

Council of Governors Meeting

Thursday 10th August 2023

4:00 -6:00pm

Trust Conference Room, Burtonwood
Wing, Warrington/Via MS Teams

COUNCIL OF GOVERNORS
Thursday 10 August 2023, 4.00pm – 6.00pm
Trust Conference Room, Burtonwood Wing, Warrington Hospital

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/23/08/36	4:00pm	Welcome and Opening Comments Apologies; Declarations of Interest		<i>Verbal</i>	Steve McGuirk Chair
COG/23/08/37 PAGE 4		Minutes and Action Log of meetings held on: <ul style="list-style-type: none"> 11 May 2023 28 June 2023 – Extraordinary 	<i>For approval</i>	<i>Minutes & Action Log</i>	Chair
COG/23/08/38	4:05pm	Matters arising	<i>To note for assurance</i>	<i>Verbal</i>	Chair
GOVERNOR BUSINESS					
COG/23/08/39 PAGE 16	4:07pm	i) WHH Annual Report & Accounts 2022/23 & Annual Members Meeting Date Confirmation ii) Auditors Annual Report – to be presented on the day	<i>Info/update</i> <i>Info/update</i>	<i>Report & Verbal</i> <i>Presentation</i>	Company Secretary Georgia Jones – Grant Thornton
COG/23/08/40 PAGE 21 PAGE 24	4:20pm	Lead Governor Update i) Board Observation Report ii) Governor Working Group iii) Governor Training/Development iv) Governor Observation Visits a. May 2023 b. June 2023 c. July 2023	<i>Info/update</i>	<i>Report Verbal Verbal Reports</i>	Lead Governor
COG/23/08/41	4:25pm	Governor Engagement Group (GEG) Chairs Report	<i>Info/update</i>	<i>Verbal</i>	Group Chair - Keith Bland
COG/23/08/42 PAGE 59	4:30pm	Items requested by Governors - Questions	<i>Info/update</i>	<i>Briefing notes + Q&A</i>	Chair
COG/23/08/43 PAGE 65 PAGE 67 PAGE 73 PAGE 79 PAGE 84	4:45pm	Board Committee Observation Reports (a) Finance & Sustainability (24.05.2023, 28.06.23) - Nigel Richardson (b) Quality Assurance Committee (09.05.23, 13.06.23, 11.07.23) – Akash Ganguly & Diane Nield (c) Strategic People Committee (17.05.23, 21.06.23, 19.07.23) – Colin Jenkins (d) Audit Committee (27.04.23, 21.06.23) – Sue Fitzpatrick (e) Charitable Funds Committee (08.06.2023) - Sue Fitzpatrick	<i>Info/update</i>	<i>Reports</i>	Governors

COG/23/08/44 PAGE 85	4:50pm	Council of Governors Effectiveness Survey – Outputs	Info/Update	Report	Company Secretary
COG/23/08/45 PAGE 122	4:55pm	Council of Governors Terms of Reference	Approve	Reports	Company Secretary
COG/23/08/46 PAGE 131	5:00pm	Working with People & Communities Strategy Annual Report & Q1 Update	Approval Info/update	Reports	Director of Comms & Engagement
COG/23/08/47 PAGE 140	5:05pm	Communications, Engagement & Involvement Dashboard Q1	Info/update	Report	Director of Comms & Engagement
COG/23/08/48 PAGE 153	5:15pm	Addendum to the Statutory Duties of Governors – NHS England	Info/Update	Report	Company Secretary
TRUST BUSINESS – Items to discuss					
COG/23/08/49 PAGE 159	5:20pm	Chief Executive's Report	Info/update	Report	Chief Executive
COG/23/08/50 PAGE 172	5:25pm	Chair's Report	Info/update	Report	Chair
COG/23/08/51 PAGE 179	5:30pm	Bi-monthly Strategy Programme Highlight Report	Info/Update	Report	Director of Strategy & Partnerships
COG/23/08/52 PAGE 195	5:40pm	Feedback Following Mock Emergency Department CQC Inspection	Info/Update	Presentation	Chief Nurse/Deputy CEO, Executive Medical Director, Chief Operating Officer
ITEMS TO NOTE (see Supplementary Pack)					
COG/23/08/53		Quality Accounts 2022/23	Info/Update	Report	Director of Integrated Governance & Quality
COG/23/08/54		Quality Strategy Update - Annual	Info/Update	Report	Director of Integrated Governance & Quality
COG/23/08/55		Compliance Trust Provider Licence	Info/update	Report	Company Secretary
COG/23/08/56		Board Committee Assurance Reports	Info/Update	Report	Non-Executive Directors
CLOSING					
COG/23/08/57 PAGE 202	5:55	Any Other Business • Public Members Database Cleanse	For approval	Verbal Verbal	Chair Corporate Governance & Membership Manager
Next Meeting Thursday 9th November 2023, Halton Education Centre					

COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 11th May 2023
Lecture Theatre, Halton Hospital/MS Teams

Present	
Cliff Richards (CR)	Chair
Simon Constable (SC)	Chief Executive
Jayne Downey (JD)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Norman Holding (NH)	Public Governor & Lead Governor
Keith Bland (KB)	Public Governor
Mark Britton (MB)	Public Governor
John Fagan (JF)	Public Governor
Sue Fitzpatrick (SP)	Public Governors
Akash Ganguly (AG)	Staff Governor
Gemma Leach (GM)	Staff Governor
Gillian McKinnon (GM)	Public Governor
Colin McKenzie (CM)	Public Governor
Linda Mills (LM)	Public Governor
Nigel Richardson (NR)	Public Governor
Colin Jenkins (CJ)	Public Governor
Diane Nield (DN)	Public Governor
Nichola Newton (NN)	Partner Governor

In Attendance	
Liz Walker	Secretary to Trust Board (Minutes taking)
Layla Alani (LA)	Director of Integrated Governance & Quality
Alison Aspinall (AA)	Head of Communications and Engagement
Michelle Cloney (MC)	Chief People Officer
Lucy Gardner (LG)	Director of Strategy & Partnerships

Apologies	
Steve McGuirk	Chairman
Kate Henry	Director of Communication and Engagement
Kevin Keith	Public Governor
Cllr Paul Warburton	Partner Governor, Warrington Borough Council
Julie Jarman	Non-Executive Director
Jonathan Cliffe	Staff Governor
Anne Robinson	Public Governor

AGENDA REF	AGENDA ITEM
COG/23/05/16	<p>Welcome, Introduction, Apologies and Declarations of Interest The Chair welcomed everyone to the meeting.</p> <p>No Declarations of Interest were noted. Apologies for absence were received as noted above.</p>
COG/23/05/17	<p>Minutes & Action Log of the meeting held on 16th February 2023 The minutes of the meeting were approved as an accurate record subject to a minor amendment in relation to attendees.</p> <p>Action Log There were no actions presented for noting.</p> <p>The Council of Governors approved the minutes of the meeting held on 16th February 2023.</p>
COG/23/05/18	<p>Matters Arising <i>Arbury Court</i> LA provided an update in relation to Arbury Court and provided a brief background of the service and around patients presenting at WHH swallowing foreign objects.</p> <p>It was noted that meetings had taken place to review the risk assessments of these patients in order to receive appropriate assurance for those patients. Also, that patients when attending have the correct paperwork with them which will help in providing appropriate care and understanding any care issues that the patient may require.</p> <p>CR advised that this had been discussed at QAC and Trust Board but will be added to the next Agenda to provide further updates.</p> <p><i>Other Business</i> Observation minutes had been circulated and the Operational Plan will be presented earlier on in the agenda. SMcG has advised Cllr Allan Lowe may not be the subsequent Councillor representing Halton due to the elections that recently took place.</p> <p><i>Catering Kendrick Plan</i> SC fed back in relation to the concerns raised regarding opening hours and the hike in prices in the cafeteria. It was noted that opening times and prices had been reviewed and revised, however the facility was previously owned by Sodhexo and after the pandemic was never really returned to normal operation. WHH catering staff now manage the service, but this has been without much experience, but things were improving and the review of prices etc had been communicated to staff, but it was important to continue to improve the service and get the right business model.</p> <p>The Council of Governors noted the updates.</p>
COG/23/05/19	<p>Lead Governor Update</p> <p><i>Board Observation Report (BOR)</i> NH presented the update, taking the BOR as read and noted there was nothing specific to highlight. He advised that he continued to undertake 1:1 meetings with the Chair and noted the Chair's briefing continue to take place on a monthly basis, other than the month when it is Council of Governors. The Governor Elections process will commence in September.</p> <p><i>Governor Working Group</i> No meetings had taken place since the last CoG meeting, but due to take place on 19 May.</p>

	<p><i>Governor Training/Development</i></p> <ul style="list-style-type: none"> • 21st February had Governor Induction Day, with good attendance, but also was a good refresher. • Lead Governor Association – looking for new Chair, and one has been selected from East Kent. • Areas of concern raised regarding long term role of Governors and been advised by ICB not to bother talking to them, considering work should be collaboratively, very concerning. • Attendance at NHS Providers at Oval in London where WHH submitted a showcase of things the Governors had been doing. WHH had reached the final this year in relation to the work undertaken around the Governor Handbook. • Transport meeting – EV charging fully operational – being used a lot. Issues with the patient vehicles and also blocking the exit. • PLACE – inspection took place a while back – no national feedback or trust action plan which was picked up and how things were progressing, need to push estates for feedback/update on this. <p><i>Governor Observation Visits</i></p> <ul style="list-style-type: none"> • Circulated to Governors. • Attended 2 patient experience sub committees with a lot of information discussed at these meetings, therefore it was agreed that the papers would be circulated to Governors. • Involvement in 2 CQC inspections. • Quality priorities presented to Governors. <p>JC had picked up on Governor training and had met with other Co-Secs from CMAST to review Governor Training with other organisations and undertake cross region training. LUFT was undertaking some training with MIAA in June and if any Governors were interested to let him know.</p> <p>SC added that from a governance and operational point of view re ICB/ICS – governors should have influence locally and their input invaluable.</p> <p>The Council of Governors noted the update.</p>
<p>COG/23/05/20</p>	<p>Governor Group (GEG)</p> <p>KB provided update in relation to the GEG meetings, advising there had been good attendance, however, was not sure that it worked as well using teams.</p> <p>The meeting agenda was quite long and covered a number of areas; Hospital Food; Warrington South Governors and the need to increase Governor exposure in the constituency; Warr North meeting would take place in May; Staff Governors have agreed to arrange to meet on a quarterly basis; Halton & Rest of England had undertaken no meetings; Comms Dashboard; Working with People & Communities; Civica Membership Update Database; Annual Report; Governor Election Update; Annual Plan; Governor Poster produced; Manned reception area.</p> <p>The Council of Governors noted the update.</p>
<p>COG/23/05/21</p>	<p>Items requested by Governors.</p> <p>The Chair introduced the report, and it was noted that the questions had been discussed and put forward following the Governor agenda setting meeting, led by the Lead Governor. The report was taken as read.</p> <p>The Council of Governors noted the responses.</p>
<p>COG/23/05/22</p>	<p>Working with People & Communities Strategy Quarterly Report Q4</p>

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

	<p>AA presented the update for Q4 presented to GEG and reflects activity in the last quarter. No engagement and involvement officer during the first quarter but post now filled. Highlight work on coproduction service change and codesign, and further work has taken place since the paper was produced.</p> <p>Patient letter updated and updated to website making it more accessible. Work on engagement events and include Governors.</p> <p>The Council of Governors noted the update.</p>
COG/23/05/23	<p>Board Committee Observation Reports</p> <p>The Chair introduced the reports which were taken as read with no further, comments or questions raised by Governors.</p> <ul style="list-style-type: none"> (a) Finance & Sustainability (22.02.23/22.03.23/26.04.23) – NR thanked AMcG formally for influencing the system and how things are done and the behaviour. (b) Quality Assurance Committee (07.02.23/07.03.23/11.04.23) –AG & DN both gave positive feedback on the meeting and quality of Chairing. (c) Strategic People Committee (22.02.23/22.03.23/19.04.23) – CJ observed that now the format of the meetings were monthly this allowed the committee to be more responsive – and it was noted how quick we are to adapt to different situations. (d) Charitable Funds Committee (09.03.23) – SF noted that CFC changed over the last few meetings with much greater governance, and it was important to note that the Charity is sustainable. <p>The Chair thanked Governors for their commitment to producing the reports which provided assurance that information was being presented in an open, transparent, and consistent way.</p> <p>The Council of Governors noted the reports</p>
COG/23/05/24	<p>Council of Governors Effectiveness Survey</p> <p>This would be circulated for completion, and it would give an opportunity to make comments to support the answers.</p> <p>The Council of Governors noted process and advanced notice of the Effectiveness Survey.</p>
COG/23/05/25	<p>Governor Elections Bi-Annual Update</p> <p>This would take place in order to fill any vacant positions and those seats for Governors at end of their term, and there would be seven seats in total. An external provider would undertake this process. The process would commence on 30 August, with results on 28 November. Appendix 1 showed in further detail the seats for election.</p> <p>The Council of Governors noted the update</p>
COG/23/05/26	<p>Council of Governors Cycle of Business</p> <p>The Council of Governors approved the Cycle of Business.</p>
COG/23/05/27	<p>Annual Appraisal of Non-Executive Directors & Chair</p> <p>It was noted that all appraisals had been completed and the Chair's appraisal will be completed shortly, and Governors would be involved as part of the stakeholder feedback. Mike O'Connor as Senior Independent Director would undertake this appraisal. Input would also be sought from the ICS/NHSE regarding collaboration and working with other trusts.</p>

	The Council of Governors noted the update.
TRUST BUSINESS – ITEMS TO DISCUSS	
COG/23/05/28	<p>Chief Executives Report</p> <p>Taken as read. SC highlight on Start of Year Conference on 18th May which would involve 200 senior members of staff and feedback would be provided at the next meeting.</p> <p>The Council of Governors noted the report.</p>
COG/23/05/29	<p>Chair’s Report</p> <p>Taken as read. CR highlighted that a ministerial visit had taken place, linked to new hospitals programme and also with regard to local clinical services review and the impact of this.</p> <p>The Council of Governors noted the report</p>
COG/23/05/30	<p>Trust Strategy Update</p> <p>LG presented an update on the Trust Strategy and highlighted the Breast services reconfiguration and the move to Bath Street, which was now complete and opened on 10th May. It was noted that the Pathology collaboration was formally on pause, however there was good news in that there had been recent recruitment in histopathology, which was positive and not so much an issue as it was a few months ago.</p> <p>LG thanked everyone for their input in to the Trust Strategy refresh and this had now been approved at Trust Board.</p> <p>The revised plans for the CDC had been approved and the first phase opened last week in Nightingale (Phlebotomy).</p> <p>CR asked about Halton Health Hub ad if funding was secured. LG responded funding had been secured of £3m through the Runcorn Town Deal and currently work was taking place to review Stage 3 design for refurbishment.</p> <p>It was also noted that Audiology, Dietetics and Ophthalmology services in Runcorn Shopping City were now open.</p> <p>The Council of Governors noted the report.</p>
COG/23/05/31	<p>Trust Operational Plan</p> <p>AMcG presented the Operational Plan which consists of finance, workforce and activity. It was submitted at the end of March with a £19.9m deficit and as part of C&M ICS and as a combination of these providers there was a total of £206m deficit. The plan was rejected nationally due to the huge deficit in C&M and further work would need to be done in order to improve the position, with ask of achieving break even.</p> <p>WHH have responded to the request and have been working collectively with an agreed deficit with the ICS of £15.8m but would not be in a position to achieve breakeven.</p> <p>A question was raised asking what it meant in simple terms. AMcG responded that it would not mean that the level of care would be any less, but it means we are spending more money than is coming in and dependent on the deficit decisions may need to be made that could result in delays for decision making, however it would not affect healthcare.</p> <p>SC added that it would not mean switching off services or making redundancies, the</p>

	<p>Trust would continue with delivering services at the standard we have been doing. It is about the internal mechanism with implications for cash and local decision making. There was not enough money to do what was expected in the current climate.</p> <p>AMcG noted there was a national pot of money available to the NHS and would be using a number of formulas in order for WHH to receive their share. The overriding element was the amount available to NHS and how this filters through, and that each year it is expected to become more efficient, however this is not necessarily what happens. There would be more funding with PbR.</p> <p>There was further comments in relation to how difficult it had been to produce the plan and that things would be very challenging. It was asked if WHH would have to make less savings than other trusts and AMcG responded that it was varied as the system included acute hospitals with a similar deficit, WHH being one of the better performing trusts, but it also included mental health, community and specialist trusts, so it was difficult to clarify.</p> <p>A question was raised in relation to No Criteria to Reside, and SC responded that this was the number one burden on the Trust, which has a knock on effect on virtually every part of the Trust. If WHH achieved the average numbers, this would mean 44 less patients in beds. There had been some improvements in relation to WHH patients, at around 20% but still struggle with Halton. WHH need to be optimistic for workforce vs what can be done better, some which is within our gift and some that is not, and some areas of recovery are being seen, but it is too early to make any proclamations at this stage.</p> <p>The Council of Governors noted the submission and capital plan.</p>
COG/23/05/32	<p>Complaints & PALS Q4 Update</p> <p>The report was taken as read.</p> <p>The Council of Governors noted the reports.</p>
COG/23/05/33	<p>Board Committee Assurance Reports</p> <p>The reports were taken as read.</p> <p>The Council of Governors noted the report.</p>
COG/23/05/34	<p>Communications, Engagement & Involvement Dashboard Annual Update</p> <p>The report was taken and read, and it was noted that a review of the format would be undertaken once the new branding had been agreed.</p> <p>In relation to Covid, media presence had increased in the trust and interviews were being undertaken, and so looking to build and increase coverage. There was still an interest in the Covid data which was still being published.</p> <p>The Council of Governors noted the report.</p>
CLOSING	
COG/23/02/21	<p>Any Other Business</p> <p>CR noted how well the Awards event went. The Impact of Covid and it was not now classed as pandemic status, but it was still important to understand the real impact on Covid tests in patient care. SC responded 38 patients tested within the Trust (28 days) and has been consistent, with peak in March, still very much living and working with it and implications for staff and patients. Still an operational burden and incumbent to the Trust.</p>

The Council of Governors noted the additional information.

