



We are
WHH

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

WHH Council of Govenors

Thursday 19 January 2017

4:00pm – 6:00pm

Trust Conference Room

Burtonwood Wing, Warrington Hospital

We are
WHH

COUNCIL OF GOVERNORS (COG)
Thursday 19th January 2017 –4pm to 6pm
Trust Conference Room, Burtonwood Wing, Warrington Hospital
AGENDA

AGENDA REF.	ITEM	PRESENTER	PURPOSE		TIME
COG/17/01					
OPENING ITEMS					
COG/17/01/01	Opening Remarks Welcome to new Governors and colleagues from Deloitte	S McGuirk, Chairman	-	-	4.00pm
COG/17/01/02	Apologies & Declarations of Interest	S McGuirk, Chairman	-	-	
COG/17/01/03	Minutes of Previous meeting 20 October 2016	S McGuirk Chairman	Approval	Enc	4.02pm
COG/17/01/04	Rolling register of attendance 2016-17	S McGuirk Chairman	Assurance	Enc	
COG/17/01/05	Chairman's Briefing (Report from work of NEDs)	S McGuirk Chairman		Verbal	4.10pm
COG/17/01/06	Chief Executive's Report	Mel Pickup, Chief Executive		Verbal	4.20pm
FORMAL BUSINESS					
COG/17/01/07	Appointment of NED following Governors NARC)	Spokesperson from the GNARC	Approval	Verbal	4.30pm
COG/17/01/08	Integrated Performance Report (October 2016) and commentary	Executive Directors	Assurance	Enc.	4.40pm
COG/17/01/09	Nominations for Lead Governor Role	P McLaren Director of Community Engagement + Corporate Affairs	Approval	Enc	5.00pm
COG/17/01/10	<u>Nominations for Chairs and Members of:</u> - Governors Quality In Care - Chair - Governors Engagement Group – Chair - Charitable Funds Committee (1 member) - Patient Engagement Group (3 or more members)	P McLaren Director of Community Engagement + Corporate Affairs	Information	Enc	5.10pm
COG/17/01/11	Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office	P McLaren Director of Community Engagement + Corporate Affairs	Assurance	Enc	5.20pm

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COG/17/01/12	CoG Annual Cycle of Business and Terms of Reference	P McLaren Director of Community Engagement + Corporate Affairs	Approval	Enc.	5.30pm
COG/17/01/13	Patient Choice Awards – Governor judges required	P McLaren Director of Community Engagement + Corporate Affairs		Verbal	5.40pm
CLOSING ITEMS					
COG/17/14	Any Other Business	Steve McGuirk, Chairman			
DATE OF NEXT MEETING: TO BE CONFIRMED					

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COG/17/01/03

COUNCIL OF GOVERNORS

Draft Minutes of the Meeting held on Thursday 20th October 2016
4.00pm to 6.00pm Trust Conference Room, Burtonwood Wing, Warrington Hospital

Present:

Steve McGuirk	Chairman (Chair)
Alison Kinross	Public Governor
Sue Kennedy	Public Governor
Phil Chadwick	Public Governor
Peter Folwell	Public Governor (resigned)
Norman Holding	Public Governor
Peter Harvey	Public Governor
Mark Ashton	Staff Governor
Gaynor O'Brien	Staff Governor
Sue Bennett	Staff Governor
CLlr Pat Wright	Partner Governor, Warrington Borough Council

In Attendance:

Ian Jones	Non-Executive Director
Anita Wainwright	Non-Executive Director
Lynne Lobley	Non-Executive Director
Margaret Bamforth	Non-Executive Director
Mel Pickup	Chief Executive
Sharon Gilligan	Chief Operating Officer
Andrea Chadwick	Director of Finance
Prof Simon Constable	Medical Director and Deputy Chief Executive
Pat McLaren	Director of Community Engagement & Corporate Affairs

Apologies:

Neil Kelly	Partner Governor – Warrington Wolves Foundation
Terry Atherton	Non-Executive Director
Louise Cowell	Staff Governor
Jeanette Scott	Public Governor
David Ellis	Public Governor

16/44 Welcome, Apologies and Introductions

- **Welcome:** The Chairman welcomed all Governors, Non-Executive Directors and attending members of staff to the Council of Governors meeting. He extended thanks to Peter Folwell for joining the meeting to say 'farewell' following his resignation to join another Trust. On behalf of the Council he Chairman recognised Peter's significant contribution over many years and wished him success in his new role.
- **Apologies** were received from: Neil Kelly, David Ellis, Terry Atherton, Louise Cowell, Jeanette Scott.
- **Declarations of Interest – in agenda items:** There were no interests declared in relation to the agenda items for the meeting.

16/46 Minutes of previous meeting

The minutes of the July 2016 meeting were approved as presented.

16/47 Appointment of External Auditor

Ian Jones, non-executive director advised the Council that an evaluation panel had met on 30th September 2016 to consider the reappointment of the auditors and that the panel was widely represented. He advised that PWC, KPMG and Grant Thornton had submitted bids and that a scoring matrix was used to assess the bids. The emerging preferred bidder was Grant Thornton, providing Trust with a saving of £17K over three years.

Governors questioned contract break out clauses, IJ assured the Council that the contract is for three years. The Director of Finance and Commercial Development advised that opportunities for future collaboration (via LDS) are unlikely to take place within the short term.

The appointment of Grant Thornton as the Trust's Auditors was proposed by public governor Sue Kennedy and seconded by Norman Holding, public governor.

16/48 Integrated Performance Dashboard – Month 6 (September 2016)

The executive directors presented their respective elements of the Trust's Integrated Performance Dashboard for Month six, noting that the IPR new format is being well received and recognising that further refinements are continuing to be introduced.

The Chief Operating Officer (SG) presented access and performance targets noting that the Trust:

- Is achieving the NHSI trajectory for 4-hours but not achieving the 95%, she noted that neither are Trusts nationally
- Is the best performing Trust in Cheshire and Merseyside for ambulance handover times and that good progress is being made
- Is achieving all of its other access targets

The Medical Director (SC) presented the quality targets noting that the Trust:

- Has good news on infection control with a full year without an MRSA case reflecting excellent performance on quality care
- Has some work to do on the reporting of clinical effectiveness indicators but is working on this
- Has a Crude Mortality 'as expected' but noting the difficulty in explaining/teasing out exactly what is reflected in the indicators given HSMR/SHMI look at different elements and are based on historical data which we have already dealt with and responded to. He advised that up to October the SHMI was outside the normal range and is now in the 'Expected' range which is good progress. In summary the mortality indicators area combination of the data (coding) that is put into the system, exacerbated by number of issues since going live with Lorenzo. He advised that he is proposing to run a workshop for Board and Governors in December about mortality to which all governors will be invited to share some of the excellent work and progress being made around avoidable mortality and the recording of information.

The Chairman noted that the media are sighted on anything to do with mortality.

Cllr Pat Wright asked for clarity about the issues with entering data, which the Medical Director advised were issues to do with Lorenzo, palliative care coding, retrospective review of coding by the Mortality Review Group (which looks at these issues in detail.) He noted that it is not all down to information but the MRG is looking all the time for avoidable mortality. Overall WHH is 'in the pack' ie average but working hard to be better than average.

Peter Harvey asked if the Medical Director had clinical concerns about mortality, ie if WHH 'outside the pack' did the Trust need to look harder, SC said he did not believe WHH is outside the range and explained

the MRG's work which reviews 80-90 cases per month. On the very rare occasion that the group notes an unavoidable death a Serious Untoward Incident is declared and an investigation mobilised.

The Director of Finance and Commercial Development (AC) presented the Financial Position:

- £1.3m cash balance which is in line with plan
- Capital spend is £1.4m against planned spend of £1.6m
- Deficit is £5.0m which is on plan
- Financial Sustainability risk rating is 1
- CIP trajectory is £0.75m behind plan, full year target is £11m
- Better payment code is 66% below national standard due to low cash balance and we are monitoring closely including prioritisation of small suppliers and the avoidance of interest rates.
- Noted that our performance directly affects the receipt of our STF.

16/49 NHS Improvement Single Oversight Framework

The Director of Finance and Commercial Development gave a short presentation of the new NHS Improvement Single Oversight Framework which is effective from 1st October and affects both Foundation and non-Foundation trusts. It replaces the Monitor Risk Assessment Framework and the TDA Accountability Framework for the provider sector. Providers are assessed on 5 elements:

- Quality of Care – 25 indicators
- Finance and Use of Resources (financial sustainability, financial efficiency, financial controls)
- Operational Performance – 4 key indicators
- Strategic Change
- Leadership and Improvement capability (well led)

One of four key classifications is levied: 1. Maximum autonomy, 2. providers given targeted support, 3. Providers receiving some mandated support and 4. Special measures. AC advised that classification of all Trusts is expected to be published next month and that WHH will be notified of level. Trust Board committees will need to ensure oversight of all five themes to ensure compliance and good performance.

- Governors asked for explanation on what NHS Improvement was and how much time NHSI actually spend in Trusts actually monitoring performance and seeing for themselves vs data review. AC explained triangulation of data, patient experience metrics and noted that NHSI may well begin to interact more with governing Council, patient groups etc. noting that WHH's NHSI team is now based in Manchester and will no doubt be looking for ways to better interact with providers.
- The Chief Executive (MP) explained WHH's position as being under great scrutiny as the Trust is in breach of its license, noting that there has been a real shift in engagement by NHSI who visit the Trust more frequently.

16/50 Calendar of Governor Meeting Dates

The Director of Community Engagement (PMc) presented the CoG calendar for 2017 advising that timings for the Council will continue to be 4-6pm. She advised that venues will be notified, and will ensure that there is good balance with Halton. She was requested to attempt to reschedule the existing CoG meeting on the Thursday before Good Friday meeting as many people may be unable to attend.

16/51 Chief Executive Update

The Chief Executive (MP) briefed the Council on the Sustainability and Transformation Funding 'STF' (under which WHH has agreed plans for the next two years with NHSI) in which there are some must dos:

- Participate in Sustainability and Transformation Planning STP
- Finance – achievement of control totals over next two years
- Primary care – plans to help the health system get back to recovery
- Urgent and emergency care – improvement trajectories – must achieve the mandated targets
- RTT 18 weeks
- Cancer targets
- Mental health – better care for patients with mental health issues,
- Improve Quality

MP advised the CoG that she chairs the A&E Delivery Board and noted that the expected winter monies earmarked by commissioners for the mid-Mersey 'patch' of around £4m has not been ring-fenced this year and that she is writing to NHSI about this.

She noted that working together there is lots of opportunity to achieve targets and advised that SC has taken a lead on the clinical work stream to look at better delivery of care in a collaborative way to deliver better patient care and experience as well as saving money.

She advised that two WHH teams had been to London to present to the judging panel for the Health Service Journal Awards on two shortlisted projects: Dementia - a Social Movement and Maternity Services – Learning from When Things go Wrong and that the awards ceremony is in late November.

Sue Kennedy asked if the lack of winter pressures monies is national. MP advised that she believes that NHSE has allocated this to commissioners as part of their baseline funding and that she is writing to NHSE to ask where this funding is. MP has also asked commissioners who confirmed that they don't have it. Sue Kennedy asked if there's anything that Governors can do. MP noted that David Mowat MP is now a junior health minister and that it is perfectly appropriate for Governors to approach him directly to ask what he's doing about it. PMc to share details.

Sue Bennett asked as a staff Governor what the Trust was going to do if there were no winter monies. MP briefed on Ambulatory Care, the recent ECIP visit (waiting to receive their report which will have actions for WHH). One key ECIP recommendation is 'discharge to assess' rather than 'admit to assess' noting that St Helens and Halton economies do this quite well, but that Warrington doesn't have the facilities/capacity.

Cllr Pat Wright noted difficulties in provision of community care/domiciliary care.

MP advised that of the cohort that ECIP had looked at, 91 patients were medically fit for discharge but couldn't go home. A solution is to discharge patients or care for them differently at WHH. Ward A4 has changed to a sub-acute ward while these patients wait for their next stage care to come available.

16/52 Chairman's Update

The Chairman (SMcG) briefed the Council on recent activities that he has been involved in ref: the STP, noting that the next plan is due for submission this month. The C&M plan is still very high level, work continues on 'how' we are going to achieve this. He advised that STPs are all at different stages of maturity and that he expects that there will be considerable media interest around these plans.

Cllr Pat Wright noted that residents have been left out of all planning so far.

The Chairman advised that STP commitments are placing considerable strain on executive directors who have to work on plans as well as deliver for WHH.

