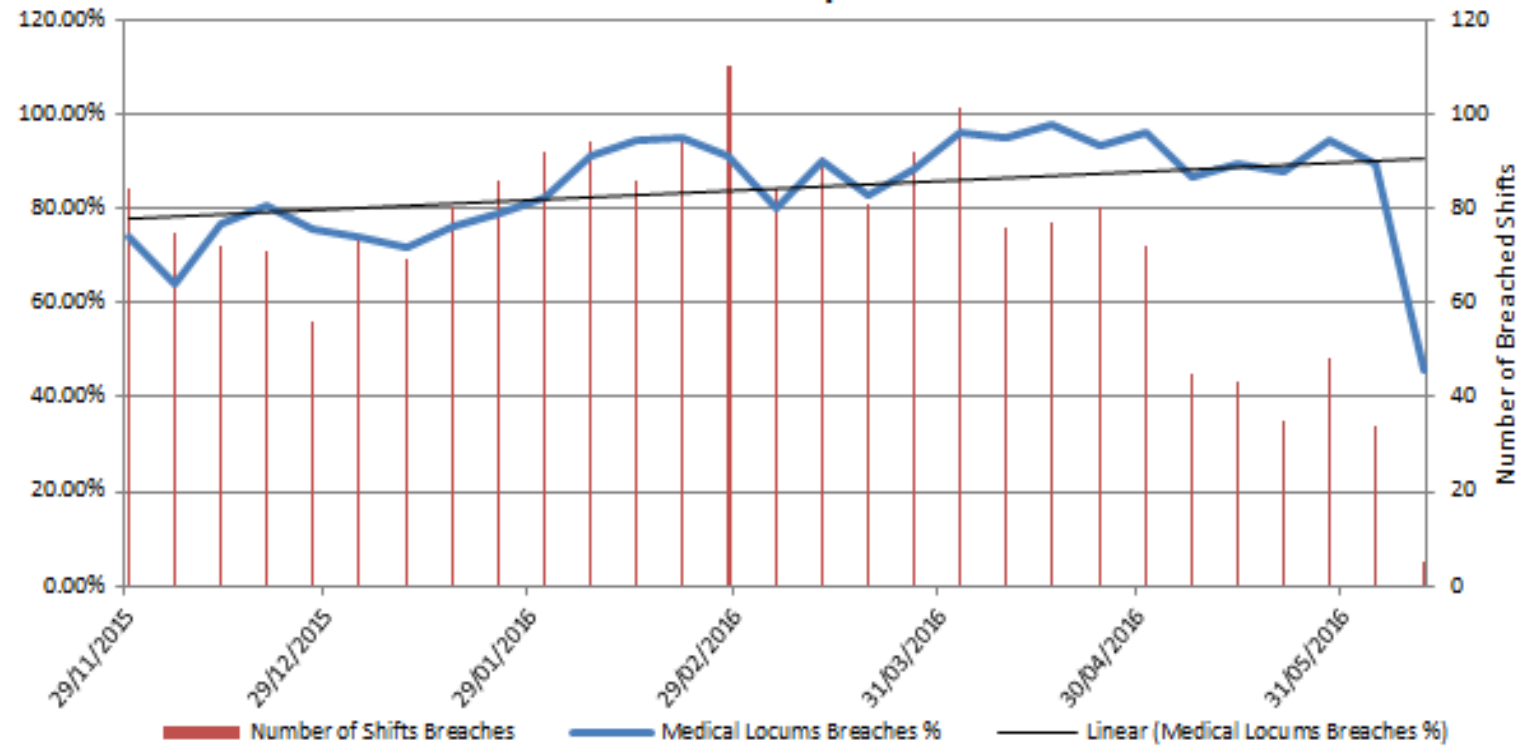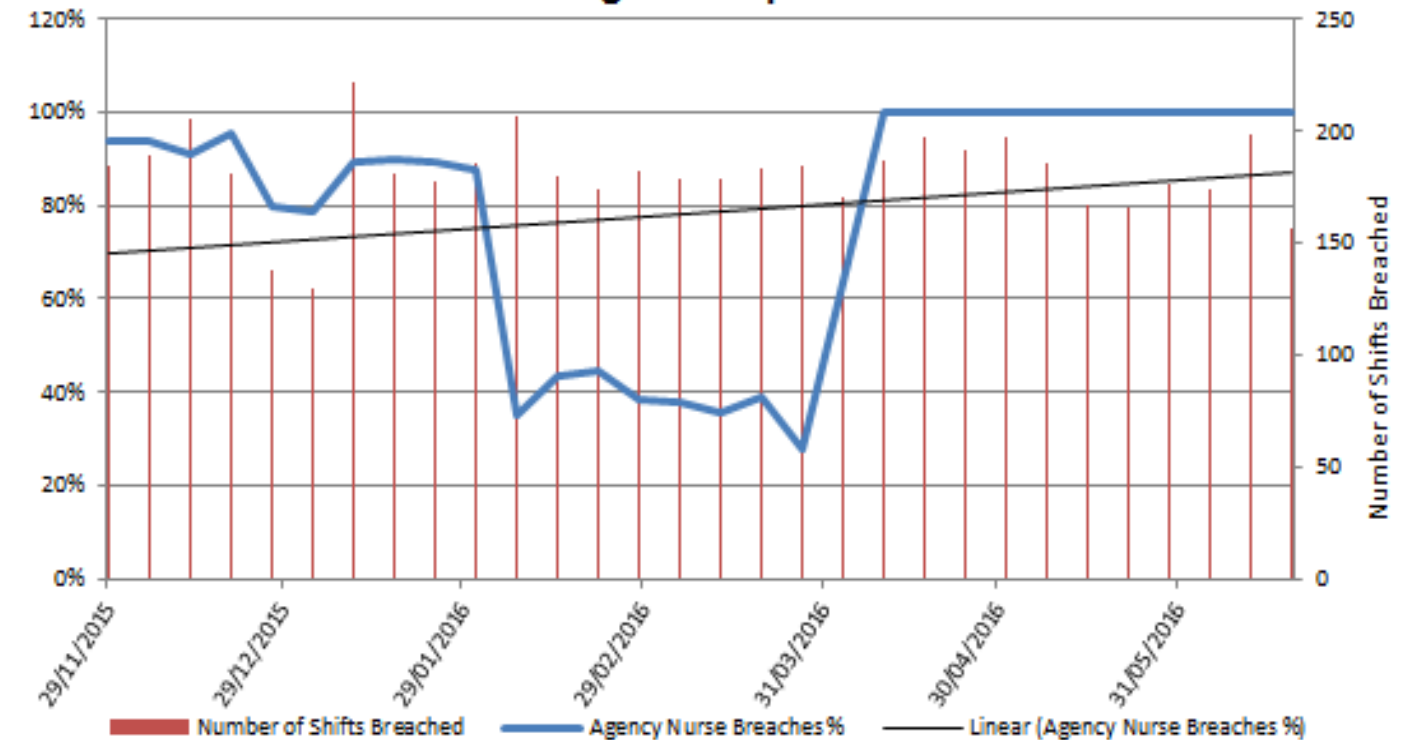
Agency Medical Monthly Spend

Legend: Current Yr (blue); Previous Year (red); Linear (Current Yr) (black)
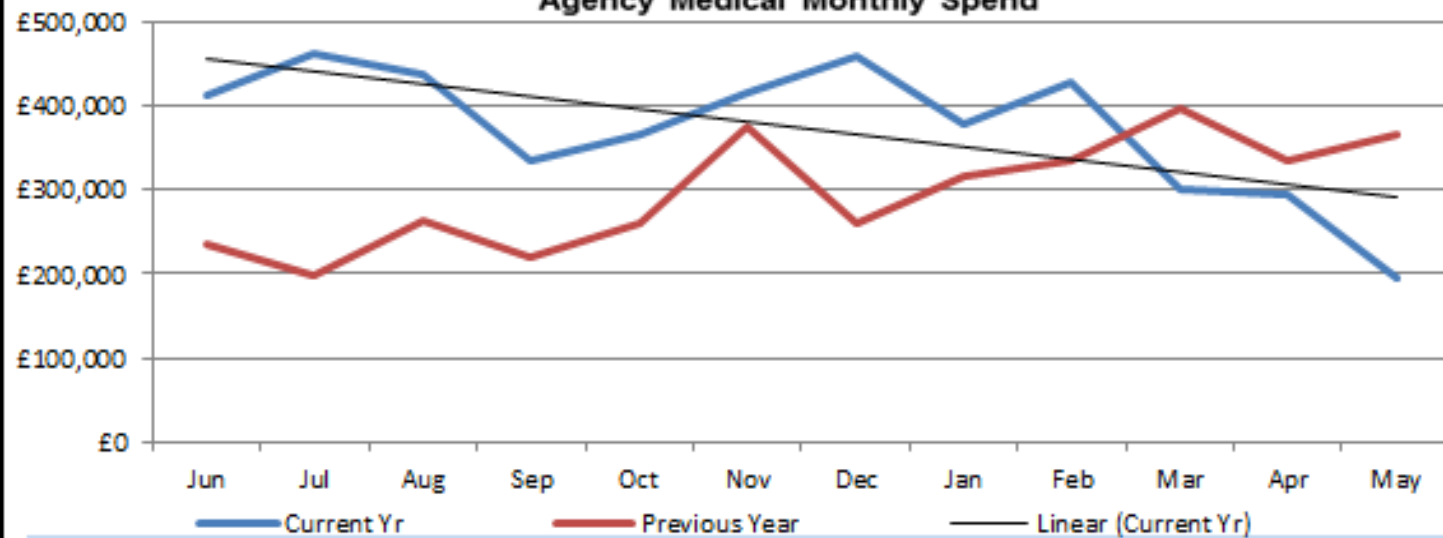
Agency Nurse Monthly Spend