Date and time of next meeting is Thursday 10 August 2023

Signed

Date

Chair

EXTRAORDINARY COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 29th June 2023, 10am
MS Teams

Present	
Mike O'Connor (MOC)	Non-Executive Director & Senior Independent Director (meeting Chair)
Steve McGuirk (SMcG)	Chairman
Norman Holding (NH)	Public Governor & Lead Governor
Mark Britton (MB)	Public Governor
John Fagan (JF)	Public Governor
Sue Fitzpatrick (SP)	Public Governors
Jonathan Cliffe (JC)	Staff Governor
Anne Robinson (AR)	Public Governor
Gemma Leach (GL)	Staff Governor
Kuldeep Dhillon (KD)	Partner Governor
Kevin Keith (KK)	Public Governor
Linda Mills (LM)	Public Governor
Nathan Fitzpatrick (SP)	Public Governor
Colin Jenkins (CJ)	Public Governor
Diane Nield (DN)	Public Governor
Anne Robinson (AR)	Public Governor
Kevin Keith (KK)	Public Governor

In Attendance	
John Culshaw (JC)	Company Secretary Associate Director of Corporate Governance
Emily Kelso (EK)	Corporate Governance & Membership Manager (Minute taking)
Apologies	
Akash Ganguly	Staff Governor
Nigel Richardson	Public Governor
Keith Bland	Public Governor
Cllr Paul Warburton	Partner Governor, Warrington Borough Council
Gillian McKinnon	Public Governor
Edward Rawlinson	Public Governors
Chris Loftus	Partner Governor, Halton Borough Council
Colin McKenzie	Public Governor
Nichola Newton	Partner Governor
Julie Astbury	Staff Governor
Paul Bradshaw	Public Governor

AGENDA REF	AGENDA ITEM
ECOG/23/06/01	Welcome, Introduction, Apologies and Declarations of Interest MOC Senior Independent Director and Chair of the meeting, welcomed everyone to the meeting. Apologies for absence were received as noted above.
ECOG/23/06/02	Chair's Appraisal JC introduced the report explaining that the annual appraisal of Steve McGuirk, Chairman was conducted by Mike O'Connor, Non-Executive Director & Senior Independent Director (SID); based on the framework for conducting annual appraisals of NHS Provider Chairs developed by NHS Improvement. 27 responses were received, compared with 30 the previous year. The appraisal contained feedback provided by

Governors, Non-Executive Directors, Executive Directors, external stakeholders, and personal reflections from the Chair.

MOC thanked Governors for providing their feedback. It was noted that strict guidelines were set by NHS England around the process and documentation for the Chairs Appraisal and that additional content guidance had come from ICB Chair Raj Jain around objectives linking to system working.

MOC referenced positive themes around the Chairs involvement in system collaboration and his inclusive approach. It was noted that when benchmarked against last year's appraisal outputs, there were some areas that had improved, which was positive to see.

MOC detailed the conversations with external stakeholders, including local MPs and the Chair of the Countess of Chester NHS FT, who reinforced the positive feedback, and also provided some comments around what they would like to see more of, including mentoring of less experienced Chairs and NEDs in the system.

GL provided some feedback on the process for Chairs appraisals, confirming her support but also requested that future surveys provide a longer window of opportunity to submit feedback, this year's window was during her annual leave. The Chair and MOC agreed this could be actioned for future years, a month's window would be suitable.

SMcG thanked Governors for their input and overall support, he sought clarity on one comment around "exploiting commercial opportunities" and welcomed further discussion outside of the meeting.

The Governors, MOC and SMcG discussed the commercial opportunities being utilised at other Foundation Trusts and reassured Governors that MOC and Chair of FSC John Somers (given their professional backgrounds) were looking at in detail, to see where WHH may look to take forward. Opportunities such as research and development, partnerships with Chester University were being considered. It was noted that NHS organisations were typically risk adverse regarding commercial ventures, but that there were some good examples nationally of Trusts developing some highly successful wholly owned subsidiaries and joint ventures.

Both SMcG and MOC confirmed the increase in expectations and level of scrutiny on NHS FT Chairs, confirming that the appraisal process was thorough and robust.

The Council of Governors approved the outcomes of the Chairman's Appraisal for formal submission to NHS England & NHS England North West.

CLOSING

ECOG/23/06/03

Any Other Business

SMcG drew attention to Governor Kuldeep Dhillon's recently awarded British Empire Medals (BEM) as part of the King's birthday honours, recognising the positive difference he and his wife had made and continue to make within the local community. SMcG thanked Kuldeep for his personal contribution and congratulated he and his wife on the award.

GL informed Governor of the NHS 75th birthday celebration events taking place across the two WHH sites and encouraged Governors to participate not engage with staff and the public.

The meeting closed at 10:37am

Date and time of next meeting is Thursday 13 August 2023

Signed

Date

Chair

DRAFT

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/23/08/37	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	10 August 2023
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1. ACTIONS ON AGENDA

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status




2. ROLLING TRACKER OF OUTSTANDING ACTIONS

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
	11.05.23		It was agreed that Patient Experience Sub-Committee papers be shared with the Governors.	EK	Next meeting	04.07.23	Completed – papers circulated 04.07.23	
COG/23/02/07	16.02.23	Items requested by Governors	Governors requested an update in relation to; <ul style="list-style-type: none"> Arbury Court Kendrick Catering Facilities 	NED Committee Chairs	11.05.23	Agust 2023	Updates provided through QAC and FSC – Governors Obeservation reports and Committee Assurace Reports provide updates to CoG	

RAG Key

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

AGENDA REFERENCE:	COG/23/08/39 (i)
SUBJECT:	WHH Annual Report 2022/23 & Annual Members Meeting Date Confirmation
DATE OF MEETING:	10 August 2023
ACTION REQUIRED	To note
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager
EXECUTIVE SPONSOR	Simon Constable, Chief Executive
LINK TO STRATEGIC OBJECTIVES:	All
EXECUTIVE SUMMARY	<p>Schedule 7, paragraph 26 of the NHS Act 2006 (the 2006 Act) requires NHS foundation trusts to prepare an annual report.</p> <p>The Trust has followed the NHS Foundation Trust Annual Reporting Manual 2022/23 (FT ARM 2022/23), which sets out the requirements for foundation trusts' annual reports. It contains the formal accounts direction for foundation trusts and the requirements for the basic structure.</p> <p>The WHH Annual Report for the 2022/23 Financial year was successfully laid before parliament on the week commencing 3rd July 2023.</p> <p>The Annual report is now available on the Trust Website HERE</p> <p>The Trust is required to hold an Annual Members' Meeting within nine months of the end of each financial year. The meeting enables the board of directors to present the annual accounts, provide feedback on how the trust performed over the last year and the challenges and financial plan for the year ahead.</p> <p>Governors also provide an update of some of their work, over the last year and present the trust membership report. There is also a chance to ask questions during the meeting about the information presented.</p> <p>The annual members meetings are open to all members of the trust, governors, patients, members</p>

	<p>of the public, staff, directors and representatives of the trust's financial auditor.</p> <p>This papers sets out the plans for the 2023 Annual Members meeting, as approved by the Governor Engagement Group.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the plans for the 2023 Annual Members Meeting as approved by the Governor Engagement Group - 1st August 2023.			
PREVIOUSLY CONSIDERED BY	Governor Engagement Group			
	Agenda Ref.	GEG/23/08/29		
	Date of meeting	1 August 2023		
	Summary of Outcome	agreed		
NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None			

Agenda	WHH Annual Report 2022/23 & Annual Members Meeting Date Confirmation	Agenda Reference	COG/23/08/39
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1. Background/Context

Schedule 7, paragraph 26 of the NHS Act 2006 (the 2006 Act) requires NHS foundation trusts to prepare an annual report.

The Trust has followed the NHS Foundation Trust Annual Reporting Manual 2022/23 (FT ARM 2022/23), which sets out the requirements for foundation trusts' annual reports. It contains the formal accounts direction for foundation trusts and the requirements for the basic structure.

The WHH Annual Report for the 2-22/23 Financial year was successfully laid before parliament on the week commencing 3rd July 2023.

The Annual report is now available on the Trust Website:

[HERE](#)

Governors were also emailed a digital copy of the Annual Report on the 14th July 2023.

The Trust is required to hold an Annual Members' Meeting within nine months of the end of each financial year. The meeting enables the board of directors to present the annual report & accounts, provide feedback on how the trust performed over the last year and the challenges and financial plan for the year ahead.

Governors also provide an update of some of their work, over the last year and present the trust membership report. There is also a chance to ask questions during the meeting about the information presented.

The annual members meetings are open to all members of the trust, governors, patients, members of the public, staff, directors and representatives of the trust's financial auditor.

At its meeting on the 1st August 2023 the Governor Engagement Group approved the proposal detailed below for the 2023 WHH Annual Members Meeting.

2. Annual Members Meeting 2023

1. Location

The Annual Members' Meeting will be held on site at Warrington Hospital in the Post Graduate Centre.

This will also be an opportunity for prospective Governors, who for this set of elections will be from the Warrington Public constituencies, to visit the Trust site.

2. Date

Wednesday 4 October 2023, 3:30pm to 4:30pm following the Trust Board Meeting. This date has been selected as all Board Members will be onsite, as it is the day of the scheduled bi-monthly Trust Board meeting.

3. Content & Presenters

In-line with the Trust Constitution the Chair, Chief Executive and Lead Governor present on behalf of the Trust Board and Council of Governors, the following topics will be covered (as detailed in section 9.5 of the Trust Constitution):

9.5 *At the Annual Members Meeting:*

- a) *The Board of Directors shall present to members:*
 - i) *The annual accounts.*
 - ii) *Any report of the financial auditor.*
 - iii) *Any report of any other external auditor of the Trust's affairs.*
 - iv) *Forward planning information for the next financial year.*
- b) *The Council of Governors shall present to the members:*
 - i) *a report on steps taken to secure that (taken as a whole) the actual membership of its Public Constituency and of the classes of the Staff Constituency are representative of those eligible for such membership.*
 - ii) *The progress of the Membership Strategy.*
 - iii) *Any proposed changes to the policy for the composition of the Council of Governors and of the Non-Executive Directors.*
- c) *The results of the election and appointment of Governors and the appointment of Non-Executive Directors will be announced.*

4. Notice of The Annual Members' Meeting

The date aligned with planned elections communications to Foundation Trust Members. All election communications (post and digital) will contain details of the Annual Members' Meeting. This is in line with notice requirements as set out in section 9.6 of the Trust Constitution:

- ### 9.6 *Notice of members meetings is to be given:*
- a) *By notice to all members.*

- b) *By notice prominently displayed at the head office and at all of the Trust's places of business; and*
- c) *By notice on the Trust's website, at least 14 clear days before the date of the meeting. The notice must:*
- d) *Be given to the Council of Governors and the Board of Directors and to the financial auditor.*
- e) *Give the time, date and place of the meeting; and Indicate the business to be dealt with at the meeting.*

5. Engagement with Prospective Governors

Prospective Governors will be invited along to engage with and ask questions of current Governors about the role. A stand will be set up in the Post Graduate Centre for one hour prior to the Annual Members Meeting 2:30 – 3:30pm, where prospective Governors can find out more about the role, handbooks will be available. Governors will be asked to put their names forward to manage the stand and facilitate an informal Q&A session with prospective Governors.

Details of this session will be promoted on the WHH Governor elections web page, on the Trust website and in all election communications.

6. Additional incentives for Foundation Trust members to attend

In line with discussions at Governor Engagement Group meetings, it has been suggested that short presentations on topics which may be of interest to the Trust membership e.g., health and wellbeing, service updates, clinical developments may be of interest to the Trust membership and provide an additional reason for members to attend. The Governor Engagement Group will be responsible for choosing the topics they feel would be of interest to members in their constituencies.

3. Recommendation

The Council of Governors is asked to note the plans for the 2023 Annual Members Meeting as approved by the Governor Engagement Group - 1st August 2023.

Council of Governors

AGENDA REFERENCE:	COG/23/08/40
COMMITTEE ATTENDED	Trust Boards
DATE OF MEETING:	07/06/23, 05/07/23
AUTHOR(S):	Norman Holding – Lead Governor
GOVERNOR COMMENTS	<p>07th June 2023</p> <p>Part 1 - Public Board</p> <p>Governors were circulated with the papers for the Public Board in advance of the meeting. All NEDs were present, there were 2No Governors present and 1No Governor via TEAMS.</p> <p>The meeting opened with a Patient story “Zack’s story”,</p> <p>The Chair and CEO gave full and detailed reports of their activities over the period since the last Board. Written reports were included in the Board papers.</p> <p>The Board Assurance Framework (BAF) was given full due diligence, there were several questions raised by NEDs around Risk Ratings.</p> <p>Integrated Performance Reports were presented in slide presentations covering the major issues under the headings: Quality, People and Sustainability. Several NEDs challenged and questioned the executives on these reports to gain assurance The committee chairs added their committees’ perspectives to each report.</p> <p>The meeting received reports from the Audit committee.</p> <p>Due time and depth were given to Maternity updated again questions and challenges from NEDs.</p> <p>The Saff Opinion Survey was discussed, and all Neds were fully involved in questioning the results.</p> <p>Other papers were presented by executives and questioned by the NEDs including Trust Strategy,</p>

Compliance with License, the Revised Provider Licence, and committee annual reports.

The meeting received 1No items for approval and 3No items for assurance and noting. All items for approval were agreed and fully approved.

The meeting was chaired well, and time given to all contributors, the meeting concluded on time.

Part 2 – Private Board

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

The main items for discussion were EPR, CDC Capital Update, Strategy Elective TIF update.

Each item was presented by an Executive board member. There was lengthy and in-depth questioning and challenging from all NEDs to gain assurance / reassurance on the strategies and actions being presented.

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

I was reassured by the level of scrutiny and probity that the Board members gave to all the agenda items.

