We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

WHH Council of Governors

Thursday 15 November 2018

4:00pm – 6:00pm

Trust Conference Room

WARRINGTON HOSPITAL

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

THURSDAY 15 November 2018, 4.00pm-6.00pm

Trust Conference Room, Warrington Hospital

AGENDA ITEM COG/18/11/XX	TIME PER ITEM	AGENDA ITEM	OBJECTIVE/DESIRED OUTCOME	PROCESS	PRESENTER
		FLU vaccinations available between 3.45pm-3.55pm	Choose an item.	Choose an item.	
FORMAL BUSINESS					
COG/18/11/52	**4.00pm**	WRAG Update	***For info/update***	***Presentation***	Carl Marsh Chief Commissioner, Warrington CCG
COG/18/11/53	**4.15pm**	Welcome and Opening Comments • Apologies • Declarations of Interest			Chairman
COG/18/11/54 PAGE 3		Minutes of meeting held 16 August 2018	***For decision***	***Minutes***	Chairman
COG/18/11/55 PAGE 9		Matters arising/action log	***For assurance***	***Action log***	Chairman
GOVERNOR BUSINESS					
COG/18/11/56	**4.20pm**	Lead Governor Update	***For info/update***	***Verbal***	Head of Corporate Affairs
COG/18/11/57 PAGE 11	**4.25pm**	Items requested by Governors (a) - Car Parking Update - Appointments System - Halton Healthy New Town (to be addressed in agenda Item 18/11/64) - Domicilliary Care - Halton Shuttle Bus Service **PAGE 13** (b) Social Media Update	***For info/update***	***Briefing notes +Q&A***	Executive Medical Director Director Community Engagement + Fundraising
COG/18/11/58	**4.40pm**	Reports from GEG and Governors QiC	***For info/update***	***Verbal***	Chair of GEG + Head of Corporate Affairs
COG/18/11/59 PAGE 20		Governors Engagement ToR + Cycle of Business	***For info/update***	***Report***	Chair of GEG/DCE + Fundraising
TRUST BUSINESS					
COG/18/11/60 PAGE 25	**4.50pm**	Chief Executives Report including Integrated Performance Report	***For info/update***	***Verbal+IPR***	Chief Executive
COG/18/11/61	**5.05pm**	Chairmans Briefing	***For info/update***	***Verbal***	Chairman
COG/18/11/62 PAGE 64	**5.15pm**	Complaints Report	***For info/update***	***Report***	Dir Integrated Gov + Quality
COG/18/11/63 PAGE 71	**5.25pm**	FTSU Update	***For info/update***	***Report***	Information Governance and Corporate Records Manager
COG/18/11/64 PAGE 74	**5.30pm**	WHH Strategy Refresh Update	***For info/update***	***Presentation***	Head of Transformation
GOVERNANCE					
COG/18/11/65	**5.45pm**	Governor Traning and Develpoment MIAA as available	***For discussion***	***Verbal***	Head of Corporate Affairs
COG/18/11/66	**5.50pm**	Governor Observation Visits	***For info/update***	***Briefing paper***	Head of Corporate Affairs
COG/18/11/67	**5.55pm**	Any Other Business		Verbal	Chair

Schedule of 2019-20 dates attached for information

Next Meeting Date will be on Thursday 14 February 2019, 4.00pm-6.00pm
The Trust Conference Room, Warrington Hospital

DRAFT

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
Minutes of the Meeting held on Thursday 16 August 2018
4.00pm to 6.00pm, Lecture Theatre, Education Centre, Halton Hospital

Present:

Steve McGuirk (SMcG)	Chairman (Chair)
Norman Holding (NM)	Public Governor & Lead Governor
Dalton Boot (DB)	Public Governor
Paul Bradshaw (PB)	Public Governor
Keith Bland MBE (KB)	Public Governor
Erin Dawber (ED)	Public Governor
Alison Kinross (AK)	Public Governor
Linda Mills(LM)	Public Governor
Colin McKenzie (CMcK))	Public Governor
Ryan Newman	Public Governor
Anne Robinson (AR)	Public Governor
Nick Stafford (NS)	Public Governor
Pat Wright (PW)	Partner Governor, Warrington Council

In Attendance:

Simon Constable (SC)	Executive Medical Director, Deputy Chief Executive
Terry Atherton (TA)	Non-Executive Director
Anita Wainwright (AW)	Non-Executive Director
Margaret Bamforth (MB)	Non-Executive Director
Lucy Gardner (LG)	Director of Transformation *(Item COG/18/08/46)*
Mark Heap (MG)	Grant Thornton, External Auditors
Ian Jones (IJ)	Non-Executive Director
Andrea McGee(AMG)	Director of Finance & Corporate Development
Ursula Martin(UM)	Director of Integrated Governance + Quality *(Item COG/18/08/37 iii + 43*
John Culshaw (JC)	Head of Corporate Affairs

Apologies:

Mel Pickup (MP)	Chief Executive
Jean Noel Ezingeard (JNE)	Non-Executive Director
Mark Ashton (MA)	Staff Governor
Peter Lloyd Jones (PLJ)	Partner Governor, Halton Borough Council
Pat McLaren (PMCA)	Director of Community Engagement
Louise Spence	Staff Governor

COG/18/08/32	**Welcome, Apologies & Introductions**	
	The Chairman welcomed all Governors', Staff, and Non-Executive Directors to the meeting. Apologies – noted above. **Declarations of Interest – in agenda items** There were no other interests declared in relation to the agenda items for the meeting.	
COG/18/08/33	**Minutes of Previous Meeting 17 May 2018**	
	Pat McLaren was in attendance. With this amendment, the minutes of the meeting held on 17 May 2018, were approved as a true and accurate record.	
COG/18/08/34	**Matters arising/action log**	
	COG/17/04 WRAG. Following a recent Warrington Health Forum AR explained that a new call handler will be in operation from 1 September. JC awaiting confirmation of representatives to attend to provide WRAG update in November.	

COG/18/08/35	**Annual Appraisal of Trust Chairman -** The Chairman left the meeting for this item.	
	NH reported that the GNARC had met on 3 August to discuss 2 items: 1. Discussed and reviewed the outcomes of the Chairman's Appraisal presented by I Jones as the Senior Independent Director. IJ had met with the Chairman to review and discuss the results which had been received positively. 2. Reviewed and approved an Updated Appraisal process to reflect the unique role of the Non-Executive Directors (NEDs) and a proposed Mandatory Training Core Skills Framework handbook. • **The CoG supported the outcomes of the Chairman's Appraisal.** • **The CoG supported and noted and revised NED Appraisal and the issue of Mandatory Training handbook.** The Chairman returned to the meeting.	
COG/18/08/36	**Lead Governor Update**	
	NH welcomed newly elected and re-elected Governors and provided an updated on pertinent matters since the last Council. - Meetings continue between NH and the Chairman and Governors were encouraged to forward any matters they would like addressed to NH. - Governors were encouraged to attend the Chairman's briefing to discuss any matters in an informal forum and also any MIAA training sessions when these are notified. - NH informed colleagues of a forthcoming NW Governors Forum on 18 October hosted by Wrightington, Wigan and Leigh and will forward details when received. - Recent Lead Governors Forum had focussed on 4 matters which reflect issues in the Trust, complaints reports for Governors to include more detail rather than just numbers, Lead Governor inspections, Place inspections in other areas not being patient-led unlike in Warrington and Halton. - Safeguarding Training to be arranged for Governors in due course. **The Chairman thanked NH for his continued work as Lead Governor.**	
COG/18/08/37	**Items requested by Governors**	
	<u>Spinal Services</u> Simon Constable, Executive Medical Director referred to the briefing within the papers. No further questions were raised. <u>Complaints</u> UM referred to the Complaint information circulated with papers and provided key headlines: - Improvement plan has been live for 18 months to reduce the backlog of complaints, with 21 at the end of March compared with 120 at the same time last year. Overall improvement is due to a number of factors, including improvement in timeliness of responses, complaints handling training for staff, resolution of 'informal' complaints by the PALs team reducing the number of complaints referred/received through the formal process. In addition, the establishment for oversight of the Complaints Quality Assurance Group, Chaired by the Chairman provides further scrutiny and monitoring where clinical services present their complaints process, how they respond and deflect complaints when a concern is raised. - UM explained that audits are undertaken on all action plans within each service through ward rounds and governor observation visits to ensure actions are embedded, currently these are undertaken by the Clinical Audit tea, Governors will be part of this process in future, outcomes reported to the Quality Assurance Committee. - The Trust is working to 25 day resolution for completion of complaints and 89% had been responded to on time compared with 17% for the same period last year. - The Chairman echoed the significant improvement within the lasts 12 months acknowledging the effort from all staff to resolve concerns/complaints in a timely	

	manner. - UM explained the difference between a formal and informal complaint in that an informal concern/complaint would be raised through PALs to resolve, PALs can refer to the formal process. Once a formal complaint is received, this is subject to DoH statutory regulations for processing. - In relation to complaint indicators, UM explained that all red rated complaints are subject to a 72 hour review to identify if an SI should be put in place. Incidences not resulting in a complaint are reviewed and monitored through the SI process. **Future Complaints reports to be shared with Governors.** <u>Car Parking</u>. SMcG referred to the briefing with the papers and invited questions. AK proposed a walk-through on both sites to provide a patient perspective prior to any changes to current arrangements. - **JC to liaise with IW to arrange walk-through on both sites.**	
COG/18/08/ 38	**Governor Engagement Group (GEG) Chair Report**	
	N Holding provided an updated on key these discussed by GEG at their July meeting: - LG had presented an update on the New Hospitals and Trust Strategy. - The Membership Strategy to be refreshed to support wider and diversified engagement. - Jane Green, newly appointed Dementia Nurse, had attended and monthly carers cafes have been introduced at Warrington and Halton sites. Governors encouraged to attend and will also visit wards/departments to seek views on improved ways to fully engage with patients, public and staff. - AMM was discussed which will include soft launch of the new website prior to roll-out in October. **The Chairman thanked NH for the update and proposed cancelling of the Chairs briefing on 11 September as there would be an opportunity at the AMM to raise any matters with SMcG.**	
COG/18/08/ 39	**Intention to review the roles, structure composition and procedures of the CoG**	
	J Culshaw proposed a small working group to be established to review roles, structure, composition and procedures of the CoG and will circulate details for volunteers to join the Group.	
COG/18/08/ 40	**Chief Executive Briefing**	
	- S Constable provided an update on areas not specifically covered within the Performance report circulated with papers. - Improved mortality rates, within expected range and below national average, trends compared with an audit of data quality and mortality data reflecting an improvement. - A&E 4 hour target, NHSI Improvement trajectory set at 90%, the Trust achieved 89.6% and is unable to access STF funds, however the Trust continues to be one of the better performing Trusts in C&M. - Work continues with local partners and integration of health and social care services as part of Warrington Together and One Halton, reflected in identifying joint posts where possible, notably a joint post for Director of IM&T. - Steering Group established for the Serious Illness Care Programme which will provide training for clinicians in EoL care and discussions, which had been supported at the Charitable Funds Committee in June. Next phase of LiA to commence and programmes of work to be shared in due course. • **Safety Summit to take place on 10 October, all invited to attend. Governor Induction to be re-scheduled.** • **SC to circulate invitations to join the SIC Steering Group to be Governors.**	
COG/18/08/ 41	**Chairman's Briefing**	

	The Chairman explained that the majority of the matters he wished to provide an update on had been covered on the agenda. However, the Chairman referred to the recent Listening into Action (LiA) survey which had been completed in the Trust. The next phase of LiA had been supported by the Board and will begin in due course. These results in conjunction with the NHS Staff will enable to the Trust to benchmark against other Trusts. Collaborative work continues with Warrington CCG and Local Authority, PW referred to the positive work with Warrington Together, notably the recently established Frailty Unit. In response to a question raised relating to a possible consultation on Cancer services, SC advised that the Trust are one of the first to sign up to the Serious Illness Programme in conjunction with Clatterbridge who are working with NHSE, the aspiration being for a sector hub to improve access and quality of care for patients within the Mid Mersey boroughs, with centralisation of services where necessary and local where possible, maintaining provision of existing services, with enhancement of services to enable patients to be looked after near to home. • **AMM meeting to be held on 13 September, Halton site, details to follow in due course.**	
COG/18/08/ 42	**2018-19 Annual Report + Accounts and Quality Account Report**	
	Auditors Letter M Heap, External Auditor provided a high level summary of work undertaken in the last financial year and audit conclusions following the audit of the Accounts, value For Money conclusion and Quality Report. - Unqualified opinion conclusion on the accounts, providing a true record of financial activity within the Trust. - Material uncertainty statement included in the report due to the financial support required by the DoH, who had not confirmed that they would provide the financial support required, this did not affect the auditor's opinion that the statements give a true record of the Trust's financial position. - Value For Money – qualified opinion due to the significant financial challenges faced by the Trust. Quality Report - Indicators tested included A&E waiting times, RTT – qualified opinion conclusion due to underlying data quality issues in 2017-18, 5 errors identified out of a sample of 25. This is not uncommon and the Trust is meeting with neighbouring Trust to share learning. - VTE Risk Assessment had been chosen by the Governors and evidence found that the indicator was reasonably stated, as this is a voluntary indicator, no auditors opinion is required. • **The CoG noted the Annual Report and Accounts.**	
COG/18/08/ 43	**Quality Strategy**	
	UM presented the Quality Strategy, which had been produced following the Quality Summit, attended by a wide mix of staff including Governors. The Strategy contained agreed priorities for 3 years aligned to safety, effectiveness and patient experience. UM highlighted the pledges and support from the Board, investment in the Trust Quality Academy providing the resources to provide staff the skills and training to engage in the Quality agenda. UM explained that progress against engagement/patient experience elements are reviewed and monitored through the Patient Experience Committee, aligned with the Patient Experience Strategy, with reporting to the Quality Assurance Committee. The 3 year priorities had been amended to align with the CQC action plan.	
COG/18/08/ 44	**Resubmission of Trust Operational Plan**	
	The report was received by the CoG and Andrea McGee, Director of Finance and Corporate	

	Development provided an overview of the amendments to the Operational Plan submitted by the Trust in April with a control total deficit of £24.6m. NHSI contacted the Trust in May to discuss improving the position by £2.6m and in doing so gaining the ability to access £4.9m PSF (50% of the original value available). The Board approved the proposal in May to accept the new offer of a £16.9m deficit control total. The feedback from NHSI in April was reviewed and the following key changes had been made. • Change in control total to £16.9m deficit including PSF of £4.9m • Change in A&E Trajectory as asked to consider revising the trajectory to show winter dip in performance as seen in 2017/18 (see page 3, Appendix 1) • Included reference to the plans in place for patients with length of stay longer than 21 days (see page 4, Appendix 1) • An explanation of any reduction in income from 2017/18 **The CoG noted the report.**	
COG/18/08/ 45	**Compliance Trust Provider Licence**	
	JC reported that following a review of the Trust's compliance with its License, the Trust continues to declare full compliance with all conditions. • **The CoG noted the report.**	
COG/18/08/ 46	**WHH Strategy refresh**	
	LG provided a progress report, which had also been shared with the Governors Engagement Group. - The Strategy had been aligned to the Q, P, S domains (Quality, People, Sustainability) and will be monitored and reported through the relevant assurance committees within the Trust governance structure, Quality Assurance, Strategic People, and Finance and Sustainability Committees, and each of the Committee Chairs reporting to Audit Committee and Trust Board. - Health New Town, Halton, The Trust had submitted a further revised bid of £40m on 3 July, outcome expected in November. A design event had been held at Halton, attended by a range of staff and community groups and a programme of work is now being developed. - Warrington – draft specification for external support to review potential sites, draft strategic outline case and support engagement underway, site visits to recent hospital developments underway. • **Progress report to future meetings date TBC** • **NS proposed CoG receiving a 1 page progress report against the QPS domains, rather than the IPR provided which is focussed on operational matters.**	
COG/18/08/ 47	**My-Choice**	
	The Medical Director provided an overview of My-Choice process since its commencement - My Choice will provide an alternative choice to patients, for more individualised and patient specific treatment. It is for treatments that are **no longer funded and provided on the NHS By Commissioners** and where capacity still exists within the Trust rather than patients receiving treatment from other providers. - Proposals had been presented and supported by the Trust Medical Cabinet and Board in May and fully supported at a GP engagement event in July, to be launched in September. - In response to questions raised relating to public perception of this being a 'private' scheme and capacity, quality and safety aspects to meet demands in activity SC reassured CoG that a full communication plan is in place with ongoing clinical engagement, clinical, financial, operational governance and pathways are in place. • **6 monthly progress report to February CoG.**	

COG/18/08/ 48	**Elections Activity and Bi-Annual report June 2018**	
	JC asked the CoG to note the report which contained the outcomes and results following the recent elections that concluded in June. • **The CoG noted the report.**	
COG/18/08/ 49	**Proposals to change the Trust's name**	
	The Medical Director referred to the report which provided an update on timeline and next steps in this process which will include full consultation with the Membership September 2018. • **The CoG noted the report.**	
COG/18/08/ 50	**Chairs Annual Audit Committee Report**	
	Chair of the Audit Committee, IJ referred to the report, explaining Audit Committee has all NEDs as members, who are also Chairs of their own individual Assurance Committee reporting to the Audit Committee providing triangulation of information. The AC works closely with the Trust Internal Auditors, MIAA, and ToR for MIAA deep dives agreed with MIAA and Chairs of Assurance Committees. The Executive-led Trust Operational Board is central to overseeing Operational matters, with all Executives escalating issues to relevant Assurance Committees and Trust Board reflecting the embedded integrated governance structures within the Trust. **AOB**. AR asked for an update relating to nurse recruitment, SC was pleased to report that following the approval by the Trust Board of the nursing establishment business case in March a number of nurse and health care support worker recruitment initiatives had been undertake and recruitment is underway.	
	Date and time of next meeting **Thursday 15 November 2018 4.00pm-6.00pm, Trust Conference Room, Warrington.**	

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	CoG/18/11/55	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	15 November 2018

1. ACTIONS on Agenda

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/04	**6.04.2017**	**WRAG presentation**	Further session to planned for 3-6 months	**HCA**	**15.11.2018**		15.02.2018. Date TBC for further presentation. 06.08.2018 – November CoG to be extended by 30 minutes to incoroporate WRAG Update.	
COG/18/08/46	**16.08.2018**	**WHH Strategy Refresh**	1 page progress report against the QPS domains	**DoS**	**15.11.2018**			

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/17/07/38	**20.07.2017**	**Proposal to change the Trust's name**	MB to seek advice relating to University status for the Trust.	**Director of CE&CA**	**17.05.2018**	**Ongoing process**	19.10.2017. PMcL to raise awareness through team brief. Proposal for WHH and University Teaching Partnership to be presented to next CoG. Update next CoG. No updated on 15.02.2018 17.05.2018.Discussions ongoing, update to next meeting. 16.08.2018. Refer to minutes COG/18/08/49. Full consultation with the Membership September 2018.	
COG/18/08/37	**16.08.2018**	**Governors**	Car Parking – Walk-through on sites by Governors to be arranged prior to changes to current arrangements	**HCA/Ass Director Estates +Facilities**	**TBC**			
COG/18/08/47	**16.08.2018**	**My-Choice**	6 monthly progress report to February CoG	**DCE**	**February 2019**			

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/18/08/37	**16.08.2018**		Complaints – Governors to receive Complaints report.	**HCA/Dir Integrated Gov + Quality**		**21.08.2018**	CoG Cycle of business amended, to receive each CoG meeting.	

RAG Key

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

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

Council of Governors

Briefing Pack

<u>Car Parking Update</u> – Ian Wright, Associate Director Estates + Facilities has advised the following:

This project has progressed to replace the machines with user-friendly versions a 6 month trial of new, replacement machines and signage. We would welcome Governors who wish to arrange a site visit and offer any suggestions, I can arrange this with the car parking manager. I am confident the trial will be a success and Ranger have provided a set of questions to ask users to measure the impact/success of the new machines during the trial period and of course it would be useful if the governors could support this survey too.

<u>Appointments System</u> - Chris Evans, Chief Operating Officer has advised the following:

Following a large number of DNAs for CT scans one weekend recently the diagnostics team did a RCA in order to understand why these patients had not attended.

It was discovered that they hadn't received their appointment letters. The letters on this occasion had been routed through our post room and had subsequently been posted 2nd class. 2nd class post on this occasion had taken 10 days.
We now have a standard operating policy in Diagnostics that ' Synertec ' (outsourcing company) must be used to send all appointments and if the appointment in within 7 days then we will also ring the patients with their appointment. There is also currently a roll out of text reminders in Diagnostics which is an extra check that patients have received their appointment date and time.

A standard operating policy has also been in place within Outpatients since 2012 whereby all letters must be processed by our outsourcing company Synertec. Outpatients also have a policy that appointment teams must make a minimum of three attempts to contact patients by telephone to verbally agree their appointment if the date of the proposed appointment is within two weeks of the offer date.

Synertec are contracted to process and send all of our letters Business Class (two working days) unless the appointment date is within one week which will trigger a first class one working day rule. Synertec also return undeliverable letters to our Trust mailbox that have either incomplete address details or have been generated at too short notice to be delivered before the appointment date.

Once we became aware that we were experiencing issues with letters we undertook a full investigation. Investigations however revealed that there is not one single issue but rather a number of differing issues that are contributing to the problem; such as the introduction of eRS (electronic referral service – the NHS mandated standard for GP to Consultant outpatient referrals), supplier updates to our ePR (electronic patient record) that are causing issues with our letter supplier template resulting in Synertec rejecting letters. In addition to this it is possible for staff to print letters to local printers thereby circumventing the Synertec portal.

As such we have broken down our findings into separate work streams with a number of solutions either in place or in development.

We purchased a reminder service, Envoy, from Healthcare Communications in July 2018 with the purpose of providing a text/telephone voice message service. This service delivers either a text reminder or a voice message to patients seven days prior to the appointment date and a follow up second reminder within two days. It is an advanced service that facilitates two-way communication

between WHH and patients providing them with a simple means of cancelling or changing their appointment thus avoiding DNAs.

We also have a database that shows any letters that have not been printed or sent. This is validated daily by the appointments team.

In addition to the above there are a number of developments in progress within the Trust. We are developing an audit trail that will provide us with the means of identifying whether a letter has been generated and sent to a local printer or to the Synertec portal. This will allow us to challenge practices that are outside of our standard operating policy. We are also scoping the possibility of automating all of our outpatient letters by using robot technology to generate confirmation letters which will be sent directly to the Synertec portal. We are currently awaiting implementation dates for both of these initiatives but we expect progress by early 2019.

Externally to the Trust there are also a number of initiatives taking place between our ePR suppliers, DXC, and NHS Digital to improve electronic communications in relation to the electronic referral booking system (eRS). It has been acknowledged nationally that there are limitations relating to the integration of the two, some of which impact on patient letters. Our primary issues relate to our inability to generate cancellation and reschedule letters resulting in patients receiving multiple letters. In addition to this the integration problems mean that the appointment does not prompt our ePR to generate a letter – hence our decision to explore the possibility of deploying the robot technology described above.

Lastly DXC have confirmed there is an upgrade that is to be released in 2019 that will resolve the issue that results in Synertec rejecting our letters every time they perform maintenance upgrades to ePR. In the meantime Synertec have put in place responsive measures whereby they contact WHH IT department at the first sight of a problem.