The Chairman apologised to the Council for the inconvenience and upheaval due to the Company Secretary's unexpected departure, particularly regarding administration support, responses to enquiries etc. Sue Kennedy, Ian Jones and Pat McLaren are interviewing for Secretary to the Board on Friday 21st October 2016.

Lastly, he noted that the search process had begun for a non-executive director to replace the outgoing Lynne Lobley and that Governors would be involved in the recruitment as usual.

16/53 Governor Recruitment

The Director of Community Engagement (PMc) presented a paper and weightings matrix on behalf of David Ellis public governor following work that had been undertaken at the Governors Engagement Group dealing with two issues:

- That due to Governor (constituency) vacancies there are many constituents which are not represented or supported across the WHH geographical footprint
- That in the changing healthcare landscape and as greater collaboration and sharing is implemented across the Alliance LDS, it is very likely that WHH will be providing services across a much wider population. As the only Foundation Trust in the LDS it is incumbent on WHH to ensure that the wider constituencies have the opportunity to be represented by a Governor.
- That by not having a 'rest of England and Wales' constituency that candidates for future NED roles are excluded from the process if they do not live in one of the existing constituencies.

After discussion among the Governors it was decided that the newly vacant 'South Mersey' constituency is renamed 'rest of England and Wales' and that the Foundation Trust's Constitution be amended to reflect this, PMc to ensure that this occurs. PMc advised that with this amendment that the Trust would proceed to elections at the end of November 2016.

She also advised that the Constitution needs to be amended to reflect the Lead Governor role which is currently missing and that it should reflect the appointment process, term, role etc. and recognise the increasing need for engagement by regulators. PMc to bring a paper to the next Council meeting for ratification and to seek nominations for the role.

16/54 Report from Governor Committees

Governors Quality in Care – Outgoing Governor and former Chair of this Committee Peter Folwell noted that Governors did not have knowledge of the various committees that go on in the organisation. PMc to distribute the governance framework as well as the CBU/Organisation Chart. Norman Holding is to act as interim Chair for this Group.

Governor Engagement Group – Minutes of the GEG on 3rd October 2016 were presented by PMc on behalf of David Ellis, also outgoing Governor and former chair of this Committee. PMc advised that a new Governor Chair is required for this committee as well as Charitable Funds Committee. Interested parties to email Pat McLaren.

16/55 Terms of Reference and Work Plans

The Terms of Reference for the Council were presented by PMc as well as the 2017 annual cycle of business, both of which were received by the Council.

16/56 Any other business

There being no other business the meeting concluded, next meeting 19th January 2017 at Warrington.

Council of Governors Attendance Record 2016-17

	May 2016	July 2016	October 2016		January 2017	% Attendance Exc deputy	% attendance incl Deputy
CORE MEMBERSHIP							
Steve McGuirk, Chairman (Chair)	✓	✓	✓				
Alison Kinross, Public Governor	✓	✓	✓				
Joe Whyte, Public Governor	✓	A	A				
Jeanette Scott Public Governor	✓	✓	A				
Sue Kennedy Public Governor	✓	✓	✓				
Alf Clemo Public Governor	✓	✓	✓				
Phil Chadwick Public Governor	✓	✓	✓				
David Ellis Public Governor	✓	✓	A				
Norman Holding Public Governor	✓	✓	✓				
Jim Henderson, Public Governor	✓	✓	A				
Peter Folwell Public Governor	✓	✓	✓				
Heather Greaves, Public Governor (wef January 2017)							
Colin McKenzie, Public Governor (wef January 2017)							
Keith Bland, Public Governor (wef January 2017)							
Anne Robinson, Public Governor (wef January 2017)							
Peter Lloyd Jones Partner Governor Halton Borough Council	✓	✓	A				
Pat Wright, Partner Governor Warrington Borough Council	✓	✓	✓				
Dr Helen Bowers, Staff Governor (wef January 2017)							
Sue Bennett, Staff Governor	✓	✓	✓				
Jo Meek, Staff Governor (wef January 2017)							
Louise Cowell, Staff Governor	✓	✓	A				
Louise Spence, Staff Governor (wef January 2017)							
Naomi Sharples, Partner Governor University of Chester	A	A	R				
Alison Cullen, Partner Governor, Warrington Voluntary Action	A		R				
Neil Kelly, Partner Governor, Warrington Wolves Foundation	A	A	A				
Mark Ashton, Staff Governor	A	A	✓				
Gaynor O'Brien, Staff Governor	A	A	✓				
Kenneth Dow, Public Governor	A	A	A				
Carole Astley, Public Governor	A	A	A				
Peter Harvey, Public Governor	A	A	✓				
Elaine Tweedle, Public Governor		A	R				

IN ATTENDANCE							
Mel Pickup, Chief Executive	✓	✓	✓				
Sharon Gilligan, Chief Operating Officer	✓	✓	✓				
Andrea Chadwick, Director of Finance	✓	Part	✓				
Pat McLaren, Director of Community Engagement	✓	✓	✓				
Simon Constable, Medical Director + Deputy Chief Executive			✓				
Terry Atherton, Non-Executive Director	✓	✓	A				
Lynne Loble, Non-Executive Director, Chair	A	✓	✓				
Anita Wainwright, Non-Executive Director	✓	✓	✓				
Margaret Bamforth, Non-Executive Director	✓	✓	✓				
Ian Jones, Non-Executive Director	A	✓	✓				
Angela Wetton, Company Secretary	A	✓	R				
NED / EXECUTIVE / DEPUTY ASKED TO ATTEND							

Key:

A = Apologies

A/D = apologies with deputy attending

X/D = Attendance as Deputy

Xp = Part

R = Resigned

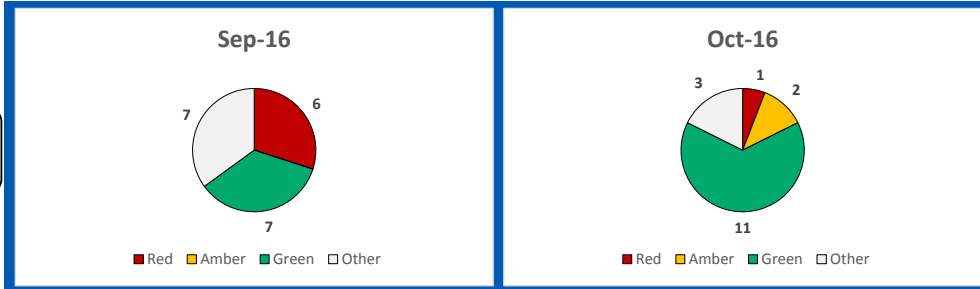


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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/17/01/08	
SUBJECT:	Integrated Performance Dashboard M7 2016-17	
DATE OF MEETING:	19 th January 2017	
ACTION REQUIRED	For Assurance	
AUTHOR(S):	Various Senior Managers & Directors	
RESPONSIBLE DIRECTOR:	Andrea Chadwick, Director of Finance & Commercial Dev Sharon Gilligan, Chief Operating Officer	
SUMMARY (KEY ISSUES):	<p>The Integrated Performance Dashboard contains the following areas:</p> <ul style="list-style-type: none"> • Finance • Operational Activity and Performance • Quality <p>and is presented for Governors to be informed of status/progress on the key performance areas linked to the Trust's Corporate Objectives</p>	
RECOMMENDATION:	<i>The COG is asked to note the Trust performance in the above areas.</i>	
PREVIOUSLY CONSIDERED BY:	Committee	Trust Board
	Agenda Ref.	
	Date of meeting	30 th November 2017
	Summary of Outcome	Noted
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	

Quality Improvement



Key Points/Actions

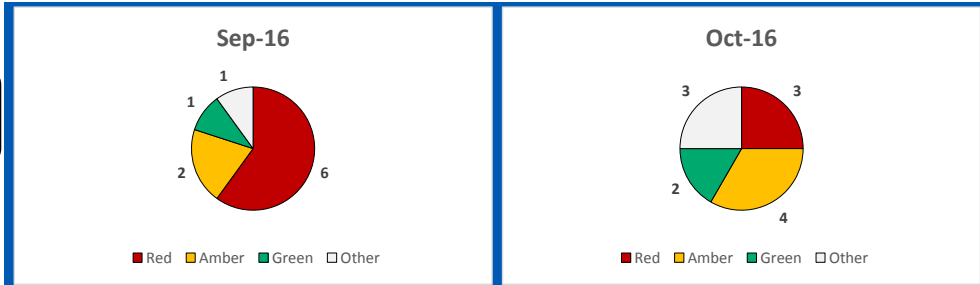
Along with the 1 unapproved incident of major harm for October 2016, there are 7 on-going Incident Reviews from April - September 2016. The latest 12 month rolling HMSR has decreased to 107.6 amber status and the SHMI to 109.3. There were no cases of MRSA in October. Clostridium difficile YTD 8 cases of CDT have been reported. The CCG review panel for the 4 cases from Q2 has been deferred by the CCG until January 2017. The Safety Thermometer audit of inpatients reveals that <3% (based on new harms) had a fall, pressure ulcer, VTE or Catheter acquired infection in October 2016. Since April the Trust has reported 4 confirmed avoidable grade 3 pressure ulcers and 24 approved grade 2 pressure ulcers. The approved falls per 1000 BD for October is below the 5.6 threshold at 3.60. The Trust is compliant with SEPSIS National CQUIN Q2 with the exception of AED Screening which is deemed partially compliant. The AMR National CQUIN- awaiting outcome of discussions with the CCG regarding baseline for antibiotic reduction and Empiric Review Q2 is compliant at 86%. Following data cleansing of DATIX (Complaints system) currently taking place the number of "identified" returned complaints has increased from 6 to 18.

Access & Performance



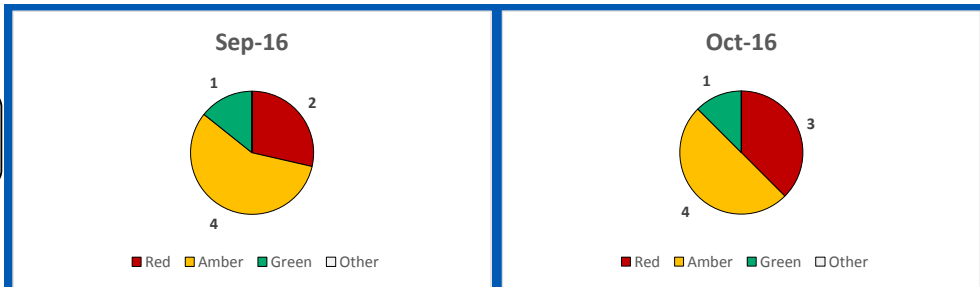
The Trust continues to achieve all improvement trajectories agreed with NHSI.

Workforce



Overall three of the metrics have changed. Nursing Agency expenditure has changed from Red to Green , Turnover has changed from Red to Amber and RTW has changed from Red to Amber . There is no change with the other indicators. Sickness has decreased from the previous month and RTW rates have increased but only gradually. No change to recruitment times due to problems running NHS jobs reports. Non contracted pay remains high although agency expenditure has decreased. Medical Agency expenditure remains a key issue. Essential Training, Clinical Training and PDRs rates have all increased but only marginally. Two new metrics have been included relating to 'Top 20 agency staff earners over the last 12 months' and 'Agency staff who have worked for the Trust for the last 6 months'. This was a requirement from NHSI.

Finance



In October the Trust recorded a deficit of £0.4m which increases the year to date deficit to £6.1m which is £0.1m below the planned deficit of £6.2m. For the year to date period income is £1.3m above plan, expenses are £1.9m above plan and non operating expenses are £0.7m below plan. To date the capital programme planned spend is £2.8m and the actual spend is £1.9m. Due to the operating position the cash balance remains low and as at 31st October the cash balance is £1.2m. The performance against the Better Payment Practice Code is 29% in the month and 29% to date so is significantly lower than the 95% target. For the period the Trust has recorded a Use of Resources Rating of 3 which is in line with the planned rating. The Executive Team has reviewed the financial risk to the delivery of the control total and assessed a likely scenario of £12.9 deficit before mitigations. The risk has been shared with NHSI at the last Performance Review Meeting and at this stage the forecast delivery of £7.9m deficit has not been adjusted. It is vital that the mitigations are delivered to ensure the Trust remains on financial trajectory.