5th July 2023

Board Development Day

The day commenced by participation in the NHS 75 Birthday celebration. 7 Neds were in attendance.

The group had a presentation and discussion around CQC Compliance, and the changes introduces by the CQC this

was given by HLTH Group. This produced a lot of debate and questions; all NEDs and Executives were involved.

This was followed by an Update on the Trusts Freedom to Speak processes and procedures given by Jane Hurst. All in attendance were involved in questioning and challenging the report to gain assurance.

The afternoon session commenced with a presentation by Michelle Cloney and Adam Harrison- Moran around the NHS Equality, Diversity, and Inclusion Improvement Plan. This presentation was well received and all present were involved in the discussion and the Trust action plan.

The day concluded with a presentation by Jagtar Singh, Chair of Coventry & Warwickshire Partnership NHS Trust supported by Michelle and Adam around Equality Impact Assessment. All NEDs and Executives were involved in questioning to gain a full understanding of the process.

The day slightly over ran, but ensured all were heard and able to question presenters to gain a full understanding of the topics.

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date / Time: 16/05/2023 10:30hrs Ward: B4 Halton	Department Manager:	Governors Present: N Holding, S Fitzpatrick, L Mills, J Fagan		
Number of Patients: Capacity: 19 (22) (Area being used by B3 reducing capacity to 19) Total on day of visit: 13	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	3	N/A	Matron: Rachael Baxter
	Healthcare Assistants	2		
	AHP's			Lead Nurse: Lucy Parry
	Students (work experience)	1		
	Domestics	2		Ward Manager: Beverley Caine
	Administration	2		
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS:

Escalate to:
 Deputy Chief Nurse, Head of Patient Experience, and
 Inclusion or Associate Chief Nurse for Planned or
 Unplanned Care.

FOR ROUTINE VISITS:

Once visit is completed send copy of document to Ali
 Kennah (Deputy Chief Nurse) alison.kennah@nhs.net
 within 5 working days.

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<i>Using your senses, what do you hear?</i> <i>What do you see?</i> <i>What do you smell?</i> <i>What do you feel?</i> <i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i>	3

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.)</i></p> <p>The team commented on that they are well supported by the CBU, always available and visit frequently. Staff commented that it was a great ward to work on with supportive managers. All staff were wearing appropriate and identifiable uniforms. There was a feeling of good team working. Staff stated that the necessary time was provided for training. 93% of staff have full mandatory training up to date. The ward had no students but were awaiting a young person on work experience. Staff expressed the need for a staff tea point/ staff room on the ward. Staff stated that they can be moved at short notice to other wards.</p>	3
<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?)</i></p> <p>Daily team safety briefs are in place for staff, the ward has a safety huddle each day. Information displayed on the ward / corridor was useful and up to date. Incidents / complaints are discussed, and action put in place (last complaint around lake of physio' when told by Warrington there would be physio' treatment. Induction onto the ward is in place. The ward is receiving FFT of 90-100% patients ask for the form. The ward takes patients from the Walton Centre for pain management and get excellent feedback from patients and the Walton Centre.</p>	3	

SAFE	<p>Is there anything that you notice that suggests this ward is/isn't well led? <i>(provide details)</i> No</p>	
	Safe	Confidence Score
	How confident are you that this ward is SAFE?	0 / 1 / 2 / 3
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.)</i> All staff are aware of the escalation procedures, covered in ward induction, procedures were available and detailed. New members of staff are given induction, buddied with senior staff, and monitored. Staff are aware of their Speak Up champion.</p>	3
<p>Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.)</i> We were challenged on entry to the ward, Staff have clear view of entrance from both the nurse station and the ward clerk's room. A section of the ward is being used by B3, the interconnecting door leads to the fire exit and need to be more clearly signed and a review of the security / privacy of the door undertaken. All other doors to stores were secured with emergency exits clear of obstructions. All patients have identification bands.</p>	2	

	<p>Are there any visible 'hazards' on this ward? <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked etc.)</i> Waiting room had equipment being stored along side relatives/ patients waiting in the room.</p>	2
	<p>Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i> No concerns around medicine storage. Medicines kept in locked cabinets within a lock dispensing room. Medicine trolley fitted with Push Button lock and was locked</p>	3
	<p>Does the ward have two entrances? Are processes in place to ensure this is managed? Yes. See comment on ward security</p>	2
CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is ...")</i> Staff were observed interacting with the patients and using their preferred names. Patients stated that the care was excellent, everything was being explained, Patients did comment about the poor state of the waiting room</p>	3
	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.)</i> Patients spoken too were happy that all was being done for them. The staff discusses the patients' needs with them.</p>	3

	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>The whole of the ward had a quiet and calm atmosphere, noise levels were low.</p>	3
	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>The staff stated that they liaise with patients and relatives, regarding their treatment plans and any ongoing treatment after discharge. Has a day ward patients have everything explained in Out-Patients, Pre-Op' and on the day There are several thank you card on notice board in the main corridor.</p>	3
FOOD and NUTRITION	<p>Food and Nutrition</p>	Confidence Score
	<p>How confident are you with the standards and experience of patient food and nutrition on this ward?</p>	0 / 1 / 2 / 3
	<p>Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, timeliness, and help given if needed)</i></p> <p>Patients stated that snacks were available if required (tea, biscuits).</p>	3
	<p>Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p> <p>Patients generally do not stay for meals.</p>	N/A

	<p>Do patients feel they have enough to drink throughout the day? Hydration was available to all patients. Water was seen on all bedside tables. Patients stated that they only had to ask for any drinks.</p>	3
	<p>Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) Not observed.</p>	
RESPONSIVE	<p>Responsive</p>	Confidence Score
	<p>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</p>	0 / 1 / 2 / 3
	<p>Do patients know their plan of care and discharge plan? (ASK PATIENTS / STAFF how this is done?) Generally, patients were informed of any ongoing treatment at discharge.</p>	3
	<p>Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) None Observed, patients all had call bell pushes to hand</p>	

	<p>Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Pain is addressed, patients can ask at any time for pain relieve. Call alarms are available and in reach of all patients.</p>	3
	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Patients stated that any adjustments had been addressed by the staff. Ward is aware of any adjustment from the Pro-Op assessment. Staff are aware of how to access support services.</p>	3
EFFECIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	0 / 1 / 2 / 3
	<p>Does the ward / department appear to be clean and organised? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) All areas were clean and daily monitoring sheets were up to date. Bathrooms / Showers were fitted with patient alarms. Bedside lockers available and in place. Generally, the ward appeared well organised, the only areas that needs addressing is the patient waiting area, and the interconnecting door to area being used by B3 and review of storage for domestic staff.</p>	3

	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) The ward receives patients via the Pre-Op unit and admissions are well controlled. There are no issues with discharge TTO's, the ward has its own supply of discharge medications that are well controlled and recorded.</p>	3
FINAL IMPRESSIONS	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	<i>Provide reasons for any change, from first impressions to your confidence levels:</i> The staff are dedicated, There is a good culture, Patients were happy with the care. Flexibility of the staff and Ward (Walton Centre work and specialist units in WHH)	3

Governor Observation Visit

Date / Time: 16/05/23 10:30hrs

Ward / Department: Ward B4 Halton

Team: N Holding, S Fitzpatrick, L Mills, J Fagan

Well Led

Positives	Recommendations
Team working	Review if a staff tea point on the ward is feasible
Support from CBU	
FFT	
Flexibility working with other hospitals and units	

Safe

Positives	Recommendations
Medicine security	Review door between ward and area used by B3
	Review waiting area and storage for domestic staff

Caring

Positives	Recommendations
Very caring staff	

Food and Nutrition

Positives	Recommendations

Responsive

Positives	Recommendations
Pain managed well	

Effective

Positives	Recommendations
Excellent cleaning standard on the ward	Review the waiting area, dull untidy, used as an equipment store
Excellent discharge process	

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date / Time: 17/06/2023 10:00hrs Ward: A1 (AMU)	Department Manager: Bev Salt	Governors Present: N Holding, A Robinson, C Jenkins, D Nield		
Number of Patients: Capacity: 37 Total on day of visit: 37	Staff on duty:	Days	Nights	CBU Manager: Matron: Nichola Burns Lead Nurse: Leanne Binns Ward Manager: Chantel Collins
	Nurses	7	5	
	Healthcare Assistants	5	3	
	AHP's	2		
	Students (work experience)	0		
	Domestics	1		
	Administration	2		
	Housekeepers	0		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS:

Escalate to:
 Deputy Chief Nurse, Head of Patient Experience, and
 Inclusion or Associate Chief Nurse for Planned or
 Unplanned Care.

FOR ROUTINE VISITS:

Once visit is completed send copy of document to Ali
 Kennah (Deputy Chief Nurse) alison.kennah@nhs.net
 within 5 working days.

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<p><i>Using your senses, what do you hear?</i> <i>What do you see?</i> <i>What do you smell?</i> <i>What do you feel?</i> <i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i></p> <p>Signage confusing (ward identified as A1 on signage, when you exit the lift a very poor handwritten (felt tip) A1 difficult to see, then at end of corridor to ward signage becomes AMU). Wheelchairs (from Main Entrance) blocking switch room and Utility room. Cleaning standards information hidden behind ward entrance door. Lots of information on display boards (Star of the Month Nov/Dec 22) Busy atmosphere Clean No smell Bright, Calm Quite A lot of equipment in main throughfare</p>	2

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.)</i></p> <p>The team are well supported by the CBU, always available and visit frequently. Staff commented that it was a great ward to work on with supportive managers, were encouraged to challenge and felt valued. Staff were aware of their speak up champion. All staff were wearing appropriate and identifiable uniforms. There was a feeling of good team working. Staff stated that the necessary time was provided for training, both mandatory and development. PDR are completed. Staff expressed the need for a hydration point on the ward.</p>	3
<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?)</i></p> <p>Daily team safety briefs are in place for staff, the ward has a safety huddle each shift handover. Information displayed on the ward / corridor was extensive useful and mostly up to date. The ward as an induction pack and programme for new staff. Incidents / complaints are discussed, and action put in place. The ward has a high percentage of FFT's completed. Complaints are discussed and follow actions put in place.</p>	3	

SAFE	<p>Is there anything that you notice that suggests this ward is/isn't well led? <i>(provide details)</i></p> <p>Comment from a member of staff "left another ward to work here because it is well led".</p>	
	<p>Safe</p>	Confidence Score
	<p>How confident are you that this ward is SAFE?</p>	0 / 1 / 2 / 3
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.)</i></p> <p>All staff are aware of the escalation procedures, covered in ward induction, procedures were available and detailed. New members of staff are given induction, buddied with senior staff, and monitored. Staff are aware of their Speak Up champion. Concerns were express regarding lack of information (transfer sheets) from ED. Staff expressed concerns around increasing numbers of mental health patients, Travellers (large family groups), and Prisoners.</p>	2

	<p>Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) We were challenged on entry to the ward, Reception is off the main corridor; a sign indicates where. But you could walk into the ward. All patients have identification bands. General comment is that you could see the whole length of Appleton 1st floor no ward had doors closed. Several storerooms and the Fluid room left open (signage stated should be locked at all times)</p> <p>The emergency call bell system damaged, indicator lights outside bays not working, Bay E indicator light obscured by corridor door frame, these issues mean staff must chase from bay to bay to identify where the issue is. Staff stated this as been a long-term issue.</p>	1
	<p>Are there any visible 'hazards' on this ward? (NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked etc.) Fire exit from ward blocked by nurse data input station. Staff stated that the exceptionally hot weather has caused difficulties. Fan available but can cause obstructions in areas. Falls alarms in place and being used.</p>	2
	<p>Are there any medication safety issues? (NOTICE Are any medications not locked away? Are there any delays in giving medications?) No concerns around medicine storage. Medicines kept in locked cabinets within a lock dispensing room. Medicine trolley fitted with Push Button lock, a number were not fixed (2 out of 6 locked), comment fiddley to fit sometimes. Scanner not used for medication dispensing</p>	2
	<p>Does the ward have two entrances? Are processes in place to ensure this is managed?</p> <p>Yes, Fire exit block at time of visit.</p>	2

CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i> Staff were observed interacting with the patients and using their preferred names. Patients stated that the care was excellent, everything was being explained, Patient comments general were that the experience was good, great care, the building letting down the care provision.	3
	Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.)</i> Patients spoken too were happy that all was being done for them. The staff discusses the patients' needs with them. Fast turn over of patients in AMU (average stay 1.4 days 744patients in last month)	3
	Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i> Patients stated that there was quite a lot of noise at night due to moving patients, new admissions, patients with mental health issues, etc. The high lighting level at night was also a concern for some patients.	2
	Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i> The staff stated that they liaise with patients and relatives, regarding their treatment plans. Sometimes difficult due to speed of turnover of patients. There are several thank you card on notice board in the main corridor.	3

FOOD and NUTRITION	Food and Nutrition	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	0 / 1 / 2 / 3
	Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, timeliness, and help given if needed)</i> Patients stated that snack boxes were a brilliant addition, it also allows patients to have food available 24hrs. Patients were happy with the quality of the food. Some issues with low temperature. Staff had some issues with meal delivery, not consistent delivery times and when busy trolley left for some time before patients made ready for meal. .	2
	Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i> Most Patients happy with the selection of food. The ward kitchen has bread (toast) and sandwiches available to patients 24hrs plus the snack boxes.	3
	Do patients feel they have enough to drink throughout the day? Hydration station require on ward for staff. Hydration available at all bed sides. Water was seen on all bedside tables.	2
Notice – are patients prepared for mealtimes? <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i> Not observed.		

RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	Do patients know their plan of care and discharge plan? (ASK PATIENTS / STAFF how this is done?) Generally, patients were informed of any ongoing treatment at discharge / on move to other ward. Some patients stated that they were unaware of their discharge plan.	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) None Observed, patients all had call bell pushes to hand. See Comment on safety regarding faulty call bell indicators	1
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Pain is addressed, patients can ask at any time for pain relieve. Call alarms are available and in reach of all patients. Staff make any reasonable adjustment that patients require.	3

EFFECTIVE	<p>Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Staff are aware of how to access support services. Staff stated that there can be issues with the translation service, them not having people available and that they have had to wait up to 24 hrs</p>	3
	<p>Effective</p>	Confidence Score
	<p>How confident are you that the ward processes are EFFECTIVE?</p>	0 / 1 / 2 / 3
EFFECTIVE	<p>Does the ward / department appear to be clean and organised? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>All areas were clean and daily monitoring sheets were up to date. Bathrooms / Showers were fitted with patient alarms. Bedside lockers available and in place. Generally, the ward appeared organised. Dressing observed on show floor (address by staff when shown) Lack of storage for equipment. Only one staff toilet between two wards.</p>	3

	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>.</p> <p>Staff stated that the discharge process was slow, moving patient to discharge suite. Slow getting TTO's signed and pharmacy delivering. Staff stated that there are difficulties moving patient in the mornings as not all ward change shift at the same time, this causes delays and increases patients stay in ED (Patients being transferred from ED without paperwork.</p>	2
FINAL IMPRESSIONS	<p>Lasting Impressions</p>	Confidence Score
	<p>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</p>	0 / 1 / 2 / 3
	<p><i>Provide reasons for any change, from first impressions to your confidence levels:</i></p> <p>The staff are dedicated, There is a good culture, Exceptionally busy unit, large turnover of patients. Flexibility of the staff MDA room full of doctors & No most of them on mobile phones (11:00hrs – 12:00hrs)</p>	3

Governor Observation Visit

Date / Time: 17/06/23 10:00hrs

Ward / Department: A1 / AMU

Team: N Holding, A Robinson, C Jenkins, D Nield

Well Led

Positives	Recommendations
Team working	Review for a staff hydration point on the ward
Support from CBU	Review signage to the ward
High FFT Completion	Relocate the Cleaning Standard certificate.