Domicilliary Care - Chris Evans, Chief Operating Officer has advised the following:
I am not aware of packages being rejected but at times the capacity within the domiciliary market can be pressured. As a consequence and to facilitate reablement closer to home, Halton Borough Council have funded additional capacity on ward B3 on the Halton site to provide capacity for those who are medically fit and awaiting support in the community.

Further the response from Danielle Chesters, the Discharge Facilitator Lead added:

The Trust does not have any issues with Premier Care as they hold their packages of care open for two weeks, this is longer than most other agencies. They do not reject any patients. The care package is closed after two weeks and then Halton will refer for a new package of care via reablement.

Shuttle Bus Service – Andrea McGee, Director of Finance + Commercial Development has advised:
Currently the bus is paid for jointly by the Trust and Halton CCG. Halton CCG is reviewing whether they can continue to support from the first of April 2019. The Trust is currently in discussions about this, the current contract with the bus company was due to expire on 31 October 2018 and has been extended to 31 March 2019.

9 November 2018

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/18/11/57 b**
SUBJECT:	**Social Media and Patient/Public Engagement**
DATE OF MEETING:	15th November 2018
ACTION REQUIRED	**For assurance**
AUTHOR(S):	Director Community Engagement & Fundraising
EXECUTIVE DIRECTOR	Director Community Engagement & Fundraising
EXECUTIVE SUMMARY	We were alerted by one of our Public Governors on 22nd October that a particularly distressing recommendation had gone unchallenged on Facebook for some time, including allegations of misconduct about a member of staff. On investigation it transpired that our internal processes for monitoring and responding had either failed or were not sufficiently robust. A number of actions have been taken to rectify this with immediate effect.
RECOMMENDATIONS	1. That the Council of Governors note the actions taken as outlined in this paper. 2. That the CoG notes the new report to the Governors' Engagement Group.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	None

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

SUBJECT	Social Media and Patient/Public Engagement

1. BACKGROUND/CONTEXT

The Trust successfully uses social media to widely engage with its stakeholders, to include Facebook, Twitter and Instagram. To 31st October 2018 we have 5,398 FB followers, 906 on Instagram and 9,968 on Twitter. We are also present on a number of third party information/evaluation sites including NHS Choices, Healthwatch and Patient Opinion. On NHS Choices, the national recommendation platform for NHS organisations, we are rated 4* for Warrington (most recent review Sept 2018), and 5* for Halton (most recent review Sept 2018).

Due to both ease of use as well as reach, patients are increasingly sharing their opinions on social media. The Trust's Communications department is responsible for monitoring social media channels and responding appropriately and in a timely manner. This is the same for NHS Choices.

We monitor all social media traffic where we are name-checked using a monitoring platform called Meltwater. This monitors all occasions where we are named on-or off-line so we can respond. However, it does not monitor/alert us to posts made to our own Facebook page – these are picked up by the Communications Team directly.

2. KEY ELEMENTS

We were alerted by one of our Public Governors on 22nd October that a particularly distressing recommendation had gone unchallenged on Facebook for some time, including allegations of misconduct about a member of staff. On investigation it transpired that our internal processes for monitoring and responding had either failed or were not sufficiently robust and action has been taken to rectify this with immediate effect.

This paper is to assure the Council of Governors that patients/members of the public are being treated with respect and in an appropriate timely manner both when raising concerns or sending complements.

What happened?

Particularly poor feedback from a family member about standards of care including a very distressing allegation about a member of staff went unacknowledged and unchallenged on the Trust's Facebook Recommendations Page for some time. This was thankfully brought to our attention by one of our Governors.

What action did we take?

1. The author conducted an immediate audit of all inbox comments and responses and all recommendations for the past six months. This audit revealed a breakdown in the Trust's processes for handling feedback on our social media sites leading to:

- Inconsistencies in timeliness of response or lack of response
- Inappropriate handling of the response
- Concerns not escalated
- Incorrect or incomplete information provided
- Failure to offer translation assistance
- Potential to encourage data protection breaches by disclosure over insecure channels
- A no harm incident but Datix not raised.

2. Liaison with PALS and Complaints teams to review outstanding issues and respond to those whose recommendation/comments remained in the public domain. Sought HR feedback relating to allegation about staff member (fully investigated, allegation unfounded.)

3. Offered apologies to all those to whom we had not acknowledged their recommendation.

How will we prevent this happening in the future?

1. Developed a Standard Operating Procedure for Social Media handling (see appendix)

2. Arranged immediate interim handling process pending full training being given as identified in the SOP

3. Arranged future reporting/escalating arrangements to ensure continuous improvement and to provide assurance:

   a. Patient experience committee
   b. Engagement dashboard to the Governor's Engagement Group as standing item

3. NEXT STEPS

- To share SOP with Patient Experience Committee for input/approval

4. RECOMMENDATIONS

3. That the Council of Governors note the actions taken as outlined in this paper.
4. That the CoG notes the new report to the Governors' Engagement Group.

Appendix:

SOP for Social Media and Patient/Public Engagement

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

DRAFT FOR INPUT

Social Media and Patient/Public Engagement			
Lead executive	Pat McLaren (Director of Community Engagement and Corporate Affairs)		
Author's details	Pat McLaren		
Type of document	Standard Operating Procedure		
Target audience	Communications Team, PALs/Complaints Team/Patient Experience Team		
Document purpose	To describe process for handling, responding, feeding back, escalation and assurance relating to patient and public enquiries and opinions shared via social media or website		
Ratification meeting	Appropriate governance meeting		
Approving meeting	Patient Experience Committee		
Implementation date	Monday, 19 November 2018	Review date	19 November 2019
WHH Documents to be read in conjunction with			
	Media and Social Media Policy, Patient Experience Strategy, Complaints and Concerns Policy, IT Acceptable Use Policy, Patient and Public Participation Strategy		
Document change history			
Version	1.0		
What is different?	NA		
Appendices/electronic forms	NA		
What is the impact of change?	• Quality Improvement: To establish best practice and to introduce formal oversight and assurance by inclusion in the Patient Experience committee. • Assurance: To include as an appendices to the Media and Social Media Policy		
Training requirements	NA		
Keywords	Social Media, Twitter, Facebook, Website, Instagram, Media, Enquiries		

1. Process to be followed

1. Monitoring

1. The Communications Team act as a conduit for signposting enquiries, complements and concerns and has no clinical or expert authority to handle patient/relative/carer related issues
2. Postings to Social media channels and the WHH Enquiries email account will be monitored during normal working hours ie Mon-Fri 9am – 5pm.
3. A rota for monitoring SM channels and Enquiries will be developed within the Communications Team, rostered individual must notify planned absence and arrange to exchange slots – rota to be updated and shared
4. No posts or responses shall be enacted out of hours unless in case of emergency
5. An automated response will be added to all channels where possible of monitoring hours

2. Responding and Response Times

1. Within normal working hours a response time of no more than 4 hours should be expected
2. Where no immediate response is possible, a holding response should be provided
3. Quality, compassionate and helpful responses are expected at all times – see template of 'model' responses but attempt to personalise wherever possible.

3. Closing the Loop – procedure for feeding back, referrals to recommendation sites and opportunities

1. All positive feedback should be acknowledged and where appropriate, a kind request that the contributor might consider posting to our recommendations page and to NHS Choices (include link to either Warrington or Halton hospital)
2. All negative feedback MUST be escalated for action
3. All feedback should be shared, where appropriate to do so, with the relevant service or ward. Identified WHH individuals or Volunteers should be nominated for a values badge by their manager (whh.thankyou@nhs.net)

4. Escalation

1. All concerns or complaints should be responded to in liaison with PALs – if in doubt, ask.
2. A holding response should be provided. Wherever possible the respondent should attempt to take the dialogue off-line (out of the public domain) until resolution is found by providing an email address to gain further information – this can be PALs. Under no circumstances should patients be encouraged to share personal information in a non-secure setting – ie all social media channels. This includes NHS numbers and date of birth.
3. All WHH staff will be encouraged to notify the comms team of anything inappropriate or concerning by sending screenshots
4. Issues relating to members of staff (postings by them, complaints about them) should always be notified to the professional lead and to HR.

5. Reporting and Assurance

5.1 Feedback from patients, whether good or bad, is vital for our learning organisation and helps us continually improve, minimise or prevent further issues and recognise and reward our staff.

5.2 Feedback via enquiries or social media channels should be collated and reported through the Patient Experience Committee using the Trust's Engagement Dashboard

2. Purpose & Scope

Purpose: To describe process for handling, responding, feeding back, escalation and assurance relating to patient and public enquiries and opinions shared via social media or website

Scope: This SOP applied to:

Primarily: Communications Team, PALs/Complaints Team/Patient Experience Team
Secondary: All Staff

3. Training Needs Analysis

Staff Role	Training Requirement	Frequency	Training Delivery Method
All Comms Team Members	• Use of Social Media • Application of SOP • Model answers	Immediately then Annually or as required	Workshop at next available time out
All Comms Team Members	• To be made fully aware of the issues and support mechanisms identified in the Equality Impact Assessment below.	Immediately then ongoing	Workshop at next available time out
PALS/PE Team	• Sharing of SOP and processes	Annually or as required	Sharing
All Staff	• Awareness of Media Policy	Annually	Sharing

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

Equality Impact Assessment (EIA)		
Initial assessment	Yes/No	Comments
1. Age 2. Disability - learning disabilities, physical disability, sensory impairment and mental health problems 3. Gender reassignment 4. Race 5. Religion or belief 6. Sex 7. Sexual orientation including lesbian, gay and bisexual people 8. Marriage and civil partnership 9. Pregnancy and maternity	YES	• Additional care will be taken at all times to ensure that responses are crafted to a reading age of 12. • Where it is evident that there may be difficulty in understanding help will be sought from the Learning Difficulties lead. • Where a patient appears to be in distress or threatening harm help will be sought from a healthcare professional. • Where English appears not to be of first language then translation support will be sought – noting that the Trust's website now offers a wide range of languages • Care will be taken to address respondents in a gender neutral manner • Cultural traditions and practices will be respected at all times
Is there any evidence that some groups are affected differently?	YES	See above
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	NO	Help and advice provide to ensure that all patients and members of the public are given opportunities to engage in the way that they prefer
Is the impact of the document likely to be negative? • If so can the impact be avoided? • What alternatives are there to achieving the document without the impact? • Can we reduce the impact by taking different action?	NO	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the Human Resource Department together with any suggestions as to the action required to avoid /reduce this impact. For advice in respect of answering the above questions, please contact the Human Resource Department.		
Was a full impact assessment required?	NO	
What is the level of impact?		

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/18/11/59**
SUBJECT:	**Governors Engagement Annual Cycle of Business 2019 and Terms of Reference**
DATE OF MEETING:	15 November 2018
ACTION REQUIRED	**Approval**
AUTHOR(S):	Pat McLaren, Director of Community Engagement + Fundraising
EXECUTIVE DIRECTOR	Pat McLaren, Director of Community Engagement _ Fundraising
EXECUTIVE SUMMARY	The Council of Governors is asked to review: • The Governors Engagement Terms of Reference, noting changes as marked • The Governors Engagement Group Cycle of Business
RECOMMENDATIONS	That the Council of Governors approves the Terms of Reference and the 2019 Cycle of Business for the Governors Engagement Group as attached.
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	Choose an item.

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

DRAFT TERMS OF REFERENCE

COUNCIL OF GOVERNORS, GOVERNORS ENGAGEMENT GROUP

1. CONSTITUTION

1.1 The Council of Governors has ~~hereby resolves to~~ established a Sub-Group of the Council, to be known as the Governors Engagement Group *(hereinafter referred to as 'the Group')*.

2. REMIT AND FUNCTIONS OF THE GROUP

2.1 The Group is established to consider matters relating to Membership, Engagement and Communications, having regard to the interests of its public and staff members, its patients and stakeholders on behalf of the Council of Governors.

2.2 The main functions of the Group are to:

i. Regularly review the Trust's Engagement ~~Membership~~ Strategy (of which membership is a core function) and report progress against the Strategy to the Council of Governors on an annual basis.

ii. Consider the content of the report to be made to Members at the Annual Members' Meeting and advise the Council of Governors accordingly.

iii. Consider and recommend means of both delivering and developing the Trust's ~~Membership~~ Engagement Strategy.

iv. Monitor the Trust's membership profile to ensure that it is representative of the population served by the Trust.

v. Support membership recruitment initiatives as and when appropriate with regard to ensuring that the profile is representative of the patient populations served by the Trust~~.~~

vi. Consider and recommend initiatives to facilitate effective engagement between Governors, Members and the wider public to enable stakeholders' views to be heard.

vii. Develop a membership newsletter including relevant information for members on Trust developments and the work of the Council of Governors.

viii. Consider and recommend means for Members' involvement in developing Trust services such as; focus groups and panels, user surveys, and member's meetings.

ix. Carry out such other functions as may from time to time be delegated by the Council of Governors.

3. COMPOSITION AND CONDUCT OF THE GROUP

3.1 The Group shall be comprised of at least five Governors.

3.2 The Group will elect a Chair to serve for a period of two years or the remainder of their term of office, whichever is shorter. In the event that the Chair is not present, the members present will nominate one of their number to Chair the meeting.

3.3 The following Officers of the Trust shall routinely attend meetings to report to and advise the Sub-Group accordingly:

- Director of Community Engagement
- Member of the Communications + Engagement Team ~~Governor Support & Stakeholder Engagement Officer~~
- Head of Patient Experience

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

3.4 ***Quorum***. No business shall be transacted unless at least three members are present.

3.5 ~~***Attendance.*** Members of the Group will be required to attend a minimum of 75% of scheduled meetings.~~

3.6 ***Notice of meeting***. Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least five clear days before the meeting.

3.7 ***Frequency of meetings***. The Group will, as a minimum, meet four times a year.

3.8 ***Minutes***. The action notes from the meetings shall be taken by a member of the Communications + Engagement Team ~~Governor Support & Stakeholder Engagement Officer~~ checked by the Chair and submitted for agreement at the next ensuing meeting. A key summary report of the meeting shall be made available to the Council of Governors.

3.9 ***Administration***. The Group shall be supported administratively by a member of the Communications + Engagement Team ~~Governor Support & Stakeholder Engagement Officer~~ duties shall include; agreement of the agenda with the Chair, collation of papers, producing the action notes and key summary of the meeting and advising the Group on pertinent areas.

4. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

4.1 The Group will report to the Council of Governors.

4.2 The key summary of Group meetings will be submitted to the Council of Governors and the Chair of the Group shall report on its proceedings at Council of Governors meetings.

5. REVIEW

5.1 The Group will evaluate its own membership and review the effectiveness and performance of the Group on an annual basis. The Group must review its terms of reference annually and recommend any changes to the Council of Governors for approval.

Approved:

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

TERMS OF REFERENCE REVISION TRACKER

Name of Committee:	GOVERNORS ENGAGEMENT GROUP
Version:	
Implementation Date:	
Review Date:	12 months from approval
Approved by:	**NAME OF COMMITTEE**
Approval Date:	

REVISIONS			
Date	**Section**	**Reason on Change**	**Approved**
15.11.2018	3.3 Composition and conduct of the group	Deleted title Governor + Stakeholder Engagement Officer, replaced with a member of the Communications + Engagement Team	
	3.8 Minutes	Deleted title Governor + Stakeholder Engagement Officer, replaced with a member of the Communications + Engagement Team	
	3.9 Administration	Deleted title Governor + Stakeholder Engagement Officer, replaced with a member of the Communications + Engagement Team	

TERMS OF REFERENCE OBSOLETE		
Date	**Reason**	**Approved by:**

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

GOVERNOR ENGAGEMENT GROUP – DRAFT CYCLE OF BUSINESS 2019

2019	6.02.2019	8.05.2019	7.08.2019	6.11.2019
Chair's Opening Remarks & Welcome	X	X	X	X
Apologies & Declarations of Interest	X	X	X	X
Minutes of Previous Meeting	X	X	X	X
Action Log	X	X	X	X
YH Newsletter Editorial plan	X		X	
Engagement Dashboard	X	X	X	X
Public/Patient Participation Plan (Your Health Matters, WMTM)	X	X	X	X
Membership Report/Profile for Annual General Meeting			X	
AMM Planning/feedback			X	X
Governor Elections				X
Annual Governor Communications to Constituencies			X	
Engagement Strategy (PPI) refresh			X	
Terms of Reference Review				X
Cycle of Business				X

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

BOARD OF DIRECTORS

AGENDA REFERENCE:	**BM/18/09/84**
SUBJECT:	**Integrated Performance Dashboard**
DATE OF MEETING:	26th September 2018
ACTION REQUIRED	**For Discussion**
AUTHOR(S):	Marie Garnett – Head of Contracts and Performance
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse Alex Crowe – Acting Medical Director & Chief Clinical Information Officer Michelle Cloney – Director of Human Resources & Organisational Development Andrea McGee - Director of Finance & Commercial Development Lucy Gardner – Director of Transformation Chris Evans - Chief Operating Officer
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	All
STRATEGIC CONTEXT	To provide the Trust Board with assurance in relation to performance in the following areas: • Quality • Access and Performance • Workforce • Finance Sustainability
EXECUTIVE SUMMARY (KEY ISSUES):	**Quality** The Trust continues to work through the backlog of incidents which is on a downward trajectory. Root Cause Analysis (RCAs) is being undertaken around Venous Thromboembolism (VTE). Actions from the Falls collaboration are being implemented. **Access & Performance** A deep dive review of A&E performance is underway as the Trust narrowly fell short of the improvement trajectory. The Trust did not meet the 14 day breast symptomatic standard due to breaches associated

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

	with patient choice. Cancelled operations on the day for non-clinical reasons remains a challenge due to bed pressures at peak times. **Workforce** The Trust continues to reduce sickness absence in month. Return to work compliance has reduced. The HR team is working with CBUs to address. Agency nurse spend remains high, however Agency medical and Agency allied health professional spend has reduced. **Finance** The Trust has signed up to a control total of £16.9m deficit which includes Provider Sustainability Funding (PSF) of £4.9m. The planned deficit for the month ending 31st August 2018 was £10.0m. The Trust has achieved an actual deficit of £10.1m which is £0.1m above plan. Performance against the year to date control total (excluding Provider Sustainability Funding) is £11.3m deficit which is in line with plan. This financial position does not include PSF monies of £0.2m as Quarter 1 A&E 4 hour performance of 89.6% was achieved, below the 90% requirement.	
RECOMMENDATION:	The Trust Board is asked to: **1.** Note the contents of this report. **2.** Approve amendments to the Capital programme.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Choose an item.
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
FREEDOM OF INFORMATION STATUS (FOIA):	Choose an item.	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Choose an item.	

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

SUBJECT	Integrated Performance Dashboard	AGENDA REF:	BM/18/09/84

1. BACKGROUND/CONTEXT

The RAG rating for all 70 indicators from September 2017 to August 2018 is set out in Appendix 1. The Integrated Performance Dashboard (Appendix 2) has been produced to provide the Board with assurance in relation to the delivery of all KPIs across the following areas:

- Quality
- Access and Performance
- Workforce
- Finance Sustainability

2. KEY ELEMENTS

In month, there has been a movement in the RAG ratings as follows:

- Red - 25 in August increased from 24 in July.
- Amber – 11 in August increased from 10 in July.
- Green – 31 in August increased from 28 in July.
- Not RAG rated – 3 in August the same number as July.

In July, The Board approved the addition of 4 Quality indicators to the IPR. Therefore the overall number of indicators has increased from 66 to 70.

Due to validation and review timescales for Cancer, VTE, Pressure Ulcers and Sepsis, the RAG rating on the dashboard for these indicators is based on July's validated position.

Quality

Quality KPIs

There are 9 Red indicators in August, an increase of 2 in month.

The 6 indicators which were Red in July and remain Red in August are as follows:

- Incidents – the Trust had 151 open incidents which were over 40 days old in August, an increase from 129 in July.
- Healthcare Acquired Infections MRSA – the Trust reported 1 case of MRSA in April 2018 against a national threshold of zero tolerance; therefore this indicator will be Red for the remainder of the year.

- Sepsis Anti-biotic AED – the Trust achieved 88% in July (validated position) a decrease from June's position of 89% against a target of 90%.
- Total Falls & Harm Levels – there were 83 falls in August, an increase from 79 in July.
- Friends & Family Test (A&E and UCC) – the Trust achieved 86% in August, an increase from July's performance of 84% against a target of 87%.
- Mixed Sex Accommodation Breaches (MSA) – there were 19 Mixed Sex Accommodation Breaches in August, an increase from 7 in July, against a target of 0.

There is 1 indicator which has moved from Green to Red in month as follows:

- VTE Assessment – the Trust achieved 90.81% in July (validated position) a decrease from June's position of 96% against a target of 95%.

There are 2 new indicators to the Quality Dashboard which have been rated Red in month:

- Healthcare Acquired Infections CDIFF – there were 5 cases of CDIFF reported in month, an increase from 1 in July against a target of less than 2.
- Healthcare Acquired Infections Gram Negative – there were 6 cases of E-coli reported in August, the same number as July against a target of less than 2. The Trust has exceeded the number of E-coli infections against the planned improvement trajectory.

There is 1 indicator which has moved from Red to Green in month as follows:

- Medication Safety – there were no incidents of harm in August.

There is 1 Sepsis indicator which cannot be RAG rated this month as the results will not be received from Public Health England until Q3.

Access and Performance

Access and Performance KPIs

There are 8 Access and Performance indicators rated Red in August, the same number as July.

The 6 indicators which were Red in July and remain Red in August are as follows:

- A&E Waiting Times 4 hour national target – the Trust achieved 87.5% including walk ins and 85.24% excluding walk ins in August, a decrease from July's performance of 90.46% including walk ins and 88.69% excluding walk ins against a target of 95%.
- Breast Symptoms 14 days – the Trust achieved 88.41% in July's validated position, a decrease from June's performance of 92.41% against a target of 93%.
- Ambulance Handovers 30>60 minutes – there were 157 patients who experienced a delayed handover in August, an increase from 94 in July.

- Ambulance Handover at 60 minutes or more – there were 42 patients who experienced a delayed handover in August, an increase from 21 in July.
- Discharge Summaries % sent within 24 hours – the Trust achieved 87.57% in August, a slight decrease from July's performance of 87.67% against a target of 85%.
- Cancelled operations on the day (for non-clinical reasons) – there were 16 cancelled operations in August, a decrease from 17 in July.

There are 2 indicators which have moved from Green to Red in month as follows:

- A&E Waiting Times improvement trajectory – the Trust achieved 87.5% including walk ins and 85.24% excluding walk ins in August, the Trust's improvement trajectory for August was 88.8%.
- Cancer 62 days urgent – the Trust achieved 83.72% in July's validated position, a decrease from June's validated position of 86.96% against a target of 85%.

There are 2 indicators which have moved from Red to Green in month as follows:

- Diagnostic waiting times – the Trust achieved 99.59% in August, an improvement from July's performance of 98.5% against a target of 99%.
- Cancer 14 days – the Trust achieved 93.13% in July's validated position an improvement from June's position of 92% against a target of 93%.

PEOPLE

Workforce KPIs

There are 3 indicators rated Red in August, a decrease from 5 in July.

The 2 indicators which were Red in July and remain Red in August are as follows:

- Non-Contracted Pay – remains above budget at 14% of total pay from July to August.
- Agency Nurse Spend – increased to £0.32m in August, which exceeds the ceiling of £0.22m.

There is 1 additional indicator which has moved from Amber to Red as follows:

- Return to Work – the Trust achieved 71.34% in August, a decrease from 80.06% in July against a target of 85%.