Legend: Current Yr (blue); Previous Year (red); Linear (Current Yr) (black)
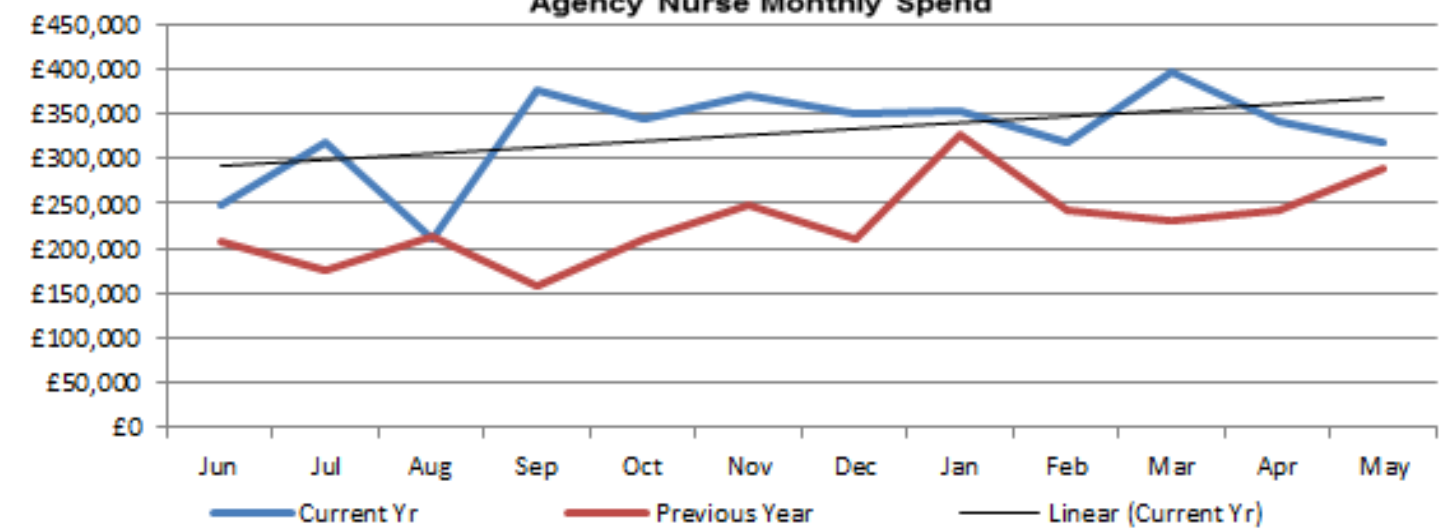
Top 10 Areas of Agency Medical Spend	Cumulative	May-16	May-15
370 ACS SM Acute Medicine and Endocrinology - 535160	£1,292,998	-£742	£109,240
370 ACS SM Care of the Elderly - 535159	£1,018,428	£63,241	£49,841
370 ACS UEC A&E Medical Staff - 535002	£580,846	£13,525	£55,651
370 ACS UEC Minor Injuries - 535003	£552,967	£44,500	£48,515
370 SWC MC Orthopaedic Medical Staff - 535406	£474,051	£18,751	£53,762
370 SWC DD Gastroenterology - 535158	£213,512	£21,563	£9,424
370 SWC DD General Surgery Medical Staff - 535308	£175,391	£11,167	£19,402
370 ACS ABC Respiratory - 535157	£162,677	£735	£0
370 SWC WCH Women's Medical Staff - 535603	£152,864	£19,237	£12,623
370 SWC WCH Children's Medical Staff - 535509	£57,744	£2,502	£3,564

Top 10 Areas of Agency Nursing Spend	Cumulative	May-16	May-15
370 ACS UEC A&E Department - 535500	£1,069,176	£76,823	£92,456
370 ACS ABC Intensive Care Unit - 535212	£499,924	£25,760	£1,434
370 ACS UEC Ward A1 - 535004	£460,372	£33,078	£31,183
370 ACS SM Ward A8 - 535165	£323,130	£21,974	£8,718
370 SWC DD Ward A6 - 535325	£241,429	£24,671	£11,176
370 ACS ABC Ward A7 - 535149	£211,253	£15,032	£10,227
370 SWC DD Ward A5 - 535324	£193,583	£13,832	£9,141
370 ACS SM Ward A4 - 535169	£184,565	£18,567	£0
370 SWC MC Ward A9 - 535411	£183,762	£12,672	£12,666
370 ACS SM Intermediate Care Ward - 535168	£174,664	£13,608	£28,831

Sickness Absence

- May saw a significant decrease in sickness absence from 4.5% to 3.7% which met the trust target but the cumulative position for April – May was 4.1%. The graph shows that the trend over the last 8 months has been better than the previous year, although the trust is marginally above the average rate for the North West.
- There was a positive increase with the RTW rate at 64% for May (58% April) and 53% (no change) for the last 12 months.
- The main reason for sickness absence is Stress at 24%. More work has been completed to improve the recording of whether stress is work related or not. Our initial analysis would suggest that 92% of stress is not work related stress. The clinical Divisions are working closely with the newly appointed Staff Counsellor to identify additional support required in areas with high absence rates. The SPC and Staff Engagement and Wellbeing Committee regularly review stress at their meetings.

Workforce Profile

- During May the number of starters and leavers virtually balanced themselves and the cumulative position since April is showing an equal number of starters and leavers at 37 wte.
- However, the number of qualified nurse vacancies decreased to 108.51 wte from 148.7 wte in April. This significant decrease, suggests a blip the previous month of a similar amount, as budgets were being reviewed and realigning to the CBUs.
- As time has elapsed since the option of 'Other' for the top reasons for leaving was removed, the pie chart is beginning to show a more accurate reason for leaving. 'Work Life Balance' is the highest at 96 with total retirements of 149 of which 75 took flexible retirement and returned to the trust.
- The headcount has decreased by 34 to 4044. However, the number of vacancies has reduced by 32.7 wte to 236.8 wte.
- The stability rate has increased from 14.3% to 17.7% which is of some concern and is being investigated. The recently introduced revised Exit Interview process and on-boarding should assist with this.

Recruitment

- Labour turnover has increased from 10.6% to 11.3% and the vacancy rate has reduced but remains stable at 6.3%.
- The average time taken to recruit has reduced significantly over the past 12 months. For 2016/2017, we have set a very ambitious recruitment target of 37 days excluding notice. Improvements can be seen in comparison with the previous 3 month period for both the time taken to shortlist/interview and employment checks.

RECOMMENDATIONS

That the Board notes the contents of the report and the action being taken to improve the workforce performance indicators.

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/139**
SUBJECT:	**Trust Engagement Dashboard**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Pat McLaren, Director of Community Engagement
EXECUTIVE DIRECTOR SPONSOR:	Pat McLaren, Director of Community Engagement
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF2.4: Engaging & Involving Workforce
	BAF2.1: Engage Staff, Adopt New Working, New Systems
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	This dashboard is to provide a high-level overview of how well the Trust is engaging and involving key stakeholder groups i.e. those who use, work, visit, volunteer, support, commission, partner or donate to our hospitals.
RECOMMENDATION:	The Board note the report.

PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

Trust Engagement Dashboard
May 2016

Director of Community Engagement

Publication	Date	Headline	Balance
Warrington Guardian	18/05	Journey of stroke patient as ward marks 20th birthday	+ve
Warrington Guardian	23/05	Reverend gets on his bike to raise money for hospitals charity	+ve
Warrington Guardian	20/05	League of friends searches for volunteers	+ve
Warrington Guardian	16/05	Ward A2 wins Warrington Hospital's inaugural Director of Nursing award	+ve
Warrington Guardian	11/05	Man arrested after nurse assaulted in A&E department	Ve
Warrington Guardian	19/05	Hospital loses 6000 bed days in a year due to bed-blocking	-ve

Media Dashboard May 2016

Overall a positive month for the trust in terms of media coverage secured and handling of reactive media.

- Most positive stories included the Director of Nursing award, Stroke ward's 20th birthday and a surprise visit from wrestlers for a WWE fan after spending his birthday on the children's ward
- Least successful PR: Lost bed days due to 'bed blocking'

Highlights

Reverend Phil Turner gets on his bike to raise money for Warrington and Halton Hospitals Charity

Follow the journey of a stroke patient at Warrington Hospital as specialist ward marks 20th birthday

Warrington Hospital's League of Friends searches for volunteers

Media Coverage – volume/tone

We are WHH

Social media dashboard

Facebook	Facebook Maternity	Twitter
f	f	🐦
3,109 Total Likes	4,479 Page Likes	7,131 Followers
Last month: 2,984	Last month: 4,382	Last month: 6,995
✉	✉	✍
50 WHH Posts	21 WHH Posts	115 WHH Tweets
Last month: 8	Last month: 18	Last month: 38
👥	👥	👥
7,746 Average weekly reach	1,711 Average weekly reach	172k Reach
Last month: 4,572	Last month: 1,355	Last month: 39.6 k

Social Media Dashboard MAY 2016

✓ Facebook likes increased in month by 125, average weekly reach increased to 7.7K up from 4.5K. This was largely due to high activity due to multiple 'awareness' weeks
✓ Maternity Facebook community continues to thrive with increase in likes by 97 and increased activity
✓ Twitter followers increased by 136 in month
✓ Twitter tweets increased to 115 in month up from 38 in April – reach increased to 172K followers

Our Employment Services Team piloted nurse recruitment via FB in May-June

Warrington and Halton Hospitals NHS
NHS Foundation Trust
"highest standard of care and treatment"
We are WHH
9 JUN Nurse Recruitment Coffee Morning

★ Interested + Going ✉ Invite ✎ Edit ⋯

Warrington and Halton Hospitals JOBS shared their event.
2 June at 18:46 ·

The countdown is on!
Our Coffee Morning is only a week away. Make sure you register your attendance below:

Warrington and Halton Hos
NHS Foundat
"highest standar and tr
We are WI

9 JUN Nurse Recruitment Coffee Morning
Thurs 9:30 · Warrington
44 people interested · 33 people going   ★ Interested

Warrington and Halton Hospitals JOBS
5 June at 13:48 ·

At WHH we offer rotations to all our student nurses, so they can get a true feel for the different departments and decide which they prefer. If you're a student searching for a truly unique and truly flexible working environment, we're welcoming new applications. Please enquire below and we'll call you back: #wearewhh

We are WHH

Staff Nurse Recruitment - Warrington - Enquire Now

f
The campaign reached over 109,000 people.
Engaged with 2,926 people.
Generated 672 likes to the Facebook page.
The campaign generated 72 email applications of interest.
33 registered to attend the open days with a further 44 registering interest in attending.

The open day was attended by over 50 nurses & student nurses looking for a position

To date we've offered 18 jobs to Nurses!

Wider Public Engagement

We are WHH
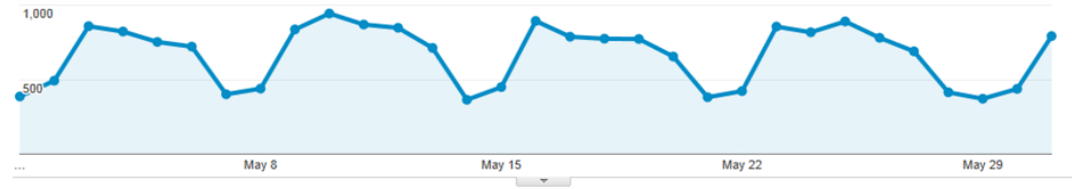
Website Traffic May 2016

- ✓ Website traffic was very slightly up in month
- ✓ Social media referrals increased 5-foold
- ➤ Dwell time was roughly static
- ✓ New visitors increased to 64% of all traffic

Sessions	20,556
Users	15,496
Pageviews	49,771
Pages / Session	2.42
Avg. Session Duration	00:01:30
Bounce Rate	60.22%
% New Sessions	64.91%

New Visitor / Returning Visitor
35.1% / 64.9%

Website

WHH
20,556 Visits
Last month: 20,530

557 Social Media Referrals
Last month: 101

1min 30s Length of average time
Last month: 1.38s

Top search queries
how people are looking for the Trust via Google

		255,113 % of Total: 100.00% (255,113)	255,113 % of Total: 100.00% (255,113)
1.	(not set)	109,867	43.07%
2.	warrington hospital	16,759	6.57%
3.	halton hospital	11,990	4.70%
4.	twiddle muff	4,029	1.58%
5.	warrington	2,758	1.08%
6.	whh	2,200	0.86%
7.	warrington hospital phone number	2,030	0.80%
8.	halton general hospital	1,739	0.68%
9.	twiddle muffs	1,675	0.66%
10.	warrington general hospital	1,662	0.65%

Top Landing Pages	%
Home page	20.87
Contact us	8.74
Current vacancies	8.18
Urgent care centre - Runcorn	5.59
Hospital shuttle bus	5.47
Warrington Hospital	3.54

We are
WHH

We are WHH
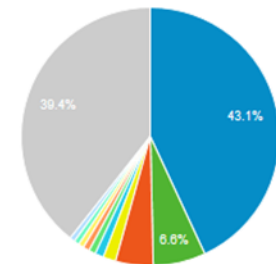
NHS Choices

↓   Reduction in comments posted in month by 4
→   Star Rating remains unchanged in month

Friends and Family Test (Adult services)

↑   Responses increased by 321 in month
↑   Star rating increased by 0.04 to 4.77
↓   % likely to recommend decreased by 0.4%
↑   % unlikely to recommend decreased by 0.7% to 0.9%

NHS Choices

NHS choices

11
No. of comments posted

Last month: 14

100%
No. of comments responded to within five working days

Last month: 100%

Halton – 5 stars
CMTC - 5 stars
Warr – 3.5 stars

Warrington and Halton Hospitals NHS Foundation Trust

Date
01 May - 31 May

Your average score for all questions this period
★ 1 ★ 2 ★ 3 ★ 4 ★ 5 4.77

Reviews this period
2153

Your recommend scores

5 Star Score
4.77

% Likely to recommend
94.1%

% Unlikely to recommend
0.9%

Reviews by patient's age

206	297	310	260	279	305	249	163
0-20	21-30	31-40	41-50	51-60	61-70	71-80	81+

Male   Female
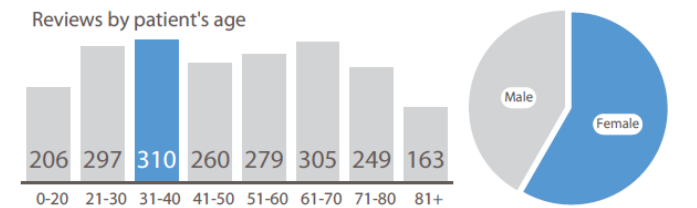
Top three services (with 5 reviews or more)

Coronary Care Unit	5.00
Ward B14	5.00
Ante Natal Day Unit	5.00

Bottom three services (with 5 reviews or more)

Ward A9	4.43
Ward A3	4.17
Ward B19	3.80

Friends and Family Test (Adult services)

Monthly data

↑   1,621staff registered on the new extranet since launch 24.2.16 (increase in month of 405new registrants)
↑   Team Brief Attendances

Team Brief Attendances 2016-17

Warrington   Halton
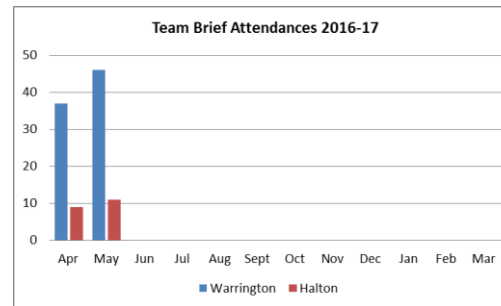
❑   Staff nominating colleagues for :
↑   Employee of Month = 7 (increase of 6 month on month)
↑   Team of Month = 3 (increase of 1 month on month)