Quality Improvement

Description

Aggregate Position

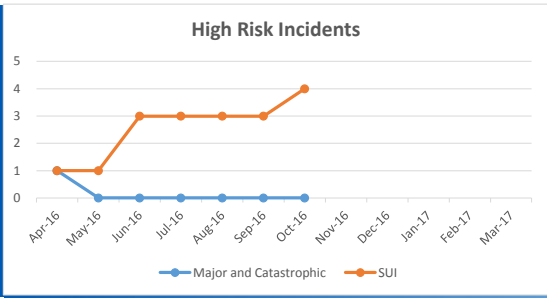
Trend

Variation

High Risk Incidents

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

The trust has reported 1 incident of Major Harm for October, but the investigation has not yet been completed so cannot be included as approved Major and Catastrophic Harm Incidents.



Along with the 1 unapproved incident of major harm for October 2016, there remain 7 Ongoing Incident Reviews from April - September (April = 1, June = 2, July = 2, August = 1, September = 2) currently graded as Major or Catastrophic Harm.

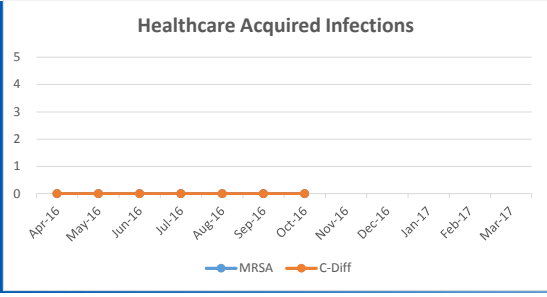
Healthcare Acquired Infections

MRSA
Red: More than 5
Amber: 1 to 5
Green: 0

C-Difficile
Red: More than 2
Amber: 1 or 2
Green: 27 or less per

MRSA - National objective is zero tolerance of avoidable MRSA bacteraemia. If breached a £10,000 penalty in respect of each incidence in the relevant month. CLOSTRIDIUM DIFFICILE (due to lapses in care) agreed threshold is <=27 cases per year.

The Trust has maintained its zero tolerance position for MRSA. Clostridium difficile YTD 8 cases of CDT have been reported. The CCG review panel for the 4 cases from Q2 has been deferred by the CCG until January.



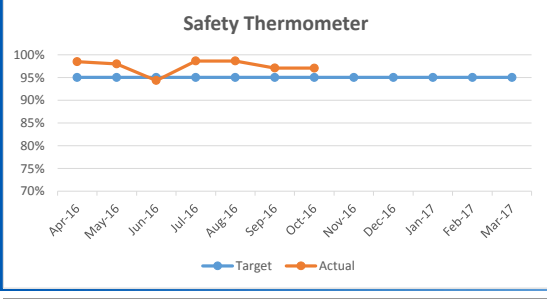
There were no cases of MRSA in October. CDT Nil returns were submitted for hospital apportioned cases in September and October

Safety Thermometer

Red: Less than 90%
Amber: 90% to 94%
Green: 95% or more

Measures % of patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE (Safety Thermometer)

This measure only includes new harms. Based on monthly snapshot audit of all inpatients, just under 3% had a fall, pressure ulcer, VTE or Catheter acquired infection in October 2016.



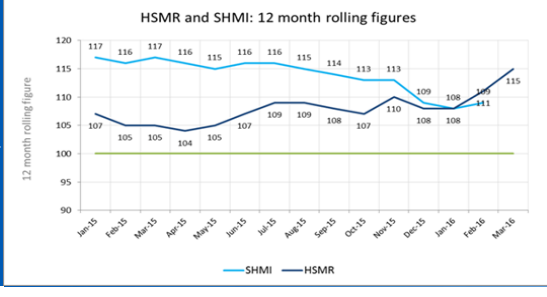
Mortality Ratios

Red: HSMR or SHMI higher than expected
Amber: HSMR or SHMI over 100
Green: HSMR and

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

The latest HSMR for August 2015 - July 2016 has decreased to 107.6 from the July 2015 - June 2016 HSMR of 113. We are a borderline national outlier - this result is not significant at 99.8% level but is significant at the 95% level, giving amber status. The SHMI for June 2015 - May 2016 is 109.3 showing a slight reduction against May 2015 - April 2016 of 109.9.

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



We have a higher weekend HSMR than weekday, and both weekend and weekday are above 100, but not statistically significant. Most peer trusts show the same variation between weekend and weekday. Looking at the 6 month rolling HSMR to get an overview of trends, suggests weekday HSMR is increasing and weekend HSMR may be slightly decreasing. The Trust is an outlier in three areas for the SHMI - UTI; Pneumonia and Diabetes with complications. Focused reviews have taken place into patients who have died with these diagnoses and the appropriate actions will be instigated once the findings have been aggregated.

Quality Improvement

Description

Aggregate Position

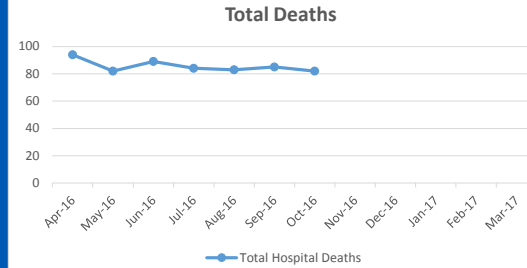
Trend

Variation

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

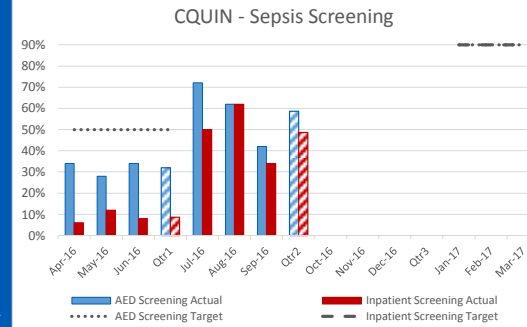


The Mortality Review Group is tasked with interpreting the data for the above and driving improvements

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

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

The four elements of the SEPSIS CQUIN are required to achieve the following thresholds in Q2- AED Screening is based on the national threshold and AED Antibiotic Review - 55%; Inpatient Screening - 10% and Inpatient Antibiotic Review - 20%.

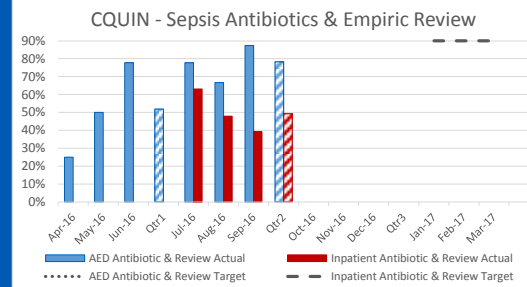


AED Screening achieved 58.67% against national threshold >=50% but less than 90%so deemed partially compliant. All other measures deemed compliant against Q2 thresholds - AED Antibiotic Review achieved 78.26% against threshold of 55%; Inpatient Screening achieved 48.67% against threshold of 10% and Inpatient Antibiotic Review achieved 49.23% against 20%. The thresholds for Q3 will need to be locally agreed with the CCG.

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

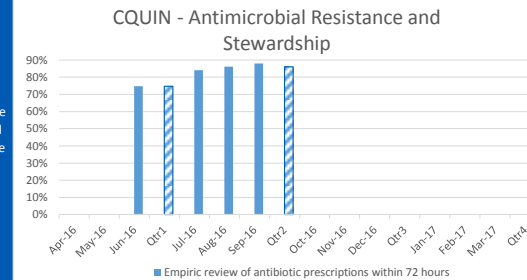
CQUIN - Sepsis AED Antibiotics & Review
Trajectory yet to be agreed with CCG

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



Antimicrobial Resistance and Stewardship (AMR) National CQUIN
AMR Reduction in antibiotic consumption per 1,000 admissions.
AMR Empiric Review of antibiotic prescriptions within 72 hours

The Trust has submitted the baseline data for antibiotic consumption as required for 2013/2014 - 2015/2016 and the 2016/2017 Q1 usage report. In Q2 the Trust has performed an empiric review on 86% of prescriptions thus achieving the required threshold that at least 50% of cases in the sample are reviewed and is therefore compliant.



The pharmacist has been contacted to request quarterly reports on antibiotic consumption so that it can be included in this dashboard to evidence antibiotic usage against baseline

CQUIN - Antimicrobial Resistance and Stewardship

Quality Improvement

Description

Aggregate Position

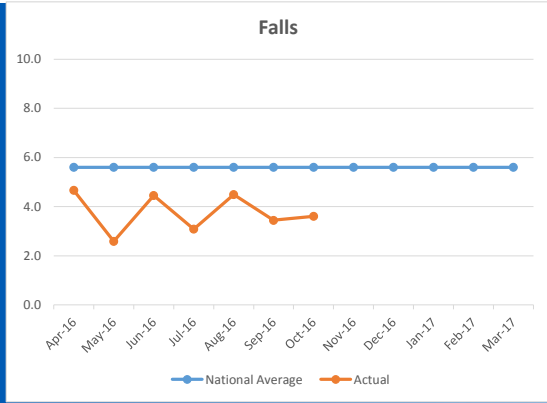
Trend

Variation

Falls
Red: More than 5.6
Green: 5.6 or less

Approved falls / 1000 BD. This measure relates to the number of approved falls per 1000 bed days. The national threshold is 5.6.

To date we are below the national average of 5.6 approved falls per 1000 bed days. Approved falls/1000 BD has been reported in the Quality Report / Account since 2014. If the Trust used all falls data would change as follows April - 5.53; May - 4.71; June - 5.71; July - 4.71 August 5.79, September 5.19 and October 4.31.

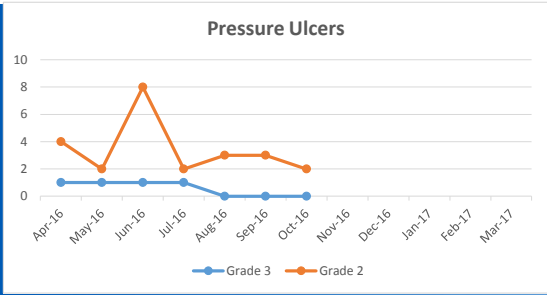


The total number of falls per month is higher e.g. There were falls in October with 55 approved and requiring approval as such 3.60 reflects 55 approved falls per 1000 bed days.

Pressure Ulcers
Grade 3
Red: More than 3
Green: 3 or less
Grade 2
Red: More than 82

Grade 3 hospital acquired (avoidable).
Grade 2 hospital acquired (avoidable and unavoidable)

To date we have 4 confirmed avoidable grade 3 pressure ulcers against an improvement priority threshold of >=3. There are 24 approved grade 2 pressure ulcers the grade 2 threshold of 82 for the year equates to 6 per month and 20.5 per quarter.

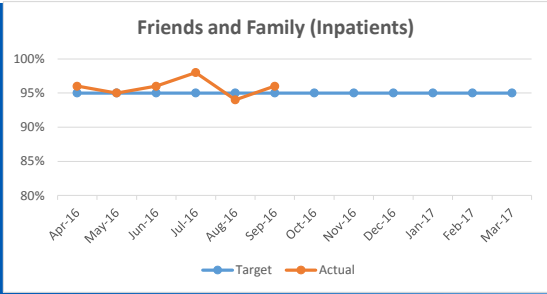


There are 0 cases of Grade 3 pressure ulcers under review from April - October and 9 Grade 2 pressure ulcers under review.

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

Percentage of Inpatients recommending the Trust. Patients are asked - How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

We had achieved the monthly target until August when it reduced below the threshold of 95%.

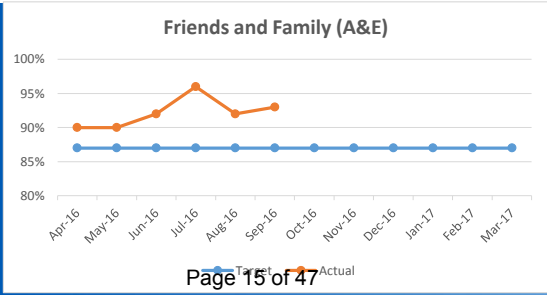


This data is sourced from NHS England and is one month in arrears.

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

Percentage of AED (Accident and Emergency Department) patients recommending the Trust : Patients are asked - How likely are you to recommend our AED to friends and family if they needed similar care or treatment?

We have exceeded the monthly threshold 87% to date for 2016.



This data is sourced from NHS England and is one month in arrears.

Quality Improvement

Description

Aggregate Position

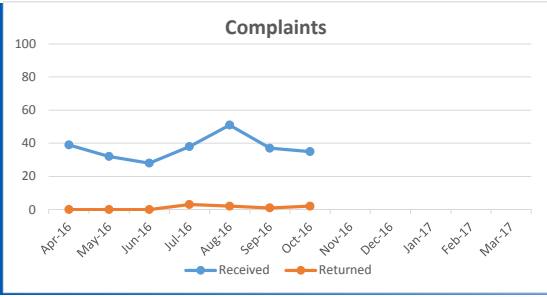
Trend

Variation

Complaints

Total complaints received. Total returned complaints

Year to date the Trust has received 260 complaints and 18 returned complaints.