There is 1 indicator which has moved from Red to Amber in month:

- Sickness Absence – the Trust achieved 4.39% in August, an improvement from 5.08% in July against a target of greater than 4.2%.

There are 2 indicators which have moved from Red to Green in month as follows:

- Agency AHP Spend – reduced to £0.126m in August which is below the ceiling of £0.127m.
- Average Length of Service (Top 10 Agency Workers) – this has reduced from 36 months in July to 29 months in August.

SUSTAINABILITY

Finance and Sustainability KPIs

There are 5 Red rated Finance and Sustainability indicators in August, an increase from 4 in July.

The 4 indicators which are Red in August are as follows:

- Operating Surplus/Deficit – the actual deficit is £10.1m which is £0.1m above the planned deficit of £10.0m. The Trust has signed up to a control total of £16.9m deficit which includes Provider Sustainability Funding (PSF) of £4.9m. Excluding the PSF, the Trust is on plan.
- Better Payment Practice Code (BPPC) – the challenging cash position results in a year to date performance of 52% which is 43% below the national standard of 95%.
- Agency Spending – the actual year to spend is £4.5m which is £0.9m above the year to date ceiling of £3.6m.
- Cost Improvement Programme – the year to date savings are £0.6m which is £0.8m below the £1.4m planned savings.

There is 1 indicator which has moved from Green to Red in month:

- Fines & Penalties – NHS England has levied a penalty of £0.015m due to the partial achievement of CQUIN in Q1.

The Income, Activity Summary and Use of Resources Rating Statement as presented to the Finance and Sustainability Committee is attached in Appendix 3. The Trust is currently forecasting achievement of the planned control total.

The Trust is working with Commissioners on a shared 3 year plan to improve sustainability using CEP Lite (Capped Expenditure Process) as a framework.

The current forecast delivery of in-year CIP poses a significant risk to the Trust's ability to deliver against the planned £16.9m deficit. Any variance from plan will have an impact on cash and will lead to the need for further loans. An urgent assessment of budgets and CIP is underway, which will inform the forecast for the Trust.

Capital Programme

The 2018/19 capital programme approved by the Board in February 2018 was £7.5m. This has increased to £10.2m to reflect a high level estimate of £2.4m for the Kendrick Wing restructure and £0.3m for externally funded schemes.

The operating position has restricted the amount of cash available for investment so the capital programme is under constant review to ensure that schemes undertaken are required for the delivery of service needs and mitigation of safety and risk issues. There are proposed changes to the capital programme, which have been supported by the Finance and Sustainability Committee on 19th September 2018. These have been summarised in Table 1 below.

Table 1: proposed changes to the 2018/19 capital programme.

Scheme	**Value £000**
Additional Funding Required	
Pharmacy Essential Power Supply (1)	6
Ward A9 Bathroom Upgrade (2)	28
Pathology Anaerobic Cabinet (externally funded) (3)	20
Meditech Restoration (4)	22
Sub total	**76**
Funding by	
External Funding	(20)
Contingency	(56)
Sub total	**(76)**
Total	**0**

(1) Dedicated essential power and network points required to use a calibrated and maintained temperature monitoring system for refrigerators containing high value medication.
(2) Completion of the conversion of a bathroom on Ward A9 to a storage room.
(3) A new Anaerobic cabinet in Pathology. Additional costs are covered by capital receipt.
(4) Restoration of the corrupt Meditech database to enable continued access for patient requirements.

An updated capital programme is attached in Appendix 4.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

KPI's that are underperforming will be managed in line with the Trust's Performance Assurance Framework.

4. ASSURANCE COMMITTEE

The following committees provide assurance to the Trust Board:

- Finance and Sustainability Committee
- Audit Committee
- Quality & Assurance Committee

- Trust Operational Board
- KPI Sub-Committee

5. RECOMMENDATIONS

The Trust Board is asked to:

1. Note the contents of this report.
2. Approve amendments to the Capital programme.

Appendix 1 – KPI RAG Rating September 2017 – August 2018

	KPI	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
	QUALITY												
1	Incidents												
2	CAS Alerts												
3	Duty of Candour												
4	Adult Safety Thermometer												
5	Children Safety Thermometer												
6	Maternity Safety Thermometer												
7	Healthcare Acquired Infections - MSRA												
8	Healthcare Acquired Infections – CDIFF												
9	Healthcare Acquired Infections – Gram Negative												
10	VTE Assessment*												
11	Safer Surgery												
12	CQUIN Sepsis AED Screening*												
13	CQUIN Sepsis Inpatient Screening*												
14	CQUIN Sepsis AED Antibiotics*												
15	CQUIN Sepsis Inpatient Antibiotics*												
16	CQUIN Sepsis Antibiotic Review*												
17	Total Falls & Harm Levels												
18	Pressure Ulcers*												
19	Medication Safety												
20	Staffing – Average Fill Rate												
21	Staffing – Care Hours Per Patient Day												
22	Mortality ratio - HSMR												
23	Mortality ratio - SHMI												
24	Total Deaths												
25	NICE Compliance												
26	Complaints												
27	Friends & Family – Inpatients & Day cases												
28	Friends & Family – A&E and UCC												
29	Mixed Sex Accommodation Breaches												
30	CQC Insight Indicator Composite Score												

Appendix 1 – KPI RAG Rating September 2017 – August 2018

	ACCESS & PERFORMANCE												
31	Diagnostic Waiting Times 6 Weeks												
32	RTT - Open Pathways												
33	RTT – Number Of Patients Waiting 52+ Weeks												
34	A&E Waiting Times – National Target												
35	A&E Waiting Times – STP Trajectory												
36	Cancer 14 Days												
37	Breast Symptoms 14 Days												
38	Cancer 31 Days First Treatment*												
39	Cancer 31 Days Subsequent Surgery*												
40	Cancer 31 Days Subsequent Drug*												
41	Cancer 62 Days Urgent*												
42	Cancer 62 Days Screening*												
43	Ambulance Handovers 30 to <60 minutes												
44	Ambulance Handovers at 60 minutes or more												
45	Discharge Summaries - % sent within 24hrs												
46	Discharge Summaries – Number NOT sent within 7 days												
47	Cancelled Operations on the day for a non-clinical reason												
48	Cancelled Operations on the day for a non-clinical reason – Not offered a date for readmission within 28 days of the cancellation												

Appendix 1 – KPI RAG Rating September 2017 – August 2018

	WORKFORCE												
49	Sickness Absence												
50	Return to Work												
51	Recruitment												
52	Turnover												
53	Non Contracted Pay												
54	Agency Nurse Spend												
55	Agency Medical Spend												
56	Agency AHP Spend												
57	Core/Mandatory Training												
58	PDR												
59	Average cost of the top 10 highest cost Agency Workers												
60	Average length of service of the top 10 longest serving agency workers												
	FINANCE												
61	Financial Position												
62	Cash Balance												
63	Capital Programme												
64	Better Payment Practice Code												
65	Use of Resources Rating												
66	Fines and Penalties												
67	Agency Spending												
68	Cost Improvement Programme – Performance to date												
69	Cost Improvement Programme – Plans in Progress (In Year)												
70	Cost Improvement Programme – Plans in Progress (Recurrent)												

*RAG rating is based on previous month's validated position for these indicators.

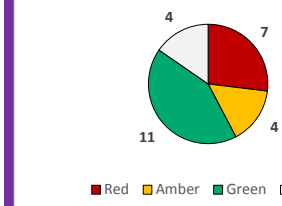
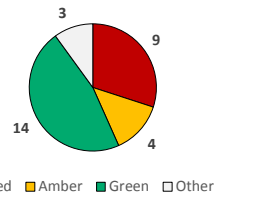
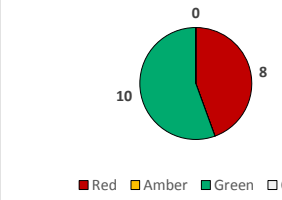
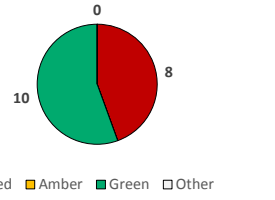
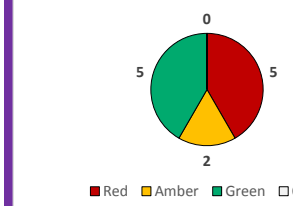
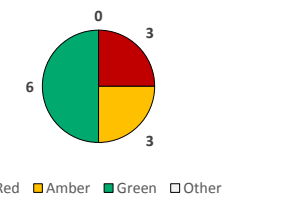
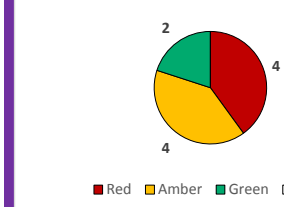
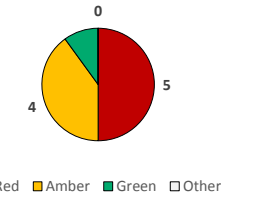
Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

Appendix 2

Key

Use of Resources Assessment Indicator UoR

	Jul-18	Aug-18	Key Points/Actions
Quality Improvement			As of 31st August 2018 there are 535 open incidents that require review and sign off. Whilst this continues to reduced in line with the improvement trajectory, work is ongoing to ensure that this remains a focus for staff. Compliance in month in relation to Duty of Candour has returned to 100%. There has been a reduction in controlled drug incidents reported in month and there has been a decrease in percentage of patients having medicines reconciliation; work is underway with specific specialties regarding this. We have achieved the targets for FFT in relation to Inpatients, with an increase in responses across inpatients and ED. Regarding Sepsis, the Trust remains marginally below the target of 90% for giving antibiotics within 1 hour. Work continues regarding education and monitoring. There has been a 9% decrease in inpatient falls reported - work continues regarding the falls safety collaborative with additional recruitment, falls equipment being agreed for trialling and new profiling beds being implemented in the month of August. The Trust has seen a decrease in complaints received in August and whilst there is no significant backlog, continues to monitor the breached complaints.
Access & Performance			In August 2018, 10 out of the 18 indicators are RAG rated as Green. The Diagnostic recovery plan delivered a compliant position in August as planned. Whilst the RTT target has remained challenging, the Trust has continued to achieve the standard in month. For A&E access, the Trust achieved 87.50% (including Widnes UCC) which fell below the agreed NHSI performance improvement trajectory of 88.8%. A deep dive to understand the reasons for the deterioration in performance and support improvement is currently underway. In line with this performance Ambulance handovers over 60 minutes and over 30 minutes have increased. Performance against cancer standards have remained positive, achieving the reportable Open Exeter position of 85.4%. However the Trust did not achieve the 2 week wait for breast symptomatic, as in previous months due to patient choice.
Workforce			Sickness Absence continues to reduce, with a focus on Mental Health and Musculoskeletal illnesses in the refreshed People Strategy. Return to work compliance continues to be below target, compliance with the Attendance Management policy will be a key focus at the inaugural Operational People Committee. Recruitment timeframes remain positive. Turnover has increased and will also be a focus of the refreshed the Peoples Strategy. Non-contracted pay spend and Agency Nurse spend remains above target. Agency Medical and Agency AHP spend has reduced. Core Skills Training compliance is positive. PDR compliance has dipped slightly below the target in month.
Finance			In the month the Trust recorded a deficit of £1.7m which increases the cumulative deficit to £10.1m which is £0.1m above plan. The year to date control total (excluding Provider Sustainability Funding) is a £11.3m deficit which is in line with plan. Year to date income is £1.2m overachieved, expenditure is £1.3m overspent and non operating expenses are in line with plan. Capital spend is £2.8m which is £0.1m above the planned capital spend of £2.7m. Due to the historic and current operating position the cash balance remains challgenging. At month end the cash balance is £1.3m which is £0.1m above the planned cash balance and the minimum cash requirement under the terms and conditions of the working capital loan. The year to date performance against the Better Payment Practice Code is 52% which is 43% lower than the 95% target. The Trust has recorded a Use of Resources Rating of 3 which is on plan.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

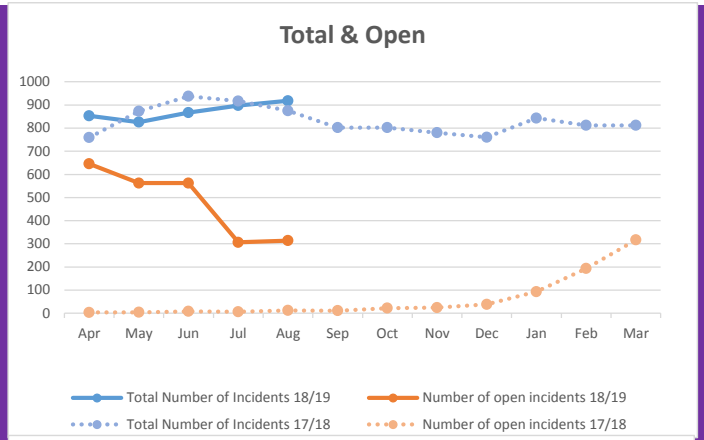
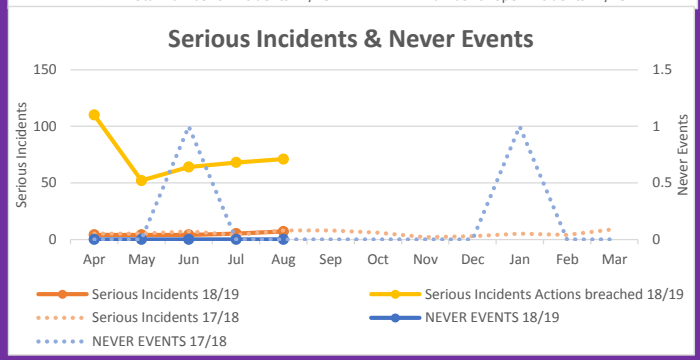
Quality Improvement - Trust Position

Description	Aggregate Position	Trend	Variation

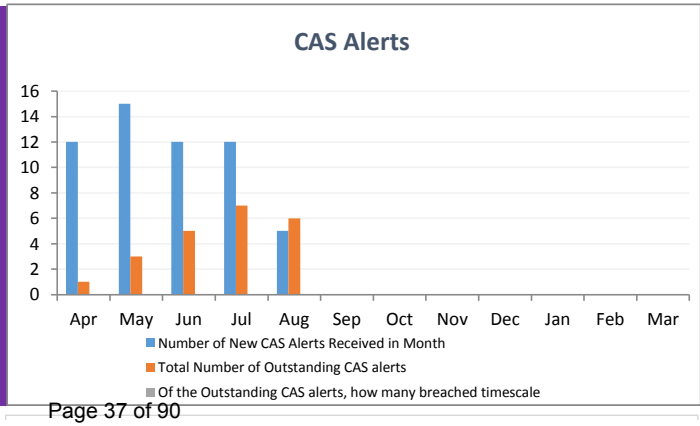
Patient Safety

Incidents

Red: 1 or more Never Events or open incidents outside 40 day timeframe .
Amber: Zero Never Events and open incidents between 20 - 40 days old.
Green: Zero Never Events and open incident within timeframe of 20 days.

Description	Aggregate Position	Trend	Variation
Number of Never Events (Never Events are serious patient safety incidents that should not occur). Number of Serious Incidents and actions breached. Number of open incidents is the total number of incidents that we have awaiting review. As part of the 2018 - 2021 Trust Quality Strategy, the Trust has pledged to Increase Incident Reporting to ensure that we don't miss opportunities to learn from our mistakes and make changes to protect patients from harm.	The target for Never Events is a zero tolerance. Green: open incidents within timeframe (within 20 working days) Amber: open incidents outside of timeframe (within 40 working days) Red: open incidents outside of timeframe (over 40 working days old).	 	As of 31st August 2018, there are 535 open incidents which require review and sign off. 452 relate to CBUs with the remaining incidents for Corporate or External Organisations. This represents a downward trajectory in line with the CQC action to close all backlog incidents. This is monitored at the monthly Getting to Good Steering Group.

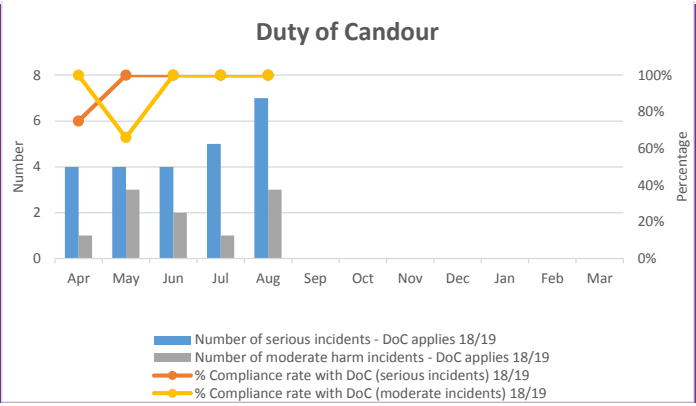
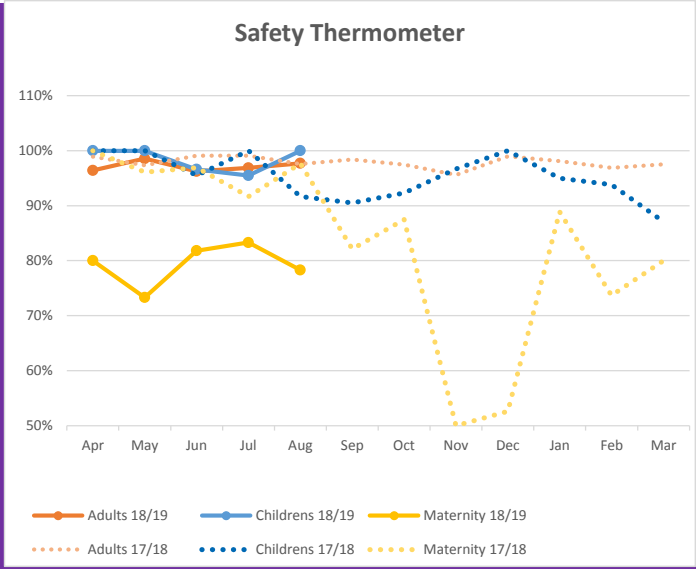
CAS Alerts -
Green - All relevant CAS Alerts actioned within timescales
Red - Applicable CAS Alert not actioned within the timescale.

Description	Aggregate Position	Trend	Variation
The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Timescales are individual dependant upon the specific CAS alerts.	All CAS alerts should be reviewed and actioned within their individual timeframes.		We received 5 alerts in August, of which 3 have been closed. There are 6 open alerts within the CAS system for the Trust. We have no alerts past the close by date.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

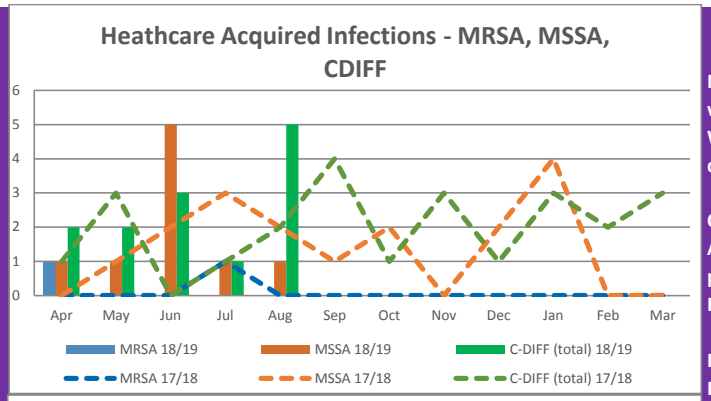
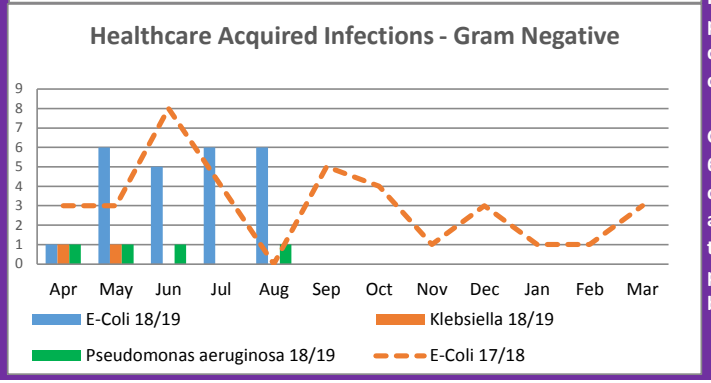
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Duty of Candour Red: <100% Green: 100%	Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Duty of Candour is where we contact the patient or their family to advise of the incident; this has to be done within 10 working days.	Duty of Candour has to be completed within 10 working days.		As previously reported, there have been 2 breaches in relation to Duty of Candour year to date where there was a delay in completing Duty of Candour within 10 working days; these were subsequently completed. These breaches occurred in May 2018, since then there have been no further breaches and the Datix system in now fully updated for all moderate harm and above incidents currently under investigation.
Adult Safety Thermometer Red: Less than 90% Amber: 90% to 94% Green: 95% or more **Childrens Safety Thermometer** Red: Less than 80% Amber: 81% to 84% Green: 85% or more **Maternity Safety Thermometer** Red: Less than 70% Amber: 70% to 73% Green: 74% or more	Measures % of adult patients who received "harm free care" defined by the absence of pressure ulcers, falls, catheter-acquired UTI's and VTE (Safety Thermometer). Children's and Maternity data has been requested. Measures % of child patients who have received an appropriate PEWS (paediatric early warning score), IV observation, pain management, pressure ulcer moisture lesion. Measures % of maternity patients who received "harm free care" in relation to defined by proportion of women that had a maternal infection, 3rd/4th perineal trauma, that had a PPH of more than 1000mls, who were left alone at a time that worried them, term babies born with an Apgar of less than 7 at 5 minutes, mother and baby separation and women that had concerns about safety during labour and birth not taken seriously.	The target for all areas is to achieve over 95%.		In August, the Adult Classic Safety Thermometer shows 5 Falls with Harm and 6 VTEs, with no individual ward being of concern. All Lead Nurses and Matrons have been advised to exercise extra vigilance in these indicators. Overall this meant a harm free percentage of 97.69%. The Maternity ST showed 78.3% harm free, the 2 areas of harm were 3rd degree tear and Post Partum Haemorrhage - the mothers' perception of their safety was 100% positive. As part of the Maternity Safety Champions work, an improvement plan is in place which is monitored at Quality Assurance Committee. The Children's ST was 100% Harm Free.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