Quarterly Data (latest quarter is Q4)

❑   Q4 Staff FFT – 315 responses
❑   **Staff FFT Recommend for Care / treatment**
70% extremely likely or likely
15% extremely unlikely or unlikely
Staff FFT Recommend as Place of Work
64% extremely likely or likely
21% extremely unlikely or unlikely
❑   Q4 Staff attending 'Big Conversations' – Bright Ideas = 60

Annual Data:

❑   NHS Staff Survey 2015 – Engagement score 3.74 (worse than similar Trusts)

Other Stakeholder Engagement

GPs

- ❑ New GP Engagement Dashboard established to capture feedback, escalate issues and enable better planning

- ❑ Practice visits programme in month:
  - ➢ Brookfield Surgery

- ❑ **New directory of Services** – to complete in July 2016

- ❑ **WHH Clinical and non clinical education programmes offered to primary care colleagues:**

  - ➢ **Basic Life Support Skills training for Primary Care Clinicians** delivered by Deputy Medical Director and Emergency Care specialist Dr Nick Jenkins on Weds 31st August at Halton Hospital Education Centre and on Weds 12th October at Warrington
  - ➢ **Current trends in the management of the diabetic foot.** Conference chaired by Mr Thomas Nicholas, Consultant Vascular Surgeon and Mr Colin Chan, Consultant Vascular Surgeon   Thursday 15th September
  - ➢ **Myeloma: diagnosing the difficult** Dr Steven Hawkins, Consultant Haematologist from the Royal Liverpool hospital guest speaker on 8th July 2016 at Warrington

❑ FT Governors and Membership

- ➢ *Your Hospitals* (via News Quest) Latest issue published 22 June 2016 Audience reach >80K in print and >300K on line
- ➢ Your Health events planned for members:
  - • Diabetes awareness - Tuesday 19th July 2016
  - • Take a closer look at Ophthalmology – Wed 14th September 2016

WHH Charity

❑ Donor Relationships/ Management

- ↑ Donors total on system 492 (Individuals 413, Corporate 79)
- ↓ Individual donations – 16 totalling £2,978 (ex Gift Aid)
- ➢ Individual donations via Just Giving (not available)

- ➢ **New Corporate relationships**
- • Water Babies, Warrington – supporting Making Waves campaign
- • Kids Planet Warrington – supporting Making Waves campaign
- • Fir Grove Hallmark Hotel , Warrington

- ➢ **Community Fundraising New contacts**
- • School & Clubs campaign – colouring competition r Sept – December raising funds for Making Waves campaign

- ➢ **Staff Fundraisers**
- • Fundraising – Reverend Phil Turner London to Paris Cycle
- • Ward fundraising – Neonatal/Children's Ward continues

❑ Events:

Recruiting now for the Capesthorne Hall Born Survivor 10K race with 30 obstacles on 24th September - a fierce challenge not for the faint hearted!

❑ Campaigns

- ➢ Making Waves campaign has raised **over £8K** since launch in April – target £100K
- ➢ To launch: Forget me Not Appeal for extension of FMN Garden

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/141**
SUBJECT:	**Key Issues Report from the June Finance & Sustainability Committee 2016-17 and Annual Report of the Committee 2015-16**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Terry Atherton, Committee Chair
DIRECTOR SPONSOR:	Terry Atherton, Committee Chair
LINK TO STRATEGIC OBJECTIVES:	SO3: To deliver well managed, value for money, sustainable services
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF3.2: Monitor Undertakings: Corporate Governance & Financial Management
	BAF1.3: National & Local Mandatory, Operational Targets
	BAF3.3: Clinical & Business Information Systems
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	A summary of the key issues discussed at June's committee meeting. Attached is also the Annual Report of the Committee for 2015-16.
RECOMMENDATION:	**The Board note the contents of the discussions and that there are no matters arising for escalation and the Annual Report of the Committee for 2015-16 .**

PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

KEY ISSUES REPORT
JUNE FINANCE AND SUSTAINABILITY COMMITTEE

Date of meeting:	22nd June 2016
Standing Agenda Items	The Meeting was quorate Minutes of the Meeting held on 18 May were approved as a correct record after two minor amendments
Formal Business	Ernst and Young attended the May meeting as part of their work at the Trust and some positive feedback has been received concerning that meeting. Their report is awaited in final format. For Month 2 of the 2016/17 financial year there is a deficit of £1.6m, which is £0.3m better than plan. Year to date position is a deficit of £3.6m, which is also £0.3m better than plan, which throws up a FSRR score of 2. However, we continue to incur substantial losses. Cash remains very tight at month end and pending finalisation of our 2016/17 Control Total with NHSI, the Trust has drawn down £2.4m from an interim revolving working capital facility. Only after we have finalised our position with NHS Improvement will we be able to firm up our formal working capital loan. The position with regard to fines and penalties overall remains unclear, though we have made provision for cancelled operations and ambulance handover times exceeding the threshold; however, this does not demonstrate acceptance. The committee spend time discussing elements of income and expenditure where not on track together with the recovery plans; for example an Outpatients Recovery Plan will be presented to the July Finance and Sustainability Committee to include DNA management. The revised Control Total offered by NHS Improvement and our response was considered alongside the need for reforecasting both our financial run rate and cash flow, once the position has been finalised. The Capital Programme for 2016/17 was presented, reviewed and after amendment will be recommended to Trust Board for approval on a summarised basis. In the meantime expenditure is a little over plan however will be managed within the resources available. The Finance and Sustainability Committee also discussed Business Case approval processes to ensure they were sufficiently robust. It was acknowledged that similar disciplines could equally apply to Revenue Business Cases.

The Trust has a 2016/17 CIP Target of £10m (but see later) and delivery of £8m is assumed in the financial plan. At Month 2, the £0.937m achieved exceeds both the planned phasing against both £10m/£8m.

At 9th June schemes have been developed to the value of £8.16m PYE and £9.64m FYE.

The revised Control Total offered (and accepted) from NHS Improvement translates into a higher level of CIPs with the intention to increase the target to £10.6m with a plan of £11m to mitigate an element of underperformance.

Against the 95% National 4 hour A&E standard, in May the Trust achieved 92.29%, a further improvement in performance. The trajectory agreed with NHS Improvement for May was 89%. May also showed an increase in attendances both in ED and at Halton Urgent Care Centre.

June is proving more challenging, particularly of late. Ambulance handover times remain the greatest area of concern.

For the moment NHS Improvement have agreed that the monthly monitoring metrics submitted to them may now cease.

The Board will recall its intention to review the performance of ED following April performance data and we now also have the May numbers. The Finance and Sustainability Committee recommend that debate now takes place.

RTT targets have been achieved since Lorenzo go live, albeit 3 specialities have not. Overall indicators for Cancer continue to be achieved.

There continues to be wider local system issues affecting delayed discharges.

It had been the intention to consider WLIs at this meeting but this has been deferred to a large extent to the July meeting.

The Finance and Sustainability Committee continues to acknowledge the extensive effort in continuing to improve Corporate Performance.

The Finance and Sustainability Committee reviewed the Integrated Performance Dashboard Metrics in so far as they applied to the remit of the committee.

IM&T activities were reviewed in line with the report presented. A number of committees were unable to meet during the previous month and the Finance and Sustainability Committee noted the content of the report in this respect.

Lorenzo financial position and stabilisation were noted and the committee agreed that the Lorenzo Board Overview Group has been a useful additional element in overall governance of the programme and should now be stepped down.

| | A verbal update was received from the Director of HR&OD in respect of Agency Caps together with graphs of Price Cap Breaches across Medical and Nursing Prices. The Finance and Sustainability Committee were particularly concerned to note Nursing Price Cap Breaches at a rate of 100% of shifts since the Cap was lowered in April.

It was agreed that a deep dive should take place at the July Finance and Sustainability Committee with the appropriate Executives present. The Finance and Sustainability Committee were mindful of the cross committee responsibilities in this area.

A report on the Trust's reference costs for 2015/16 was received and approved ahead of submission to the Department of Health by 28th July 2016.
A quarterly update on Service Line Reporting was received and considered extremely valuable in the current circumstances. |
|---|---|
| **Local Policies and Guidance Approved:** | None. |
| **Any Learning and Improvement identified from within the meeting:** | None. |
| **Any other relevant items the Committee wishes to escalate?** | None. |

Annual Report of the Finance and Sustainability Committee 2015/16

The Committee is required to report annually to the Board outlining the work it has undertaken during the year and where necessary, highlighting any areas of concern. I am pleased to present the Finance and Sustainability Committee Annual Report which covers the reporting period 1st April 2015 to 31st March 2016.