Safe

Positives	Recommendations
Medicine dispensing security	Ensure appropriate rooms are kept locked
Use of Fall Alarms	Security around different groups admitted to this ward
	Ensure reception has clear view of main entrance door
	Urgent attention needed to patient emergency call bell system
	Ensure fire exits are kept clear
	Medicine trolleys not secured review process
	Review general security on Appleton wing

Caring

Positives	Recommendations
Very caring staff	Review noise and light issues at night
Excellent care being provided by staff	
Staff managing the exceptionally large turnover of patients	

Food and Nutrition

Positives	Recommendations
Introduction of Snack Boxes	Review communication around meal delivery times
	Review delays and method of serving meals (temperature issues)

Responsive

Positives	Recommendations
Pain managed well	See safety comment regarding emergency call bells
	Reviews the report delays in translation services

Effective

Positives	Recommendations
Excellent cleaning standard on the ward	Review the disparity in starting times that seems to delay patient movement
	Review delays in patients moving to discharge suite
	Review paperwork flow from ED with the patient
	Review available toilets for staff
	Review general storage

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date / Time: 14/07/2023 14:00hrs	Department Manager:	Governors Present: N Holding, K Bland, G Leach, M Britton		
Ward: A5 Gastro'				
Number of Patients:	Staff on duty:	Days	Nights	CBU Manager:
Capacity: 20	Nurses	3	2	Matron: Rachael Baxter
Total on day of visit: 20	Healthcare Assistants	3	2	
	AHP's	1		Lead Nurse: Lucy Parry
	Students (work experience)	1		
	Domestics	1		Ward Manager: Megan Hipiss
	Administration	1		
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS

IF ANY IMMEDIATE CONCERNS:

Escalate to:
Deputy Chief Nurse, Head of Patient Experience, and Inclusion or Associate Chief Nurse for Planned or Unplanned Care.

FOR ROUTINE VISITS:

Once visit is completed send copy of document to Ali Kennah (Deputy Chief Nurse) alison.kennah@nhs.net within 5 working days.

FIRST IMPRESSION	First Impressions	Confidence Score
	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	<i>Using your senses, what do you hear?</i> <i>What do you see?</i> <i>What do you smell?</i> <i>What do you feel?</i> <i>How does that make you feel?</i> <i>What do you notice? Does that build your confidence and trust?</i>	2
	Busy atmosphere Clean Slight smell Dull Calm Quite A lot of equipment in main throughfare Welcoming staff Challenged at entrance	

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	<p>What is it like to work here? <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.)</i></p> <p>The team are well supported by the CBU, always available and visit frequently. Supported by leadership team. Staff commented that it was a great ward to work on, were encouraged to challenge and felt valued. Staff were aware of their speak up champion and information available on ward noticeboard. All staff were wearing appropriate and identifiable uniforms. There was a feeling of good team working. Staff stated that the necessary time was provided for training, difficult to get staff De-Escalation training. Good level of PDRs complete High level of staff turnover. Very good plans in place for the industrial action taking place. Team stated that they had felt no effects caused by the industrial action. Agency staff felt well supported. Ward clerk felt a little detached from the team. One staff member had concerns around flexible working opportunities.</p>	3
	<p>Do the ward staff know their data? <i>(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?)</i></p> <p>Daily team safety briefs are in place for staff, the ward has a safety huddle each shift handover. Information displayed on the ward / corridor was extensive useful and up to date. Incidents / complaints are discussed, and actions and learning put in place. Complaints are discussed and follow actions put in place. Data on display staff clear on data and staffing levels. Some non-clinical staff had concerns around lack of development training.</p>	3

	<p>Is there anything that you notice that suggests this ward is/isn't well led? <i>(provide details)</i></p> <p>It was observed that the ward was getting a high level of support from managers from other wards and departments on the day of the visit. Plan in place for industrial action and working well, ward report no issues caused by the action.</p>	
SAFE	<p>Safe</p>	<p>Confidence Score</p>
	<p>How confident are you that this ward is SAFE?</p>	<p>0 / 1 / 2 / 3</p>
	<p>Do staff know how to escalate issues if they have concerns about either a patient or the ward? <i>(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.)</i></p> <p>All staff are aware of the escalation procedures, covered in ward induction, procedures were available and detailed. New members of staff are given induction. Staff are aware of their Speak Up champion.</p>	<p>3</p>
	<p>Is ward security appropriate? <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.)</i></p> <p>We were challenged on entry to the ward, Reception is off the Ward, in corridor at entrance to Ward. All patients have identification bands.</p>	<p>3</p>

	<p>Are there any visible 'hazards' on this ward? <i>(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked etc.)</i></p> <p>An amount of equipment stored on main corridor of ward, very limited storage. Women's Toilet fall alarm tucked behind a bin, not accessible.</p>	2
	<p>Are there any medication safety issues? <i>(NOTICE Are any medications not locked away? Are there any delays in giving medications?)</i></p> <p>No concerns around medicine storage. Medicines kept in locked cabinets within a lock dispensing room.</p>	3
	<p>Does the ward have two entrances? Are processes in place to ensure this is managed?</p> <p>Yes, blocked off, this ward is half normal ward and door between halves closed off. Signage in place</p>	2
CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	<p>Do staff communicate / interact with patients and carers in a caring and compassionate manner? <i>("Hello, my name is")</i></p> <p>Staff were observed interacting with the patients and using their preferred names. Patients stated that the care was excellent, everything was being explained, Patient comments general were that the experience was good, great care, the area letting down the care provision.</p>	3

	<p>Do staff provide care that meets patient's individual needs? <i>(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.)</i></p> <p>Patients spoken too were happy that all was being done for them. Individual menus for each patient The staff discusses the patients' needs with them. One patient spoke highly about the phlebotomist care in carrying procedures.</p>	3
	<p>Are noise levels appropriate? <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>Patients stated that there was quite a lot of noise at night from other patients. We noticed that there was a high level of noise in the bays.</p>	2
	<p>Do patients feel involved in their care and treatment? <i>(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)</i></p> <p>The staff stated that they liaise with patients and relatives, regarding their treatment plans. Staff stated that there was a consultant round to each patient daily and ongoing care plans discussed. A patient did state that their discharge had been delayed 1 day due to lack of information.</p>	3

FOOD and NUTRITION	Food and Nutrition	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	0 / 1 / 2 / 3
	Are standards met regarding meals and drinks? <i>(NOTICE / ASK PATIENT about quality, quantity, timeliness, and help given if needed)</i> Patients stated that they were happy with the quality, temperature, taste, and quantity of the food. All patients were under a dietician.	3
	Do patients feel there is enough choice at mealtimes? <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i> Patients happy with the selection of food.	3
	Do patients feel they have enough to drink throughout the day? Water was seen on all bedside tables. Patient stated that catering staff were excellent and that the ward staff were always available to provide drinks.	3
	Notice – are patients prepared for mealtimes? <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i> Not observed.	

RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	Do patients know their plan of care and discharge plan? (ASK PATIENTS / STAFF how this is done?) Generally, patients were aware of their care plan. They were informed of any ongoing treatment at discharge. One patient stated that they were unaware of the reason for their delayed discharge.	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) None Observed, patients all had call bell pushes to hand	3
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Pain is addressed, patients can ask at any time for pain relieve. Call alarms are available and in reach of all patients. Staff make any reasonable adjustment that patients require. One patient praised a nurse for a rapid response to an issue at 03:00hrs.	3
	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Staff are aware of how to access support services. Reasonable adjustments are made when necessary.	3

EFFECTIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	0 / 1 / 2 / 3
	<p>Does the ward / department appear to be clean and organised? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>All areas were clean and daily monitoring sheets were up to date. Bathrooms / Showers were fitted with patient alarms. Bedside lockers available and in place. Generally, the ward appeared cluttered. Lack of storage generally for equipment and supplies. The ward is on a very small footprint. Staff room being used for storage, ward office, breakroom, and meeting room. Some areas suffer from high temperatures.</p>	2
	<p>Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?)</p> <p>2/3 patients per day discharged, most patients discharged to B3 Halton, this reduces delays due to TTO. All staff aware of the discharge processes. Good liaison between ward and Halton.</p>	3

FINAL IMPRESSIONS	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	<i>Provide reasons for any change, from first impressions to your confidence levels:</i> The staff are dedicated and caring staff. There is a good culture, Too small a footprint Very poor lighting in staff area. Inadequate storage Lacking staff areas, reception looks detached from ward.	2

Governor Observation Visit

Date / Time: 14/07/23 14:00hrs

Ward / Department: A5 Gastro'

Team: N Holding, K Bland, G Leach, M Britton

Well Led

Positives	Recommendations
Team working	Review De-Escalation training
Support from CBU	Review staff turn over
Good level of PDR's being completed	Review Inclusivity of Ward Clerk

Safe

Positives	Recommendations
Medication storage	Ensure fire exits are kept clear
Well challenged at entrance by ward clerk.	Review storage facilities
	Ensure fall alarm in women's toilet is correctly positioned
	Ensure all staff are aware of evacuation procedure for this ward due to being only half a normal ward and restricted space.

Caring

Positives	Recommendations
Very caring staff	Review noise issues
Patients commented on excellent care being provided by staff	Review high temperature

Food and Nutrition

Positives	Recommendations
Dietitians' involvement in patient care	
Patient comment on quality of food and availability of drinks	

Responsive

Positives	Recommendations
Response of staff to patients' issues both during the day and night	

Effective

Positives	Recommendations
Good cleaning standard on the ward	Review storage
Discharge to Halton works well	Review staff facilities (Restroom multi use)
	Very poor lighting in main corridor, staff working area
	Decoration looking very tired
	Very small footprint for, looks over crowded

**COUNCIL OF GOVERNORS
10 August 2023**

SUBJECT	Governor Questions	AGENDA REF	COG/23/08/42
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QUESTION 1:	How will the Trust assure that its financial and resource challenges are translated through as potential risks and mitigations impacting the patient experience.	Proposer: Nigel Richardson – Public Governor
RESPONSE	<p>All cost improvements have a project initiation that considers the cost saving and the quality impact. The Quality Assurance Committee receives an annual report which sets out the Trust’s compliance with its Quality Impact Assurance (QIA) process for its Cost Improvement / GIRFT programme for the period.</p> <p>It is the responsibility of the Trust to ensure the development and delivery of a Cost Improvement Programme that is not detrimental to the quality of patient care. The publication Good Practice Quality Impact Assessment produced by NHS Providers indicates that cost improvement changes and efficiencies should not be approved without receiving appropriate assurances that the impact of the scheme on quality is in the worst case neutral but at best should be aiming for an improvement in quality.</p> <p>A copy of the Trust’s QIA process along with a copy of the Trust’s QIA form can be found within Appendix 1 & 2).</p>	Responder(s): Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO & Andrea McGee, Chief Finance Officer & Deputy CEO

QUESTION 2:	What is the way forward (Plan B), now that we are not getting funding for a new hospital?	Proposer: All Governors
RESPONSE	Our plan remains to build a new hospital in Warrington and an extension to CSTM in Halton and we continue to seek alternative funding routes to deliver this plan. We will need to consider different options for how we do this, particularly in Warrington, where the cost for a new hospital is considerable. We will be working with partners, NHS England and the Department of Health and Social Care on the best way to proceed.	Responder(s): Simon Constable CEO & Lucy Gardner Director of Strategy & Partnerships

	In the meantime, we also continue to progress strategic capital developments, which enable our new hospitals vision and also deliver improvements in the short and medium term. These developments include Same Day Emergency Care, Breast at Bath Street, Community Diagnostic Centre, and Halton Health Hub in Runcorn Shopping City.	
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QUESTION 3:	What if any plans have the Trust in place to cope with the rapidly increasing populations in Warrington and Halton?	Proposer: All Governors
RESPONSE	<p>The Trust is working closely with partners to deliver services which meet the needs of our populations now and in the future. The needs of our populations, both in Warrington and Halton, which include the rapid growth in both overall population size as well as the increased ageing population, are formally reviewed annually by our local councils as part of service and priority planning. The changing needs of our populations and our plans to address those needs are reflected in our refreshed strategy. Our plans include, but are not limited to:</p> <ul style="list-style-type: none"> • Delivery of preventative services in partnership via, for example, the 2 new planned community health and wellbeing/education hubs in Warrington and Runcorn town centres • A significant increase in diagnostic capacity via the CDC • An increase in elective capacity via TIF • An increase in emergency capacity via SDEC, which is already open 	Responder(s): Lucy Gardner Director of Strategy & Partnerships

QUESTION 4:	Are there any alternative options to the current method of moving deceased patients from wards to the mortuary? (This question arises from a comment made by a recently bereaved member of the public distressed by seeing a movement whilst in the hospital).	Proposer: Jonathan Cliffe – Staff Governor
RESPONSE	<p>The Trust is working through an improvement process to make the journey from ward to mortuary a very dignified process.</p> <p>A specially converted mortuary vehicle is currently on order by the trust and we expect delivery in the next month or so. The trust has also invested in a team of porters who will be specially trained to transfer patients. The transfer trolley used at Warrington is the</p>	Responder(s): Paul Fitzsimmons, Executive Medical Director Hillary Stennings, Associate Director Clinical Support Services

	<p>same trolley that is used in most organisations nationally.</p> <p>We are just awaiting delivery of the Mercedes electric van which will securely hold the mortuary trolley. The deceased patient will exit the building discreetly from the Croft wing corridor and remaining on the trolley will be placed into the van within the privacy of a small inner courtyard situated by the Cardiac Catheter Lab . There will be a designated parking spot for the van together with an electric charging point.</p> <p>The van will then be driven round to the mortuary by specially trained porters or security both day and night. Once at the mortuary the van will be enclosed within gates in order to transfer the deceased inside the mortuary</p>	
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QUESTION 5:	How has the recent industrial action effected the waiting list?	Proposer: Norman Holding – Public Governor
RESPONSE	<p>There are many different waiting lists. The one most commonly referred to and data published in the media is the “Referral To Treatment” (RTT) waiting list, which is increasing as more patients are accessing care after the height of the Pandemic. This was expected to be the case this year and is in our annual activity plan. This growth is in keeping with the national trend. However, the overall length of time patients are waiting for the vast majority of specialties and diagnostics is reducing month on month. The impact of industrial action has slowed down the pace of some of that waiting time reduction in some specialities, mostly impacting outpatient waiting times. Overall however, waiting times continue to reduce. In line with the national access policy we schedule patients in line with clinical priority.</p>	Responder(s): Dan Moore, Chief Operating Officer

QUESTION 6:	What is the cost of DNA to the Trust. Do we know how many are through misinformation / missed letters or texts?	Proposer: Colin Jenkins – Public Governors
RESPONSE	<p>The average cost of a DNA (Did not attend/missed appointment) is approximately £112.</p> <p>Its difficult to say with any degree of certainty to what extent DNA happens because of misinformation/ missed letters or texts. But we are aware that is does happen. If that is found to be the case, then patients will be reappointed.</p>	Responder(s): Dan Moore, Chief Operating Officer

	<p>We are in the process of reviewing our text reminder service to support a reduction in our DNA rates from 9.5% to 5.5%. We aim to increase the number of services supported by the text reminder service ensuring an increased number of patients receive information which advises them of the time and date of their appointment seven days in advance, but it will also give them the option to confirm, cancel or rebook. Another text message will be sent 48 hours before a patient's appointment giving further details about where to go if it's a face-to-face appointment, or details on how to access it if it's a virtual appointment e.g. over the telephone or via video call</p> <p>We are not in a position to determine if the current DNA rate is linked to misinformation/misplaced letters or texts.</p>	
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Follow Up – May 2023

<p>QUESTION 2 Follow up from May:</p>	<p>A recent BBC News article was published regarding donation of umbilical cords. Do we offer this in our maternity unit?</p> <p>Below is a link to the Anthony Nolan Trust which explains how valuable this can be for blood cancer patients (Normally umbilical cords are disposed as clinical waste and this could be a great opportunity to help others and shine a light on the hospital.</p> <p>https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.</p>	<p>Proposer: Diane Nield – Public Governor Warrington</p>
<p>RESPONSE</p>	<p>This is not something the Trust currently offers. However, the Trusts newly appointed Intrapartum Matron Kim Farrell will be tasked with exploring as a new initiative for WHH.</p> <p>An update to be provided to Governors after the meeting via email as the Matron responsible is currently on leave.</p>	<p>Responder(s): Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive</p>



Appendix 1 Trust QIA process for CIP schemes

Alongside the completion of a Project Initiation Document (PID), all schemes require a QIA (see Appendix 2) to be completed and approved before the scheme can progress. It is the responsibility of the scheme Senior Responsible Officer (SRO) to ensure completion of the PID and associated QIA for the CIP scheme.