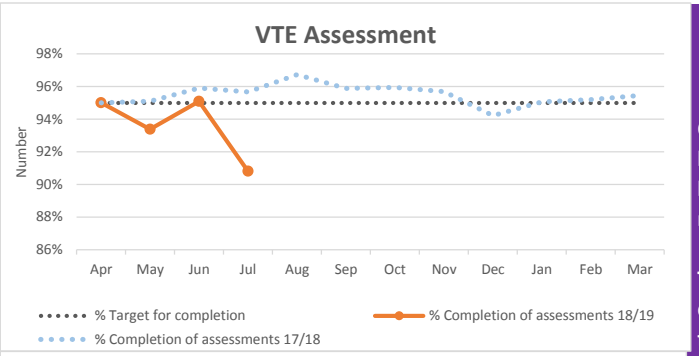
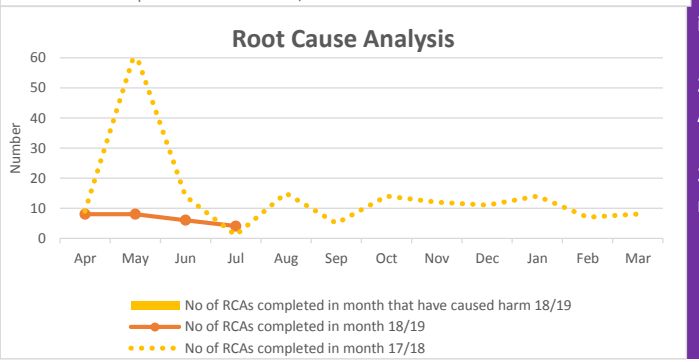
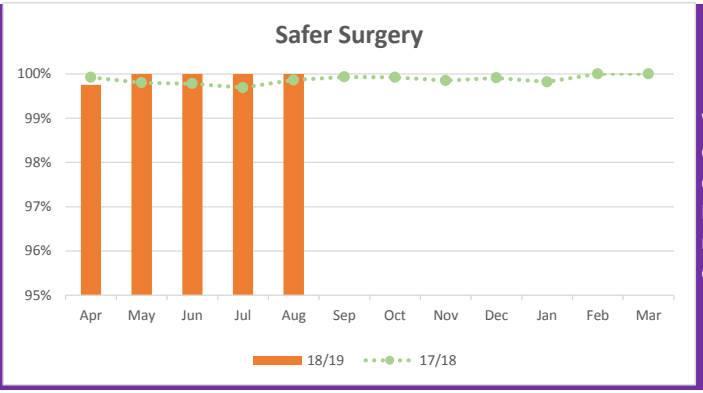
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Healthcare Acquired Infections **MRSA** **Red: 1 or more** **Healthcare Acquired Infections** **C-Difficile** **Red: More than 2** **Amber: 1 to 2** **Green: 0** **Healthcare Acquired Infections - Gram Negative** **E-Coli** **Red: More than 2** **Amber: 1 to 2** **Green: 0 OR** **Klebsiella/Pseudomonas** **Red: More than 1** **Amber: 1**	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. Those that are sensitive to methicillin are termed methicillin susceptible Staphylococcus aureus (MSSA). Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel. Escherichia coli (E-Coli) bacteraemia which is one of the largest gram negative bloodstream infections.	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. MSSA - Has no National objective set by public health. Clostridium Difficule (c-diff) due to lapses in care; agreed threshold is <=27 cases per year. E-Coli, Klebsiella, Pseudomonas aeruginosa - A national objective has been set to reduce gram negative bloodstream infections (GNBSI) by 50% by March 2021.	 	MRSA bacteraemia - 1 hospital onset case reported by ward A7 in April 2018 this was considered avoidable. Work is in progress with AED to promote timely blood culture sampling. Clostridium difficile - 5 hospital onset cases reported in August 2018. Root cause analysis investigations are in progress. Ward A7 has an increased incidence in cases. Ribotyping results are awaited. MSSA - 1 hospital onset case was reported in August. Investigations are in progress. 3 of the 9 cases FYTD are peripheral cannula related and 1 case due to sampling delay. Additional training has been carried out on cannula management. Gram negative bloodstream infections in August: E. coli 6 hospital onset cases; Klebsiella - 0 hospital onset cases and 1 case of Pseudomonas aeruginosa. A GNBSI action group has been established to review key themes from surveillance data and identify preventative action. Use of investigation toolkits has been implemented from the start of Q2.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

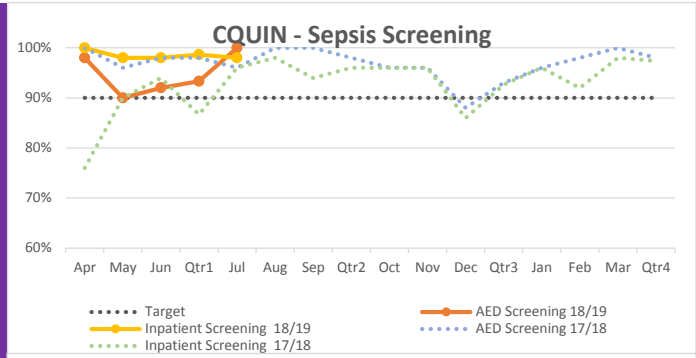
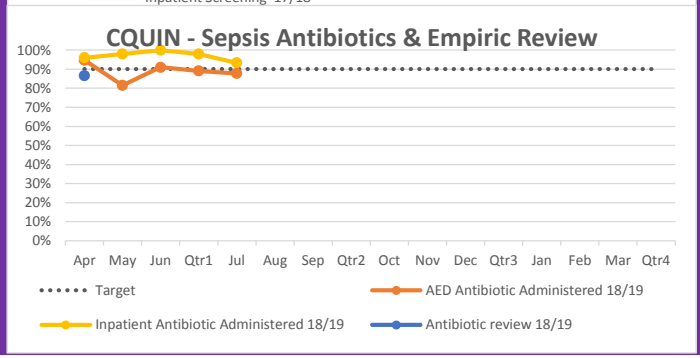
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
VTE Assessment **Red: <95%** **Green: 95% or above based on previous months' figures due to timescales for validation of data**	Venous thromboembolism (VTE) is the formation of blood clots in the vein. This data looks at the % of assessments completed in month and the incidents of preventable harm. We also look at the number of RCA's completed in relation to VTE's.	The target for completion and documentation of VTE risk assessment on admission is 95%. Regarding the VTE backlog, weekly meetings are being held, chaired by the Medical Director where it has been agreed that additional capacity to clear the backlog from 15/16, 16/17, 17/18 (risk assessed by harm and occurrence of PE).	 	**Over the previous 2 VTE workshops, 8 RCA's have been closed following review which found no harm caused by the Trust, and 9 RCA's reported as moderate harm. 3 of these cases required DOC.** **There are currently 4 RCA's from May 2017 to date that have been reviewed by AMD and ACN for patient safety that require further investigation.** **2 RCA's are currently outstanding review by the AMD and CAN for patient safety.** **30 RCA's are currently with Consultants under review.**
Safer Surgery **Red: <100%** **Green: 100%**	The Safe Surgery check list is monitored through OMIS BI and checked and validated via 20 case per month by Head of theatre services.	The target is to achieve 100%.		**We have reviewed ALL surgical procedures conducted since April 2017 as to whether a checklist was completed.** **In the month of August 100% of check lists were reviewed and the overall score was 100% compliant.**

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

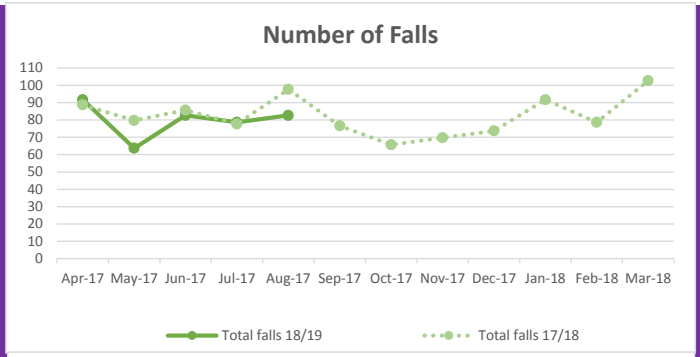
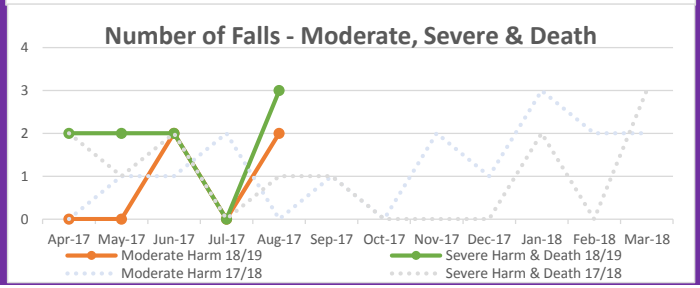
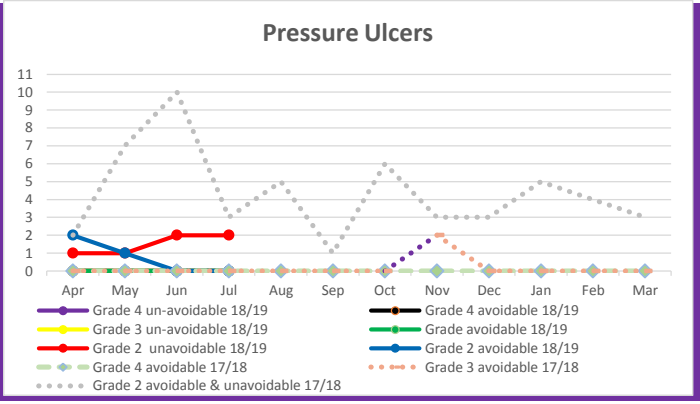
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
CQUIN - Sepsis AED Screening Red: Less than 90% Green: 90% or more CQUIN - Sepsis Inpatient Screening Red: Less than 90% Green: 90% or more CQUIN - Sepsis AED Antibiotics Administration Red: Less than 90% CQUIN - Sepsis Inpatient Antibiotics Administration Red: Less than 90% CQUIN - Sepsis Antibiotic Review	Screening of all eligible patients - acute inpatients. Screening of all eligible patients admitted to emergency areas AED. 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 target is to achieve 90%	 	Data for antibiotic review is now submitted directly to PHE by Pharmacy. Q1 data has been submitted. PHE have informed results will not be available for Q1 until Q3 - this has been raised as a concern. Q1 inpatient achieved over 90% for both screening and antibiotics, whilst ED met the screening target but missed the antibiotic target by 1% (89%). Q2 - inpatients areas are on target to meet the 90% for both screening and antibiotics within 1 hour. In July and August 100% of patients were screened for Sepsis, but the antibiotic target was missed in both months, with a trajectory dip below 90% for the quarter if results are similar in September 2018. A Task and Finish group has been established and the first meeting held with an action plan drafted.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

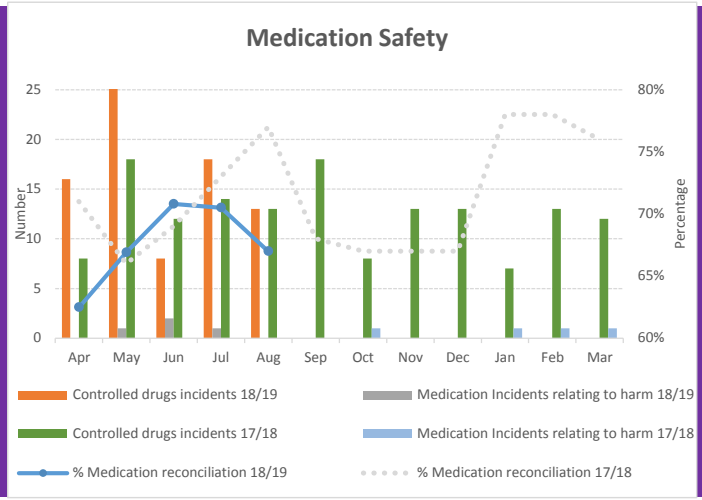
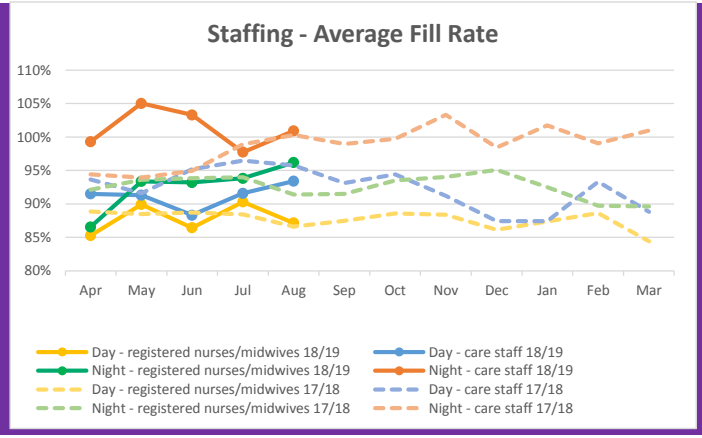
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Total number of Falls & harm levels Red: <20% decrease from 17/18 Green >20% decrease from 17/18	Total number of falls per month and their relevant harm levels.	20% reduction in falls in 2018/19 using 2017/18 data as a baseline.	 	The total number of inpatient falls has decreased from 79 to 71 which is a decrease of 9% on the previous month. Total number of all falls inclusive of staff and patients has increased from 89 to 93 an increase of 4% on the previous month. In terms of cumulative numbers of total falls for 2018/19 compared against the same period last year there is a decrease of 6% . Two serious harms were recorded in August. Common themes highlighted from falls are assessment and accurate identification of risk. The Trust Enhanced Care policy will support staff to address this. Weekly harm meetings continue with falls walks to clinical areas. Contributory factors to falls are also discussed at TWSB every weekday morning.
Pressure Ulcers Grade 4 Red: 1 or more Grade 3 Red: More than 3 Green: 3 or less Grade 2 Red: More than 7 Green: 7	Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localised damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.	Grade 4 hospital acquired (avoidable and unavoidable) Grade 3 hospital acquired(avoidable and unavoidable) Grade 2 hospital acquired (avoidable and unavoidable)		RCA panels continue to be undertaken and the outcome is not added to dashboard until it is clear if they were deemed avoidable/unavoidable. The total numbers for grade 2 pressure ulcers in June is 4 with the outcome from the panel deeming 2 of them to be avoidable. Grade 3 pressure ulcer from ICU in April deemed avoidable. Mini RCA hearings completed for all pressure ulcers up to end of June. 2 RCAs still to be heard for July (C22 and C23). RCA hearing on 18/09/2018 for grade 2 pressure ulcers:- June - B1 July - C22 & C23 August - Delivery suite (2), A2, A9. Pressure ulcers in maternity - Action plan in place.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

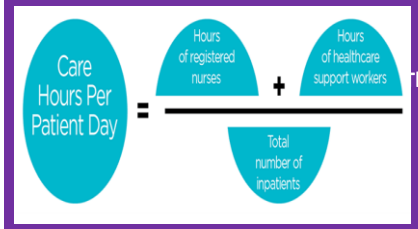
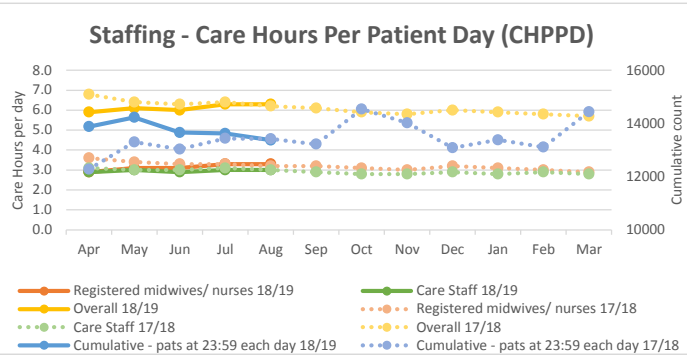
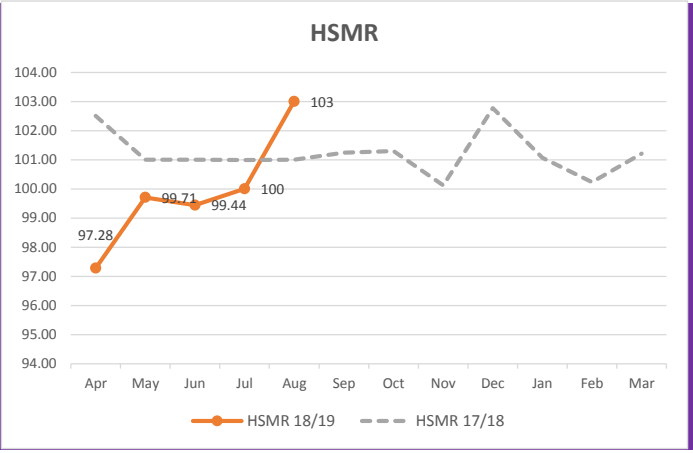
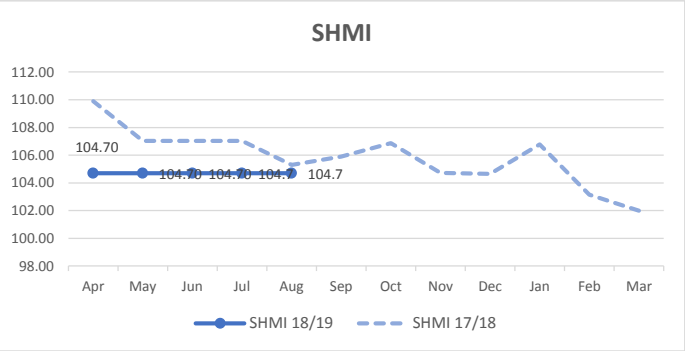
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Medication Safety Red - any incidents of harm. Green - no incidents of harm.	Overview of the current position in relation to medication, to include; medication reconciliation, controlled drugs incidents and medication incidents relating to harm.	The target for Medication Safety is a zero tolerance for incidents of harm.		The % of Medicine Reconciliation completed within 24 hours and overall is lower than the previous 2 months (24%↓ & 67%↓) due to lower % in Digestive Diseases, MSK, Specialist Surgery and Womens & Childrens Health. 24.1%↓ of Medicine Reconciliation were completed within 24 hours of admission and 45.8%↓ within 48 hours of admission. The number of Controlled Drug incidents reported in Aug (13) is lower than the previous month (18): 4 in Urgent & Emergency Care↑, 2 in Digestive Diseases↓, 2 in Specialist Medicine↓, 1 in ABC↓, 1 in MSK↔, & 1 in Specialist Surgery ↑. Learning is being identified so that it can be disseminated to individuals and collectively. The harm incident reported in July in Specialist Medicine has been reviewed and downgraded.
Staffing - Average Fill Rate Red: 0-79% Amber: 80-89% Green: 90-100%	Percentage of planned verses actual for registered and non registered staff by day and night	Target of >90%. The data produced excludes CCU, ITU and Paediatrics.		We continue to closely monitor actual versus planned hours.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

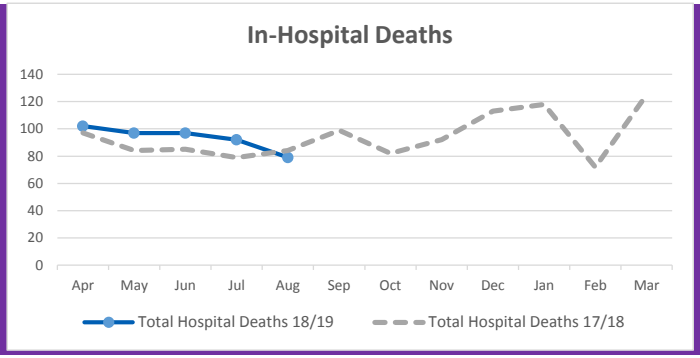
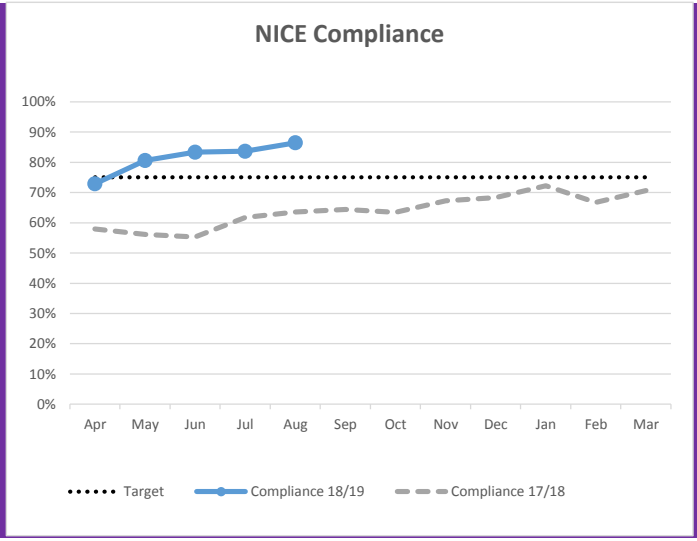
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Staffing - Care Hours Per Patient Day (CHPPD)		The data produced excludes CCU, ITU and Paediatrics and does not have an associated target.		We continue to monitor CHPPD as part of the daily responsive plans regarding care delivery.
Mortality ratio - HSMR **Red: Greater than expected** **Green: As or under expected**	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.	Target for Green would be to be within expected ranges.		We are as expected for HSMR. Our HSMR is currently at 103. Work continues regarding the implementation of our Learning from Deaths Policy.
Mortality ratio - SHMI **Red: Greater than expected** **Green: As or under expected**	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.	Target for Green would be to be within expected ranges.		SHMI source data is not currently available. NHS Digital has not been able to provide HED with the normal data used to produce SHMI related modules. They have also not been able to provide HED with any further information regarding when this data will become available so we continue to use the last known position of 104.70 which is within the expected range.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

Quality Improvement - Trust Position

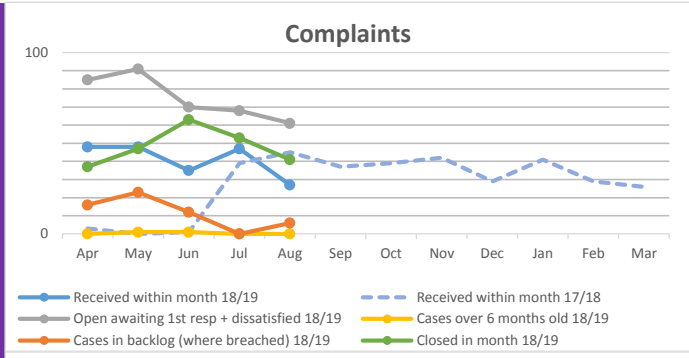
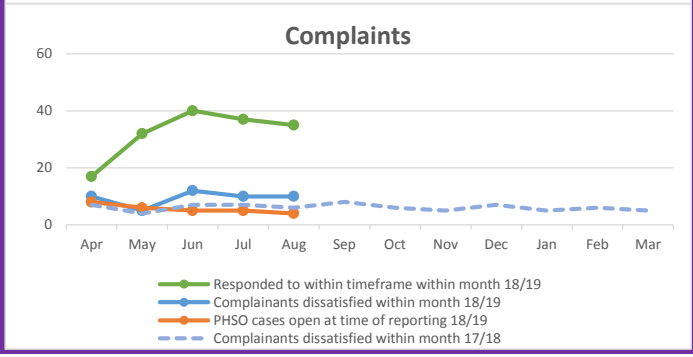
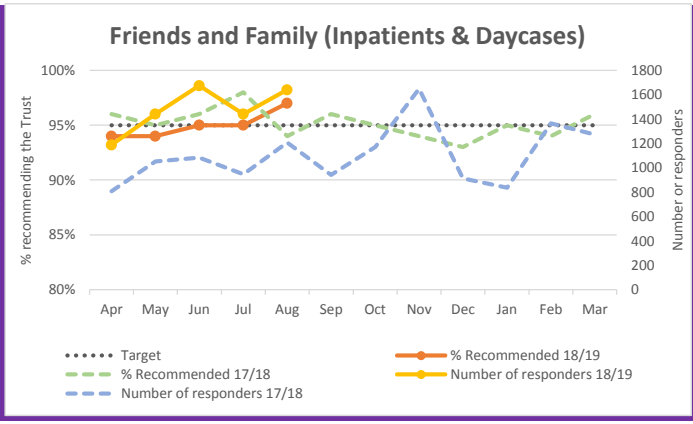
	Description	Aggregate Position	Trend	Variation
Total Deaths	Total Deaths (including A&E) - We screen all deaths within the Trust to ascertain if any harm has been caused. If harm has been caused it is subject to a further review by the Mortality Review Group.	There is no target against this indicator.		All the Standard Judgment Reviews (SJRs) are being tracked through Mortality Review Group, reporting to Patient Safety & Effectiveness Sub Committee. The Trust will report avoidable mortality in the Quality Account, which is currently being prepared. Any review conducted where these may be potentially avoidable mortality, is reported as a Serious Incident and subject to a full Root Cause Analysis before avoidability is confirmed.
NICE Compliance Red: <75% Amber: 75% to <100% Green: 100%	The National Institute for Health and Clinical Excellence (NICE) is part of the NHS and is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales and is recognised as being a world leader in setting standards for high quality healthcare and are the most prolific producer of clinical guidelines in the world.	The target is to achieve 100% compliance against all NICE guidance.		There are a total of 4 pieces of NICE Guidance which are outside the 90 day assessment period: Trust Wide 1. QS15 - Patient Experience, a Task and Finish Group has been set up for this. 2. NG89 - VTEs in over 16's - work has commenced regarding completion of baseline assessment. ABC 1. NG80 - Asthma, partially completed baseline assessment, which is being finalised. Urgent & Emergency Care 1. NG94 - Emergency and Acute Services in over 16's, which is currently being assessed.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