The Committee is responsible on behalf of the Board for reviewing financial and operational planning, performance a n d strategic and business development.

This report details the membership and role of the Committee and the work it has undertaken during the reporting period.

During the reporting period, the Committee has been composed of 2 Non-Executive Directors with a quorum of 2 (including the Chair). Any Non-Executive Director is able to attend the Committee to cover any absence. I have been the Chair of the Committee since February 2015.

The Finance and Sustainability Committee attendance record is attached in Appendix 1.

Regular attendees at the Committee meetings are the Director of Finance and Commercial Development, Chief Operating Officer, Director of IM&T and Director of Transformation.

Terms of Reference

The Committee's Terms of Reference were reviewed during Quarter 4 of 2015/16 to ensure they continued to remain fit for purpose and consequently the core attendees at the Committee meetings were refined to keep the focus of the Committee aligned to its purpose and terms of reference.

Frequency of Meetings and Summary of Activity

The Committee met 12 times during the year. A summary of the activity covered at these meetings follows:

Finance

The Trust has had a challenging year with a planned deficit of £14.2m supported by a working capital loan of £14.2m. The run rate of the Trust signalled that this deficit was most likely to be higher at £19.9m. A number of grip and control measures were introduced in the latter part of the year to improve the financial position. The year-end position was a deficit excluding impairments of £17.4m. This has placed significant strain on the Trust's cash position and a deep dive was undertaken to review the management of cash and creditor payments. The Committee reviewed and agreed the operational plan and budget for 2016/17 which sets out a deficit of £18.6m and working capital loan requirement of £18.6m. This excludes access to sustainability and transformation funds of £8m as the Trust has a £6m distance from control total.

During the year the Committee also received and reviewed more recently to aged creditors the following:

- Monthly, year to date and forecast financial performance (including income and expenditure by type and divisional budgetary position).
- Monthly and year to date activity performance (by type and specialty).
- Monthly and year to date contract performance.

- Monthly, year to date and forecast capital expenditure.
- Monthly, year to date and forecast cash balances including short term cash flow.
- Current and forecast Continuity of Services and Financial Sustainability Risk Ratings.
- Monthly, year to date and forecast cost savings performance.
- Monthly review of aged debt and aged creditors.
- Monthly and year to date performance against the Better Payment Practice Code.
- Asset Revaluation from review of asset lives.
- Details and impact of working capital and capital loans.
- Risks and mitigating actions to financial position including up as well as down side scenarios.
- Performance against operational and contractual targets / standards and CQUINs fines and penalties.
- Monitor / NHSI Update.

Performance

The Committee has reviewed and where appropriate challenge performance across a whole range of indicators including:

- RTT.
- Cancer.
- 4 hour target.
- Diagnostic waiting time.
- Ambulance handover times.
- Monitor / NHSI Update.

The Trust has struggled with the 4 hour performance target throughout the year and the Committee has constantly monitored and sought assurance around the actions aimed at improving this position. In Quarter 4 there was a complete review of the action plan to ensure that appropriate focus was given to key initiatives which were based on best practice from ECIST and in Trust's achieving the target. The result was a plan on a page which identified 5 things which should lead to improvement with clear metrics which will be monitored by the Committee. The 5 things are:

- Increase discharges before midday.
- Reduce number of community fit patients.
- Reduce the overall waiting time for patients in AED.
- Increase the number of discharges at a weekend.
- Increase the use of ambulatory care.

An improvement trajectory around ED, RTT, diagnostic waiting times and the 62 cancer target was required in Quarter 4 which the Committee agreed and will oversee the delivery throughout 2016/17.

The introduction of Lorenzo in November 2015 brought some challenges to performance, as staff got used to a new system, and difficulty in reporting. As a result of a number of changes associated with the new system the Trust failed the diagnostic target in December 2015. The Committee sought and received assurance that this was an isolated incident and continued to monitor monthly.

All other performance targets were achieved which is a significant achievement given the introduction of Lorenzo and Junior Doctor's industrial action.

The Committee requested a review of the Waiting List Initiative (WLI) authorisation process which

led to the introduction of a new more robust authorisation system and the realisation that the Trust pays non medial staff more than peers for this additional work. As a result the rates will be reduced to bring the Trust more in line with peers in 2016/17. This reduction combined with greater exploration around alternatives to WLIs will lead to a reduced spend in 2016/17 which will be monitored by the Committee.

Cost Improvement Programmes

The delivery of the CIP programme for 2015/16 was reviewed in detail at each meeting. The development of the 2016/17 CIP target, distribution and scheme identification was presented to and reviewed by the Committee. Key issues were:

- The Trust had a CIP target of £10.3m to deliver in 2015/16. This was made up of £9.5m target for 2015/16 plus £0.6m to account for the full year effect of 2014/15 schemes not deducted from divisional budgets relating to the medical productivity and beds/LOS reduction schemes plus £0.2m anticipated over delivery added to the CIP plan as part of the Monitor submission in September 2015.
- At the end of Month 12 against a CIP plan of £10.3m the Trust had delivered £8.183m (79.44% of plan) in actual CIP savings.
- The overall year-end financial position for 2015/16 was a £17.4m deficit (excluding impairment expenses of £1.0m). The recovery plan, developed through tighter grip and control contributed significantly to this improved position.
- A £10m internal stretch CIP target has been set for 2016/17, which has been devolved to CBUs and corporate areas and agreed at ICIC.
- An £8m CIP target is included in the annual plan submitted to NHSI on 18th April 2016.
- The Trust is required to provide fortnightly updates on progress with the 2016/17 plan to NHS Improvement.
- Tighter governance procedures are being put in place to ensure that CIP reporting is in line with overall financial reporting and no negative budgets remain in CBUs as a result of under-delivery of CIP or misreporting.

Information Technology

During the year the Trust implemented a new PAS and brought on line an electronic patient record. The Committee oversaw the budget controls with the majority of spend being secured from the Department of Health (DoH) as part of the old National Programme contract. As well as oversight on the project spend the Committee also received monthly reports from the Director of IM&T covering progress against the project scope. Before go- live the Committee considered the data migration into Lorenzo of 1.2m patient records and the application of business rules to script out duplicate referrals, appointments and waiting lists. In total 180,000 duplicate or open records where agreed to be removed. The highlight reports also dealt with the progress against training of 3500 staff within a 12 week window, identification and issuing of smart cards to 2800 staff along with the implementation of over 1000 new PC and tablet devices. The committee recommended to the Board that the system and Trust were ready to go live. This was achieved on time and under budget.

Through the IMT Programme Board and Lorenzo Programme Board the Committee also agreed to

implement additional software to extend the capabilities which included electronic whiteboards on wards to track patients in beds, e-Outcome for outpatients to remove paper outcome forms, new request and result system using ICE linked through to Lorenzo and a new data warehouse which is still coming on line.

Post go-live the Committee oversaw the reporting functions coming back on line and received significant Information Governance Assurance from internal audit around data management following the implementation.

Finishing this work completed the old IMT strategy and a new strategy was presented and is now in place to ensure the Trust has the correct resources and programmes through to 2018 to stabilise the ways of working and implement Phase 2 and Electronic Prescribing to meet the investment case made to the DoH.

The committee set up the Board Overview Group to provide assurance against report progress.

Issues Carried Forward

At each Finance and Sustainability Committee meeting the Committee considers whether any business matters discussed should be escalated to the Board.

The following were raised by the Finance and Sustainability Committee to the Board:

- Deteriorating financial performance, significantly beyond plan.
- Growing shortfall against back loaded CIP plan.
- Consequent impact on cash resources and inability to meet the BPPC.
- Performance against the 4 hour A&E Target.

The Committee will continue its work to ensure the overall financial governance system of internal controls and the assurance processes remain robust.

The Committee has also resolved to ensure that during 2016/17 relevant Directors and Senior Managers will be expected to attend meetings of the Committee to present when appropriate to do so.

Alongside the Finance and Sustainability Committee, there are 3 main Board Assurance Committees:

- Quality;
- Audit;
- Strategic People

This structure ensures there is greater visibility and focus at Non-Executive level on the key issues facing the Trust. Arrangements are being made for the Board Assurance Committee Chairs to meet formally on an annual basis going forward to ensure appropriateness and effectiveness across the Committees and to address any potential gaps in assurance.