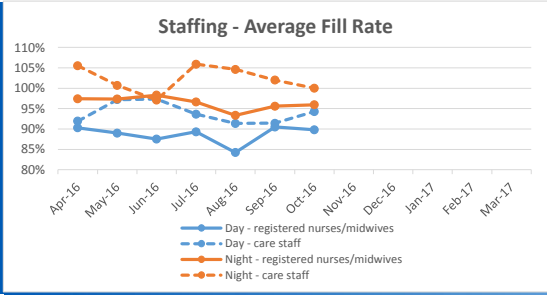


A data cleansing of DATIX (Complaints system) is currently taking place and the number of "identified" returned complaints has increased from 6 to 18. (NB This data collection started in May 2016).

Staffing - Average Fill Rate

Percentage of planned verses actual for registered and non registered staff by day and night

We continue to move staff around areas/wards that are short to ensure patient safety at all times. WHH Trust is currently working with Allocate to implement a robust electronic Acuity Tool to monitor staffing levels live. The system will be completed by April 2017.

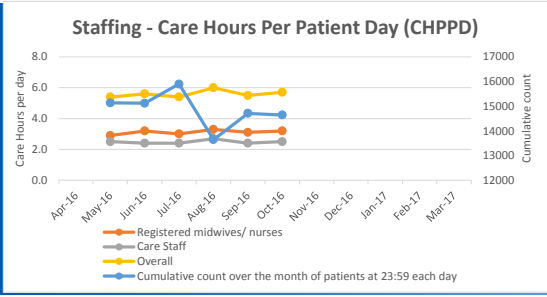


When numbers are greater than 100% this is usually due to specialising. The Trust is aiming for a 90% fill rate (national average)

Staffing - Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day (CHPPD) = $\frac{\text{Hours of registered nurses} + \text{Hours of healthcare support workers}}{\text{Total number of inpatients}}$

Trusts to be benchmarked against each other and tolerance agreed by NHSI



Analysis of data from over 1,000 wards, in the pilot stage, found a wide variation in the care hours provided per patient day - ranging from 6.33 to 15.48 hours with an average of 9.1 hours. The data produced excludes CCU, ITU and Paediatrics.

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation
<p>Diagnostic Waiting Times 6 Weeks</p> <p>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.</p> <p>This metric also forms part of the Trust's Sustainability and Transformation Plan (STP) Improvement trajectory.</p> <p>The proposed tolerance levels applied to the improvement trajectories are also illustrated.</p>	<p>The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 99.96%. The Trust has also met the STP Improvement trajectory.</p>	<p>Diagnostic Waiting Times 6 Weeks</p> <p>Legend: Target (blue), Actual (orange), Target with Tolerance (grey)</p>	<p>2 breaches of the 6 week standard in Cardiology echocardiography</p>
<p>Referral to treatment Open Pathways</p> <p>Percentage of incomplete pathways waiting within 18 weeks. The national target is 92%</p> <p>This metric also forms part of the Trust's STP Improvement trajectory.</p> <p>The proposed tolerance levels applied to the improvement trajectories are also illustrated.</p>	<p>Open pathways continue to perform above the 92% target. The Trust has also met the STP improvement trajectory.</p>	<p>Referral to treatment Open Pathways</p> <p>Legend: Target (blue), Actual (orange), Target with Tolerance (grey)</p>	<p>The only specialities not to achieve the target are:</p> <ul style="list-style-type: none"> • Urology – 90.86% • T&O – 87.47%
<p>A&E Waiting Times - National Target</p> <p>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%</p> <p>This metric also forms part of the Trust's STP improvement trajectory.</p> <p>The proposed tolerance levels applied to the improvement trajectories are also illustrated.</p>	<p>The Trust is not achieving the 95% national 4 hour target. However the Trust is achieving against the STP improvement trajectory.</p>	<p>A&E Waiting Times - 4hr target</p> <p>Legend: Improvement Trajectory (blue), Actual (orange), Improvement Trajectory with Tolerance (grey)</p>	<p>Whilst the Trust is not achieving the 95% national target improvement in performance continues with the Trust achieving 92.05% in October and meeting the STP Improvement trajectory.</p>

Diagnostic Waiting Times 6 Weeks
 Red: Less than 99%
 Green: 99% or above

Referral to treatment Open Pathways
 Red: Less than 92%
 Green: 92% or above

RTT - Number of patients waiting 52+ weeks
 Green = 0, otherwise Red

A&E Waiting Times - National Target
 Red: Less than 95%
 Green: 95% or above

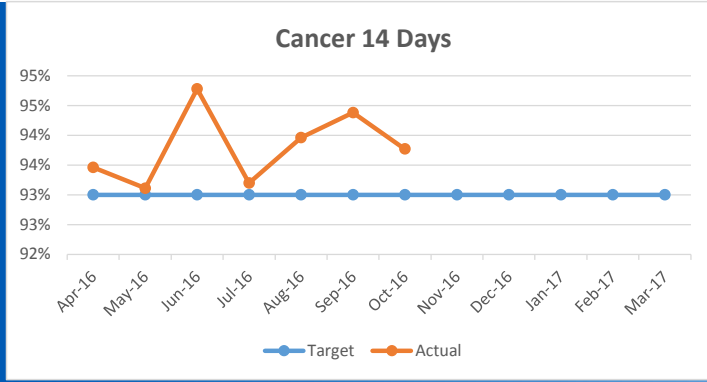
A&E Waiting Times - STP Trajectory
 Red: Less than trajectory
 Green: Trajectory or above

Mandatory Standards - Access & Performance

Description Aggregate Position Trend Variation

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

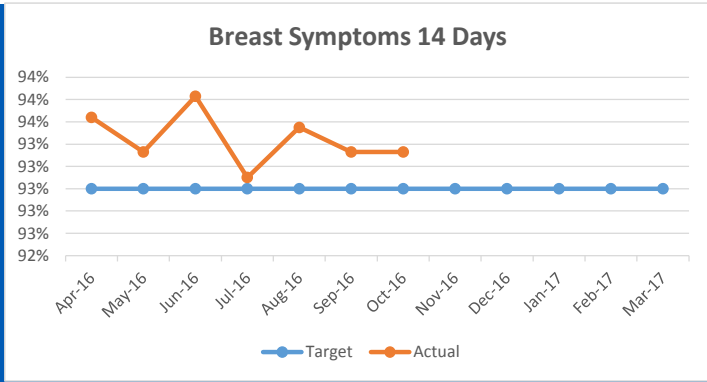
Description
 All patients need to receive first appointment for cancer within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



Variation

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

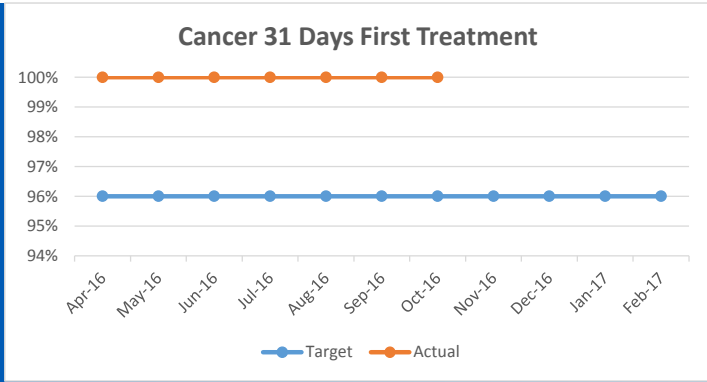
Description
 All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



Variation

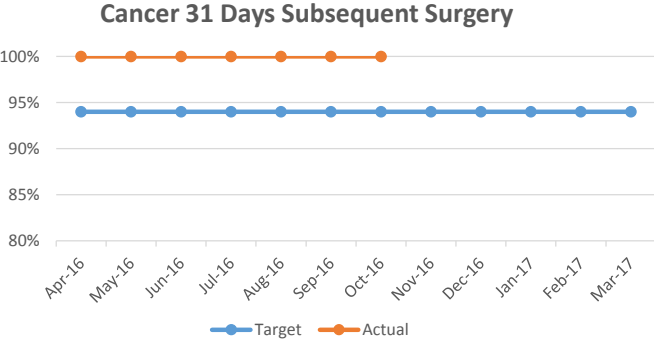
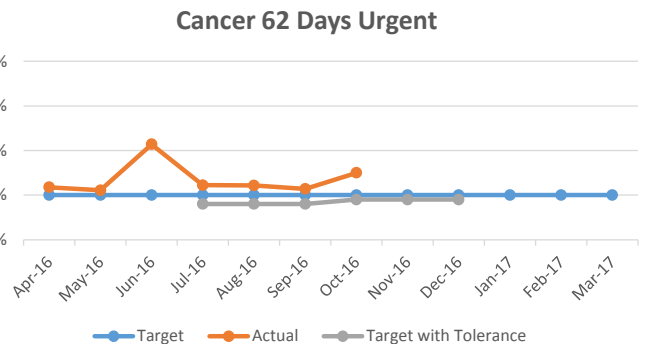
Cancer 31 Days First Treatment
 Red: Less than 96%
 Green: 96% or above

Description
 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.



Variation

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation																																
<p>Cancer 31 Days Subsequent Surgery</p> <p>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.</p>		 <p>Cancer 31 Days Subsequent Surgery</p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th></tr> <tr><td>Apr-16</td><td>94%</td><td>100%</td></tr> <tr><td>May-16</td><td>94%</td><td>100%</td></tr> <tr><td>Jun-16</td><td>94%</td><td>100%</td></tr> <tr><td>Jul-16</td><td>94%</td><td>100%</td></tr> <tr><td>Aug-16</td><td>94%</td><td>100%</td></tr> <tr><td>Sep-16</td><td>94%</td><td>100%</td></tr> <tr><td>Oct-16</td><td>94%</td><td>100%</td></tr> </table>	Month	Target	Actual	Apr-16	94%	100%	May-16	94%	100%	Jun-16	94%	100%	Jul-16	94%	100%	Aug-16	94%	100%	Sep-16	94%	100%	Oct-16	94%	100%									
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<p>Cancer 31 Days Subsequent Drug</p> <p>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.</p>		 <p>Cancer 31 Days Subsequent Drugs</p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th></tr> <tr><td>Apr-16</td><td>98%</td><td>100%</td></tr> <tr><td>May-16</td><td>98%</td><td>100%</td></tr> <tr><td>Jun-16</td><td>98%</td><td>100%</td></tr> <tr><td>Jul-16</td><td>98%</td><td>100%</td></tr> <tr><td>Aug-16</td><td>98%</td><td>100%</td></tr> <tr><td>Sep-16</td><td>98%</td><td>100%</td></tr> <tr><td>Oct-16</td><td>98%</td><td>100%</td></tr> </table>	Month	Target	Actual	Apr-16	98%	100%	May-16	98%	100%	Jun-16	98%	100%	Jul-16	98%	100%	Aug-16	98%	100%	Sep-16	98%	100%	Oct-16	98%	100%									
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<p>Cancer 62 Days Urgent</p> <p>All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%.</p> <p>This metric also forms part of the Trust's STP Improvement trajectory.</p> <p>The proposed tolerance levels applied to the improvement trajectories are also illustrated.</p>		 <p>Cancer 62 Days Urgent</p> <table border="1"> <tr><th>Month</th><th>Target</th><th>Actual</th><th>Target with Tolerance</th></tr> <tr><td>Apr-16</td><td>85%</td><td>86%</td><td>85%</td></tr> <tr><td>May-16</td><td>85%</td><td>85%</td><td>85%</td></tr> <tr><td>Jun-16</td><td>85%</td><td>91%</td><td>85%</td></tr> <tr><td>Jul-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Aug-16</td><td>85%</td><td>86%</td><td>84%</td></tr> <tr><td>Sep-16</td><td>85%</td><td>85%</td><td>84%</td></tr> <tr><td>Oct-16</td><td>85%</td><td>88%</td><td>85%</td></tr> </table>	Month	Target	Actual	Target with Tolerance	Apr-16	85%	86%	85%	May-16	85%	85%	85%	Jun-16	85%	91%	85%	Jul-16	85%	86%	84%	Aug-16	85%	86%	84%	Sep-16	85%	85%	84%	Oct-16	85%	88%	85%	
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Cancer 31 Days Subsequent Surgery
 Red: Less than 94%
 Green: 94% or above