Quality Improvement - Trust Position

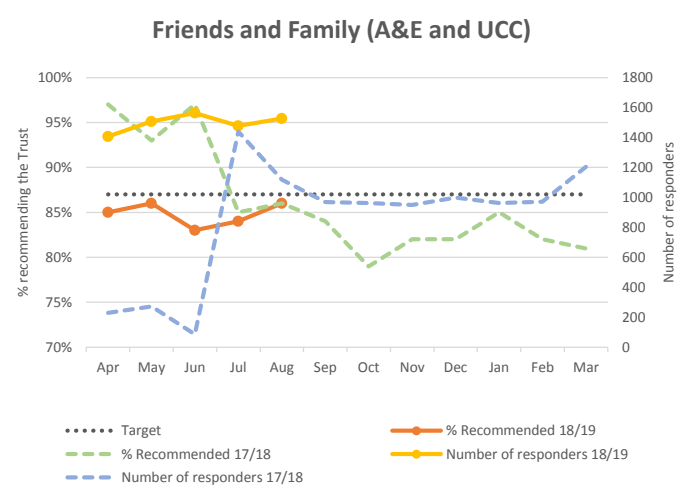
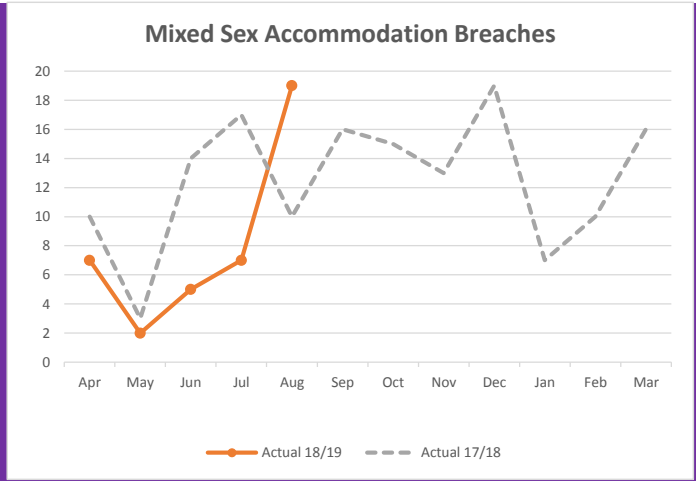
Patient Experience

	Description	Aggregate Position	Trend	Variation
Complaints	Overall review of the current complaints position, including; Number of complaints received, number of dissatisfied complaints, total number of open complaints, total number of cases over 6 months old, total number of cases in backlog where they have breached timeframes, number of cases referred to the Parliamentary and Health Service Ombudsman and the number of complaints responded to within timeframe.	Red - Trust not meeting improvement trajectories or complaints open over 6 months old. Amber - No complaints over 6 months old, Trust meeting backlog improvement targets Green - No backlog, complaints responded to within agreed timescales. Please note that the above RAG rating will be reviewed following the completion of the complaints improvement plan.	 	The Trust now holds no complaints over 6 months but has 6 complaints that have breached their deadline. Timeliness in responding has decreased in August (51% May, 67% June, 83% July, August 69%). The Trust has had an increase in complainants who have been dissatisfied but this could be due to amount of complaints that have been closed over the last two months. The Trust has received the least amount of complaints since the financial year began. Note that the Trust has cleared the backlog of complaints, we will be reviewing the RAG ratings in line with timeliness KPIs e.g. Green = 90%
Friends and Family (Inpatients & Day cases) Red: Less than 95% Green: 95% or	Percentage of Inpatients and day case patients 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?	The target set is to achieve over 95%.		For the 3rd consecutive month we have surpassed the 95% target for inpatients and day cases Friends and Family feedback with 97% of patients recommending our services. In addition the response rate has also increased from 29.5% to 32.2%.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

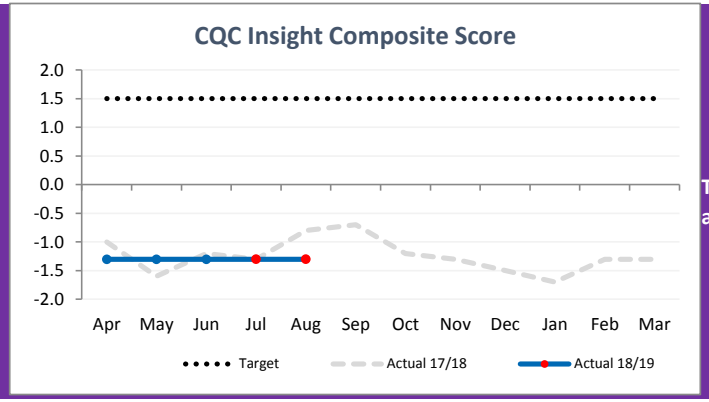
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
Friends and Family (A&E and UCC) **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?	The target set is to achieve over 87%.		There has been a 2% increase in patients recommending our A&E and Urgent Care services rising to 86%, with a target of 87%. There has also been an increase in the response rate from 17.6% in July to 20% in August 2018.
Mixed Sex Accommodation Breaches **Red: 1 or more** **Green: Zero**	We submit data to NHS England in relation to the number of occurrences of unjustified mixing in relation to sleeping accommodation.	There is a target of zero tolerance.		There have been 19 reported mixed sex accommodation breaches in August with 14 occurring in the ICU and 5 in CCU. CCU breaches were directly related to side room usage for the isolation of infectious patients.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

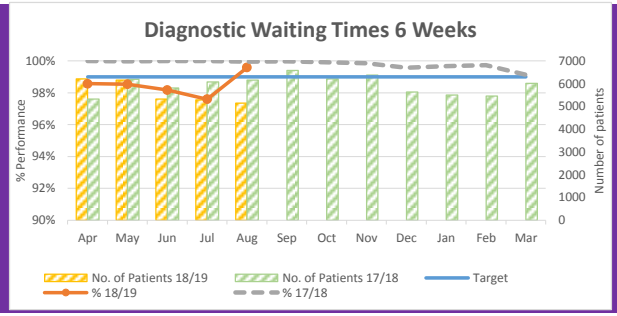
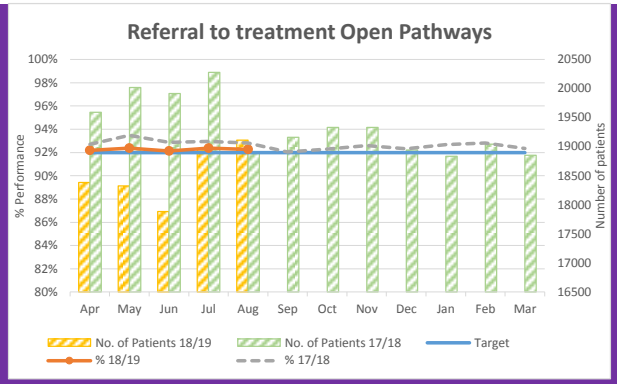
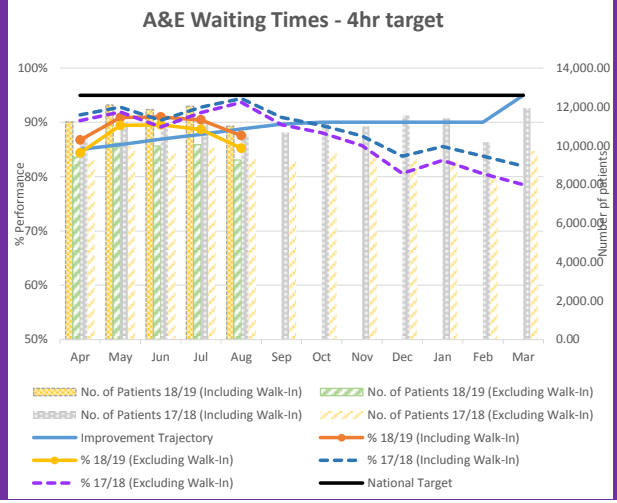
Quality Improvement - Trust Position

	Description	Aggregate Position	Trend	Variation
CQC Insight Composite Score Red (inadequate): <-3 Amber (req improvement): >-2.9 - 1.5 Green (good/outstanding): >1.5	**CQC** The CQC Insight report measures a range of performance metrics and gives an overall score based on the Trust's performance against these indicators. This is the CQC Insight Composite Score.	The RAG rating is based on the thresholds within the CQC Insight Report. Scores Below -3 are rated as "Inadequate", between -2.9 and 1.5 scores are rated as "Requires Improvement", scores between 1.5 - 4.9 are rated "Good" , scores of above 5 are rated "Outstanding"		There is no report for August so the score remains at -1.5.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

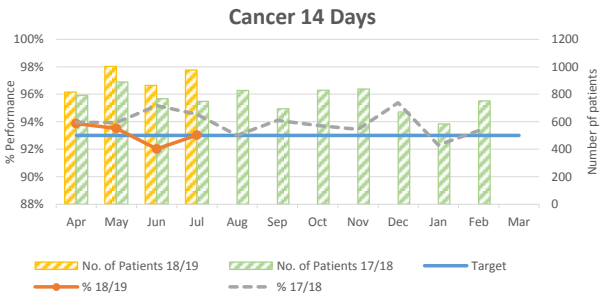
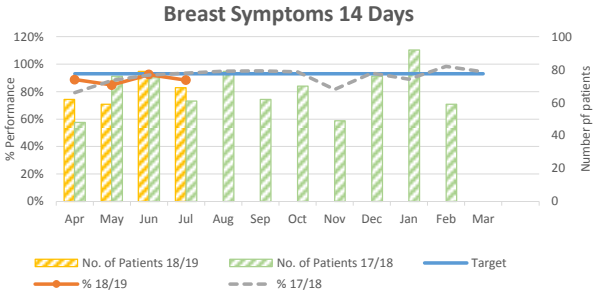
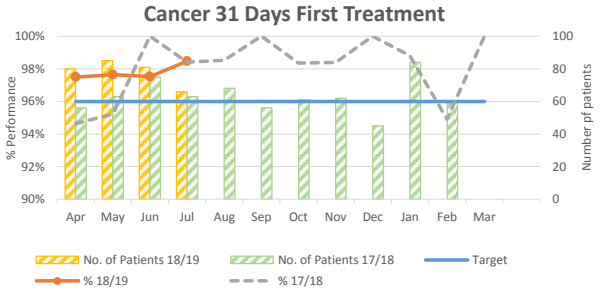
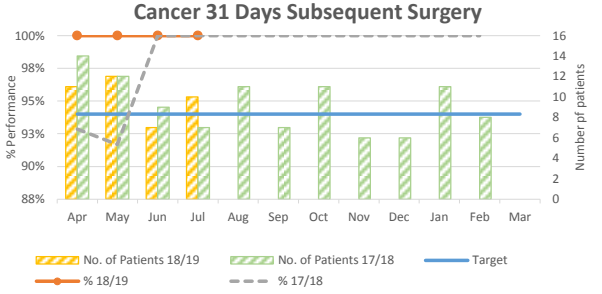
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Diagnostic Waiting Times 6 Weeks Red: Less than 99% Green: 99% or above	All diagnostic tests need to be carried out within 6 weeks of the request for the test being made. The national target is 99% or over within 6 weeks. This metric also forms part of the Trust's Sustainability and Transformation Plan (STP) Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The Trust achieved 99.59% in August 2018.		The Diagnostic target met the planned trajectory to be compliant in August. This resulted in a performance of 99.59% against a target of 99%. The business case for additional support and equipment has been agreed. Compliance against this standard is being monitored and is expected to continue to be compliant going forward.
Referral to treatment Open Pathways Red: Less than 92% Green: 92% or	Percentage of incomplete pathways waiting within 18 weeks. The national target is 92% This metric also forms part of the Trust's STP Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The Trust achieved 92.27% in August 2018.		The Trust achieved the 18 week referral to treatment target, achieving 92.27% against a target of 92%; this is a difficult target which remains challenging given the continued pressure experienced by the Trust and cancellations. Additional validation support is continuing to assist the central team and all specialities not achieving this standard have individual recovery plans in place for the remainder of the year. These are already showing improvement especially in those challenged areas such as MSK.
RTT - Number of patients waiting 52+ weeks Green = 0, otherwise Red				
Four Hour Standard - National Target Red: Less than 95% Green: 95% or above	All patients who attend A&E should wait no more than 4 hours from arrival to admission, transfer or discharge. The national target is 95% This metric also forms part of the Trust's STP improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The Trust achieved 87.5% (including walk in) and 85.24% (excluding walk in) in August 2018.		The Trust achieved 87.50% (including Widnes UCC) which narrowly fell below the agreed NHSI performance improvement trajectory of 88.8%. It was anticipated that the planned de-escalation of winter bed capacity in August would provide a challenge to maintaining improvements in performance. A deep dive review is underway to understand the specific reasons for the underachievement and identify actions to an support improvement in performance. A silver command rota remains in place which provides senior management presence in the patient flow office to ensure that challenges are actioned in a timely manner. There is a zero tolerance on non-admitted breeches for 2018/19 and performance has improved from 41% of total breaches in April 2018, to 34% in August. These are reviewed on a daily basis.
Four Hour Standard Waiting Times - STP Trajectory Red: Less than trajectory Green: Trajectory or				

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

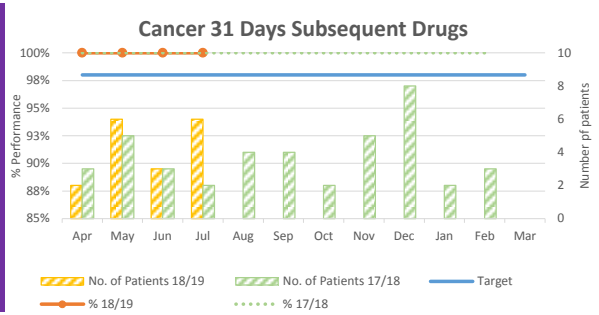
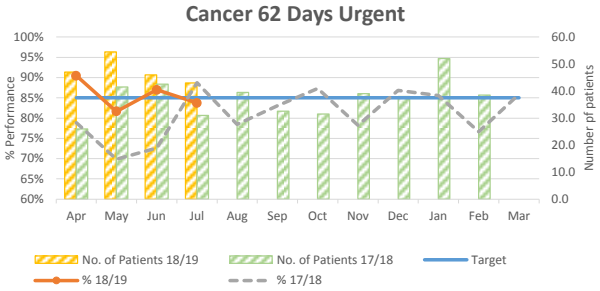
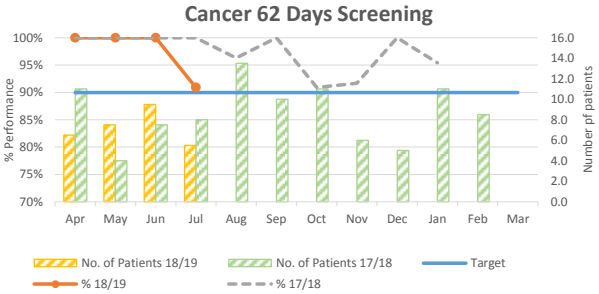
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancer 14 Days Red: Less than 93% Green: 93% or above	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.	The Trust achieved 93.13% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust achieved the Cancer 14 Day target in July . The August data is in draft format and will only be released once fully validated and uploaded in August.
Breast Symptoms 14 Days Red: Less than 93% Green: 93% or above	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.	The Trust achieved 88.41% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The 2 week wait for Breast Symptomatic failed in July and this was mainly attributed to breaches associated with patient choice. The Womens & Childrens CBU has undertaken a deep dive review and action has been taken with additional capacity being made available.
Cancer 31 Days First Treatment Red: Less than 96% Green: 96% or above	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.	The Trust achieved 98.48% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust achieved this target in July 2018.
Cancer 31 Days Subsequent Surgery Red: Less than 94% Green: 94% or above	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.	The Trust achieved 100% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust achieved this target in July 2018.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

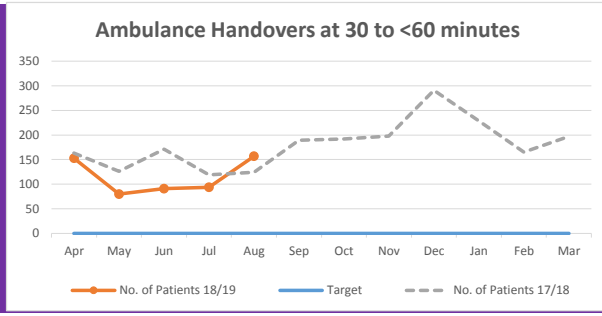
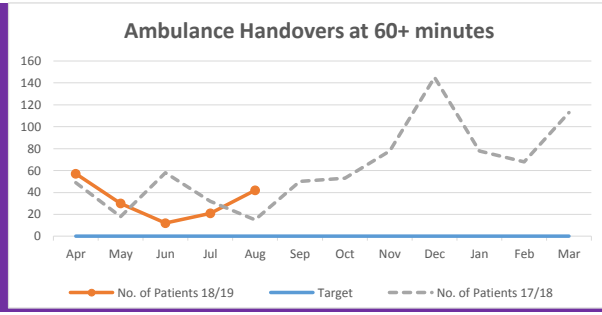
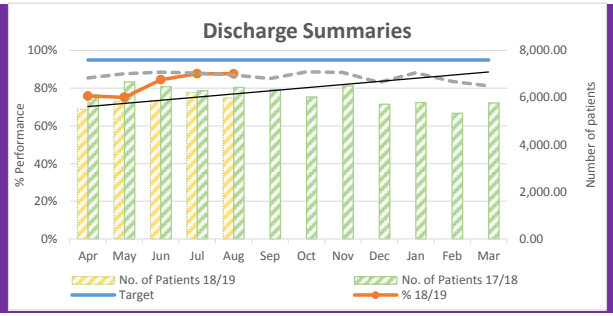
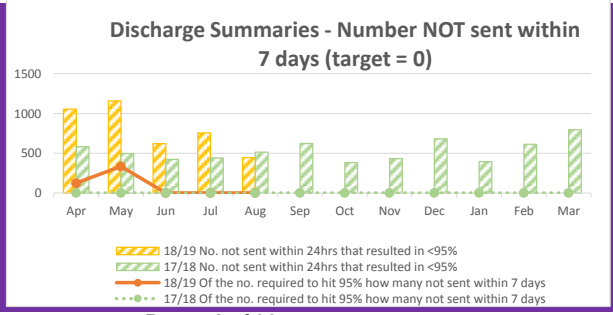
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancer 31 Days Subsequent Drug Red: Less than 98% Green: 98% or above	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.	The Trust achieved 100% in May 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust achieved this target in July 2018.
Cancer 62 Days Urgent Red: Less than 85% Green: 85% or above	All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%. This metric also forms part of the Trust's STP Improvement trajectory. The proposed tolerance levels applied to the improvement trajectories are also illustrated.	The Trust achieved 83.72% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust did not hit the threshold in July 2018 for the reallocated position with a performance of 83.7%. The Trust did achieve the Open Exeter position at 85.5% for July 2018 which is the reportable position. From Q3 the Trust will be monitored against the reallocated position.
Cancer 62 Days Screening Red: Less than 90% Green: 90% or above	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.	The Trust achieved 90.91% in July 2018 - please note cancer validation is not completed until 8 weeks after the end of the reporting period.		The Trust achieved this target in July 2018.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

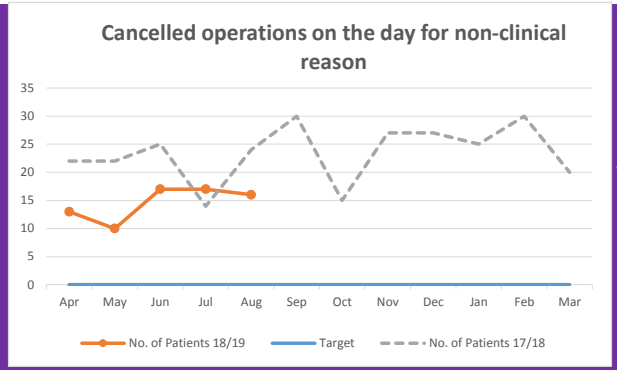
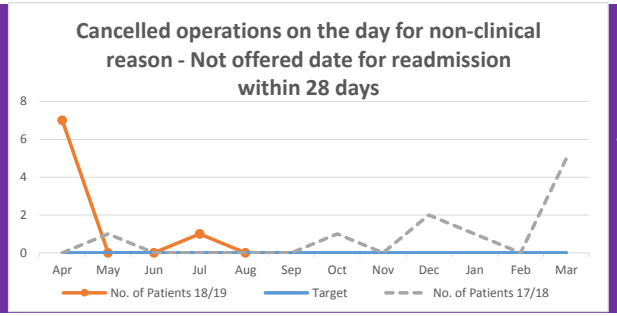
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Ambulance Handovers 30 to <60 minutes Red: More than 0 Green: 0	Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system).	There were 157 patients where the ambulance handover was between 30 and 60 minutes in August 2018.		Ambulance handovers remain a challenge particularly when we have peaks in attendances within an hour, in line with the under achievement in performance against the NHSI trajectory this position has deteriorated in August.
Ambulance Handovers at 60 minutes or more Red: More than 0 Green: 0	Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system).	There were 42 patients where the ambulance handover was more 60 minutes in August 2018.		Ambulance handovers remain a challenge particularly when we have peaks in attendances within an hour, the number of handovers greater than 60 minutes has increased in line with performance. Work continues to focus on reducing number waiting over 30 minutes.
Discharge Summaries - % sent within 24hrs Red: Less than 95% Green: 95% or above	The Trust is required to issue and send electronically a fully contractually complaint Discharge Summary within 24 hrs of the patients discharge.	The Trust achieved 87.57% in August 2018.		The Trust continues to drive compliance improvement across all CBUs. This is monitored via the weekly & monthly KPI meetings.
Discharge Summaries - Number NOT sent within 7 days Red: Above 0	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.	All discharge summaries in order to meet the 95% threshold were sent in August 2018.		The Trust achieved this target in August 2018.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