The Committee continued to receive and consider a regular flow of Sub Committee minutes, namely:

- Innovation and Cost Improvement Committee.
- Capital Planning Group.
- IM&T Programme Board.
- Lorenzo ePR Programme Board.
- Lorenzo Board Overview Group.

- Information Governance and Corporate Records Committee.
- Business Planning Committee.
- Strategic and Annual Planning Committee.
- Data Quality and Management Steering Group.

Summary

The Committee encourages frank, open and regular dialogue between regular attendees to the meetings.

Throughout the reporting period, the Chair of the Committee reported verbally on the nature and outcomes of its work to the Board of Directors highlighting any area that should be brought to its attention and during 2016/17 this will change to a written Key Issues Report at each Board meeting.

The Committee's work programme for 2016/17 and the refreshed terms of reference were presented for Board approval in March 2016.

I would like to thank all members of the Committee, along with Directors, staff, internal and external advisors for their responses, support and contributions during the year.

Terry Atherton
Chair of Finance and Sustainability
May 2016

Appendix 1

Finance and Sustainability Committee Attendance Record

	2015									2016			% attendance Excl, Deputy	% attendance Incl, Deputy
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March		
Terry Atherton, Chair	X	X	X	X	X	X	X	X	X	X	X	X	100	100
Anita Wainwright, Non-Executive Director	A/D	X	A/D	X	X	X	X	A/D	X	X	X	X	66	100
Mel Pickup, Chief Executive	A	X	X	X	A	X	X	A	X	X	x	X	66	100
Simon Wright, Chief Operating Officer & Deputy Chief Executive	X	X	X	A/D	Xp	X							83	100
Jan Ross Acting Chief Operating Officer							X	X					100	100
Tim Barlow, Director of Financeand Commercial Development	X	X	X	X	X	X	X	X					100	100
Karen Dawber, Director of Nursing and Governance	X	X	A/D	X	Xp	X	X	A	X	X	X	A	77	88
Simon Constable, Medical Director	X	X	X	A	A	X	X	A	X	X	A/D	X	66	66
Roger Wilson, Director of Human Resources and Org Development	A	X	X	X	X	X	X	A	A	A	X	X	66	66
Jason Da Costa Director of IT	X	X	X	X	A/D	X	X	X	X	X	X	X	88	100
Mark Brearley Interim Director of Transformation				X	A	X	X	X					75	75

	1	2	3	4	5	6	7	8	9	10	11	12		
Mark Brearley — Interim Director of Finance and Commercial Development									X	X			100	100
Pat McLaren — Director of Community Engagement									A	A			0	0
Sharon Gilligan — Chief Operating Officer									X	X	X	X	100	100
Mark Partington — Interim Director of Transformation									A	X			0	0
Andrea Chadwick — Director of Finance and Commercial Development											A	X		
Lucy Gardner — Director of Transformation											X	X	100	100
Steve McGuirk (Member as and when attending) — Chairman							X		X	X		X	N/A	N/A
NED or Deputy asked to attend														
Mike Lynch — Non-Executive Director	X/D	-	X/D											
Alison Lynch — Deputy Director of Nursing			X/D											
Jan Ross — Deputy Chief Operating Officer				X/D		X			X	X	A	A		
Lynne Lobley — Non-Executive Director					X				X	X	X	X		
Ian Jones — Non-Executive Director								X/D	X	X	X			
Denise Gill — Deputy Director of IM&T					X/D									
Nick Jenkins — Deputy Medical Director												X/D		

In Attendance														
Colin Reid, Trust Secretary	X	X	X	X	X	X	X	X	X(part)	■	■	■	100	100
Andrew Chittenden Interim Trust Secretary										X	X	■		
Steve Barrow, Deputy Director of Finance	A	X	X	X	X	X	X	X	A	X	X		77	77
Mike Barker Deputy Director of Commercial Development			X				■	■	■	■	■	■	■	■

Key:	In attendance:
A = Apologies	Standing invite for:
A/D = apologies with deputy attending X/D = Attendance as Deputy	Steve Barrow, Deputy Director of Finance Mike Barker, Deputy Director of Commercial Development (attends when required - Estates)

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/142**
SUBJECT:	**Emergency Preparedness Annual Report 2015-16**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Emma Blackwell, Resilience Manager
EXECUTIVE DIRECTOR SPONSOR:	Sharon Gilligan, Chief Operating Officer
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	BAF1.4: Business Continuity
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None
EXECUTIVE SUMMARY (KEY ISSUES):	The Emergency Preparedness annual report for 2015-16 provides an overview of the emergency preparedness arrangements within the Trust. It outlines the work that has been undertaken during the past 12 months and summaries the priorities for the year ahead.
RECOMMENDATION:	**The Board is asked to: note the work undertaken during 2015-16 and the planned work programme for 2016-17 in support of the Trust's objectives.**

PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

EMERGENCY PREPAREDNESS ANNUAL REPORT 2015-16

EXECUTIVE SUMMARY

All NHS organisations are required to deliver their responsibilities for Emergency Planning via the Civil Contingencies Act 2004. As a Category 1 responder under the Act, we have a duty to develop robust plans to respond effectively to emergencies, to assess risks and develop plans in order to maintain the continuity of our services in the event of a disruption.

Like most NHS organisations, we have had our resilience tested on a number of occasions over the last few years in the form of severe weather, industrial action, outbreaks of infection and the ongoing demand management pressures the organisation has faced. Our plans and procedures, and the commitment of our staff, have enabled us to manage such incidents in a professional manner which has helped to minimise any disruption to patient care.

PURPOSE

The purpose of the annual report is to:-

- Provide an overview of the emergency preparedness arrangements within Warrington and Halton Hospitals NHS Foundation Trust.
- Outline the work that has been undertaken in the area during the past 12 months.
- Describe our response to incidents which have occurred during 2015-16.
- Summarise our planned work streams and priorities for the year ahead.

EMERGENCY PREPAREDNESS STRUCTURE

The Trust has a Major Incident Plan in place which is built on the principles of risk assessment, multi-agency co-operation, emergency planning, sharing information and communicating with public. This plan is underpinned by a number of associated business continuity plans which demonstrate how our critical services will continue to be provided in the event of a disruptive incident.

Lead Officers

- Sharon Gilligan, Chief Operating Officer is the designated Lead Executive Director with responsibility for Emergency Planning within the Trust.
- Terry Atherton is the Non-Executive Director nominated to support the Chief Operating Officer in this role.
- The Lead Director is supported by Emma Blackwell, Resilience Manager.

Committee Structure

In order to discharge our responsibilities effectively under the Civil Contingencies Act (2004), emergency preparedness arrangements have been embedded into the trust's Committee structure.

The Event Planning Group, chaired by the Deputy Chief Operating Officer, is charged with the responsibility of overseeing the development of emergency preparedness arrangements within the Trust. The group meets on a monthly basis and its' membership includes senior managers from all Clinical Business Units and corporate services.

The main role of the Event Planning Group is to anticipate forthcoming events which are likely to prevent a challenge to our services and resources and to develop co-ordinated plans in advance. Minutes of the Group's meetings are produced and high level briefing reports are provided to the Quality Committee and Strategic People Committee. Corporate plans, approved at the Event Planning Group, are formally ratified at the Quality Committee meetings.

EPRR External Structure:

NHS England Area Team assume lead responsibility for co-ordinating a local health response to an emergency. Local Health Resilience Partnerships (LHRP) have been developed to deliver national Emergency Preparedness, Resilience and Response (EPRR) strategy in the context of local risks. The LHRP bring together the health sector organisations involved in emergency preparedness and strengthen cross-agency working. The LHRP for Cheshire, Warrington and Wirral is supported by a Practitioners Sub Group and meets on a quarterly basis, it provides strategic direction to local organisations in preparing their response to emergencies and is the main vehicle for taking forward the EPRR agenda.

Out of Hours Arrangements:

The Trust operates a 24/7/365 on-call rota and ensures that senior managers and Executive Directors are contactable at all times and are able to respond quickly to a major or serious incident at any given time. This structure is supported by specific clinical and departmental on-call rotas which are designed to respond to local service-related operational issues.

EXERCISES AND TRAINING

The Trust has organised and participated in a number of exercises and training events to test and validate emergency plans. Details of all of these events are reported in Appendix 1.

The Trust has also developed a planned programme of simulation exercises which take place on a regular basis throughout the year. The simulation exercises are designed to examine and test the response and performance of trauma services in response to an emergency

situation. The simulations are assessed and RAG rated with learning points identified for future action.