QIA

Appendix 2 shows a blank QIA document. The completed PID includes a QIA which is required to be signed as approved by 2 of the 3 Clinical Business Unit (CBU) Triumvirate Leads (CBU Manager, Clinical Lead or Nurse Lead) or the Corporate Lead for corporate areas.

All CIP schemes are next subject to a preliminary review by the Deputy Chief Nurse to provide an initial validation of QIA.

For all CIP schemes from the CBUs or schemes with a clinical impact the QIAs need to be reviewed and approved by the Chief Nurse and Medical Director (or Deputy Medical Director if Medical Director unavailable).

For all CIP schemes from corporate areas QIAs need to be reviewed and approved by either by the Chief Nurse or Medical Director (or Deputy Medical Director if Medical Director unavailable) and another Executive Director (unconnected with the corporate area).

The QIA form will include a section to allow the Chief Nurse/Medical Director (or Deputy Medical Director if Medical Director unavailable) to approve the scheme and if appropriate will allow them to request that a post-implementation review is conducted within a specified time period following successful delivery of the scheme. This is to provide further assurance that the scheme has not impacted adversely on quality, safety or patient care in ways that were unforeseen prior to implementation.

Only when the QIA has received the appropriate level of sign-off can the scheme commence to delivery.

Any quality, safety or equality risks identified in a scheme during the planning phase will be monitored by the SRO throughout the delivery phase and escalated appropriately if required.

Quality and Assurance Committee

The Finance team will produce a quarterly report for the Quality Assurance Committee (QAC) reporting compliance with the QIA process and reporting the outcomes of any completed post-implementation reviews.



APPENDIX 2 QUALITY IMPACT ASSESSMENT APPROVAL FORM

Answer positive, neutral or adverse (P/N/A) against each area. If Adverse, score the impact, likelihood and total in the appropriate box.

	Impact question	P/N/A	Impact	Likelihood	Score	Rationale for Quality Impacts
QUALITY	Patient Safety and reduce harm (e.g. reduce mortality, infection, patient falls, pressure ulcers, VTE, SUIs, meds errors)				0	
	Effective Clinical Care (e.g. NICE guidance, external enquiries, audits)				0	
	The Experience of our patients (e.g. LoS, waiting times, survey results, reducing complaints, mixed sex breaches)				0	
PEOPLE	Qualitative impact on Staff (e.g. staff survey, front-line staff concerns, training impact, sickness, turnover levels)				0	
SUSTAINABILITY	Compliance with review bodies / regulator (e.g. CQC, Monitor, NHSLA, CNST)				0	
	Commissioned Quality Targets – National Targets (e.g., A&E, 18 weeks, 62/31-day cancer targets etc)				0	
	Other Targets e.g.:- <ul style="list-style-type: none"> • New to Follow-up ratio • Consultant to Consultant referral levels • Readmissions/bed utilisation • Discharge Summary performance 				0	

Quality Impact – Stage 1. QIA to be signed by 2 of the 3 triumvirate leads or 1 Corporate area lead.
Assessment Approval Stage 2. Preliminary QIA review by Deputy Chief Nurse
 Stage 3 CBU/Clinical schemes QIA reviewed/approved by Chief Nurse & Medical Director & for Corporate area schemes by Chief Nurse or Medical Director and Executive Director (unconnected with the corporate area)

Post implementation review required on scheme? **YES** **NO** If YES, how long after the scheme is delivered?

1.Triumvirate lead 1 Name: Signature: Date:	1.Triumvirate lead 2 Name: Signature: Date:	1.Corporate lead for Corp area scheme Name: Signature: Date:	2.Deputy Chief Nurse Name: Signature: Date:	3.Chief Nurse Name: Signature: Date:	3.Medical Director /Deputy Name: Signature: Date:	3.Executive Director Name: Signature: Date:
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Council of Governors

AGENDA REFERENCE:	COG/23/08/43a (i)
COMMITTEE ATTENDED	Finance and Sustainability Committee
DATE OF MEETING(s):	24 May 2023
AUTHOR(S):	Nigel Richardson - Public Governor
GOVERNOR COMMENTS	<p>Good attendance with extensive detailed Agenda and papers provided. A very focussed meeting supported by very detailed analysis and summarised reports and presentations from the subject matter Executive leads with appropriate Non Exec challenge throughout.</p> <p>The meeting was well chaired with clear focus seeking assurance on progress to achieve financial viability of the Trust, particularly emerging risks from accounting flexibilities required as part of an ICS 'system.'</p> <ul style="list-style-type: none"> ● ICS being in deficit currently creates more scrutiny and challenge for the Trust. ● The Trust Cost pressure report highlights tough financial challenges ahead for the year. <p>Financial recovery plan needed.</p> <ul style="list-style-type: none"> ● Non Execs challenging and seeking assurance as to the Impact financial decisions have on 'Quality' <p>Also, recognition of the huge risks the Trust is carrying and continuing need for agility and flexibility, which is evident in the committee.</p>

Council of Governors

AGENDA REFERENCE:	COG/23/08/43a (ii)
COMMITTEE ATTENDED	Finance and Sustainability Committee
DATE OF MEETING(S):	28 th June 2023
AUTHOR(S):	Nigel Richardson
GOVERNOR COMMENTS	<p>Well attended with extensive detailed Agenda and papers provided. A very focussed meeting supported by very detailed analysis and summarised reports and presentations from the subject matter Executive leads with appropriate Non Exec challenge throughout. The meeting was well chaired with clear prioritisation in seeking assurance on financial viability of the Trust, facing high risks from accounting demands and flexibilities required as part of an ICS 'system.'</p> <ul style="list-style-type: none"> ● ICS remains in deficit creating more scrutiny and challenge for the Trust. ● Strong challenge and robust discussion in committee as to the viability of the plan. Industrial Action has had a compounding effect. <p>Financial recovery plan needed for ICS and Trust.</p> <ul style="list-style-type: none"> ● Quantum change required as to how to deliver differently within the funding 'envelope'. Executive Away day planned to consider delivery options and capacity planning. ● Non Execs continual challenge as to a 'line of sight' between financial decisions and impact on 'Quality'. ● Chairman noted the high risks in managing the current financial demands, with many variables in play, which will require continual scrutiny and challenge even from very early stages in the annual planning cycle.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43b (i)
COMMITTEE ATTENDED	Quality Assurance Committee
DATE OF MEETING(S):	9 th May 2023
AUTHOR(S):	Akash Ganguly – Staff Governor
GOVERNOR COMMENTS	<p>There were 2 NEDs in attendance at the meeting.</p> <p>The meeting had a full agenda and multiple detailed papers were received by all attendees.</p> <p>The meeting was chaired efficiently, apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Hot Topic – ICU Length of Stay. Increased monitoring and awareness to allow best use of resources. • Deep Dive – Postpartum haemorrhage (PPH). Benchmarking against other hospitals, strict risk assessment and close monitoring and auditing. • Move to Outstanding Update Q4. Updates by Chief Nurse and Deputy CEO. Mock inspection reports shared. Work in good progress. Any issue identified are either resolved or a mitigation put in place. • Sepsis High Level Update Q4. Updates provided by Deputy Chief Nurse. Focus on screening and time to antibiotic. Improvement across all elements. High (3rd highest) in performance compared to regional trusts • DRAFT Quality Account, dementia strategy, learning from experience and updates on Arbury Court matters were presented by the Director for Governance • Multiple detailed maternity updates provided by the Deputy Director of Midwifery • Infection Control Update Q4 was provided by Associate Chief Nurse

- Patient Safety & Clinical Effectiveness Sub Committee Exception Report was presented by the Deputy Medical Director.
- Matters escalated to the Trust Board included Age related Macular Degeneration (AMD) assessment and paediatric ophthalmology service matters and multiple maternity updates

Standard items included in the agenda like risk register and BAF.

All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed.

The CoG can remained assured that the QAC meets the required standards

Council of Governors

AGENDA REFERENCE:	COG/23/08/43b (ii)
COMMITTEE ATTENDED	Quality Assurance Committee
DATE OF MEETING(S):	13 June 2023
AUTHOR(S):	Akash Ganguly – Staff Governor
GOVERNOR COMMENTS	<p>There were 2 NEDs in attendance at the meeting.</p> <p>The meeting had a full agenda and multiple detailed papers were received by all attendees.</p> <p>The meeting was chaired efficiently, apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Hot Topic – GI Bleed and 7 day working in Gastroenterology. Presentation by Gastroenterology team. Longer term plan to further improve the services. QAC noted the hot topic. • Deep Dive – Ophthalmic never event. Update provided by the Governance lead and Ophthalmology consultant. Benchmarking with other hospitals show similar practice across the country, mitigations discussed, close monitoring and auditing. Network discussion across other hospitals. QAC noted the deep dive. • Updates on Trust risk registrar provided by the Trust secretary. • Palliative Care & End of Life Bi-Annual Report provided by Consultant in Palliative Medicine and Deputy Mortality Lead. • Other matters discussed for assurance included the Quality matrix, Medicines management and controlled drugs annual report. • Multiple detailed maternity reports/updates and trajectory were provided by the Director of Midwifery.

- Complaints annual report and quality strategy annual reports were provided by the Director of Integrated Governance and Quality.
- In patient survey and action plan was presented by the Deputy Chief Nurse. Seven areas of improvement with four area of decline and 30 static metrics. Overall improvement and WHH is performing at upper to mid-range compared to other Trusts surveyed. To be sent to patient experience subcommittee. Deputy Chief Nurse assured the committee that WHH wants to achieve more positive outcomes and will strive to further improve patient experience in every way possible.

All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed.

The CoG can remained assured that the QAC meets the required standards

Council of Governors


AGENDA REFERENCE:	COG/23/08/43b (iii)
COMMITTEE ATTENDED	Quality Assurance Committee
DATE OF MEETING(S):	11 July 2023
AUTHOR(S):	Diane Nield – Public Governor
GOVERNOR COMMENTS	<p>There were 2 NEDs in attendance at the meeting.</p> <p>The meeting had a full agenda and multiple detailed papers were received by all attendees ahead of the meeting.</p> <p>It was chaired very efficiently in spite of some sessions running over time, apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Hot Topic - Fragile Services - Trust definition of a 'Fragile Service' defined as "A service which is at a risk of deterioration with a resulting significant risk to the quality of patient care, with particular reference to patient safety and risk of harm". Current 'Fragile Services' identified. The chair reinforced the need for everyone to have sight of these services as they evolve and not when it becomes an issue • Deep Dive - Fractured Neck of Femur. Designated 'Fragile Service'. Challenges identified and performance snapshot shared with KPI's /action plans developed to address. Chair opened the floor to many questions particularly around digitalisation of 'Fragile Services' and what does improvement look like and what we are doing in terms of the wider community to improve 'Bone Health'. In addition, it was noted that only 40% of patients get to A6 ward, we should be aiming to get patients admitted here asap. Many end up in A4

- PSIRF Policy Framework (Patient Safety Incident Response Framework), launched Sept 2022 - replaces SI Framework. Chair challenged paperwork which explains how this new framework differs from previous. Poster to be sent out explaining difference
- Maternity Services - new Consultant Midwife started 26/6 and will be midwifery lead for informed choice and personalised care as well as oversight of implementation of NICE guidelines. Saving Babies Lives Care Bundle contains a new element (6) Management of pre-existing Diabetes in Pregnancy
- Arbury Court - positive relationship reported between WHH and AC. Monthly meetings in place between WHH and AB Medical Director and AB Quality Lead. These meetings remain firmly in place for the long term, improvements are already being seen

Mental Health was identified as a future 'Hot Topic'. Matters for assurance and high-level briefing papers were noted for assurance. All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed. The CoG can remain assured that the QAC meets the required standards.

Council of Governors


AGENDA REFERENCE:	COG/23/08/43c (i)
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING:	Wednesday 17th May 2023
AUTHOR:	Colin Jenkins – Public Governor
GOVERNOR COMMENTS	<p>The committee was attended by the designated NED’s Julie Jarman (Chair) and Mike O’Connor.</p> <p>The chair welcomed everyone to the meeting and as per the agenda identified which items were for approval and those which were for assurance. There were also items that discussion and note for assurance that were at the top of the agenda so anybody visiting to present on those items would not have to wait.</p> <p>The first two items were “Staff Story-Theatres” which had been held over from the April meeting and the monthly “Hot Topic” which was about the current industrial action.</p> <p>Both topics were interesting in their own way with the presentation by Natalie Crosbie the Associate Chief Nurse highlighting the staff story of the Theatre personnel an interesting glimpse into an area of work you rarely/never think about outside of watching programs on TV. She highlighted their reduction in agency spend (to be commended) and other improvements and cultural change providing a healthier place to work.</p> <p>This was followed up with an update on current and upcoming industrial action and a breakdown of which unions representing which area of expertise would be affected. It also included an overview of the rigorous and thorough planning that had been undertaken to mitigate any manageable negative effects to the trust and the wider community.</p> <p>We received a report which highlighted an ongoing problem across all NHS trusts, recruitment and retention. It showed the WHH was more successful in some areas than others but better performing than comparable trusts. There were also issues around decreasing adult nurse students from Chester University and the initiatives to ensure future numbers.</p> <p>A thorough discussion took place by the NED’s and others present to ensure that answers given in response to questioning across all agenda items provided the requisite assurance.</p>



I am confident that this committee and it's NED's seek and are assured that they are meeting their function and obligations.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43c (ii)
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING:	Wednesday 21st June 2023
AUTHOR:	Colin Jenkins
GOVERNOR COMMENTS	<p>In attendance were the NED’s Cliffe Richards and Julie Jarman (Chair).</p> <p>Having welcomed all to the meeting the Chair went through the agenda affirming the minutes of the previous meeting as a true and correct record before identifying items that needed assurance, approval or were merely for noting.</p> <p>Our Hot Topic for the month was the Band 2 to Band 3 exercise which sought to consult with those affected via a series of consultations beginning 24/04 and soliciting Expressions of Interest, which currently stood at 90% of those canvassed. A great deal of effort by all senior managers to ensure no one was left behind was undertaken and their efforts should be commended.</p> <p>All were provided with their own pathway to Band 3 if that was what was wanted. The plan, which involved over 300 staff, has stalled. It now appears that the unions are involved and the initiative seems to be held up while discussions over the conditions requiring upskilling the workforce to meet the legal obligations for Band 3, take place.</p> <p>A thorough discussion took place by the NED’s and others present to ensure that answers given in response to questioning provided the requisite assurance.</p> <p>Anther area for consideration, both locally and nationally, is “Workforce Equality, Diversity and Inclusion.” A topic that seems to generate directives almost daily. It would be fair to say that because of the importance attached to our ED&I Strategy throughout all levels the organisation, that WHH are ahead of the curve having already implemented a great number of the recommendations put forward by NHSE/I. As an employer we have 5000 members of staff across 74 nationalities.</p> <p>Again, there was a full and frank discussion about WHH and our handling of the report to ensure that we are doing all that we can to support and facilitate the majority of our workforce who weren’t born here but chose to come and</p>




work, join our community and grow the families among us. It's imperative that we do all we can to make sure, so far as we can, their ideals, wants and needs are met.