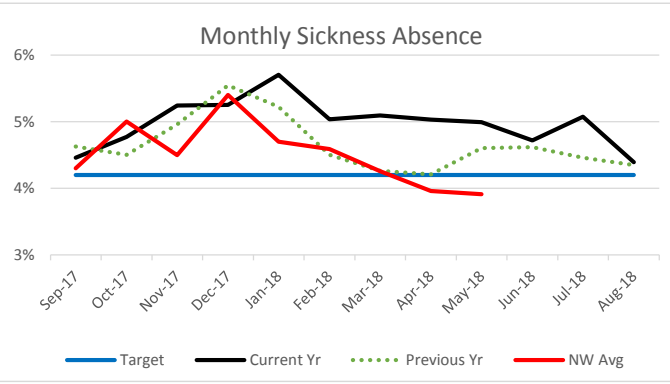
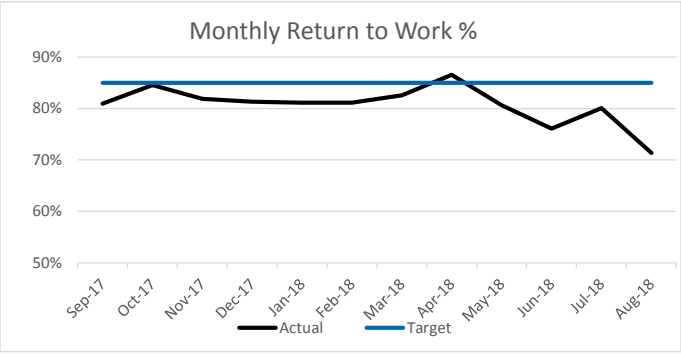
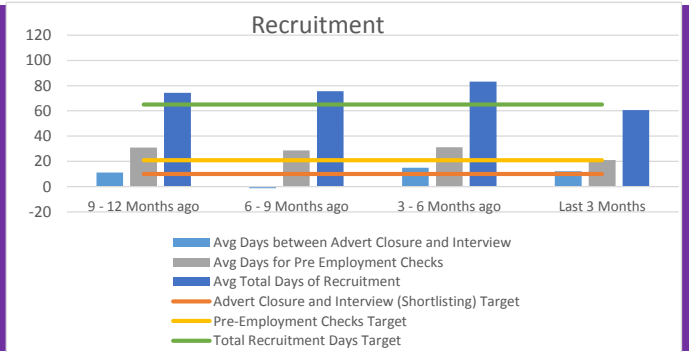
Mandatory Standards - Access & Performance - Trust Position

	Description	Aggregate Position	Trend	Variation
Cancelled Operations on the day for a non-clinical reason Red: Above zero	Number of operations cancelled on the day or after admission for a non-clinical reason.	There were 16 operations cancelled on the day due to non-clinical reasons in August 2018.		This has remained a challenge in August with bed pressures at peak times continuing.
Cancelled Operations on the day for a non-clinical reason - Not offered a date for readmission within 28 days of the cancellation	All service users who have their operation cancelled on the day or after admission for a non-clinical reason, should be offered a binding date for readmission within 28 days.	All patients whose operation was cancelled on the day for non-clinical reasons whom was not readmitted within 28 days in August 2018.		There were no breaches of the 28 day target recorded this month.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

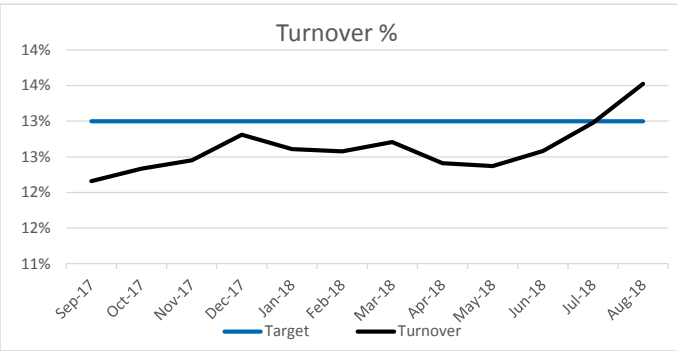
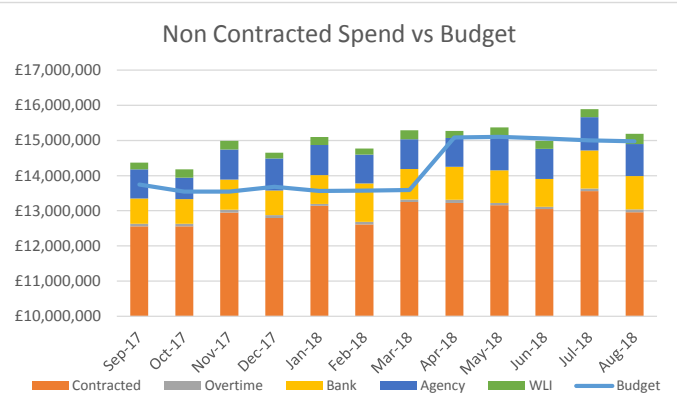
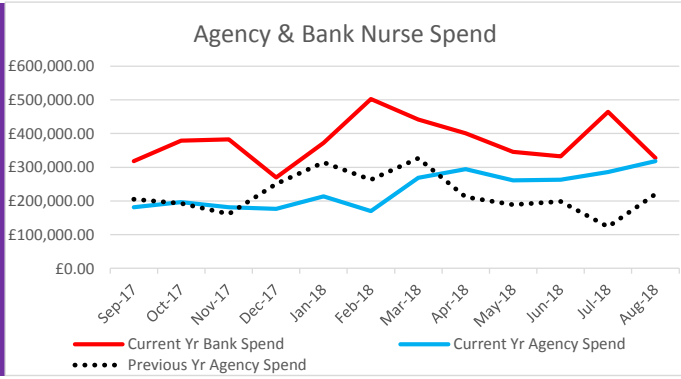
Workforce

	Description	Aggregate Position	Trend	Variation
Sickness Absence Red: Above 4.5% Amber: 4.2% to 4.5% Green: Below 4.2%	UoR Comparing the monthly sickness absence % with the Trust Target (4.2%) previous year, and North West average	Sickness absence has decreased to 4.39% against a target of 4.2%.		Sickness absence has reduced in month and is similar to the same period last year. The main reasons for absence are Mental Health and Musculoskeletal illnesses. These will be a key focus in the Trust refreshed People Strategy.
Return to Work Red: Below 75% Amber: 75% to 85% Green: Above 85%	A review of the completed monthly return to work interviews.	The RTW Interview compliance for August is currently reported at 71.34% against a target of 85%.		Return to Work Interview compliance continues to be below target. The management of sickness absence and compliance with the policy will be a key focus of the inaugural meeting of Operational People Committee in October 2018. The HR team will continue to support CBUs around Return to work compliance.
Recruitment Red: 76 days or above Amber: 66 to 76 days Green: 65 days or	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	Average time to hire has decreased to 61 days against a target of 65 days.		Recruitment timeframes are within the target and the HR and OD Directorate continues to review candidate experience. The main delay currently is in obtaining references. The Trust is working as part of a regional streamlining group to develop and implement actions around recruitment timescales.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

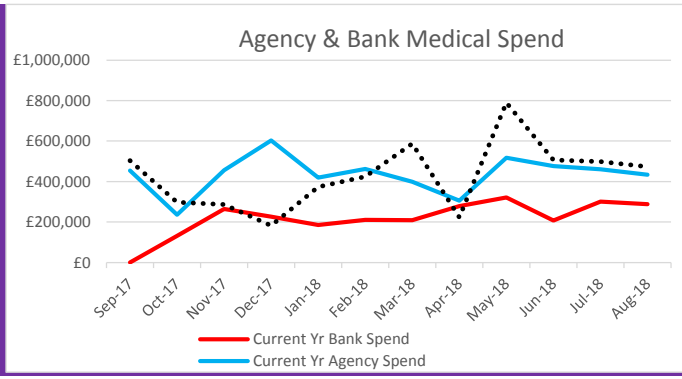
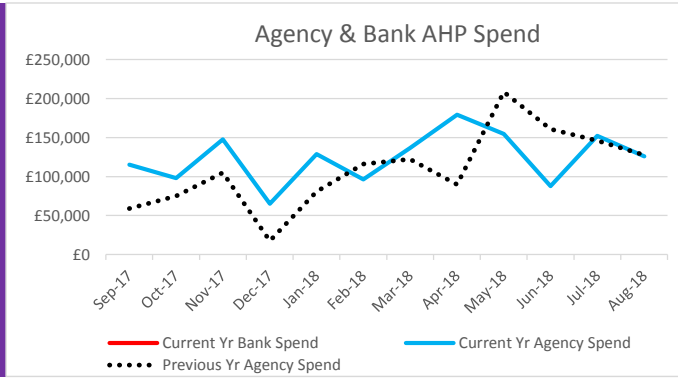
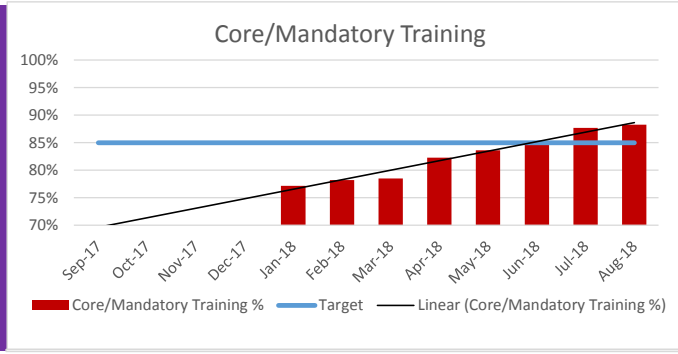
Workforce

	Description	Aggregate Position	Trend	Variation
Turnover Red: Above 15% Amber: 13% to 15% Green: Below 13%	UoR A review of the turnover percentage over the last 12 months	Trust Turnover has increased to 13.5% against a target of 13%.		Staff turnover has increased in month and is now 0.5% above target. The refreshed People Strategy will include a focus on how we retain talent within the organisation.
Non Contracted Pay Red: Greater than Budget Green: Less than Budget	UoR A review of the Non-Contacted pay as a percentage of the overall pay bill year to date	Expenditure on pay in August 2018 was £15.2m against a budget of £15m.		Total pay spend in August 2018 was £15.2m against a budget of £15m. Contracted pay spend was £13m and the remaining £2.2m was spent on temporary staffing including agency, bank, overtime and WLIs. Temporary staffing usage was 14.7% in August 2018.
Agency Nurse Spend Red: Greater than Previous Yr Green: Less then	UoR A review of the monthly spend on Agency Nurses	Agency Nurse Spend was £318k and Bank Nurse Spend was £328k in August 2018.		Throughout August 2018 there were 8,640 hours of agency work undertaken at a cost of £318k . AMU escalation has remained open and there has been a need for up to 2 staff per shift on Ward C21 in relation to a patient who required additional support. Throughout August 2018 there were 10,900 hours of bank work undertaken at a cost of £328k. 45 new Health Care Assistants and 30 Registered Nurses will begin work with the Trust in October 2018.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

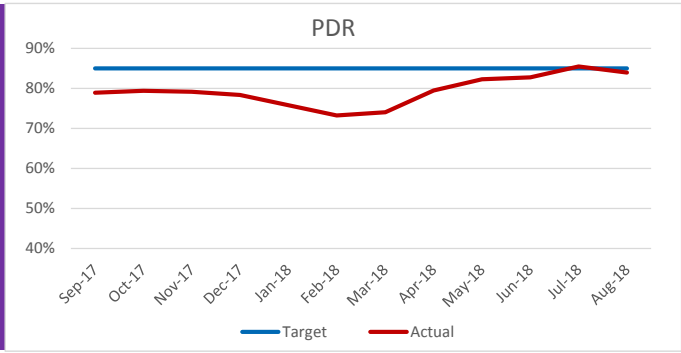
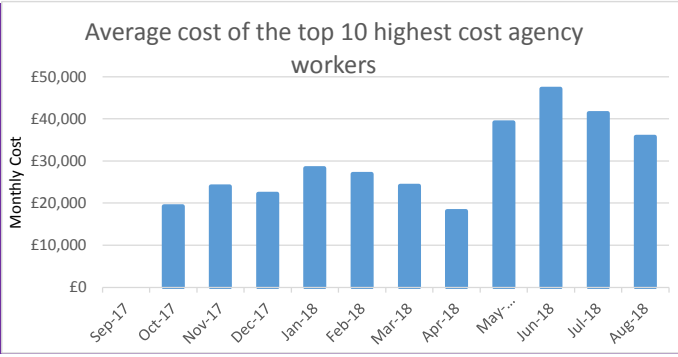
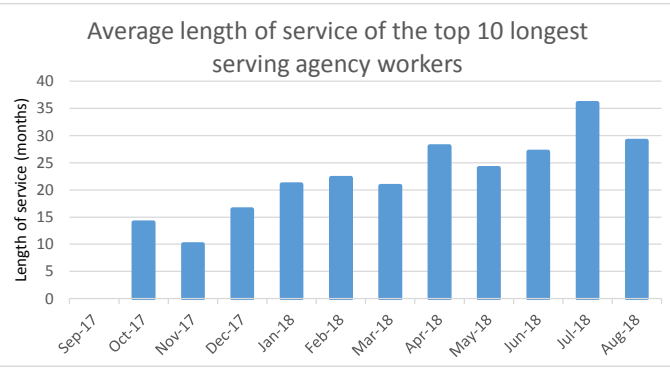
Workforce

	Description	Aggregate Position	Trend	Variation
Agency Medical Spend Red: Greater than Previous Yr Green: Less then	UoR A review of the monthly spend on Agency Locums	Medical Agency Spend was £433k and Bank Medical Spend was £289k in August 2018.		Throughout August 2018 there were 4,747 hours of agency work undertaken at a cost of £433k. The dashboard shows a decrease in medical agency spend in month and an increase in medical agency hours worked. This demonstrates the work of the Temporary Staffing Team in providing additional control around bookings and negotiating rates and commission. Medical agency spend continues to be lower than the same period last year however is the most costly element of temporary staffing spend. Medical bank spend in August 2018 reduced slightly in month, although remains above the same period last year.
Agency AHP Spend Red: Greater than Previous Yr Green: Less then Previous Yr	UoR A review of the monthly spend on AHP Locums	AHP Agency Spend was £126k in August 2018.		AHP Agency spend decreased in month, in line with trends last year. AHP agency processes have now been brought centrally into the Bank and Agency Team.
Core/Mandatory Training Red: Below 70% Amber: 70% to 85% Green: Above 85%	A summary of the Core/Mandatory Training Compliance, this includes: Conflict Resolution, Equality & Diversity, Fire Safety, Health & Safety, Infection Prevention & Control, Information Governance, Moving & Handling, PREVENT, Resuscitation and Safegarding.	Core Skills Mandatory Training Compliance was 88% in August 2018 against a target of 85%.		Core Skills Training remains above target overall. Focus in now on specific topics with low compliance, particularly Resuscitation Training.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

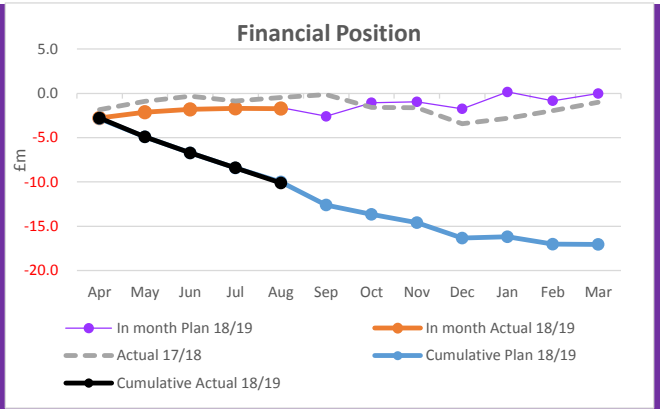
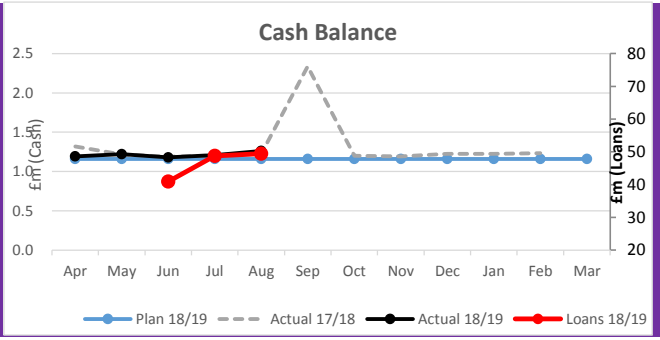
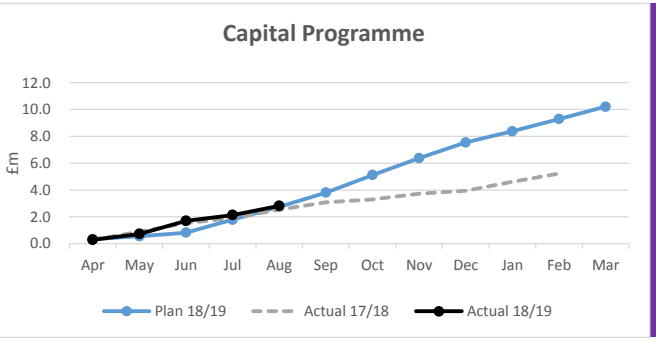
Workforce

	Description	Aggregate Position	Trend	Variation
PDR Red: Below 70% Amber: 70% to 85% Green: Above 85%	A summary of the PDR Compliance rate	PDR Compliance was 84% in August 2018 against a target of 85%.		PDR compliance has dipped 1% below target and again will be a key focus for the inaugural meeting of Operational People Committee in October 2018.
Average cost of the top 10 highest cost Agency Workers Red: Greater than previous month Green: Less than	Monthly costs for the top 10 highest cost Agency Workers	The monthly cost for the top earning agency workers ranged from £69k to £23k, with the average cost being £36k.		The average cost of agency workers has decreased in comparison with last month. Medical and AHP agency processes have been centralised into the Bank and Agency Team, providing additional grip, control and challenge to agency. Admin and Clerical will be brought centrally in the next month.
Average length of service of the top 10 longest serving agency workers Red: Greater than previous month	The length of service (months) of the Top 10 agency workers who have been working at the trust for a minimum of 3 shifts per week for a consecutive period of 6 weeks.	The length of service for the longest serving agency workers ranged from 52 months to 20 months with the average length of stay being 29 months.		The refreshed People Strategy has a focus on taking a different approach to candidate attraction in order to fill vacancies across the workforce, which in turn will address agency usage.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

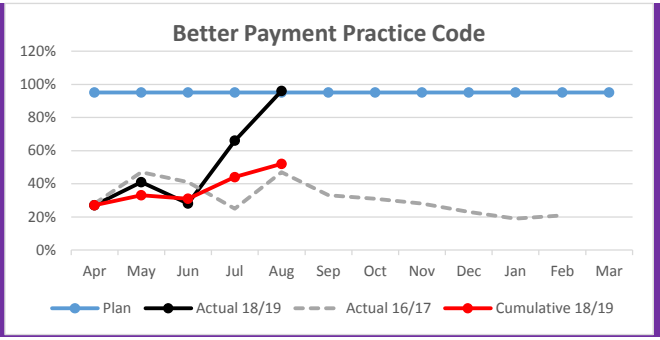
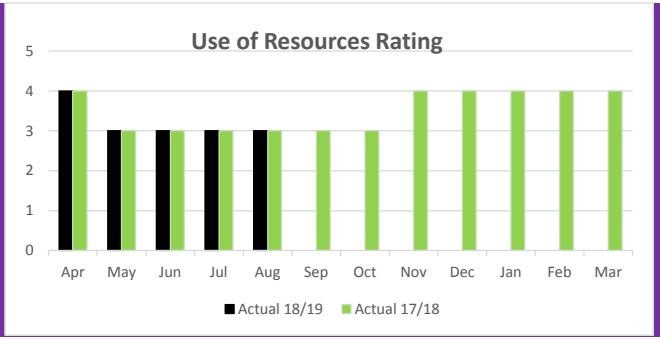
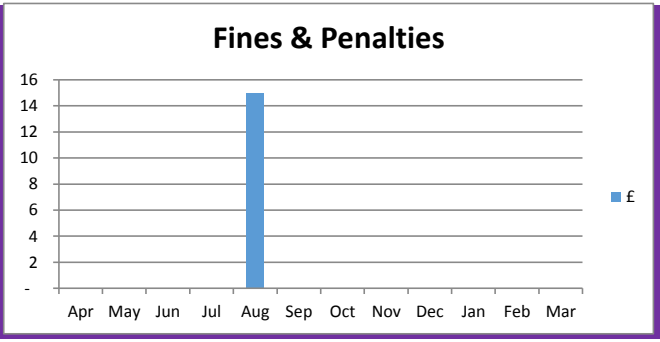
Sustainability & Mandatory Standards - Finance

	Description	Aggregate Position	Trend	Variation
Financial Position Red: Deficit Position Amber: Actual on or better than planned but still in deficit Green: Surplus	UoR Operating surplus or deficit compared to plan.	The actual deficit in the month is £1.7m which increases the cumulative deficit to £10.1m		The cumulative deficit of £10.1m is £0.1m below plan. The year to date control total (excluding Provider Sustainability Funding) is a £11.3m deficit which is in line with plan.
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	UoR Cash balance at month end compared to plan (excluding cash relating to the hosting of the Sustainability and Transformation Partnership).	The current cash balance of £1.2m equates to circa 2 days operational cash.		The current cash balance of £1.3m which is £0.1m above plan.
Capital Programme Red: Off plan <80% - >110% Amber: Off plan 80-90% or 101 - 110% Green: On plan 90%-100%	UoR Capital expenditure compared to plan (The capital plan has been increased to £10.2m as a result of additional funding from the Department of Health, Health Education England and Cantreat for equipment and building enhancements).	The actual capital spend in the month is £0.7m which increases the cumulative spend to £2.8m.		The cumulative capital spend of £2.8m is £0.1m above the planned capital spend of £2.7m.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

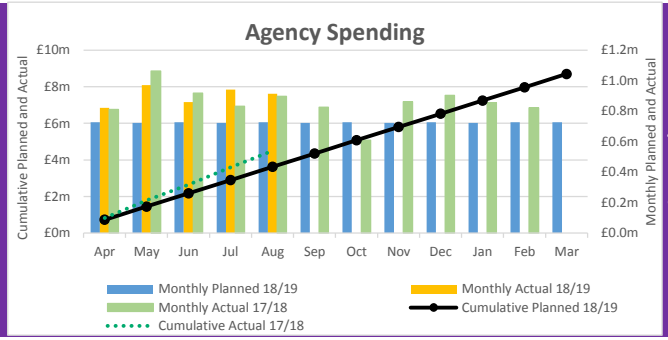
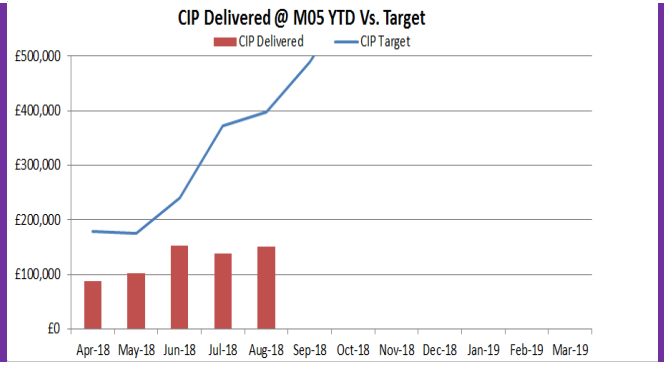
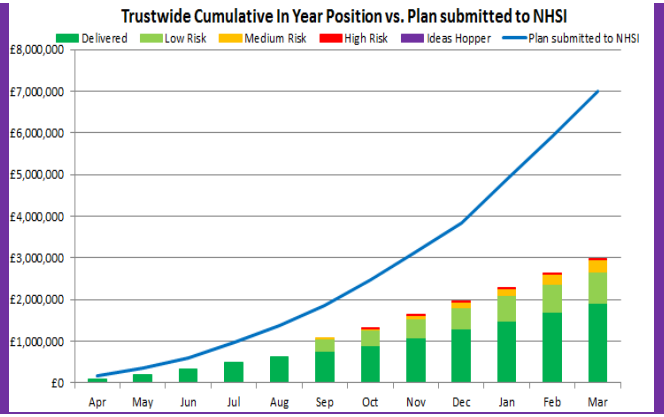
Sustainability & Mandatory Standards - Finance

	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	UoR Payment of non NHS trade invoices within 30 days of invoice date compared to target.	In month the Trust has paid 96% of suppliers within 30 days which results in a year to date performance of 52%.		The cumulative performance of 52% is 43% below the national standard of 95%, this is due to the challenging cash balance and the need to manage cash very closely. Improvement in month is due to the receipt of the £7.9m working capital loan in July which enabled payment of many aged invoices and prompt payment in August of a significant value of invoices for the Health and Care Partnership for Cheshire and Merseyside.
Use of Resources Rating Red: Use of Resource Rating 4 Amber: Use of Resource Rating 3 Green: Use of Resource Rating 1 and 2	UoR Use of Resources Rating compared to plan.	The current Use of Resources Rating is 3. Capital Servicing Capacity, Liquidity, I&E margin are scored at 4 whilst Agency Ceiling and performance against control total is scored at 2.		The current Use of Resources Rating of 3 is in line with the planned rating.
Fines and Penalties Red: Greater than zero Green: Zero	Monthly fines and penalties	Fines and Penalties are levied by commissioners as outlined in the contracts.		The Trust has been informed by NHS England that CQUINs were only partially met for Q1. The penalty for partial achievement was £15k. The Trust has agreed with commissioners in Warrington & Halton to reinvest any fines and penalties as part of the sustainability contract.