EXTERNAL REVIEWS AND AUDITS

Cheshire & Merseyside Commissioning Support Unit Assessment

CCG's are required to assure themselves that their commissioned services have plans in place to respond to and recover from emergencies. As part of their process of providing assurance to NHS North of England, the Cheshire & Merseyside Commissioning Support Unit undertook an on-site assessment in 2015-16 of the Trust's Incident Response Plans. The review additionally looked at whether incident response plans contained relevant information relating to Mass Casualties, Terrorist Incidents, Lockdown and the elements of command and control under the Joint Emergency Service Interoperability Principles (JESIP). The Trust achieved a 'Green' status scoring a total of 97% compliance.

The achievement of 'Green' status for this review provided NHS England and the CCG's with significant assurance that the Trust's systems and procedures for emergency preparedness were fit for purpose.

NHS England EPRR Assurance Process

The Trust was required to undertake a self-assessment against the NHS England core standards for emergency preparedness, resilience and response (EPRR) which was undertaken in November 2015. This included a 'deep dive' into Pandemic Flu preparedness. The Trust demonstrated an overall green 'Substantial' compliance level. The outcomes were presented to the Event Planning Group in December 2015.

REPORTS TO TRUST BOARD

A statement of readiness regarding Preparedness for a Major Incident was provided to the Trust Board in December 2015.

INCIDENTS

During 2015-16 the following incidents presented a challenge to the Trusts emergency preparedness arrangements. None resulted in any significant disruption to day to day services and all were managed effectively by local managers following Trust procedures.

Major Incident Standby 7.7.15 – Suspicious package found in Warrington town centre

The Trust was placed on Major Incident Standby at 19.10 on the 7th July 2015 as a result of a suspicious package found in Warrington town centre. The package was successfully detonated and no casualties were received, the Trust was stood down at 21.10.

Business Continuity Incident 28.8.15 – Failure of Paging System

The Trust Stanley Paging System went down from 18.45 to 21.00 on the 28th August 2015. This was an engineering failure due to the back-up system not being automatically switched on when one system went down. Once the Engineers were on site the issue was resolved in minutes. The incident was dealt with effectively and Doctors were requested to stay close to phones on ITU and wards etc. Following a debrief of the incident the Trust is looking at purchasing additional hand held radios and for the Trust on-call engineers to be contacted as well as the company engineer.

Business Continuity Incident 23.11.15 – Telecommunications Failure of External Lines

Due to a faulty power pack all external lines (apart from Switchboard) were unavailable from 07.00 to 17.00 on the 23rd November. During this time a mobile phone was used in A&E for NWAS to call directly for any 'stand-by' patients. Additional staff worked on Switchboard to deal with the large volume of calls and appropriate communication messages were provided internally and externally.

Junior Doctors Industrial Action

Local and national NHS services came under pressure on 4 separate occasions in 2015-16, when industrial action took place by junior doctors in response to a national pay dispute. Over 3 24-hour periods, and 1-48 hour period junior doctors provided 'emergency care' only. The Trust developed robust contingency plans to ensure minimum disruption to services. Debriefs took place and lessons learnt have been considered when planning for future industrial action.

Implementation of Lorenzo System

In conjunction with the Lorenzo Team, Business Continuity Plans were developed for all service areas to support the implementation of the Trust new PAS system Lorenzo. The Business Continuity Plan was supported by 'battle boxes' in all operational areas containing the manual document that would be required in the event of any downtime. The Business Continuity Plans were successfully activated during the Go Live weekend in November 2015 and on 2 separate occasions when the system experienced considerable periods of down time on the 27th November 2015 and 6th March 2016.

Trust Full Capacity

Due to the demand on our services, the Trust Full Capacity Policy was activated on 8 separate occasions in 2015-16. Lessons learnt have been discussed through the Event Planning Group and work is ongoing as part of the Trust Escalation work stream to ensure an appropriate response is provided at times of extreme pressure within the system.

WORK UNDERTAKEN IN 2015-16

The following work streams were completed during the year under review:

- Major Incident Plan and associated action cards, Evacuation Policy and Heatwave Plan were all reviewed and updated to reflect local and national developments. All were approved by the Event Planning Group and ratified by the Quality Committee.
- The Trust Full Capacity Policy was launched and incorporated into Trust Escalation plans.
- Plans for Easter weekend, May bank holidays, Creamfields/August bank holiday and Christmas and New Year were produced.
- Winter planning arrangements for 2015-16 included holding a system wide winter planning event, completion of the winter success dashboard for schemes funded by winter monies and producing a Trust winter plan.
- Provided significant assurance for core Emergency Preparedness plans to CCG's and NHS North of England following external assessment by Cheshire & Merseyside Commissioning Support Unit in October 2015.
- Participated in multi-agency exercises to test emergency preparedness and organisation resilience (see appendix 1).
- Delivered training to key staff in emergency preparedness and business continuity management to relevant staff (see appendix 1).
- Provided assurance report to NHS England based on Trust compliance with the EPRR core standards.

WORK PROGRAMME FOR 2016-17

The following work streams have been developed using recommendations from audits and reviews including the EPRR assurance process and the Local Health Resilience Partnership. They will be undertaken over the next 12 months and progress will be monitored via the Event Planning Group with monthly updates to the Quality committee.

- Develop Trust CBRN/HAZMAT Plan, which will include Runcorn Urgent Care Centre and be based around the new Initial Operating Response (IOR) for dry decontamination. Deliver training and undertake a desk top exercise to test the plan.
- A complete review of the Trust Business Continuity planning process in light of new clinical business unit structure.
- Agree changes to Trust Escalation Plan which includes the revised Trust Full Capacity Policy and scoring matrix.
- Review Trust Pandemic Influenza Plan including service business continuity plans and then undertake desktop exercise.

- Further develop management on-call documentation and ensure training and support is provided to on-call staff.
- Participate in multi-agency exercises and training with partner organisations in accordance with priorities identified by the LHRP.
- Participate in multi-agency EPRR training and exercises in collaboration with partner organisations and the LHRP.
- Support the planning process for future junior doctor's industrial action.
- Jointly lead on the implementation of the Prevent agenda, raising awareness and ensuring staff receive appropriate training within the organisation.

RECOMMENDATIONS

The Board is asked to note the work undertaken during 2015-16 and the planned work programme for 2016-17 in support of the Trust's objectives.

APPENDIX 1 – EXERCISE AND TRAINING EVENTS IN 2015-16

Event	Organiser	Date	Staff Involved	Purpose
Strategic Management in a Crisis training course	Cheshire LHRP	14th May 2015 23rd June 2015 25th June 2015	Bradley Palin, AGM Scheduled Tom Liversedge, AGM Scheduled Dawn Forrest, ADD Unscheduled Sue Franklin, ADN Unscheduled Anita Corrigan, AGM Scheduled Mel Hudson, Head of Midwifery Alison Lynch, Deputy Director of Nursing	One day course run by Health Resilience to train and exercise delegates in the roles and responsibilities required for EPRR and assist in the establishment of effective on-call arrangements.
Exercise Stratus	Mid Cheshire Hospital	18th June 2015	Emma Blackwell, Resilience Manager	Umpire for live hospital chemical incident exercise. Learning will aid future exercises at WHHFT.
Winter Planning Event	Warrington and Halton Hospitals NHS Foundation Trust	11th September 2015	Representatives from WHH, Warrington CCG, Warrington Council, Halton CCG, Halton Council, Bridgewater, Five Boroughs, NWAS and Urgent Care 24	Opportunity to review lessons learnt from the previous winter and share winter plans for 2015-16.
Exercise Icebreaker	Cheshire Local Health Resilience Forum	13th October 2015	Emma Blackwell, Resilience Manager	Raise awareness of mulit-agency response to a severe weather incident.

CBRN Train the Trainer	North West Ambulance Service	27th October 2015 11th November 2015 24th November 2015	Emma Blackwell, Resilience Manager Anthony Murphy, A&E Charge Nurse Jonathan Jones, A&E Nursing Assistant Mark Jeffers, A&E Staff Nurse	To provide hospital CBRN trainers with the minimum required operating standards to ensure the hospital is able to provide a decontamination capability.
Exercise Checkmate	Cheshire Local Resilience Forum	11th November 2015	Jennie Crook Vass, AGM WC&SS Lindsey Vlasman, AGM Unscheduled	Provides a training opportunity for on-call staff new to emergency planning and introduces the roles of other emergency services in a major incident.
Major Incident On-Call Training	NHS England & WHHFT	14th December 2015 18th December 2015	A total of 20 on-call staff attended the sessions.	An on-call briefing session held by NHS England detailing the response in Cheshire to a major incident.
Loggist Training	Public Health England	19th January 2016	Emma Blackwell, Resilience Manager Ben Pimblett, Bed Bureau Clerk Sarah Bowman, Medical Workforce	Describes the role of a loggist in an incident and demonstrates the skills and methods of logging and the importance of evidential records and documents in any post-incident proceedings.