I am confident that this committee and it's NED's seek and are assured that they are meeting their function and obligations.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43c (iii)
COMMITTEE ATTENDED	Strategic People Committee
DATE OF MEETING:	Wednesday 19th July 2023
AUTHOR:	Colin Jenkins, Public Governor
GOVERNOR COMMENTS	<p>Unfortunately I had to attend the July meeting via Teams meaning I missed out on a great presentation.</p> <p>The NED's in attendance were Mike O'Connor, Julie Jarman (Chair) and Steve McGuirk.(Trust Chairman) as an observer.</p> <p>Julie opened the meeting by welcoming everybody and introductions were made as there were a number of visitors in the meeting. She gave an overview of the agenda highlighting the different groupings of items needing different responses and the previous meeting's minutes were read and agreed.</p> <p>I believe that this months "Hot Topic" was the best presentation so far. It was introduced By Kimberley Salmon Jamieson and was entitled Your Future Your Way. Kimberley called it "Getting to Equity" because it was a story of under recognition for promotion among our BAME staff at Bands 5 and 6.</p> <p>Research had highlighted the barriers to progression for this group and sought to address the gap through a positive action programme. The advantages and pit-falls were identified and planned for a 2 part structure was devised.The visitors were some of the members of staff connected with the delivery of the course and some candidates who testified that they had all gained so much from the programme that all in the room were left in no doubt about it's effectiveness as a learning tool for all concerned.</p> <p>We also had a presentation by Michelle Clooney which led into a small group exercise exploring different scenarios and the pros and cons each presented. It was clear that it wasn't a "One size fits all" but the exercise did show where it could benefit some teams in the Trust.</p> <p>One area where a measure of success had been achieved was where A&E locum staff spend was down from £1.3m per year to sickness cover, which is phenomenal. There were also tangible benefits reported for disabled employees who had the ability to manage their time better</p>



when sick and work rather than not work. There were also reported benefits in terms of improved retention because they felt the system flexibility supported them rather than managed their time.

I am confident that this committee and it's NED's seek and are assured that they are meeting their function and obligations in the Terms of Reference.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43d (i)
COMMITTEE ATTENDED	Audit Committee
DATE OF MEETING:	27 April 2023
AUTHOR:	Sue Fitzpatrick – Public Governor
GOVERNOR COMMENTS	<p>The meeting was chaired by Michael O’Connor. A full set of papers was circulated one week before the meeting, the meeting had a full agenda and started on time.</p> <p>The minutes of the previous meeting were reviewed, there were a couple of minor amendments but the content was accepted.</p> <p>The BAF was reviewed and a separate risk to be added around the new hospital.</p> <p>Verbal description of the various reports was given.</p> <p>FSC – JS presented the main points. Capital projects looking at project management of change in costs (due to unexpected invoice). CIP - A new process for escalation to ensure that CIP is delivered as agreed.</p> <p>QAC - CR provided an update. Sepsis continues to cause concern. He reported that there is a burden on staff dealing with the audiology issues and how this will be governed going forward (Report going to the Board next week). The committee gained assurance that Arbury Court has been escalated to the Board and there are positive moves. In general there are more people and staffing issues putting pressure on clinical and governance teams.</p> <p>SPC –JJ reported that the meetings are now monthly and the papers are kept tight and more analytical. Deep dive on discrimination to be undertaken as a result of NHSE case.</p> <p>It was noted that each committee has had a number of additional items added to their agenda due to the dissolution of CROC.</p>

The internal audit report was presented and It was noted there were 5 overdue management actions. There is still work to be done on sepsis and PLICS. The actions were extended to be completed by 31 May 2023. MO requested to be informed when the actions have been completed. BadgerNet maternity review has been completed.

The Internal audit risk based plan and follow up report were approved by the committee. Substantial assurance was given Exception sick absences and digital.

External audit report. Georgia Jones (GJ). There were risks identified but they are common to all trusts. The chair questioned our performance compared to recommendations and queried if have we met requirements. GJ reported GT are working closely with the finance teams.

Anti-fraud progress update revealed one ongoing fraud case that is with CPS.

Conflict of Interest and gifting policy. CIVICA showed WHH running at 68% benchmark 80% which could be an amber. Proposed that only band 8a and above are included in the hope that % will improve. Chair requested update on the outcome of the change.

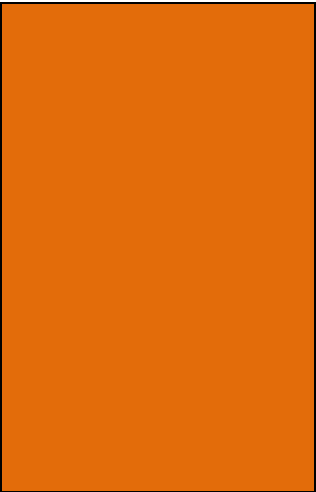
There are less bad debts but more store losses. The chair challenged the increase in claims, there is an ICS initiative medicines management group which may improve the situation.

There were 14 retrospective waivers ongoing training is in place but it was noted that 13 of these occurred after training introduced.

Draft AGS approved currently being audited by external auditors.

Annual report on track ready to submit.

The committee agreed the key dates in respect of the production of the 2022/23 Annual Accounts. There is a technical adjustment to the accounts IFRS16 meant a change in the way accounts are structured.



The accounts were for noting to be formally approved at the June meeting

The cycle of business was approved. There was no other business.

Sarah Blackwell of MIAA announced that she will be standing down from the committee. The chair and committee members thanked her and appreciated her contribution.

The meeting was completed on time.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43d (ii)
COMMITTEE ATTENDED:	Audit Committee YEAR END
DATE OF MEETING:	21 June 2023
AUTHOR:	Sue Fitzpatrick – Public Governor
GOVERNOR COMMENTS:	<p>The meeting was chaired by Michael O’Connor. Papers were circulated prior to the meeting (< 7days) and the meeting started on time.</p> <p>SF was given access to TeamEngine and downloaded the App with the help of EK and was able to review the papers with ease.</p> <p>GT went through the external audit finding report 2022-2023.</p> <p>The chair had held a pre meeting session with the NEDs to review the content in detail. There was very little discussion required at this meeting. GT’s report is due to be signed off 30th June. With the draft annual report to be ready for 7th July, finalised by the 14th July ready to lay before Parliament before the House rises.</p> <p>The report was positive overall with no significant weakness identified. Recommendations made are best practice not things that have been done incorrectly.</p> <p>The Chair discussed the opportunity for a meeting to review lessons learnt and communication.</p> <p>KS reviewed the amendments made to the audited annual accounts as presented in the 27th April meeting. These were minor errors, mainly re-categorisations with only one having an impact on the deficit.</p> <p>Subject to audit work (yet to be completed) and no consequent changes the audit committee were asked to support the presented information with a view of giving approval once the work is complete.</p> <p>LA presented the quality account which had been reviewed by QAC and presented to the ICB and had</p>

received a positive review. The report was approved by the audit committee.

JC reported that the Trust is in compliance with Code of Governance and the report was approved by the committee.

There were no matters for escalation or any other business.

The meeting finished before time but all agenda items were given the appropriate attention.

Council of Governors

AGENDA REFERENCE:	COG/23/08/43e
COMMITTEE ATTENDED	Charitable Funds Committee
DATE OF MEETING:	08 June 2023
AUTHOR:	Sue Fitzpatrick – Public Governor
GOVERNOR COMMENTS	<p>A truncated meeting took place as agreed in the last charitable funds meeting. “The Chair put forward that there may be a case for a mini review of meetings where a bid review meeting may take place instead of a full main meeting ensuring that the governance requirements will continue to be met”.</p> <p>In order to conduct the meeting by email there was a pre-agenda discussion with the relevant Exec/ Execs to see what was in fact on the agenda, and to then decide if matters could be resolved quicker and easier without a formal meeting.</p> <p>At the 08 June meeting there was not enough business to justify committing managerial time to a full meeting and so as agreed it was decided to transact the bids via email rather than at a full meeting.</p> <p>There was a formal request made by Jennie Myler to check everyone was in agreement with the proposal. On receipt of agreements/positive responses the bids 34 and 35 that required a decision were formally circulated together with a summary of their content.</p> <p>Replies to the emails were collated by Jennie and the responses would be formally documented in the Chairs log.</p> <p>I am happy that there was a process and documentation in place to provide an audit trail of the circulation of the information and capture of the feedback.</p> <p>I can confirm the review of bids occurred and it was a satisfactory way of dealing with them that made the best use of everyone’s time.</p>

Council of Governors

AGENDA REFERENCE:	COG/23/08/44			
SUBJECT:	Council of Governors Effectiveness Survey Outputs			
DATE OF MEETING:	10 August 2023			
ACTION REQUIRED	For Information			
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager.			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	<p>This report provides an overview of the Governor responses to the self-assessment survey.</p> <p>It provides evidence that the Council of Governors has undertaken a formal review of its effectiveness, with outputs determining actions to improve on those themes identifies.</p> <p>The scores from the yes/no questions were largely positive.</p> <p>Key focus areas for improvement have been identified and actions are suggested to improve the Council of Governors effectiveness.</p> <p>The Council of Governors together with the Company Secretary and Corporate Governance and Membership Manager are responsible for taking forward any actions for improvement identified in this report.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • note the outputs of the Effectiveness Survey • agree actions for improvement for the Trust and the Council to take forward, to improve effectiveness. 			
PREVIOUSLY CONSIDERED BY	N/A			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			

NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	None

Agenda	Council of Governors Effectiveness Survey Outputs	Agenda Reference	COG/23/08/44
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1. Background/Context

The Council of Governors Effectiveness Review Survey has been completed in line with best practice.

The aim of the survey was to review the experience of Governors and their Confidence in the tools and knowledge they have to be effective in their role and to identify areas for improvement which can be implemented to improve the Council of Governors effectiveness going forward.

The Process

The review process has been co-ordinated by the Corporate Governance & Membership Manager.

The views of Governors were sought through completion of an online survey. Responses including supporting comments were then collated and actions identified to improve the Council's effectiveness going forward.

The Survey

All responses have been treated in confidence i.e., they are not individually attributed.

The survey consisted of 22 yes/no questions with the opportunity to make comments on 10 of the questions.

There were 19 responses received out of a possible 24 (79% response rate).

2. Areas of Focus to improve the Effectiveness of the Council of Governors

It should be noted that most Governors responded with 'yes' to the statements in the survey.

Based on the responses provided to the questionnaire, it is suggested that the following areas be considered for future development:

Council of Governors		
Identified themes/areas for Improvement	Recommended actions to improve effectiveness	Date
Question: I understand the role and statutory duties of the Council of Governors		
Further Training around Statutory duties	This is covered at the Governor induction Day. However, a further Governor Development will be scheduled for Governors to receive further training on their statutory duties, including the Governor Induction	Q3/Q4 2023/24

	<p>Day, facilitated by Ann Utley, Luscent, being hosted by Liverpool Heart & Chest Hospital which will cover:</p> <ul style="list-style-type: none"> • Role of Foundation Trusts and implications of Integrated Care Systems legislation • The Role of the Council of Governors including how to governors carry out their statutory role • Regulation in the NHS • An overview of Foundation Trust Finance • How do governors hold to account • How can governors engage with members and the public? 	
<p>Question 2: The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders.</p>		
<p>Communicating and engaging with Trust members & wider stakeholders</p>	<p>The WHH Membership Strategy is currently being drafted, the first draft was discussed at the Governor Engagement Group 1st August 2023, work is ongoing.</p> <p>The Governor Engagement Group will be responsible for ensuring the application of the strategy through the development of implementation plans supported by Working with People and Communities Strategy 2022-2025.</p>	<p>From Q3</p>
<p>Question 5: The Council of Governors is consulted on the development of forward plans for the Trust</p>		
<p>Consolidation work on the development of Forward plans for the Trust</p>	<p>Work to be undertaken to ensure Governors are kept informed of forward plans particularly in relation to the development of services.</p> <p>Continue with the open, honest, and transparent approach to communicating with Governors. Particularly in Governors observers at Committee meetings where these topics are frequently discussed and reported into CoG.</p>	<p>ongoing</p>
<p>Q6. The Council of Governors has been appropriately involved in the development of the Trust Strategy</p>		
<p>Strategy Development</p>	<p>Governors to continue to receive quarterly updates on the Trust Strategy and progress.</p> <p>Governors were invited to participate in the development of "Our Strategy 2023-25", however further consultation opportunities will be considered in future. Quarterly presentations on "Our Strategy" progress and highlights are scheduled in to the CoG Cycle of Business presented by the Director of Strategy and Partnerships.</p>	<p>Ongoing</p>
<p>Question 9: Council of Governors meetings work well, are productive and business is done efficiently, and Question 12: There is sufficient time for discussion and for Governors to contribute their views at the meeting Q14: Information, papers and presentations provided for the meetings are easy to understand.</p>		
<p>Improving Council of Governors papers to enable more time for discussion at meetings</p>	<p>A review of the Cycle of Business for Council of Governors. While Governors agreed that papers were easy to understand, this review will focus on reducing the number of items presented at each meeting, whilst still providing sufficient assurance.</p> <p>A review of agendas for Council of Governors meetings, to ensure there is time for discussion on each agenda item.</p>	<p>Q3</p>
<p>Q21: I understand the skills I need as a Governor and the additional development I may require Q22: The Trust provides resources for developing and updating Governors' knowledge and capabilities where required.</p>		
<p>Enhancing Governor Training and Development</p>	<p>The agendas for further Governors Development and Induction days will be based on the outcomes of this survey.</p>	<p>Q3/Q4 2023/24</p>

	The Lead Governor will approve the agenda on behalf of the Council of Governors, to ensure training needs that have been identified are covered.	
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3. . What are we doing well?

Whist overall the results of the survey were positive, those areas noted that the Council of Governors were particularly positive around were:

- The Council meeting agendas include appropriate topics for discussion.
- Information, papers, and presentations provided for the meetings are easy to understand.
- The Council of Governors meetings are well managed in accordance with the agenda.
- The Council of Governors meets sufficiently regularly to discharge its duties.
- Governors are aware of the values the Trust has committed itself to.

Conclusion

The feedback received on the Councils effectiveness has been largely positive. As anticipated review outputs have also identified some areas of focus and actions to improve effectiveness, as detailed above.

Recommendation

The Council of Governors is asked to:

- note the outputs of the Effectiveness Survey
- agree actions for improvement for the Trust and the Council of Governors to take forward to improve effectiveness.