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

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

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation																																							
<p>Cancer 62 Days Screening</p> <p>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</p>		<p>Cancer 62 Days Screening</p> <table border="1"> <caption>Cancer 62 Days Screening Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>90</td><td>100</td></tr> <tr><td>May-16</td><td>90</td><td>100</td></tr> <tr><td>Jun-16</td><td>90</td><td>100</td></tr> <tr><td>Jul-16</td><td>90</td><td>100</td></tr> <tr><td>Aug-16</td><td>90</td><td>100</td></tr> <tr><td>Sep-16</td><td>90</td><td>100</td></tr> <tr><td>Oct-16</td><td>90</td><td>100</td></tr> <tr><td>Nov-16</td><td>90</td><td>100</td></tr> <tr><td>Dec-16</td><td>90</td><td>100</td></tr> <tr><td>Jan-17</td><td>90</td><td>100</td></tr> <tr><td>Feb-17</td><td>90</td><td>100</td></tr> <tr><td>Mar-17</td><td>90</td><td>100</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Apr-16	90	100	May-16	90	100	Jun-16	90	100	Jul-16	90	100	Aug-16	90	100	Sep-16	90	100	Oct-16	90	100	Nov-16	90	100	Dec-16	90	100	Jan-17	90	100	Feb-17	90	100	Mar-17	90	100	
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<p>Ambulance Handovers 30 to <60 minutes</p> <p>Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system)</p>		<p>Ambulance Handovers at 30 to <60 minutes</p> <table border="1"> <caption>Ambulance Handovers at 30 to <60 minutes Data</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>160</td><td>0</td></tr> <tr><td>May-16</td><td>110</td><td>0</td></tr> <tr><td>Jun-16</td><td>60</td><td>0</td></tr> <tr><td>Jul-16</td><td>130</td><td>0</td></tr> <tr><td>Aug-16</td><td>95</td><td>0</td></tr> <tr><td>Sep-16</td><td>120</td><td>0</td></tr> <tr><td>Oct-16</td><td>135</td><td>0</td></tr> <tr><td>Nov-16</td><td>135</td><td>0</td></tr> <tr><td>Dec-16</td><td>135</td><td>0</td></tr> <tr><td>Jan-17</td><td>135</td><td>0</td></tr> <tr><td>Feb-17</td><td>135</td><td>0</td></tr> <tr><td>Mar-17</td><td>135</td><td>0</td></tr> </tbody> </table>	Month	Actual	Target	Apr-16	160	0	May-16	110	0	Jun-16	60	0	Jul-16	130	0	Aug-16	95	0	Sep-16	120	0	Oct-16	135	0	Nov-16	135	0	Dec-16	135	0	Jan-17	135	0	Feb-17	135	0	Mar-17	135	0	<p>The A & E delivery board has signed an ambulance concordat to ensure the whole system focuses on this key measure. The Trust is working closely with NAWAS colleagues to review processes involved in handover to ensure that they are as robust as possible. There is a region wide patient safety summit on 25/11/16 around ambulance handovers which the Trust will be attending.</p>
Month	Actual	Target																																								
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Cancer 62 Days Screening
 Red: Less than 90%
 Green: 90% or above

Cancer 62 Days Upgrade

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

Mandatory Standards - Access & Performance

Description	Aggregate Position	Trend	Variation
<p>Ambulance Handovers at 60 minutes or more</p> <p>Red: More than 0 Green: 0</p>	<p>Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system)</p>	<p>Ambulance Handovers at 60+ minutes</p>	<p>There has been an improvement in the position in quarter 2 when there was 105 patients who waited over 60 minutes, compared to 156 in quarter 1, however focus remains on this key measure of patient experience.</p>
<p>Discharge Summaries - % sent within 24hrs</p> <p>Red: Less than 95% Green: 95% or above</p>	<p>The Trust is required to issue and send electronically a fully contractually compliant Discharge Summary within 24 hrs of the patients discharge</p>	<p>Discharge Summaries - % sent within 24hrs</p>	<p>Since Lorenzo go live the way we send discharge summaries has changed, which should support more accurate summaries. However we have seen a reduction in performance since November. We have therefore set up new report enabling each area can measure their performance against the target, and there is also an escalation process in place. We are seeing the impact and improvements have been made in the last month.</p> <p>We are currently investigating an SUI related to a delay in discharge summaries being sent to GPs, the issue was raised through the quality contract meeting and a full investigation is taking place.</p>
<p>Discharge Summaries - Number NOT sent within 7 days</p> <p>Red: Above 0 Green: 0</p>	<p>If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge</p>	<p>Discharge Summaries - Number NOT sent within 7 days</p>	

Ambulance Handovers at 60 minutes or more
Red: More than 0
Green: 0

Discharge Summaries - % sent within 24hrs
Red: Less than 95%
Green: 95% or above

Discharge Summaries - Number NOT sent within 7 days
Red: Above 0
Green: 0

Workforce

Description

Aggregate Position

Trend

Variation

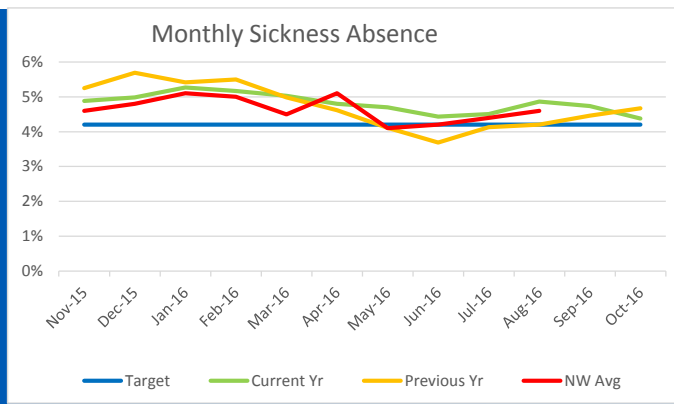
Sickness Absence
 Red: Above 4.5%
 Amber: 4.2% to 4.5%
 Green: Below 4.2%

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

Sickness absence for October 2016 improved and was 4.38%.

The latest figure(August) for the North West absence performance are 4.6% (WHH was 4.86%)

The YTD sickness has marginally increased to 4.67% against a target of 4.2%



Managers have been reminded about the need for absence being input in a timely manner so the figures for this month should be accurate. The monthly figure of 4.38% for October is the lowest for over 12 months which is encouraging, especially at this time of year. WHH continues to be slightly above the North West Average.

Sickness for the Divisions is as follows:
 ACS - Oct-16 = 4.53%, YTD = 4.95%
 SWC - Oct-16 = 4.02%, YTD = 4.74%
 Corp - Oct-16 = 5.0%, YTD = 3.98%

The revised Attendance Management policy will be implemented from 1.12.16.

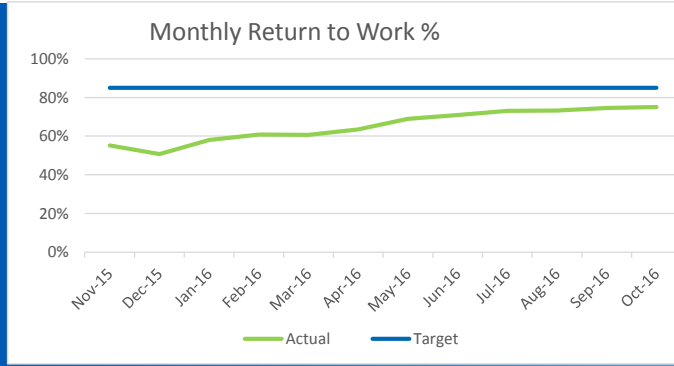
Stress remains the number one reason for absence with 24% of all sickness absence due to stress.

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

A review of the completed monthly Return to Work Interviews

RTW compliance was 75% for October which was an improvement but continues to be below the Trust Target. However, the trend is generally upward and from April the increase is over 12%.

The YTD RTW rate is 67% an increase of 5% from the previous month.



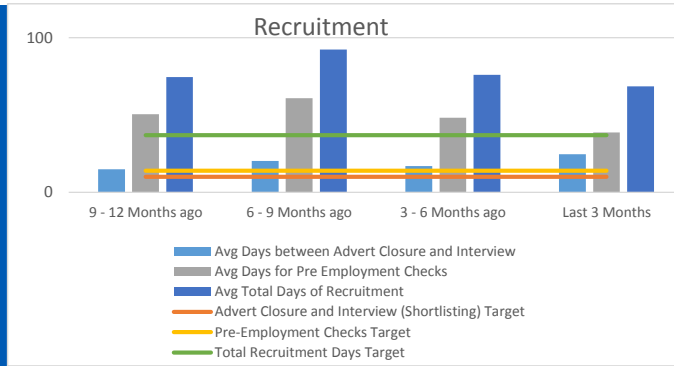
Completion of RTWs is considered key to good sickness management and this has been reinforced at Divisional review meetings conducted by the Director of HR & OD in November. Audits undertaken by HRBPs of RTWs showed that on the whole these are being completed but in some instances they were being undertaken but not recorded on ESR. HRBPs continue to support their managers to increase compliance.

Recruitment
 Red: Above Target
 Green: On or Below Target

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

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

There is no change to the recruitment times from the previous month as there have been problems in running reports off NHS Jobs. This will be rectified for next month. Therefore, the overall total of 68 days remains the same.



No Change

Workforce

Description

Aggregate Position

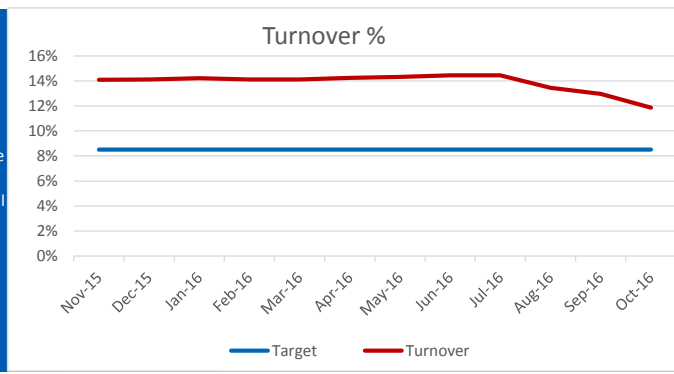
Trend

Variation

Turnover
 Red: Below 5%
 Above 12%
 Amber: 5% to 7% or
 10% to 12%

Description
 A review of the turnover percentage over the last 12 months

Aggregate Position
 Turnover has reduced again for the fourth consecutive month to 11.86% and is the lowest for over 12 months. The status is now 'amber'. However this is still above the Trust target of 7 - 10%.



Variation
 October was an excellent month for new starters with 81.3 wte commencing and only 31.4 wte staff leaving. Overall there continues to be more starters (43.8 wte) than leavers (37.6 wte)

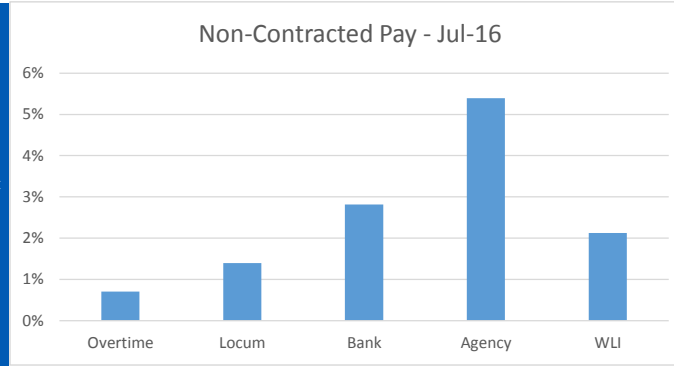
The main reasons people are leaving WHH is for an improved 'Work Life Balance' (119 people in the last 12 months) which is almost twice the second reason given as 'Relocation' (67).

Work continues within the CBUs to address this.

Non Contracted Pay

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

Aggregate Position
 Agency spend remains the highest element of Non-Contracted pay, accounting for 5.39% of the Trusts overall pay bill year to date but better than the position at April of 5.93%.
 Bank spend is 2.81% followed closely by WLI spend at 2.13% of the pay bill.
 Overall Non-Contracted pay now makes up 12.43% of the pay bill compared to 13.02% in April.