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Integrated Dashboard - August 2018

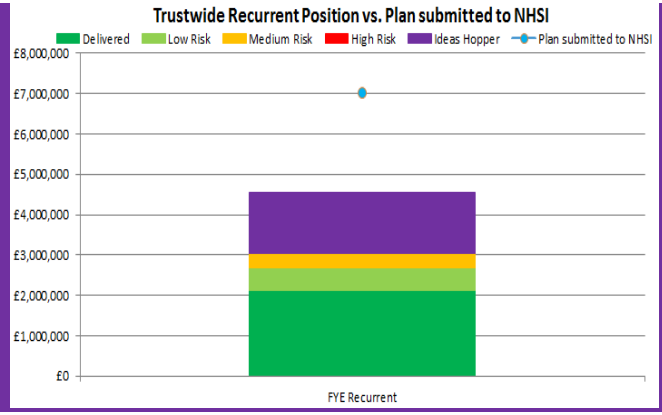
Sustainability & Mandatory Standards - Finance

	Description	Aggregate Position	Trend	Variation
Agency Spending Red: More than 105% of ceiling Amber: Over 100% but below 105% of ceiling Green: Equal to or less than agency ceiling.	UoR Agency spend compared to agency ceiling	The actual agency spend in the month is £0.9m which increases the cumulative spend to £4.5m		The cumulative agency spend of £4.5m is £0.9m (24%) above the cumulative agency ceiling of £3.6m.
Cost Improvement Programme - In year performance to date Red: 0-70% Plan delivered YTD Amber: 70-90% Plan delivered YTD Green: >90% Plan delivered YTD	Cost savings delivered compared to plan.	CIP savings delivered M5 £0.2m vs target £0.4m M5 YTD CIP £0.6m delivered vs YTD target £1.4m (46% of target).		CIP savings delivered in M5 are £0.2m behind plan. YTD M5 the Trust is £0.8m behind plan.
Cost Improvement Programme - Plans in Progress - In Year Red: Forecast is less than 50% of annual target Amber: Forecast is between 50% and 90% of the annual target Green: Forecast is more than 90% of the annual target	Planned improvements in productivity and efficiency - In Year forecast vs £7m target.	Best case In-year forecast for CIP is £3m (43% of target). Worst case In-year forecast for CIP is £2.8m (41% of target).		Best case In-Year forecast for CIP is £3m - £4m below £7m target. Worst case In-year forecast for CIP is £2.8m - £4.2m below £7m target.

Warrington and Halton Hospitals NHS Foundation Trust

Integrated Dashboard - August 2018

Sustainability & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation
Cost Improvement Programme - Plans in Progress - Recurrent Red: Forecast is less than 50% of annual target Amber: Forecast is between 50% and 90% of the annual target Green: Forecast is more than 90% of the annual target	**Planned improvements in productivity and efficiency - Full Year Forecast vs. £7m target.**	**Best case Recurrent forecast for CIP is £4.6m (65% of target)** **Worst case Recurrent forecast for CIP is £2.9m (41% of target)**		**Best case Recurrent forecast for CIP is £4.6m - £2.4m below £7m target** **Worst case Recurrent forecast for CIP is £2.9m which is £4.1m below £7m. Target**

Appendix 3

Income Statement, Activity Summary and Use of Resources Ratings as at 31st August 2018

Income Statement	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income									
NHS Clinical Income									
Elective Spells	2,947	2,391	-556	14,201	12,873	-1,327	33,894	33,894	0
Elective Excess Bed Days	9	12	4	42	71	28	101	101	0
Non Elective Spells	4,945	4,915	-30	24,523	25,174	651	59,030	59,030	0
Non Elective Excess Bed Days	169	364	195	836	1,304	468	2,013	2,013	0
Outpatient Attendances	2,915	2,795	-120	14,045	14,054	10	33,522	33,522	0
Accident & Emergency Attendances	1,077	1,180	103	5,595	6,109	514	13,451	13,451	0
Other Activity	5,673	6,040	367	28,077	28,281	204	69,120	69,120	0
Sub total	**17,734**	**17,697**	**-37**	**87,319**	**87,866**	**546**	**211,131**	**211,131**	**0**
Non NHS Clinical Income									
Private Patients	5	-2	-7	26	68	42	152	152	0
Non NHS Overseas Patients	4	0	-4	18	29	11	44	44	
Other non protected	95	56	-39	475	372	-103	1,135	1,135	0
Sub total	**104**	**54**	**-50**	**519**	**469**	**-50**	**1,331**	**1,331**	**0**
Other Operating Income									
Training & Education	641	643	2	3,205	3,208	2	7,693	7,693	0
Donations and Grants	0	98	98	0	98	98	0	0	0
Provider Sustainability Fund (PSF)	329	329	0	1,400	1,177	-223	4,942	4,942	0
Miscellaneous Income	1,575	1,819	244	7,873	8,727	854	20,503	20,503	0
Sub total	**2,545**	**2,889**	**344**	**12,479**	**13,210**	**731**	**33,138**	**33,138**	**0**
Total Operating Income	**20,383**	**20,640**	**256**	**100,317**	**101,545**	**1,227**	**245,600**	**245,600**	**0**
Operating Expenses									
Employee Benefit Expenses	-14,981	-15,194	-213	-75,230	-76,724	-1,493	-179,196	-179,196	0
Drugs	-1,419	-1,461	-42	-7,117	-6,748	368	-17,026	-17,026	0
Clinical Supplies and Services	-1,721	-1,862	-141	-8,686	-8,938	-252	-20,582	-20,582	0
Non Clinical Supplies	-3,100	-3,103	-3	-15,503	-15,547	-44	-36,874	-36,874	0
Depreciation and Amortisation	-501	-492	9	-2,503	-2,441	62	-6,007	-6,007	0
Restructuring Costs	0	0	0	0	0	0	0	0	0
Total Operating Expenses	**-21,722**	**-22,112**	**-390**	**-109,039**	**-110,398**	**-1,359**	**-259,686**	**-259,686**	**0**
Operating Surplus / (Deficit)	**-1,338**	**-1,472**	**-134**	**-8,721**	**-8,853**	**-132**	**-14,086**	**-14,086**	**0**
Non Operating Income and Expenses									
Profit / (Loss) on disposal of assets	0	1	1	0	1	1	0	0	0
Interest Income	3	6	3	15	26	11	36	36	0
Interest Expenses	-72	-73	-2	-390	-392	-2	-813	-813	0
PDC Dividends	-181	-181	0	-907	-907	0	-2,174	-2,174	0
Net Impairments	0	0	0	0	0	0	0	0	0
Total Non Operating Income and Expenses	**-250**	**-248**	**2**	**-1,282**	**-1,272**	**9**	**-2,951**	**-2,951**	**0**
Surplus / (Deficit)	**-1,588**	**-1,720**	**-132**	**-10,003**	**-10,125**	**-123**	**-17,037**	**-17,037**	**0**
Donations & Grants Income	0	-98	-98	0	-98	-98	0	0	0
Depreciation on Donated & Granted Assets	13	14	1	65	68	3	156	156	0
Performance against Control Total inc PSF	**-1,575**	**-1,804**	**-229**	**-9,938**	**-10,156**	**-218**	**-16,881**	**-16,881**	**0**
Less PSF	-329	-329	0	-1,400	-1,177	223	-4,942	-4,942	0
Performance against Control Total exc PSF	**-1,905**	**-2,133**	**-228**	**-11,338**	**-11,333**	**5**	**-21,823**	**-21,823**	**0**
Activity Summary	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**
Elective Spells	3,142	2,876	-266	15,139	14,020	-1,119	36,135	36,135	0
Elective Excess Bed Days	36	53	17	174	293	119	415	415	0
Non Elective Spells	3,107	2,873	-234	15,410	14,399	-1,011	37,091	37,091	0
Non Elective Excess Bed Days	694	1,510	816	3,441	5,402	1,961	8,283	8,283	0
Outpatient Attendances	27,173	26,131	-1,042	130,925	129,552	-1,372	312,490	312,490	0
Accident & Emergency Attendances	9,195	9,255	60	47,781	48,818	1,037	114,866	114,866	0
Use of Resources Ratings	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**
Metrics									
Capital Servicing Capacity (Times)				-4.78	-4.31	0.48	-2.69	-2.69	0.00
Liquidity Ratio (Days)				-7.3	-30.8	-23.4	-14.3	-14.3	0.0
I&E Margin (%)				-9.91%	-10.01%	-0.10%	-6.87%	-6.87%	0.00%
Performance against control total (%)				0.00%	-0.10%	-0.10%	0.00%	0.00%	0.00%
Agency Ceiling (%)				0.00%	24.42%	24.42%	0.00%	0.00%	0.00%
Ratings									
Capital Servicing Capacity (Times)				4	4	0	4	4	0
Liquidity Ratio (Days)				3	4	1	4	4	0
I&E Margin (%)				4	4	0	4	4	0
Performance against control total (%)				1	2	1	1	1	0
Agency Ceiling (%)				1	2	1	1	1	0
Use of Resources Rating				**3**	**3**	**0**	**3**	**3**	**0**

Appendix 4

2018/19 Capital Programme

Proposed Amendments

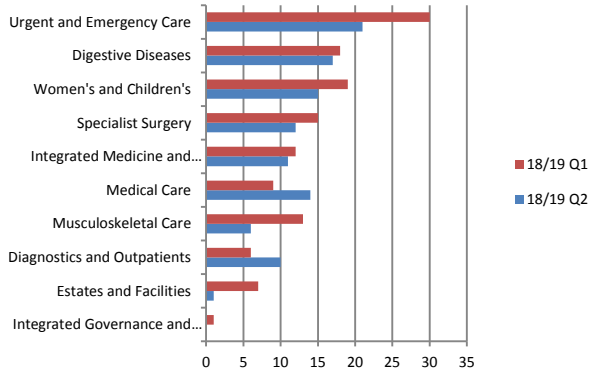
Description	Approved Programme 2018/19	Approved Amendments M1 - M4 2018/19	Proposed Amendments M5 2018/19	Total Revised Programme 2018/19
	£000	£000	£000	£000
Estates				
Backlog - Replace emergency back-up generators	400	7	0	407
Staffing	177	0	0	177
Fire - Appleton Wing, Fire Damper Second Phase, Installation	0	16	0	16
Backlog - All areas, fixed installation wiring test	50	0	0	50
Backlog - footpath, road and car park surface repairs	0	2	0	2
Backlog - Upgrade BMS system include survey	0	0	0	0
Six Facet Survey (annual rolling programme) to include dementia & disability	60	0	0	60
Backlog - Asbestos re-inspection & removals	30	0	0	30
Halton Endoscopy Essential power supply to rooms 1 & 2	20	0	0	20
Backlog - Air Con/ Cooling Sys upgrade. Ph1-Survey	12	0	0	12
Automatic sliding / entrance doors across all sites	20	0	0	20
External Fire Escapes Replace (Kendrick & Appleton)	40	3	0	43
Estates Minor Works	50	3	0	53
High Voltage Maintenance	40	0	0	40
Substation C air circuit breakers	404	0	0	404
Electrical Infrastructure Upgrade	200	0	0	200
North Lodge fire compartmentation	150	0	0	150
Appleton Wing fire doors	100	0	0	100
Thelwall House emergency escape lighting	100	0	0	100
North Lodge & Kendrick lightening protection works	100	0	0	100
Cheshire House fire doors	25	0	0	25
CCU relocation to Ward A3	728	0	0	728
Removal of redundant chillers - Croft Wing	30	0	0	30
Replacement Combi Oven (Halton Kitchems)	0	9	0	9
Ophthalmic Flat Roof Replacement	0	23	0	23
Delamere Centre (Can Treat) Enhancements (ext. funded)	0	84	0	84
Discharge Lounge/Bereavement Office	0	208	0	208
Essential Power Supply - Halton Pharmacy	0	0	6	6
Bathroom A9	0	0	28	28
Kendrick Wing Fire - Estates	0	411	0	411
Kendrick Wing Fire - F & F	0	33	0	33
Kendrick Wing Fire - Miscellaneous	0	72	0	72
Pharmacy Clinical Trials Room	0	16	0	16
	2,736	**887**	**34**	**3,657**
Medical Equipment				
AER Machines (4 W 2 H)	700	0	0	700
Warrington MRI Scanner (replacement)	1,200	0	0	1,200
ICU Ventilators	250	(11)	0	239
NICU Incubators	108	(108)	0	0
Spectrophotometer	0	10	0	10
Oral Surgery Dental Chair x1	158	(91)	0	67
Ultrasound Machine	0	58	0	58
Training Simulation Equipment (HEE) (ext. funded)	0	77	0	77
Obstretrics Simulation Monitors (HEE) (ext. funded)	0	7	0	7
Anaerobic Cabinet	0	0	20	20
Kendrick Wing Fire -Medical Equipment	0	363	0	363
Neonatal Monitors		35	0	35
	2,416	**340**	**20**	**2,776**
IM&T				
Technology & Devices refresh and developments	500	(26)	0	474
Procurement of Lorenzo work list activity	0	38	0	38
SAM	30	0	0	30
Security (Stonesoft firewall replacement/renewal)	200	0	0	200
Server refresh	100	0	0	100
VDI Roll Out	150	0	0	150
SIP Setup Costs	15	0	0	15
BI Tool	27	0	0	27
IPPMA/ePrescribing/ePMA	250	(59)	0	191
ePMA Lorenzo Digital Exemplar (LDE)	0	59	0	59
Video MDT (PDC) (ext. funded)	0	100	0	100
Meditech Restoration	0	0	22	22
Kendrick Wing Fire - IT	0	174	0	174
	1,272	**286**	**22**	**1,580**
CQC Reserve	500	(3)	0	497
Kendrick Wing Fire Balance	0	1,347	0	1,347
Contingency	624	(189)	(56)	379
Totals	**7,548**	**2,668**	**20**	**10,236**

Complaints Headlines Q1 vs Q2

Warrington and Halton Hospitals NHS
NHS Foundation Trust

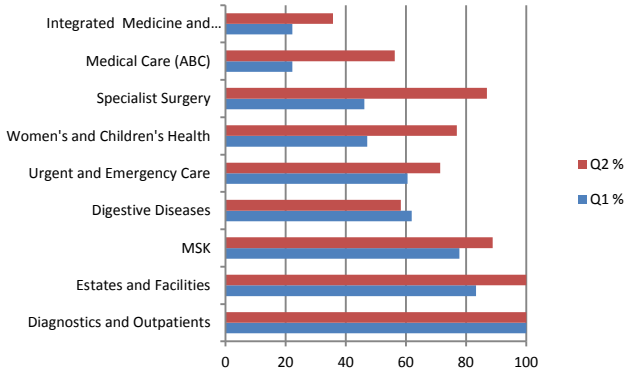
How many people are raising complaints Q1 vs Q2?

- There was an **decrease** in complaints opened Trust wide in Q1 (130 in Q1 vs 107 in Q2).
- All areas had a **decrease** in complaints or stayed the same as the pervious quarter; except Medical Care (ABC) and Diagnostics and Outpatients who's complaints increased.



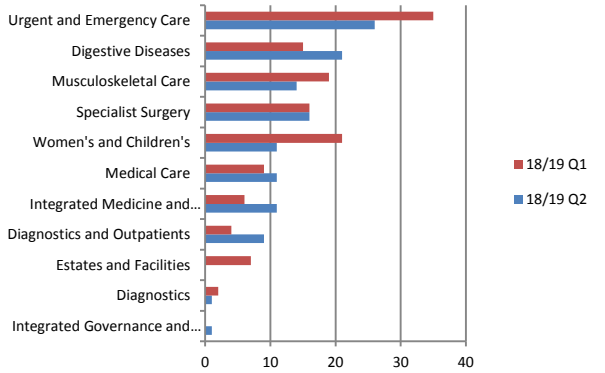
Are we Responsive Q1 vs Q2?

- The majority of areas managed to increase or maintain their performance for responding to complaints on time, Digestive Disease beings the only CBU that did not, and there was an increase overall from Q1 (56.6% in Q1 vs 71.4% in Q2).
- The Trust currently has 10 breached complaints but no complaints over 6 months. This helps improve safety and also means we are responding to patients and families concerns in agreed timeframes and putting actions in place at the time so they are more pertinent.



How many complaints has the Trust closed Q1 vs Q2?

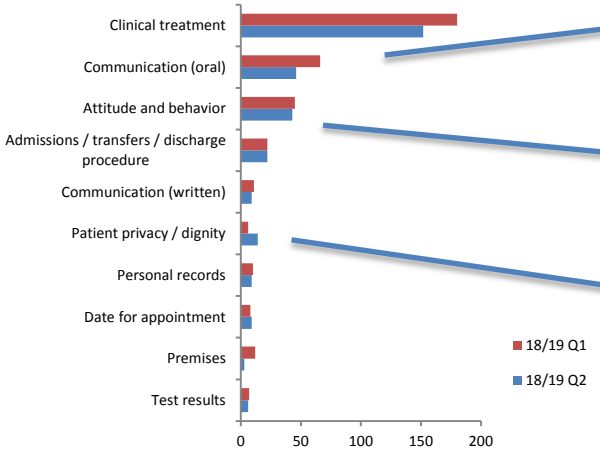
- There was a **decrease** in complaints closed in the Trust in Q1 (134 in Q1 vs 121 in Q2).
- Urgent and Emergency Care, MSK, Women's and Children's, and Diagnostics and Outpatients have decreased the amount of complaints they have closed, while other areas have increased. This needs to be taken in context as due to a reduction in the backlog of complaints, there are less to close.



Complaints Analysis Q1 vs Q2

Warrington and Halton Hospitals NHS
NHS Foundation Trust

The information shows the top subjects in complaints in Q1 vs Q2. Note: Complaints can have more than one subject.



Communication:

- A lack of communication in relation to discharge procedures and what the next steps of care are for the patients.
- Lack of communication of discharges to carer's / families.
- Inadequate follow up care.
- This issue can also be linked to when the Trust is on full capacity.
- Waiting time in other areas and wards is also a theme due to high pressure.
- Delays in transfers and lack of communication around treatment plans.

Attitude:

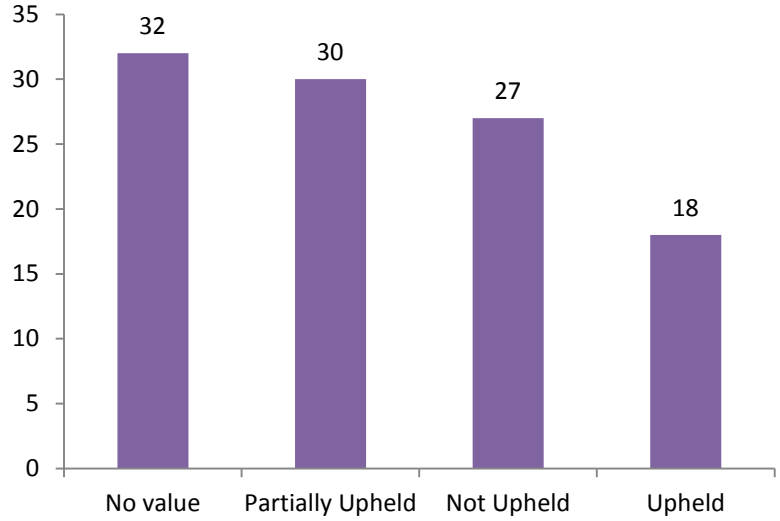
- This is an emerging theme and has been monitored since Q4. It has decreased slightly but is comparatively high for Q2. The Trust Customer Care training has been designed to help staff members to provide support to patients and families in a caring and responsive manner.
- There is a perception that staff may sound abrupt or as if they are not listening to the patients concerns. Staff are asked to reflect on concerns raised about their attitude when this occurs.

Privacy and Dignity:

- This is an emerging theme.
- The complaints centre around patients not being afforded privacy of communication around diagnosis, lack of privacy at appointments and some are in relation to the general care on the wards.

Complaints Outcomes Q2

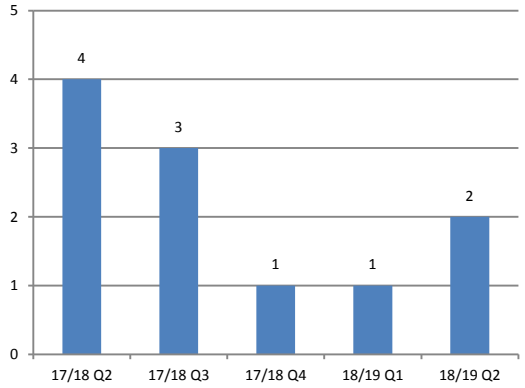
Once a complaint has concluded (either following a local resolution meeting or once a formal written response has been sent) the outcome will be recorded in line with the findings of the investigation. A complaint will be “upheld”, “upheld in part” or “not upheld”. Those not yet concluded or those to which we have not yet received consent at the time of writing this report, are categorised as “No value”.



Warrington and Halton Hospitals NHS
NHS Foundation Trust

So how many complaints do they investigate?

The PHSO has commenced 2 investigations into the Trust in Q2. 1 investigation was opened in Q1.

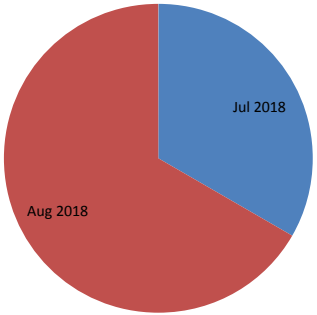


Complainants dissatisfied with the Trust's response have the right to ask the Parliamentary Health Service Ombudsman (PHSO) to consider their complaint. The PHSO will consider the complaint file, medical records and any other relevant information as necessary. The PHSO may decide not to investigate further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

NOTE: The PHSO have changed how they investigate complaints and when investigations start; therefore previous graphical data may have changed in this report.