Council of Governors – Effectiveness Survey

July - 2023

Total Responses: 19



Working
Together



Excellence



Inclusive



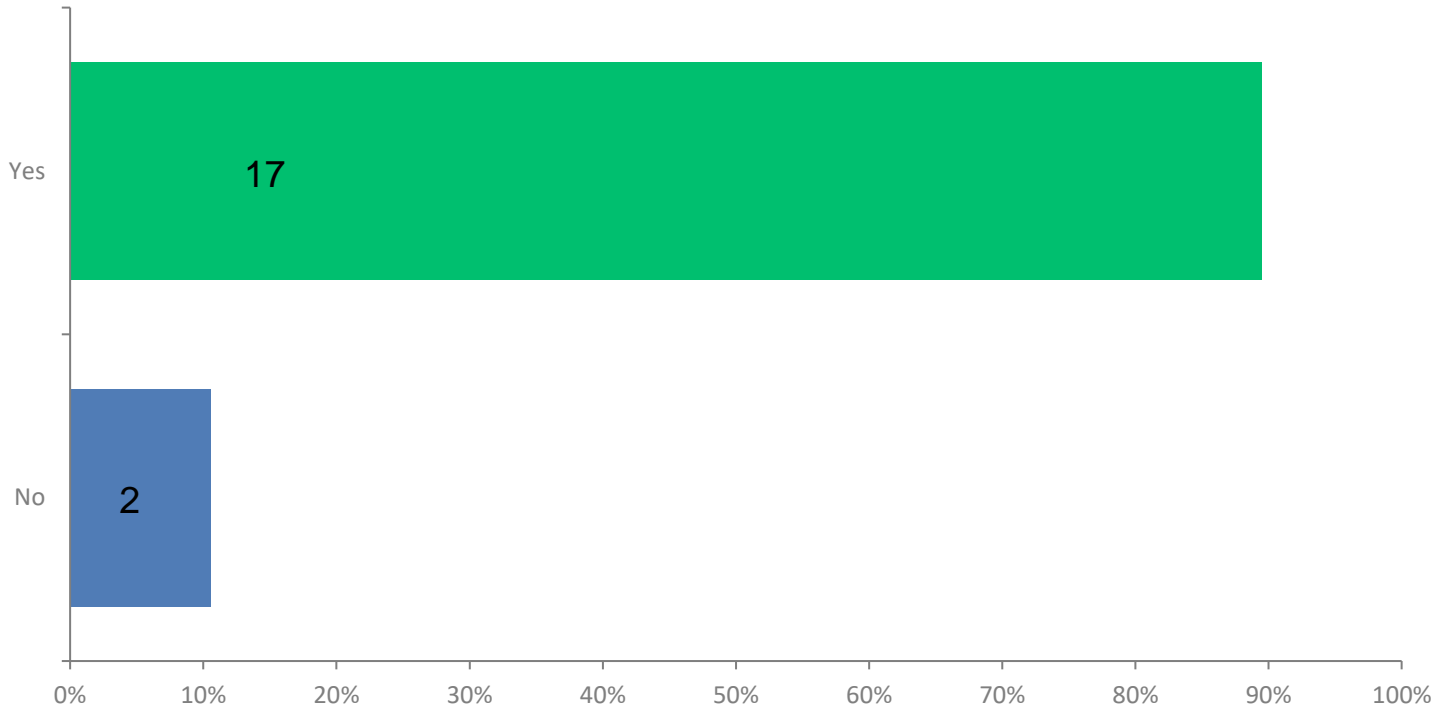
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Embracing
Change

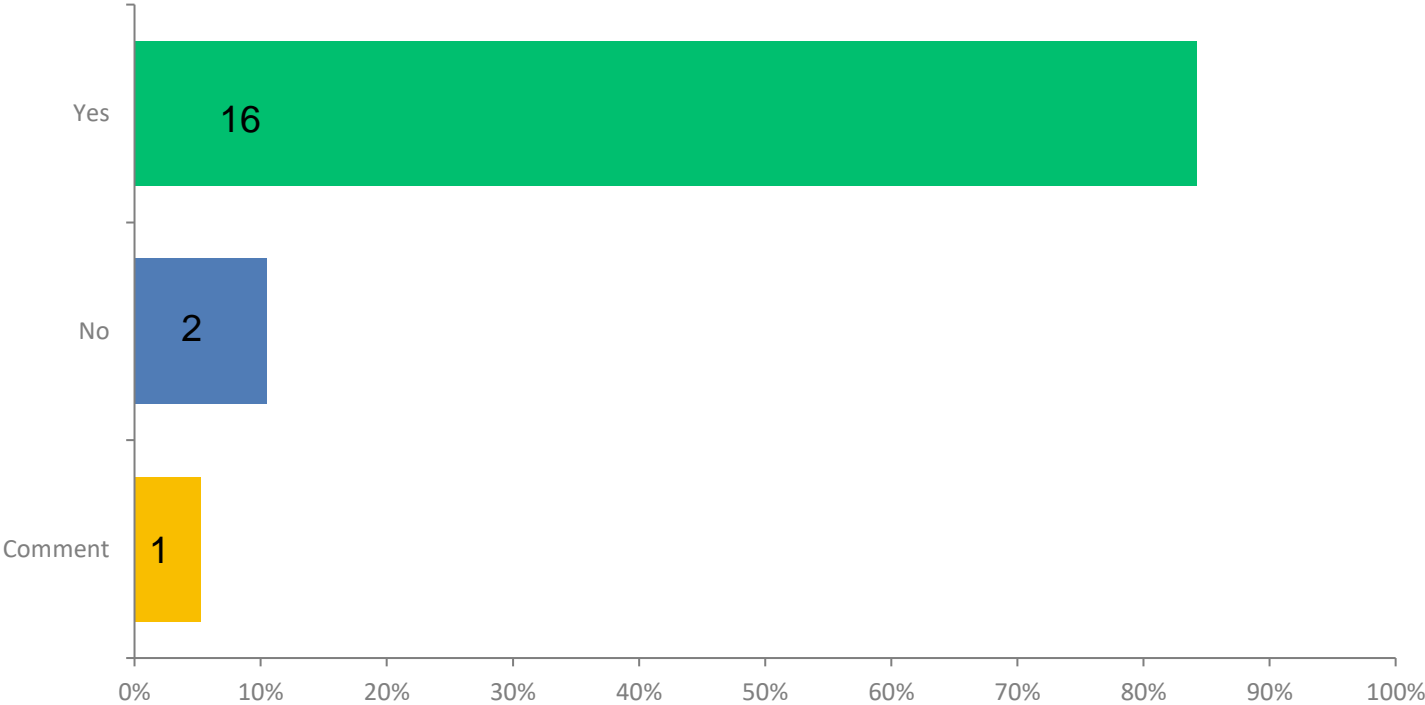
Q2: The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders.

Answered: 19 Skipped: 0



Q3: I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.

Answered: 19 Skipped: 0

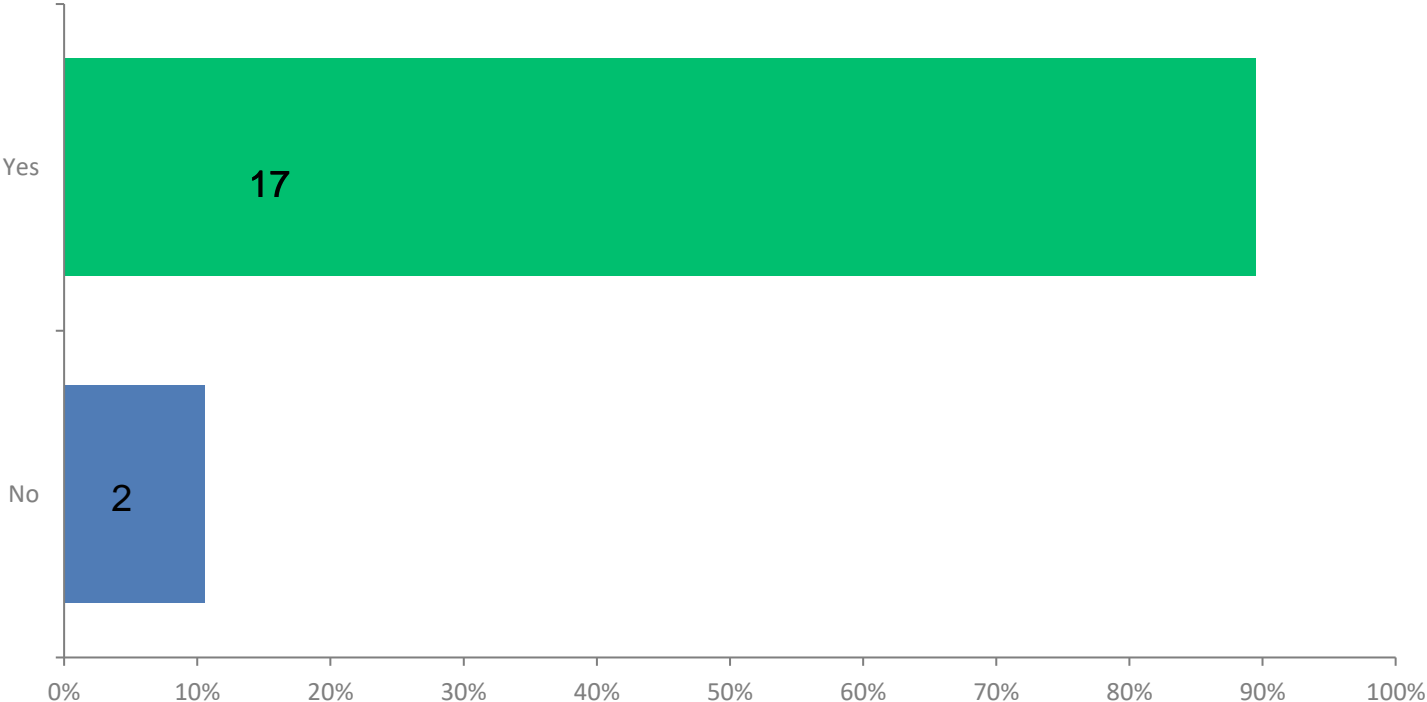


Q3: I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.

- Through the process of committee observations and attendance at Board meetings we hold the NEDs to account to a good degree

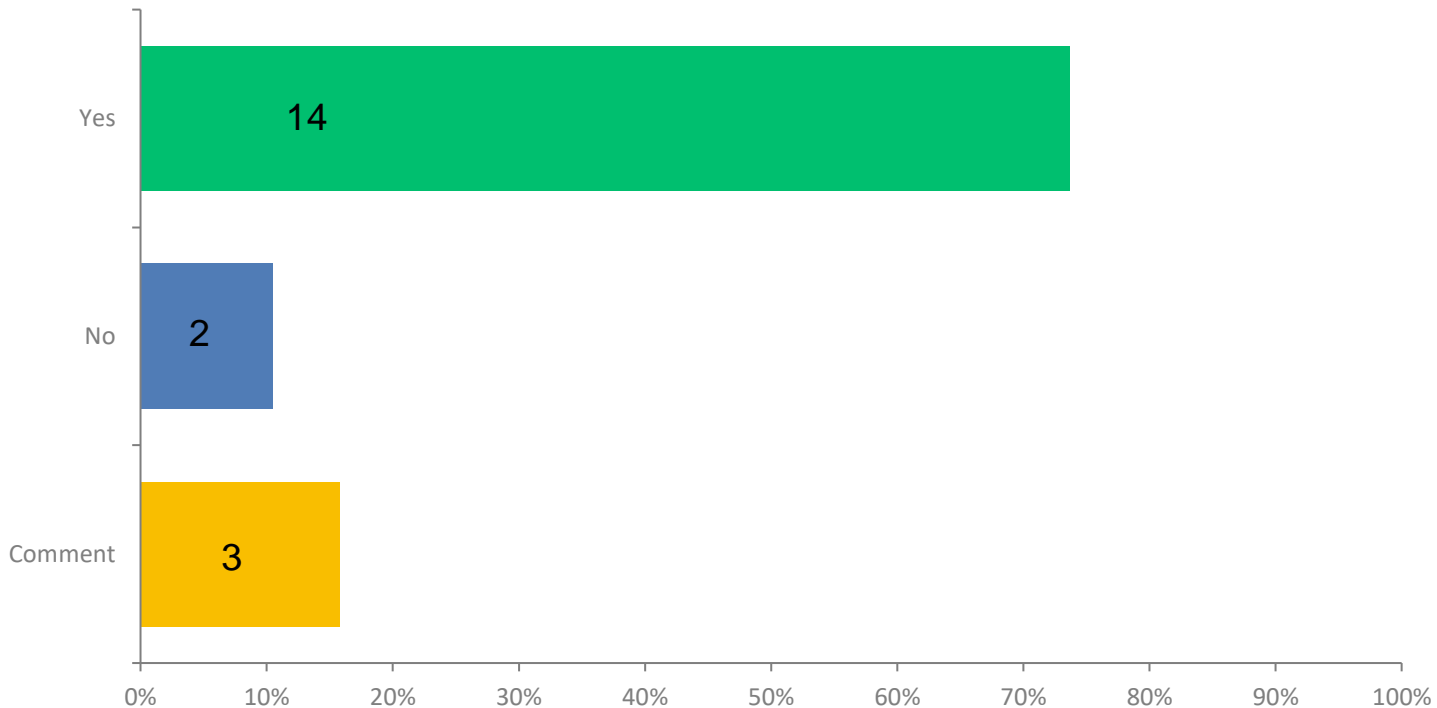
Q4: I understand the role of the Council of Governors in the appointment and removal of the Chair and Non-Executive Directors

Answered: 19 Skipped: 0



Q5: The Council of Governors is consulted on the development of forward plans for the Trust.

Answered: 19 Skipped: 0



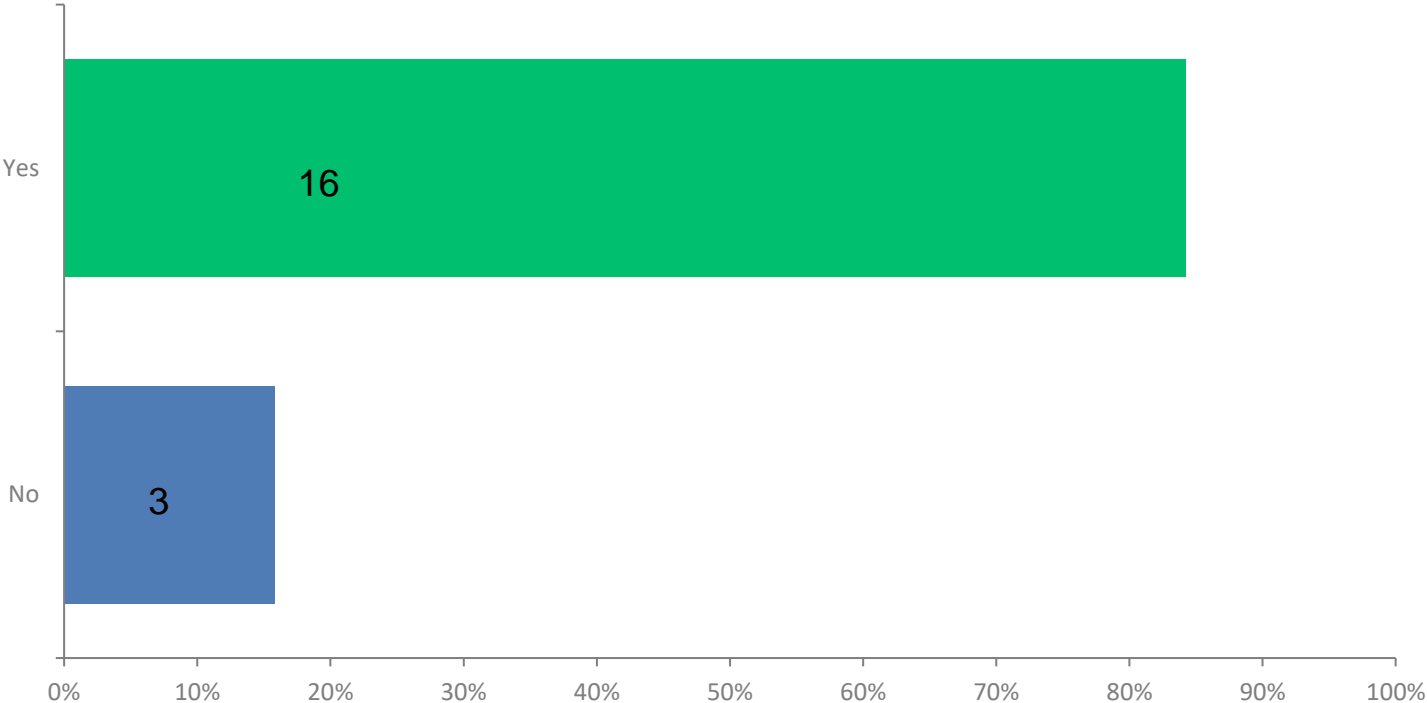
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Q5: The Council of Governors is consulted on the development of forward plans for the Trust.