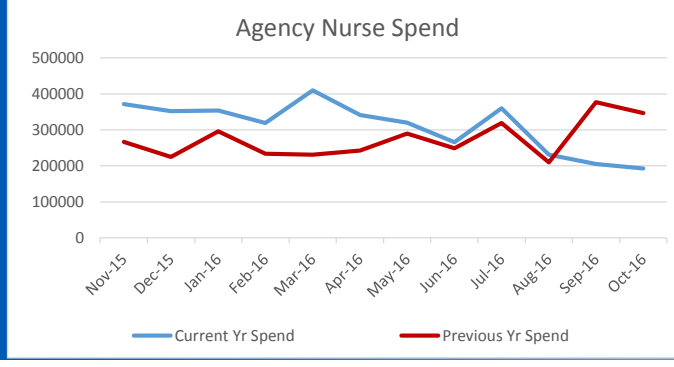


Variation
 Work continues on implementing the action plan developed alongside E&Y.
 WLI payments reduced on a phased basis wef 17 October 2016.
 On 8 November an event was held at Aintree for all of the trusts in Cheshire and Mersey specifically relating to agency expenditure which was supported by NHSI.
 NHSI has issued new reporting arrangements relating to 'Strengthening financial performance & accountability in 2016/17' much of which covers agency expenditure. This is why some additional metrics have been added to this report.

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

Description
 A review of the monthly spend on Agency Nurses

Aggregate Position
 Agency Nurse spend continues to decrease and October was the lowest level this financial year at £193k. Expenditure is now less than in 2015/16 for the same period.



Variation
 On-going work continues to reduce the reliance of Agency Nurses and this is reflected in the reduction over the last three months.
 As above, on 8 November an event was held at Aintree for all of the trusts in Cheshire and Mersey specifically relating to agency expenditure which was supported by NHSI.

Workforce

Description

Aggregate Position

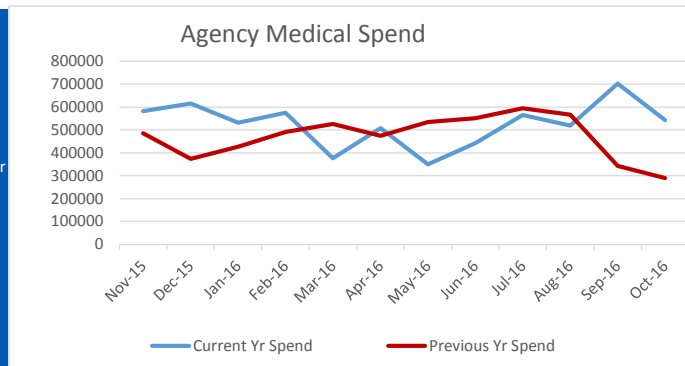
Trend

Variation

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

A review of the monthly spend on Agency Locums

Agency Medical spend significantly reduced in October by £159k to £543k but was considerably more than the same period last year (£290k).



There has been increased grip and control during October which has resulted in reduced expenditure. This focus will remain and be reviewed by the Director of HR & OD on a regular basis.

Enforcing the Price Cap rules is continuing to prove difficult and the majority of our shifts worked each week breach the Price Cap.

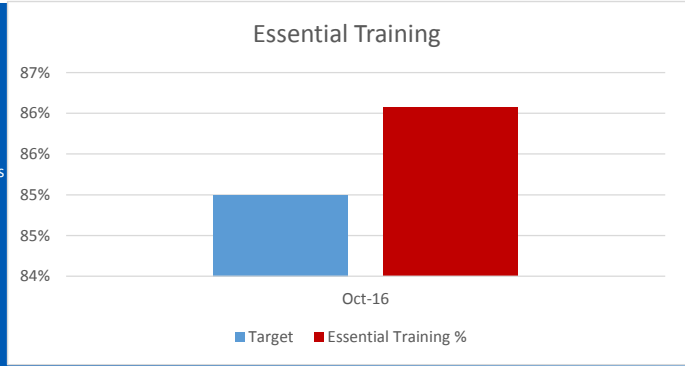
The trust has engaged Gatenby Sanderson to try and fill long term medical vacancies.

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

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

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

The current compliance for October is 85.64% which is marginally above the trust target of 85%



Grouping the Mandatory Training in this method is new way of reporting compliance. The October rate was a very slight increase from the previous month and shows an upwards trend which has been sustained for 5 consecutive months.

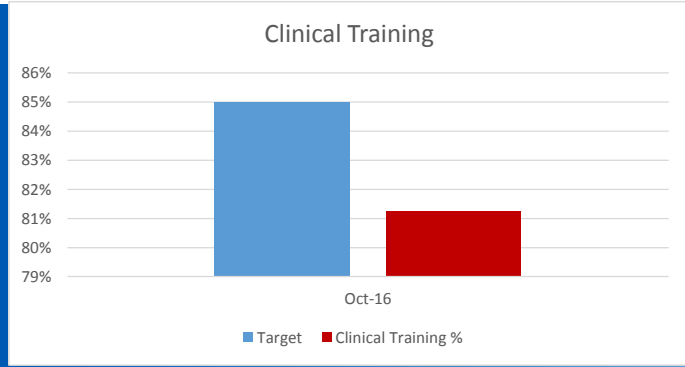
Divisional progress is as follows:
 ACS October = 84.36% Amber
 SWC October = 84.99% Amber
 Corp October = 89.80% Green

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

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

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

The current compliance for October is 81.25% but is below the trust target of 85%.



Grouping the Mandatory Training in this method is new way of reporting compliance. The October rate was a very slight decrease from the previous month.

Divisional progress is as follows:
 ACS October = 77.55% Amber
 SWC October = 81.02% Amber
 Corp October = 88.92% Green

Workforce

Description

Aggregate Position

Trend

Variation

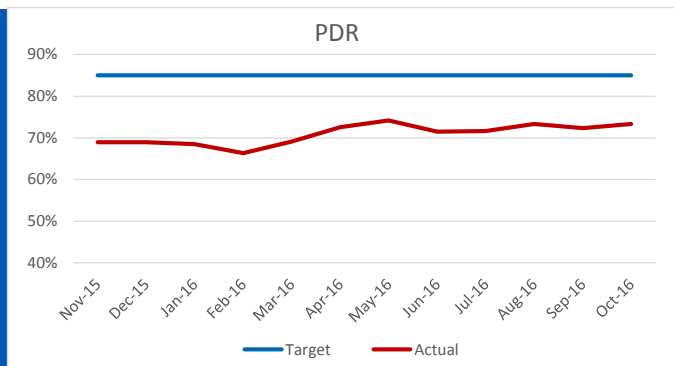
PDR
 Red: Below 70%
 Amber: 70% to 85%
 Green: Above 85%

Highest Cost Agency Workers

Long Term Agency Usage

A summary of the PDR Compliance rate

The PDR compliance rate for October is 73.34% but this is still below the Trust target of 85%.



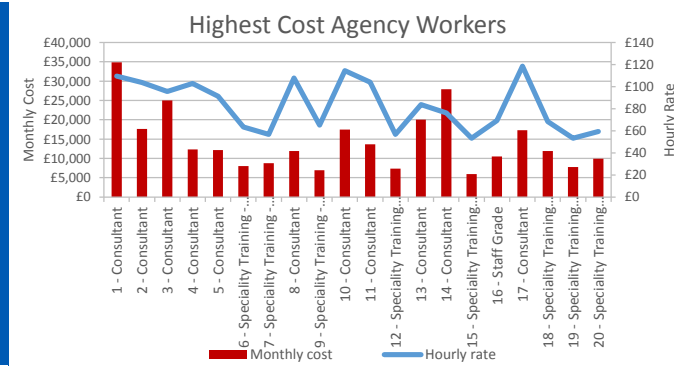
The HR team are offering further support to managers who are struggling with their PDR Compliance.

The Director of HR & OD met again with the Divisions during November to emphasise the importance of PDR rates increasing. Rates are increasing but only marginally and the Divisions have been asked to give this more focus.

Divisional progress is as follows:
 ACS October = 68.40% Red
 SWC October = 72.16% Amber
 Corp October = 81.31% Amber

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

It is important to note that although the table shows the Top 20 highest agency staff over the last 12 months, 7 of these agency workers are no longer working through an agency at this rate. Some have left the trust completely and others are working directly for the trust at a lower rate.

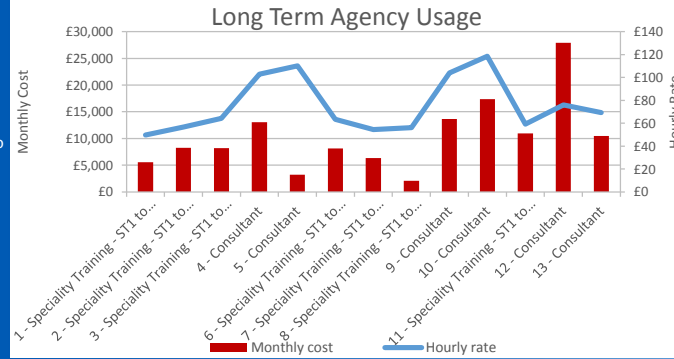


In addition to the 7 agency workers who are no longer working through an agency, 2 more are planning to transfer to be employed directly at the trust on a lower rate and one more terminates their appointment at the end of November 2016.

Efforts are continuing to try and reduce the rates for the remaining agency workers.

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

The table shows that there are 13 agency doctors who have worked for the trust for over 6 months. The red columns show the total monthly cost for each doctor and the blue line shows the hourly rate.



The highest hourly rate is for consultant 10 on c€120 per hour and the highest cost per month is consultant 12 on c€28k.

It should be noted that some doctors only work on an infrequent basis but at least once per month and are included on the table.

Efforts have been made to persuade some agency doctors to work directly for the trust and this has been met with some success. This work continues.

Safely Reducing Costs & Mandatory Standards - Finance

Description

Aggregate Position

Trend

Variation

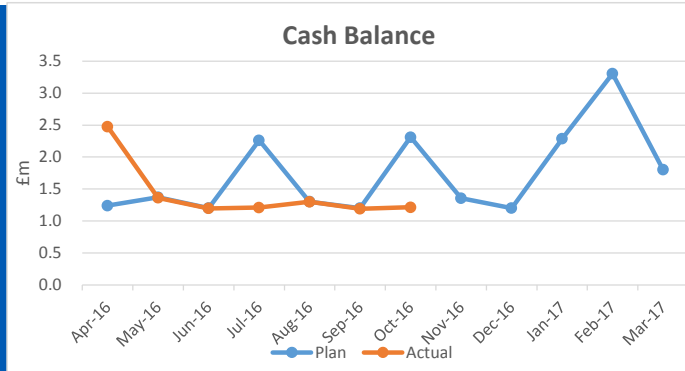
Cash Balance

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

Cash balance at month end compared to plan

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

The current cash balance of £1.2m equates to circa 2 days operational cash.



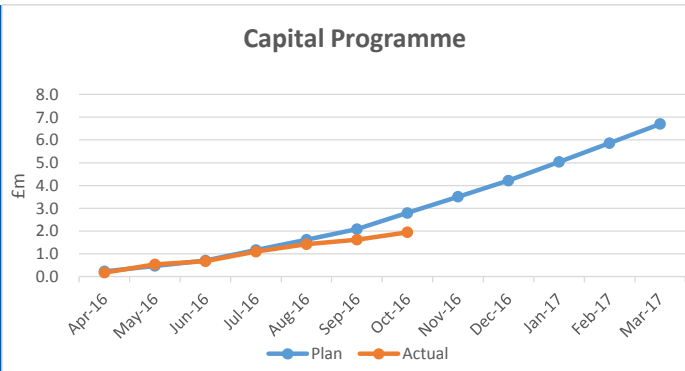
The current cash balance of £1.2m is £1.1m below the planned cash balance of £2.3m however it was necessary to have a cash balance of £1.2m at the end of the month in order to comply with the terms and conditions of the working capital facility.

Capital Programme

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

Year to date capital expenditure compared to plan

The actual capital spend in the month is £0.3m which increases the year to date spend to £1.9m.



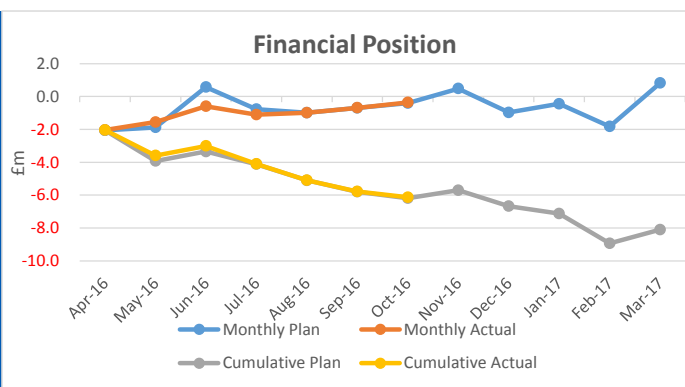
The cumulative capital spend of £1.9m is £0.9m below the planned spend of £2.8m.