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/16/143**
SUBJECT:	**NHS Improvement Annual Corporate Governance Statement**
DATE OF MEETING:	29th June 2016
ACTION REQUIRED	**For Decision**
AUTHOR(S):	Angela Wetton, Company Secretary
EXECUTIVE DIRECTOR SPONSOR:	Angela Wetton, Company Secretary
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	All
	All
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: *(if relevant)*	None

EXECUTIVE SUMMARY (KEY ISSUES):	The Corporate Governance Statement for submission to NHS Improvement is attached, detailing the proposed confirmation statements and the risks to the statements with the mitigations in place.	
RECOMMENDATION:	**For the Board to review and approve the self-certification statement and ensure submission to the Regulator by 30th June 2016.**	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

CORPORATE GOVERNANCE STATEMENT 2016-17

Corporate Governance Statement

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

4	Corporate Governance Statement	Response	Risks and mitigating actions
1	The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Confirmed**	**Risks:** • Not adhering to accepted standards of corporate governance or best practice • The corporate governance function consists of one person which gives a single point of failure. **Mitigating Actions:** • Compliance with Monitor's Code of Governance for Foundation Trusts regularly assessed and reported through Audit Committee • The Trust's Standing Orders require that a register of director's and governors' interest is in place and kept up to date (held by the Company Secretary) who has accountability for its maintenance. • There are no material conflicts of interest in the Board. • All governors elections and by elections held in accordance with

		- election rules. - Company Secretary in post who holds responsibility for corporate governance. - Systems and controls assurances are obtained via the Audit Committee. - A formal external governance review will take place every three years as mandated by NHS Improvement. - More complete explanations about systems of corporate governance are set out in the annual governance statement and the Trust's annual report
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**	**Risks:** Non-compliance with Monitor's Code of Governance for foundation trusts and other governance guidance issued by the regulator **Mitigating Actions:** - Compliance with Monitor's Code of Governance for Foundation Trusts assessed each year as part of the annual reporting process. (April 2016 Audit committee) - Any guidance requirements are routinely assessed and implemented as necessary - over view of guidance provided in PwC Technical Update received at each Audit Committee meeting. - Assurance and advice is provided as required by the Audit Committee

		Confirmed	**Risks:**
3	The Board is satisfied that the Trust implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	• Ineffective board and committee structures in place which are not reviewed and updated. • Unclear reporting lines **Mitigating Actions:** • Board committees established with clear lines of reporting. • Terms of Reference in place for all Board and other committees and groups within the Trust which are regularly reviewed and updated where necessary. These set out remit of each type of meeting, membership, attendance by others, quorum requirements and reporting responsibilities. • Standardised Chair key issue reports to escalate assurance and concerns in line with reporting structure. • Clear delegation of actions to committees • Annual Governance Statement in place which identifies areas of potential risk and mitigating actions • The Company Secretary holds the 'helicopter view' of the Trust's governance structure.

4 The Board is satisfied that the Trust effectively implements systems and/or processes:	Confirmed	**Risks:** Lack of systems to assess compliance with Licensing requirements

4 The Board is satisfied that the Trust effectively implements systems and/or processes:

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and
(h) To ensure compliance with all applicable legal requirements.

Confirmed

Risks:
Lack of systems to assess compliance with Licensing requirements
Mitigating Actions:
- Risk Management Strategy in place and regularly reviewed.
- Board Assurance Framework
- Safeguard risk management system in place.
- Use of internal and external audit services to investigate any areas of concern.
- Inpatient and other CQC surveys utilised with action plans put in place where necessary.
- Contracts for services agreed with clinical commissioning groups.
- Finance and Sustainability Committee considers detailed financial and operational performance reports at each monthly meeting
- Monthly integrated performance report considered by Board,
- Comprehensive agendas for Board meetings circulated to directors at least 5 days before each meeting
- Cost Improvement Plans in place which are risk assessed for quality
- Standing Financial Instructions and Standing Orders in place
- Counter Fraud specialist reports to the Audit Committee
- In relation to point (f) and (g), the

		Trust's annual report and operational plan have set out a number of high level risks facing the Trust and ways in which these are being mitigated. The four areas are: quality and safety, finance, operations and governance • Points as set out in 1), 2) and 3) above apply

5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	**Risks:** • Lack of systems and/or processes relating to quality of care **Mitigating Actions:** • The Medical Director and the Director of Nursing are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust). • NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, clinical, HR & OD • Collectively, the NED component of the Board is suitably qualified to discharge its functions. • Quality Dashboard – Clinical quality, patient safety & patient experience metrics are included and go to the Board monthly. • Quality Committee – chaired by a NED – Terms of Reference include

		reporting from patient safety and experience committees.
		• Clinical Audits – the Trust participates in national audits and also local audits. Audit reports are submitted to Quality Committee.
		• Learning from national reports with comparative reports undertaken and action plans devised and implemented.
		• Regular ward and department visits undertake by all Board members
		• PLACE
		• Processes in place to escalate and resolve issues

| 6 | The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence. | **Confirmed** | **Risk:** Lack of systems to ensure appropriately qualified personnel **Mitigating Actions:** • The Medical Director, Director of Nursing and Director of Finance are all appropriately professionally qualified and accountable to their professional body (in addition to the Trust). • All Executive Directors' performance and competencies are reviewed through annual appraisals. • Collective & individual skill-sets reviewed as part of board development • Chairman receives an annual |

- performance appraisal from the Senior Independent Director, NEDs receive an annual performance appraisal from the Chairman who advises the governors
- NEDs have been appointed by the Council of Governors as advised by the governors' Nominations & Remuneration Committee.
- NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, clinical, HR & OD. Collectively, the NED component of the Board is suitably qualified to discharge its functions.
- Thereafter, on-going training to develop existing and new skills relevant to the NED role is undertaken by attendance at external conferences and workshops as required.
- NED progress is monitored by the Chair via one to one meetings including a formal annual appraisal session at which achievements against objectives for the preceding year are evaluated and new goals for the forthcoming year and a personal development plan are established
- This is supplemented by a number of Board time out sessions throughout the year to discuss

> strategy and policy as well as developing the knowledge and skills of the Board on specific issues.
> - Divisions are led by experienced and capable teams consisting of a Chiefs of Service, a Divisional Director of Operations and an Associate Director of Nursing.
> - Nursing levels on wards are reported to Board and are monitored and published on a daily basis on the ward staffing boards.
> - HR recruitment policy

Signed on behalf of the board of directors, and having regard to the views of the governors

Name Mel Pickup   **Name** Steve McGuirk

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

5   Certification on AHSCs and governance

Response

For NHS foundation trusts:
• that are part of a major Joint Venture or Academic Health Science Centre (AHSC); or
• whose Boards are considering entering into either a major Joint Venture or an AHSC.
The Board is satisfied it has or continues to:

N/A

• ensure that the partnership will not inhibit the trust from remaining at all times compliant with the conditions of its licence;
• have appropriate governance structures in place to maintain the decision making autonomy of the trust;
• conduct an appropriate level of due diligence relating to the partners when required;
• consider implications of the partnership on the trust's financial risk rating having taken full account of any contingent liabilities arising and reasonable downside sensitivities;
• consider implications of the partnership on the trust's governance processes;
• conduct appropriate inquiry about the nature of services provided by the partnership, especially clinical, research and education services, and consider reputational risk;
• comply with any consultation requirements;
• have in place the organisational and management capacity to deliver the benefits of the partnership;
• involve senior clinicians at appropriate levels in the decision-making process and receive assurance from them that there are no material concerns in relation to the partnership, including consideration of any re-configuration of clinical, research or education services;
• address any relevant legal and regulatory issues (including any relevant to staff, intellectual property and compliance of the partners with their own regulatory and legal framework);
• ensure appropriate commercial risks are reviewed;
• maintain the register of interests and no residual material conflicts identified; and
• engage the governors of the trust in the development of plans and give them an opportunity to express a view on these plans.

6 Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

Signed on behalf of the Board of directors, and having regard to the views of the governors

Signature

Signature

Name Mel Pickup

Name Steve McGuirk

Capacity Chief Executive

Capacity Chairman

Date 29th June 2016

Date 29th June 2016