And what are the outcomes?

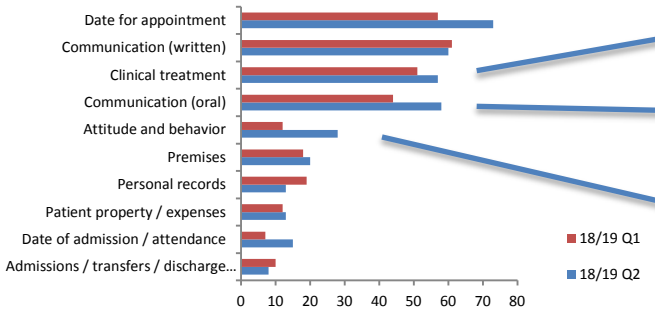
The Trust currently has 3 open PHSO cases. The PHSO finalised 3 investigations during this period. The PHSO did not uphold 2 complaints and partially upheld 1 complaint.



PALS Analysis Q2

Warrington and Halton Hospitals NHS
NHS Foundation Trust

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



Date for appointment:
- Patients waiting prolonged periods for appointments.
- Patients would like their appointment dates bringing forward.
- Cancellation of appointments.

Clinical Treatment:
- Delay in treatment.
- Concerns raised about care on the ward.
- Patients and relatives would like a second opinion as unhappy with treatment plan.

Communication:
- Poor communication from staff about plan of care.
- Patients would like automated phone calls stopped to remind them of appointments.
- Interpreter has cancelled at short notice.

Attitude and Behaviour:
- Bedside manner of clinical staff upsetting patients and relatives.
- Patients feel that clinical staff have been rude and humiliated them.
- Patients being triaged and made to feel they are wasting time.

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

Q1	Q2
4 days	5 days

PALS to Complaints referrals:

Q1	Q2
9	6

Learning from Complaints and PALS in Q2

You Said….	We Did….
The complainant was concerned around the nursing care the patient was receiving.	The Lead Nurse has recommended additional training for the staff on Care and Comfort rounds to ensure that staff are completing these correctly and that patients are regularly being reviewed. By the nursing team.
Following several complaints regarding staff attitude.	The Trust has continued to develop the Customer Care package and it will continue be rolled out and developed over the coming months.
The complainant is concerned that the patient was given too much antibiotic.	The documentation has been revised by the Lead Consultant to avoid this error happening again.
Learning from complaints.	The Head of Claims, Complaints and PALS is working with the ED Governance Lead to produce a session on learning from incidents and complaints for our Junior Doctors.

Complaints Headlines

- The number of complaints the Trust has received has decreased to the average level, based on a rolling year, again over the past two months.
- The Trust is closing less complaints; partially due to there being less complaints to close without a backlog and partially due to fewer responses over the last couple months.
- Many of the issue raised with the PALS relate to cancellation of appointments and communications around medical care.
- There has been a decrease in timeliness of response over the last two months. However, the Trust still performed better in Q2 than Q1 on timeliness.
- In Q2 there were 3 complaints that were deemed to be SIs and RCA investigations are currently being undertaken into these complaints. There were no complaint to SI conversions in Q1.
- Continued improvement in the Trust culture to resolve complaints locally and rapidly.
- Reporting on action from complaints to ensure compliance. CBU staff are now starting to complete actions as they have access through the Datix Web project.
- Auditing the actions from complaints to ensure that they have made the desired change.
- The PALS office is in the process of being reviewed and redesigned to make it more accommodating for our patients and service users. This has been has now been funded and the work is being carried out by Estates.
- The Head of Complaints and PALS will be attending the End of Life Steering Group to discuss complaints.
- The CBU staff and managers now have access to Governance dashboards to review their live data.
- Internal audits of the complaints process are taking place within the complaints team to measure compliance against policy.
- There is a reduction in PHSO referrals and the Trust will continue to try and resolve all concerns locally at the Trust.
- Focus on learning to reduce the amount of complaints the Trust received. This is part of a QI project.

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/18/11/63**
SUBJECT:	**Freedom to Speak Up**
DATE OF MEETING:	15/11/18
ACTION REQUIRED	**The Council of Governors is asked to note progress made against the FTUSU agenda.**
AUTHOR(S):	Kimberley Salmon-Jamieson, Chief Nurse
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse
EXECUTIVE SUMMARY	The Council of Governors is asked to note the progress of Freedom To Speak Up agenda which links to Board Assurance Framework areas: • BAF 1.1: Compliance for Quality • BAF 1.2: Health and Safety • BAF 2.1: Engage Staff, Adopt New Working, New Systems In addition to the above links to BAF FTSU forms part of the Care Quality Commission's KLOE 3.
RECOMMENDATIONS:	**The Council of Governors is asked to note progress made against the FTSU agenda**
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None

We are WHH

NHS Warrington and Halton Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

SUBJECT	Freedom to Speak Up	AGENDA REF:	COG/18/11/63

1. BACKGROUND/CONTEXT

The purpose of this paper is to update the Trust Board on the activities of the Freedom to Speak Up (FTSU) Team. As recommended by Sir Robert Francis in the Freedom to Speak Up review the FTSU agenda should contribute to a more open and supportive culture that encourages staff to raise issues related to patient care and safety.

The National Guardian's Office asked Freedom to Speak up Guardians in all Trusts and Foundation Trusts for information on Freedom to Speak Up cases raised with them in the second quarter of 2018/19 (July-September 2018). This was submitted to NHSI and is available at the National Guardian's Office website by clicking here

2. KEY ELEMENTS

The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question. An FTSU annual plan has been drafted and the draft version of the FTSU self-review toolkit was included for consideration of the Board of Directors at the September 2018 meeting of the Trust Board.

Benchmarking performed against other similar sized Trusts in the North West indicates that cases dealt with under the FTSU procedure at WHHFT are roughly commensurate with activity seen at those Trusts.

Table 1: 2018/19 Quarter 1 FTSU disclosures

Trust name	Number of cases	Cases raised anon	Element of patient safety/ quality	Element of bullying or harassment	Suffering detriment
The Clatterbridge Cancer Centre NHS FT	0	0	0	0	0
Bridgewater Community Healthcare NHS FT	4	1	2	2	0
Warrington and Halton Hospitals NHS FT	1	0	0	0	0
Liverpool Heart and Chest Hospital NHS FT	1	0	0	1	0
East Cheshire NHS Trust	3	0	1	0	1
Alder Hey Children's NHS FT	4	1	1	3	0
The Christie NHS FT	4	1	0	3	0
Mid Cheshire Hospitals NHS FT	1	0	1	0	0
The Walton Centre NHS FT	5	0	0	0	0
Liverpool Women's NHS FT	9	0	5	3	1
Southport and Ormskirk Hospital	9	3	3	2	0
Countess of Chester Hospital NHS FT	10	1	9	10	0
Stockport NHS Foundation Trust	10	0	9	1	0
Tameside and Glossop Integrated Care FT	5	0	2	4	2

Quarter 2 figures have not yet been submitted externally but to date there have been 7 cases.

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

Reporting on progress of FTSU work carried out and progress against the Freedom to Speak Up self-review tool should be reported to the Board of Directors. Reporting to the Board and reporting to the requisite external bodies will be led by The Trust's Freedom to Speak Up Guardian, Jane Hurst, (Deputy Director of Finance).

4. IMPACT ON QPS?

The quality of clinical services could be affected if ineffectual FTSU processes are deployed. The ability to speak up in the event that safety or care issues arise is a fundamental part of a quality safety culture.

5. MEASUREMENTS/EVALUATIONS

- Completion of the Freedom to Speak Up self-assessment tool.
- Benchmarking against similar sized Trusts to determine whether Warrington and Halton Hospitals NHS Foundation Trust FTSU activity is comparable.
- Evaluate progress against the Trust's FTSU annual plan.

6. TRAJECTORIES/OBJECTIVES AGREED

- FTSU self-assessment tool completion
- Evaluate progress against the Trust's FTSU annual plan
- Submission of FTSU data reports as required by NHSI and the National Data Guardians Office respectively

7. MONITORING/REPORTING ROUTES

- The Board of Directors is apprised of progress in relation to FTSU.
- Speaking Up data reporting to NHSI and publication on CQC National Guardian's website.

8. TIMELINES

Quarter 3 FTSU data reporting to NHSI/National Guardian's Office- December 2018

Draft FTSU annual work plan-January 2019

9. ASSURANCE COMMITTEE

Board of Directors.

10. RECOMMENDATIONS

The Council of Governors is asked to note progress made against the FTSU agenda.

We are WHH

And together we

make a difference

Warrington and Halton Hospitals NHS Foundation Trust

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

Delivering our mission: strategy delivery update

Council of Governors – November 2018

Stephen Bennett , Head of Transformation

Quality Objectives

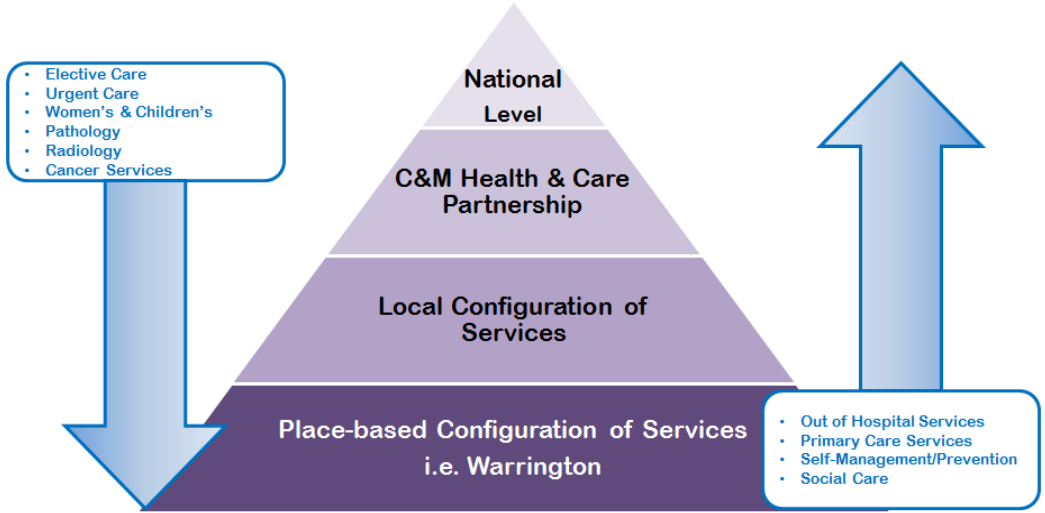
- The Trust launched the ***Quality Academy*** back in July 2018, and held the first Quality Academy Board in September 2018, where the strategy was agreed.
- The vision for the Quality Academy:

To enable cutting edge research and innovation, embedding excellence in care through continuous improvement, working with staff, our partners and the public.

Quality Objectives

Warrington and Halton Hospitals NHS Foundation Trust

- We are continuing to develop our clinical strategy. Developing and bringing together the individual strategies of every specialty and service.
- Governor and board engagement session on clinical strategy coming soon!



People Objectives

- The Trust has recently refreshed its people strategy for 2018-2021.
- 3 Strategic Objectives under the **People** domain:

Employee Wellbeing & Engagement

We will create the conditions to promote wellbeing and enable an engaged workforce to improve patient and staff experience

Attraction, Retention, Development & Inclusion

We will attract and retain a diverse workforce aligned to our culture and values, to ensure that we have the staff with the skills to deliver excellent patient care

Leadership & Organisational Learning

We will develop a collaborative, compassionate and inclusive culture of collective leadership and organisational learning

People Objectives

- The Trust has recently appointed a ***Listening into Action*** (LiA) Lead and Facilitator and subsequently launched phase 2 of the programme.
- Pioneering teams from across the organisation have now stepped forward to launch and progress their improvement ideas.

Listening into Action

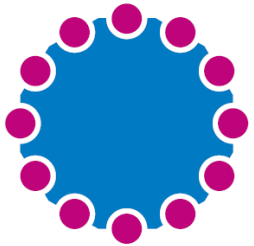
- The Trust has developed a Freedom to Speak up Strategy, including the vision:

"We consider FTSU in everything we do, all staff will know how to speak up and feel safe doing it. We will become outstanding by listening and learning from our staff."

People Objectives

- The next stage of the Trust's ***Therapy Review*** has now commenced with WHH being successful in an application to participate in a national NHSI AHP Collaborative designed to put therapy teams at the front line of service redesign. A working group has been formed and the group will focus on 3 small tests of change initially:

- Increased therapy support in ED.
- Use of Frailty Assessment tools to help therapy teams identify and prioritise need in patients admitted to the acute bed base.
- Understand the impact of increased therapy support to medically-optimised patients on B19.



Allied Health Professions into Action

Sustainability Objectives

NHS
Warrington and Halton Hospitals
NHS Foundation Trust

- The Trust is awaiting news in relation to the national bid for capital funding for the ***Halton Healthy New Town*** vision.

- In the meantime, the project team have appointed KPMG as a partner in producing a financial feasibility study (expected January 2019).

- The team, in partnership with others are currently working on a bid for funding support from the One Public Estate initiative to progress from Strategic Outline Case to Full Business Case for Halton Hospital and Wellbeing Campus. The bid will also incorporate some funding requirements in relation to the ***new Warrington Hospital*** Proposal.

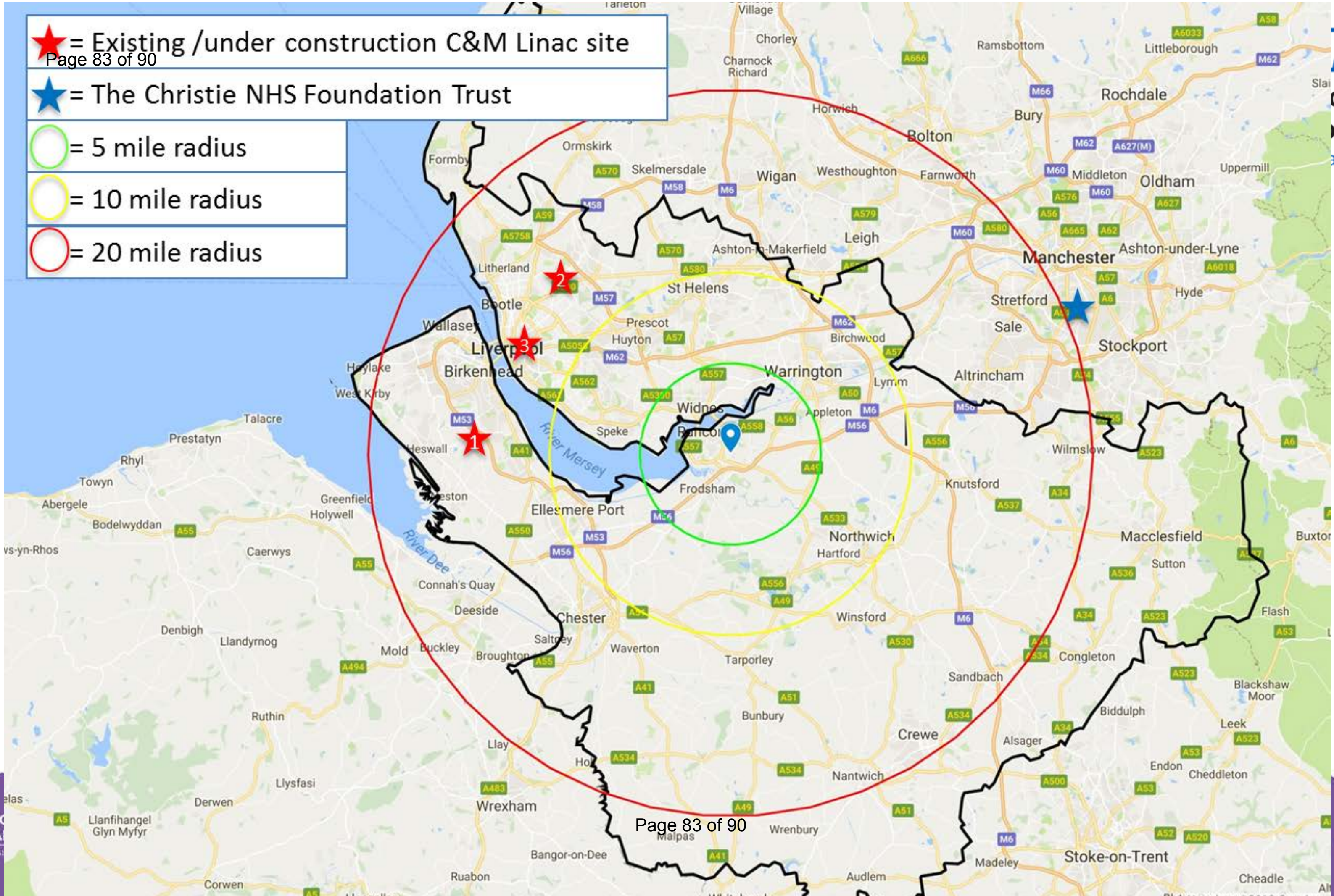
Sustainability Objectives

NHS
Warrington and Halton Hospitals
NHS Foundation Trust

- The Trust is pitching in November to be identified as the location for a fourth ***cancer hub*** for Cheshire & Merseyside.
- The Trust's bid creates an exciting opportunity to combine highly specialist clinical expertise and research excellence from **Clatterbridge** with our current high-quality cancer care and an innovative future vision for health and wellbeing at **Halton**.

Clatterbridge @ Halton

- If successful, the agreement will support some redevelopment of existing parts of the Halton Hospital site and pave the way for the creation of the first radiotherapy treatment facility in Cheshire.



NHS
on and
spitals
ation Trust

are WHH

Sustainability Objectives

Warrington and Halton Hospitals NHS Foundation Trust

The Trust is also progressing the discussions around horizontal and vertical integration of services.

- A Memorandum of Understanding and workplan with Bridgewater has been drawn up and signed off by WHH board to explore opportunities for closer collaboration around use of estates, corporate functions and clinical pathways.
- Discussions have also taken place in recent weeks with St Helens & Knowsley, Countess of Chester and Liverpool Women's Hospital around how the organisations will work more closely to tackle specific shared challenges.
- The Trust is also building closer relationships with GP federations to support GPs in their improvement programmes as well as enabling increased provision of services within the community.
- Both Warrington and Halton have secured £0.5m from STP funding to deliver improved care for frail elderly patients, avoiding unnecessary admissions to hospital.

Governor Observation Visit

Date / Time: 16/10/18 1600hrs Ward / Department: A8

Team: Norman Holding, Nick Stafford, Colin Jenkins, Mark Ashton

Well Led

Positives	Recommendations
Increased senior nursed	
Bed Sore reduction campaign	

Safe

Positives	Recommendations
Daily Safety brief to all staff	Review location of Lorenzo board
Ward induction programme	Review general security with the two entrances at opposite end of the ward
Bat Tagging ensuring safety of patients	Ensure all store room are locked

Caring

Positives	Recommendations
Cloths bank that has been set up by the ward for patients	Ensure that all patients can reach their meals or have assistance
	Review the needs of the patient requiring glass
	Ensure patients fully understand information given

Responsive

Positives	Recommendations
Bay Tagging ensuring call bells responded to quickly	Ensure that patients dietary needs are being fully met

Effective

Positives	Recommendations
Introduction of Discharge clerk and Pharmacy Technician to assist discharges	Be more responsive to spillages

Governor Observation Visit

Date / Time: 21/08/18 1100hrs Ward / Department: C22

Team: Norman Holding, Alison Kinross, Colin Jenkins, Ryan Newman

Well Led

Positives	Recommendations
Very enthusiastic and caring staff	Senior managers should be more visible on the ward for staff
Ward staff supported by senior management	Customer care training for the domestic staff
	Ensure displayed information is up to date

Safe

Positives	Recommendations
Barrier nursing procedures	Ensure visitors are challenged or acknowledged
Password for carers to use to obtain information over the phone	Urgent repairs required to wheelchairs
Use of fall alarms	

Caring

Positives	Recommendations
Staff communication with patients and the relationship with long stay patients	Review the lunch menu for long stay patients
	Ensure all staff are aware of any policy for children on the ward
	Review dementia friendly aspects of the ward

Responsive

Positives	Recommendations
Patient care plans	Ensure call system is fully functional
	Review response to call bells
	Review temporary cooling in periods of hot weather

Effective

Positives	Recommendations
The introduction of the Discharge Coordinator	Ensure storerooms are locked and confidential information is securely stored

Governor Observation Visit

Date / Time: 19/09/18 1030hrs **Ward / Department: Endoscopy Halton**

Team: Norman Holding, Nick Stafford

Well Led

Positives	Recommendations
Very enthusiastic and caring staff	Ensure displayed information is up to date
Ward staff supported by senior management	
Staff rotation ensuring skill levels	

Safe

Positives	Recommendations
Storage of medicines and equipment in space adjacent to treatment rooms	Ensure the doors onto main corridor are secure at all times
	Ensure storerooms are locked
	Check that legionella flushing is being carried out to the maintenance plan
	Review the use of the old Recovery Area

Caring

Positives	Recommendations
Staff communication with patients	
The use of the private rooms for pre-procedure and pre-discharge discussions	

Responsive

Positives	Recommendations

Effective

Positives	Recommendations
Patient flow well manged to ensure	Review the cleaning schedule to ensure daily cleaning of toilet areas
Provide information in reception regarding any delays	Review wastage caused by the thin nature of the aprons in use

Governor Observation Visit

Date / Time: 19/09/18 1030hrs **Ward / Department: UCC Halton**

Team: Alison Kinross, Anne Robinson

Positives	Recommendations
Very enthusiastic and caring staff	Senior managers could be more visible on the unit for staff and to discuss Halton UCC / Warrington A&E initiatives
Unit staff supported by senior management	Customer care training for the Reception staff
	Ensure displayed information is more easily readable

Well Led

Safe

Positives	Recommendations
Availability of Immediate Sepsis assessment and treatment	Review the use of the Ultrasound facility

Caring

Positives	Recommendations
Staff communication with patients and their relatives is very good	Review the possibility of a sensory bay for special needs patients
Unit accreditation results awaited	

Responsive

Positives	Recommendations
Patient care pathways	

Effective

Positives	Recommendations
	Address the concerns of the staff regarding the removal of GP Prescribing

We are WHH

Warrington and Halton Hospitals NHS Foundation Trust

Council of Governors

DATES 2019-2020

Meetings in theTCR, Warrington to be held 4.00pm-6.00pm

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

Date of Meeting	Agenda Settings	Deadline For Receipt of Papers	Papers Due Out
2019			
Thursday 14 February 2019 **TCR Warrington**	Tuesday 22 January	Tuesday 5 February	Thursday 7 February
Thursday 16 May 2019 **TCR Warrington**	Tuesday 23 April	Tuesday 7 May	Thursday 9 May
Thursday 15 August 2019 **TCR Warrington**	Tuesday 23 July	Tuesday 6 August	Thursday 8 August
Thursday 14 November 2019 **Lecture Theatre, Education Centre, HALTON**	Tuesday 22 October	Tuesday 5 November	Thursday 7 November
2020			
Thursday 13th February **Lecture Theatre, Education Centre, HALTON**	Tuesday 22 January	Tuesday 4 February	Thursday 6 February