Financial Position

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

Year to date surplus or deficit compared to plan.

The actual deficit in the month is £0.4m which increases the cumulative deficit to £6.1m.



The cumulative deficit of £6.1m is £0.1m below the planned deficit of £6.2m.

Safely Reducing Costs & Mandatory Standards - Finance

Description

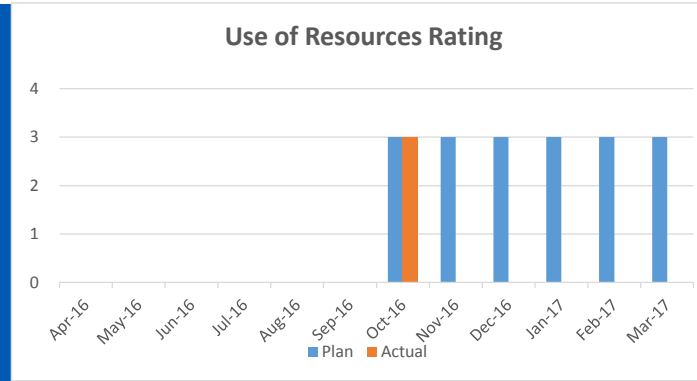
Aggregate Position

Trend

Variation

Year to date Use of Resources Rating compared to plan

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



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

Planned improvements in productivity and efficiency.

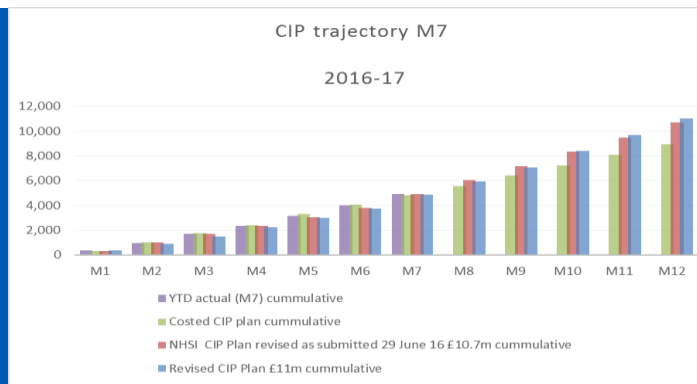
The Trust has a CIP target of £11m and delivery of £10.7m is currently assumed in the reforecast financial plan. To date the Trust has developed schemes worth £8.953m in year (£9.579m recurrently).

Clinical Business Units / Corporate Support area	CIP Internal Target £11m £000s	CIP costed PYE £000s	CIP costed FYE £000s	% of £11m target costed PYE %
Surgery and Women's and Children's	4,161	2,989	3,815	72%
Acute Care Services	4,516	3,594	3,699	80%
Schemes not allocated to CBU's	0	484	474	-
Controls	277	0	0	0%
Outpatients	121	121	182	100%
Corporate support areas	1,925	1,765	1,409	92%
Total Trust	11,000	8,953	9,579	81%

The part year effect of costed schemes is £8.953m which is £1.747m below plan. This is offset by £1.852m part year effect of cost avoidance schemes. The full year effect of costed schemes £9.579 m which is £1.121m below plan, again this is offset by £3.072m FYE of cost avoidance schemes.

Year to date cost savings delivered compared to plan.

The savings delivered in month are £0.887m which increases the cumulative savings delivered to £4.916m.



The cumulative savings of £4.916m are £0.012m ahead of the planned savings of £4.904m at the end of month 7.

As stated in the "Cost Improvement Programme - plans in progress" section, the total value of costed schemes in year as at month 7 is £8.953m against a plan of £10.7m.

Use of Resources Rating

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

Cost Improvement Programme - Plans in Progress

Red: Plan is less than 50% of annual plan
 Amber: Plan is between 51% and 89% of annual plan
 Green: Plan is over 90% of annual plan

Cost Improvement Programme - Performance to date

Red: Cumulative savings less than 90% of planned savings
 Amber: Cumulative savings between 90% and 100% of planned savings
 Green: On or above plan

Safely Reducing Costs & Mandatory Standards - Finance

Description

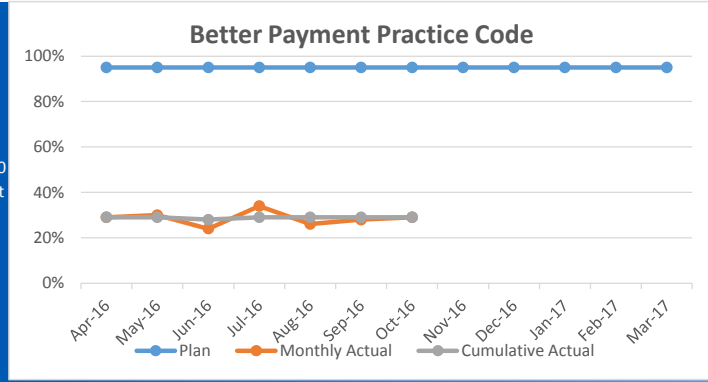
Aggregate Position

Trend

Variation

Better Payment Practice Code
 Red: Cumulative performance below 85%
 Amber: Cumulative performance between 85% and 95%
 Green: Cumulative performance 95% or better

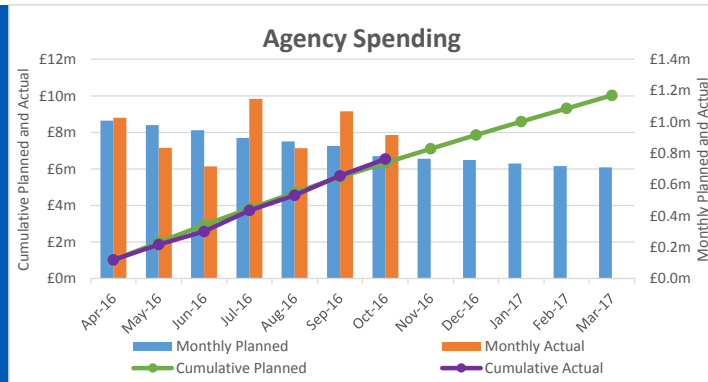
Payment of non NHS trade invoices within 30 days of invoice date compared to target. In month the Trust has paid 29% of suppliers within 30 days which maintains the year to date performance at 29%.



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

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

Year to date agency spend compared to agency ceiling. The actual agency spend in the month is £0.9m which increases the year to date spend to £6.5m.



The cumulative agency spend of £6.5m is £0.2m above the agency ceiling of £6.3m.



We are
WHH

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/17/01/09
SUBJECT:	Lead Governor Role and Call for Declarations of Intent
DATE OF MEETING:	19 th January 2017
ACTION REQUIRED	For Approval
AUTHOR(S):	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE DIRECTOR	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE SUMMARY	<p>Monitor (now NHS Improvement – NHSI), in its Code of Governance asks that all foundation trusts have a 'lead governor' who can be a point of contact for NHSI and can liaise with NHSI, on behalf of the governors, in circumstances where it would be inappropriate for NHSI to contact the chair, or vice versa.</p> <p>While a public governor has kindly undertaken this role on behalf of the CoG, the role is not included in the FT Constitution and now needs to be formalised, along with description of duties, eligibility, term and selection process.</p>
RECOMMENDATIONS	The Council is asked to approve the formalising of the Lead Governor role, the eligibility, term and selection process as described and the associated amendment to the Foundation Trust Constitution as described.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.



Council of Governors 19th January 2017

SUBJECT	Lead Governor Role and Call for Declarations of Intent
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1. BACKGROUND/CONTEXT

Monitor (now NHS Improvement – NHSI), in its Code of Governance asks that all foundation trusts have a 'lead governor' who can be a point of contact for NHSI and can liaise with NHSI, on behalf of the governors, in circumstances where it would be inappropriate for NHSI to contact the chair, or vice versa.

Such contact is likely to be a rare event and would be seen, for example, should NHSI wish to understand the view of the Governors about the capability of the chair, or be investigating some aspect of an appointment process of decision which may not have complied with the constitution. It is important to remember that it is the Council of Governors *as a whole* (and no individual governor) that has the responsibilities and powers in statute.

While Governor Alf Clemo has kindly assumed the role of lead governor for some time, the role, nomination process and term has not been included in our Foundation Trust Constitution.

2. KEY ELEMENTS

Lead Governor Duties:

- Leading the Council of Governors in exceptional circumstances when it is not appropriate for the chair or another non-executive to do so)
- Collating the input of Governors for the senior independent director or chair regarding annual performance appraisals of the chair and non-executive directors;
- Leading Governors on the Governors nominations and remuneration committee (GNARC) in the process for appointing a chair and non-executive directors;
- Acting as a point of contact and liaison for the chair and senior independent director;
- Acting as a co-ordinator of governor responses to consultations;
- Chairing informal governor-only meetings;
- Trouble-shooting and problem solving by raising issues with the chair and chief executive;
- Leading Governors in holding the non-executive directors to account;
- Contribute to the induction of new Governors;
- Work with individual Governors who need advice or support to fulfil their role as a Governor;
- Acting as a point of contact for the CQC and NHSI

Declarations of Intent

Declarations of Intent will be sought by the Director of Community Engagement and Corporate Affairs from the Governing Council at the January 2017 meeting and where interested parties will be



We are
WHH

asked to respond in writing setting out in brief as to why they would like to stand for the role. The deadline for Governor declarations of interest is 31st January 2017.

Nomination forms will then be circulated to the Governors (electronically unless specified otherwise) for selection and the successful candidate (by number of votes) advised to the Council on completion. If a nominee is uncontested then the Chairman will approve the appointment on behalf of the Council.

Term

The 'term of office' will be for a two year period or until their term ends, whichever is the sooner. The Lead Governor role is subject to two-yearly election

Eligibility

To be eligible to stand governors:

1. Must have served at least one year with the WHH Council of Governors
2. Must have achieved reasonable attendance at the CoG (min attendance is 75%)

3. NEXT STEPS

Timetable:

1. Call for declarations of intent – at CoG
2. Interested governors to email their interest, and a short statement describing why they wish to be Lead Governor by 31st January 2017
3. Chairman to review all submissions and check eligibility.
 - a. If uncontested, to advise Governors by email (unless requested otherwise) of the appointment of a Lead Governor
 - b. If contested, the Director of Community Engagement will circulate a nomination form together with the Governors' statements to the Council for selection by 3rd February 2017. Closing date for return of selection papers is 16th February 2017. Selections will be independently counted and recorded by the Secretary to the Board and the Council notified by email.
4. The Foundation Trust Constitution will be amended to include the Lead Governor role, term, eligibility and selection process following CoG on 19th January 2017.

4. RECOMMENDATIONS

The Council is asked to approve the formalising of the Lead Governor role, the selection process as described and the amendment of the Foundation Trust Constitution.

13.1.17



We are
WHH

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/17/01/10
SUBJECT:	Governor Support for Committees and Groups
DATE OF MEETING:	19 th January 2017
ACTION REQUIRED	For review
AUTHOR(S):	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE DIRECTOR	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE SUMMARY	<p>The Council of Governors is supported by working groups where Trust portfolio holders work closely with Governors on a range of issues.</p> <p>Following recent elections there are a number of 'vacancies' across these working groups for which we seek Governor support:</p> <ul style="list-style-type: none"> • Quality in Care Group: Chair required • Governors' Engagement Group: Chair required • Patient Experience Group: 3+ Members required • Charitable Funds Committee: 1 Member required
RECOMMENDATIONS	Governors are asked to consider nominating themselves for any of these groups/positions at the Council of Governors meeting.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.

**SUBJECT** Governor Support for Committees and Groups**1. BACKGROUND/CONTEXT**

The Council of Governors is supported by working groups where Trust portfolio holders work closely with Governors on a range of issues. The two current Governor working groups, the Governors' Engagement Group and the Governors Quality in Care Group, both lost their Chairs in the recent elections as one Governor was unable to re-stand having served two terms and the second resigned to take up a Governor role at another Trust.

An essential stakeholder group, the Trust values and welcomes the contributions of Governors in a number of areas outside normal Council business. Governors have been supporting the Trust through the Patient Engagement Group (sub-committee of the Quality Committee) and the Charitable Funds Committee (sub-committee of the Trust Board). Again, due to elections we have lost some Governors from these committees.

We now ask the Governors for volunteers to support the Trust in these areas.

2. KEY ELEMENTS**Quality in Care Group: Chair required**

This Group undertakes a rolling ward/department observations visits programme which are reported through the Patient Experience Group.

At its meetings it reviews the Quality Dashboard, Complaints report, Friends and Family Test results, the Trust's Quality Report, its Quality Improvement Priorities, selection of the Quality Local Indicators and makes Governor statements for the Quality Report.

Meetings are 4 times per year between 1-3pm and the Chair will report on progress to the Council. The dates for 2017 are February (tbc), 4th April, 4th July and 3rd October 2017. All governors are welcome to attend this group, the executive supporter of this group is the Chief Nurse.

Governors' Engagement Group: Chair required

This group is less formal and is concerned with member and public engagement and is involved with key issues that involve a large number of patients, public and the Trusts 14,000 members.

At its meetings this Group devises a programme for the year and work is required to support changes to car parking, the Trust's engagement strategy and communication with members and public. This group is the 'steering group' for the Annual Open Day/Members meeting. With plans for the STP/LDS affecting our hospitals this group will be essential for consultation and engagement over the coming months/years.



We are
WHH

Meetings are 4 times per year between 1-3pm and the Chair reports on progress to the Council. The dates for 2017 are February tbc, 12th April 12th July and 11th October. All governors are welcome to attend this group, the executive supporter for this Group is the Director of Community Engagement.

Patient Experience Group: 3+ Members required

This group has a wide ranging agenda relating to elements affecting patients including: complaints and concerns, privacy and dignity, patient stories, carers, volunteers, nutrition, dementia, transfer of care, national patient safety reports and ratification of policies etc. Meeting dates are as below and Governors are asked to join the group as valued members. The PEG would like at least 3 governors to come forward to support the group.

Tuesday 17 January 2017	09:30	Trust Conference Room
Tuesday 14 March 2017	09:00	Trust Conference Room
Tuesday 9 May 2017	09:00	Executive Meeting Room
Tuesday 11 July 2017	09:00	Executive Meeting Room
Monday 11 September 2017	09:00	Trust Conference Room
Tuesday 14 November 2017	09:00	Executive Meeting Room

Charitable Funds Committee: 1 Member required

This is a sub-committee of the Trust Board and values having an independent member on the Committee. This group reports to the Trust Board and is involved in: approving bids for charitable funds, guiding strategy development, overseeing fundraising activities, monitoring progress and the fundraising team's engagement activities with staff, patient and public donors. It also ensures that donated funds are properly accounted and acknowledged and that they are spent in a timely manner.

3. ACTIONS REQUIRED

Governors are asked to select one/a number of these groups/committees to join and support the Trust in delivering its portfolios – acting as the patients' advocate in each group.

13.1.17



We are
WHH

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/17/01/11
SUBJECT:	Election Activity, Vacancies and Governor Terms of Office
DATE OF MEETING:	19 th January 2017
ACTION REQUIRED	For assurance
AUTHOR(S):	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE DIRECTOR	Pat McLaren, Director of Community Engagement and Corporate Affairs
EXECUTIVE SUMMARY	
	For Assurance purposes the report on election activity, vacancies and Governor Terms of Office is brought to the Council bi-annually.
RECOMMENDATIONS	
	Governors are asked to note the election activity, vacancies and terms of office
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.



We are
WHH

SUBJECT Election Activity, Vacancies and Governor Terms of Office

The Foundation Trust undertook an election process to seek elected (public) and staff governors following a number of resignations during the year or the completion of the maximum two terms of office (ie two, three year terms).

Election support was once again provided by UK Engage who were appointed following a competitive quotation process and who acted as the Returning Officer. Elections were held according to the following timetable:

Last Day for Publication of Notice of Election	Thursday, 27 Oct 2016
Deadline for receipt of nominations	Monday, 14 Nov 2016
Publication of Statement of Nominations	Tuesday, 15 Nov 2016
Deadline for candidate withdrawals	Thursday, 17 Nov 2016
Notice of Poll/Issue of ballot packs	Tuesday, 29 Nov 2016
Close of Poll 5.00pm	Thursday, 22 Dec 2016
Count and Declaration of Result	Friday, 23 Dec 2016

Constituencies eligible for election were:

Name
Public 3: Norton South, Halton Brook, Halton Lea
Public 4: Appleton, Farnworth, Hough Green, Halton View, Birchfield
Public 9: Culcheth, Glazebury, Croft, Poulton North
Public 13: Birchwood, Rixton, Woolston
Public 16: South Mersey
Staff Class A: Medical & Dental
Staff Class B: Nursing & Midwifery
Staff Class D: Clinical Scientist & Allied Health Professionals
ROW

The Returning Officer declared the results of the election following poll closure and the constituency representations are as attached at appendix 1.

Full details relating to the election process are available from the Foundation Trust Office on request.

Vacancies

Following a very successful election there is now just one vacancy in the public/staff governor constituencies – no candidates stood for the newly created ‘Rest of England and Wales’ constituency on this occasion.

Election Planning

The next Governor elections will be held in October-November 2017 when the following constituencies will become eligible for election. Regrettably three governors will have completed two terms of office and are therefore unable to re-stand.



We are
WHH

Constituencies for election in Oct-Nov 2017

Constituency (16 public)	Governor	Term (of 2)	Term Ends
Lymm, Grappenhall, Thelwall	Jeanette Scott	1	30/11/2017
Appleton, Stockton Heath, Hatton, Stretton and Walton	Sue Kennedy	1	30/11/2017
Penketh and Cuerdley, Great Sankey North, Great Sankey South	Peter Harvey*	2	30/11/2017
Poplars and Hulme, Orford	Alf Clemo*	2	30/11/2017
North Mersey	Jim Henderson	1	30/11/2017
Staff - Support	Sue Bennett*	2	30/11/2017
Estates, Administration, Managerial	Mark Ashton	1	30/11/2017

*unable to re-stand having completed two terms



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Appendix 1

WHH Council of Governors and Tenure from 23rd December 2016

Public No:	Constituency (16 public)	Governor	Term (of 2)	Term Ends
1	Daresbury, Windmill Hill, Norton North, Castlefields	Alison Kinross	1	30/06/2018
2	Beechwood, Mersey, Heath, Grange	Joe Whyte	1	30/06/2018
3	Norton South, Halton Brook, Halton Lea	Heather Greaves	2	23/12/2019
4	Appleton, Farnworth, Hough Green, Halton View, Birchfield	Colin McKenzie	1	23/12/2016
5	Broadheath, Ditton, Hale, Kingsway, Riverside	Kenneth Dow	1	30/06/2018
6	Lymm, Grappenhall, Thelwall	Jeanette Scott	1	30/11/2017
7	Appleton, Stockton Heath, Hatton, Stretton and Walton	Sue Kennedy	1	30/11/2017
8	Penketh and Cuedley, Great Sankey North, Great Sankey South	Peter Harvey	2	30/11/2017
9	Culcheth, Glazebury and Croft, Poulton North	Keith Bland MBE	1	23/12/2019
10	Latchford East, Latchford West, Poulton South	Carol Astley	2	30/06/2018
11	Bewsey and Whitecross, Fairfield and Howley	Phil Chadwick	1	30/06/2018
12	Poplars and Hulme, Orford	Alf Clemo	2	30/11/2017
13	Birchwood, Rixton and Woolston	Anne M Robinson	1	23/12/2016
14	Burtonwood and Winwick, Whittle Hall, Westbrook	Norman Holding	1	30/06/2018
15	North Mersey	Jim Henderson	1	30/11/2017
16	Rest of England and Wales (formerly South Mersey)	Vacant since Oct 2016		VACANT
	Constituency (5 Staff)	Governor	Term (of 2)	Term Ends
Staff A	Medical and Dental	Dr Helen Bowers	1	23/12/2019
Staff B	Nursing and Midwifery	Jo Meek	1	23/12/2019
Staff C	Staff - Support	Sue Bennett	2	30/11/2017
Staff D	Clinical Scientist or Allied Health Professionals	Louise Spence	1	23/12/2019
Staff E	Estates, Administration, Managerial	Mark Ashton	1	30/11/2017
	Constituency (6 Partners)		Appointed	N/A
	Halton Borough Council	Cllr P Lloyd Jones	24/6/2014	
	Warrington Borough Council	Cllr Pat Wright	17/10/2011	
	Wolves Foundation	Neil Kelly	1/9/2013	
	VACANT – to be appointed			VACANT
	VACANT – to be appointed			VACANT
	VACANT – to be appointed			VACANT

*Newly appointed Governors following Nov-Dec 2016 elections have been marked in **Green**



We are
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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	COG/17/01/12
SUBJECT:	CoG Annual Cycle of Business 2017-18 and Terms of Reference
DATE OF MEETING:	19 January 2017
ACTION REQUIRED	Approval
AUTHOR(S):	Pat McLaren, Director of Community Engagement + Corporate Affairs
EXECUTIVE DIRECTOR	Pat McLaren, Director of Community Engagement + Corporate Affairs
EXECUTIVE SUMMARY	<p>The Council of Governors is asked to review:</p> <ul style="list-style-type: none"> the Terms of Reference and note the proposed slight amendments to reflect changes to the sub-committees and administrative support, and the Cycle of Business 2017-18
RECOMMENDATIONS	That the Council of Governors approve the Terms of Reference and the 2017-18 Cycle of Business as attached.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.



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TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on (XXX)

DRAFT

Council of Governors - Terms of Reference

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

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

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

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

- Nomination & Remuneration Committee
- Quality in Care and Governors' Engagement Group
- Such other committees as may be required from time to time
- Task & Finish Working Groups as necessary

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

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

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

- Provide feedback on the development of the strategic direction of the Trust to the Board of Directors as appropriate.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Act as a critical partner to the Board of Directors in the development of the forward plan.

- Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the board of its determination.
Approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the trust.
- Approve or not approve proposals from the Board of Directors for mergers, acquisitions, separations and dissolutions. More than half of the total number of Governors needs to approve such a proposal.
- Approve or not approve proposals for significant transactions where defined in the Constitution or such other transactions as the Board may submit for the approval of Governors from time to time. Such transactions require the approval of more than half of Governors voting at a quorate meeting of the Council of Governors.

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

- The Council of Governors must hold the non-executive directors individually and collectively to account for the performance of the board. It must agree a process and dialogue with the board that will enable them to fulfil this duty.
- As part of this a good working relationship between the Board of Directors and Council of Governors is critical; it can be fostered by meeting regularly and with sufficient frequency to establish appropriate channels of communication and constructive challenge.

Some of the following may support this process and dialogue:

- Receive the agenda of the meetings of the Board of Directors before the meeting takes place.

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

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

The Council of Governors will meet 4 times per year.

10. MINUTES

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

11. REVIEW

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

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	V2
Implementation Date	
Review Date	19 January 2017
Approved By	

REVISION			
Date	Section	Reason for Change	Approved By
19.1.17	5	Changes to section 5 for clarity on quorum – item as described in the Trust’s Constitution	
19.1.17	6	To include the named Committees established as Quality in Care and Governors Engagement Group	
19.1.17	10	The Council of Governors will be supported by the Secretary to the Trust Board.	

TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved By

COUNCIL OF GOVERNORS – CYCLE OF BUSINESS MARCH 2017 – APRIL 2018

	13th April 2017	20 th July 2017	19 th October 2017	TBC January 2018	TBC April 2018
STANDING ITEMS					
Chairman's Opening Remarks & Welcome	X	X	X	X	X
Apologies & Declarations of Interest	X	X	X	X	X
Minutes of Previous Meeting	X	X	X	X	X
Action Log	X	X	X	X	X
Chairman's Briefing (report from work of NEDS)	X	X	X	X	X
Chief Executives Report	X	X	X	X	X
FORMAL BUSINESS					
Integrated Performance Report	X	X	X	X	X
Presentation on current topic (as requested by CoG)	X	X	X	X	X
Reports from Governor Sub-Committees	X	X	X	X	X
Ratification of NED Appointment (as required)	X				
Trust Operational Plan	X				X
Annual Appraisal of Trust Chairman		X			
Governor Engagement Group Terms of Reference & Cycle of Business	X				X
Governor Quality in Care Group Terms of Reference & Cycle of Business				X	

COUNCIL OF GOVERNORS – CYCLE OF BUSINESS MARCH 2017 – APRIL 2018

Annual Appraisal of Non-Executive Directors	X				X
Annual Report & Accounts		X			
Annual Audit Committee Report		X			
Auditors Letter and Report on Quality Account		X			
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office		X		X (Nov elections)	
Governor Training & Development Programme	X				
Lead Governor role (every two years – next due January 2019)					
Appointment of External Auditors (every three years next due October 2019)					
OTHER BUSINESS					
Annual Members Day – date tbc					
Annual Members Meeting – annually (date tbc but must be no later than December each year)					