- Not always, but how would anyone know of something was happening "behind closed doors"
- There's a world of difference between sharing information and meaningful consultation. How would we know if things were being withheld? I was told about the ED development but had no input or opportunity.
- Governors are able to participate in development groups across most strategic developments

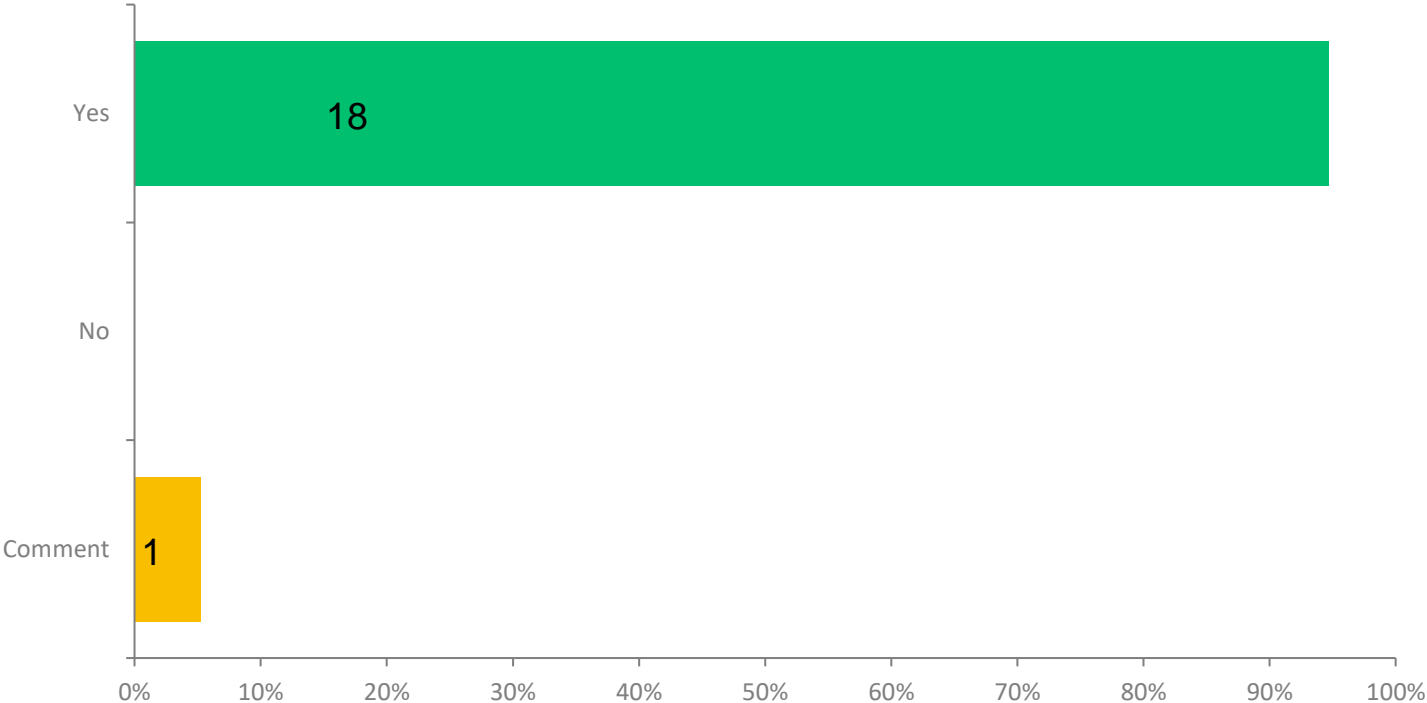
Q6: The Council of Governors has been appropriately involved in the development of the Trust Strategy.

Answered: 19 Skipped: 0



Q7: I am aware of the values the Trust has committed itself to.

Answered: 19 Skipped: 0

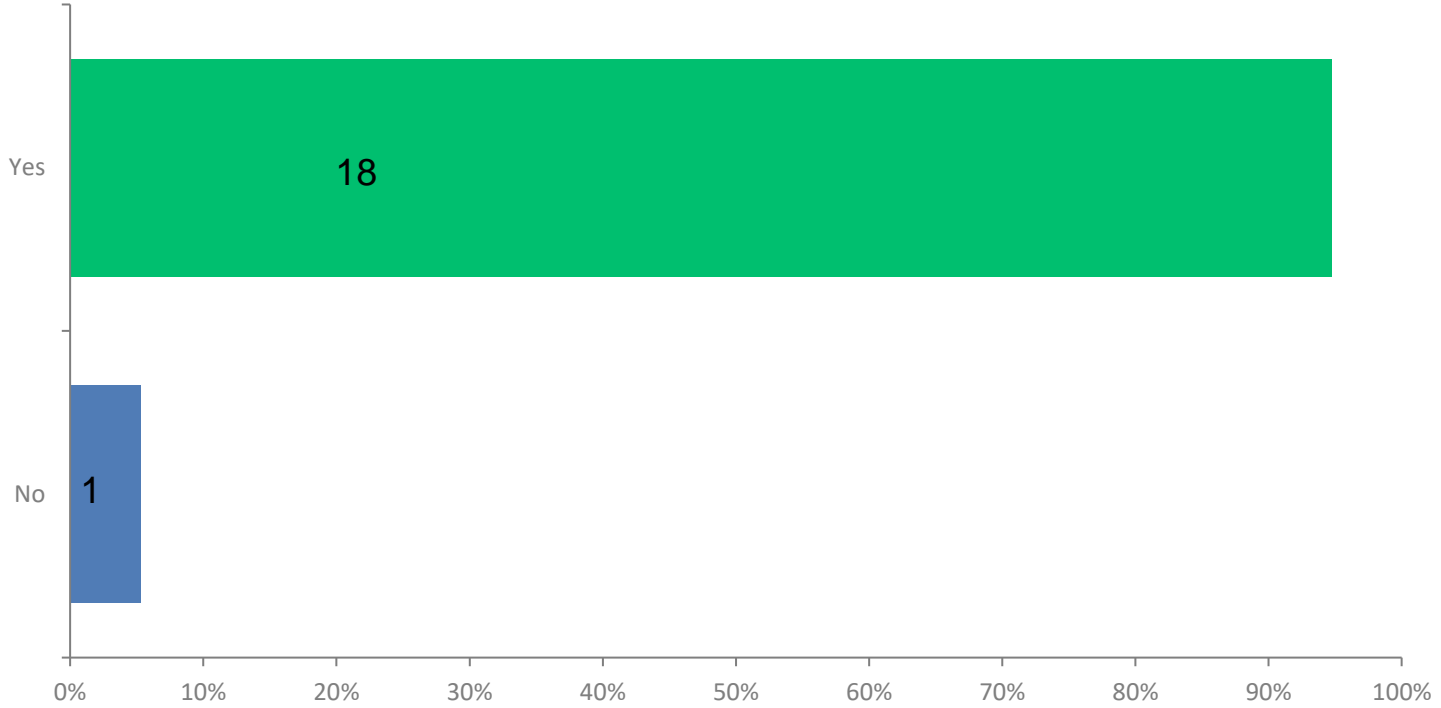


Q7: I am aware of the values the Trust has committed itself to.

- Governors participate in formulating the values

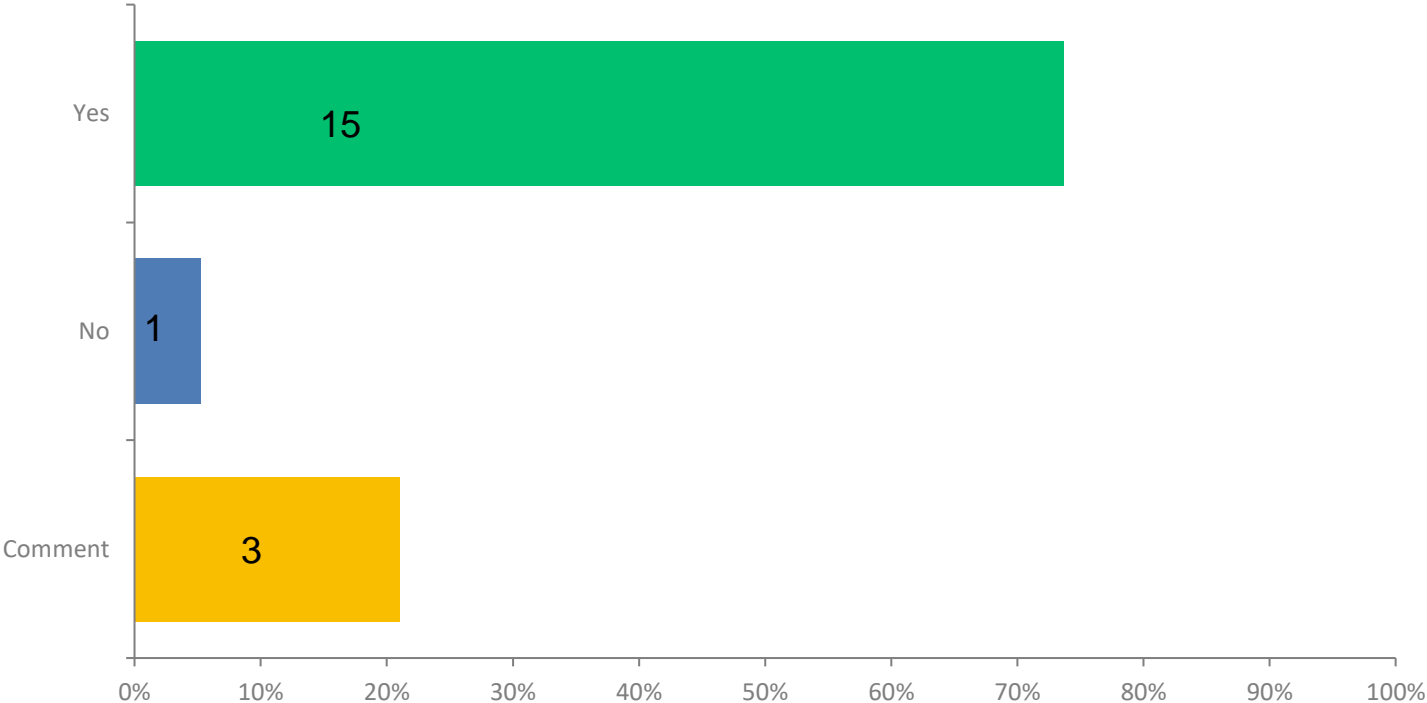
Q8: The Council of Governors carried out its work in accordance with the values of the Trust.

Answered: 19 Skipped: 0



Q9: Council of Governors meetings work well, are productive and business is done efficiently.

Answered: 19 Skipped: 0

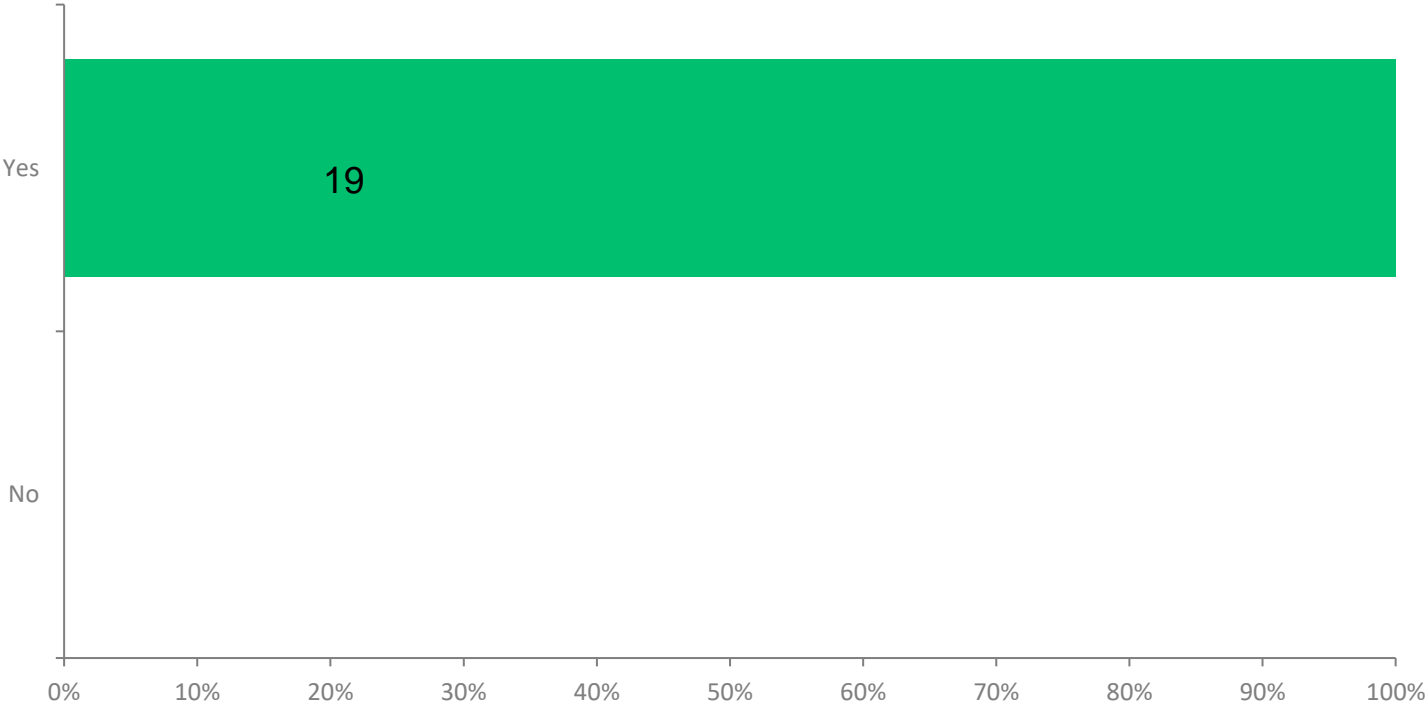


Q9: Council of Governors meetings work well, are productive and business is done efficiently.

- Yes, but there are a great deal of papers to get through in governor meetings
- Partially - meetings feel like they could be an email at times with no time for discussion
- This is in most cases

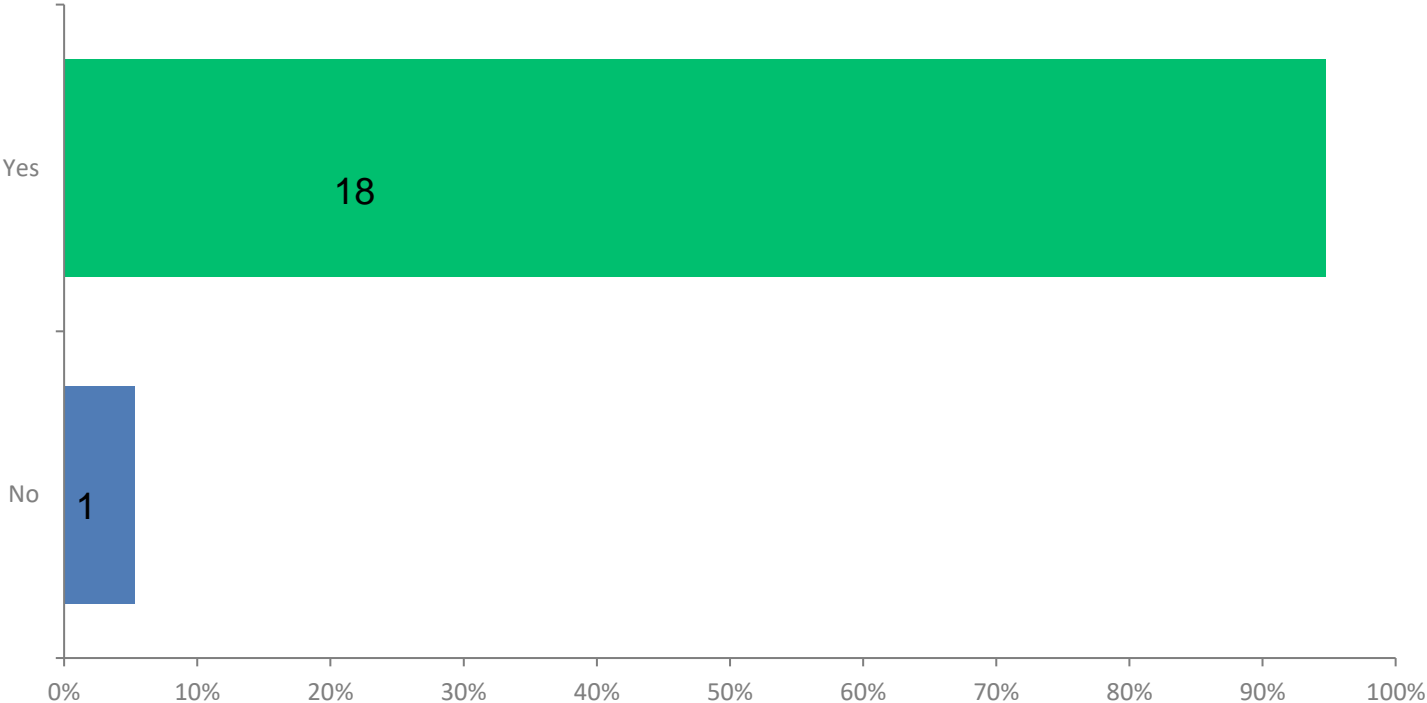
Q10: The Council of Governors meets sufficiently regularly to discharge it's duties.

Answered: 19 Skipped: 0



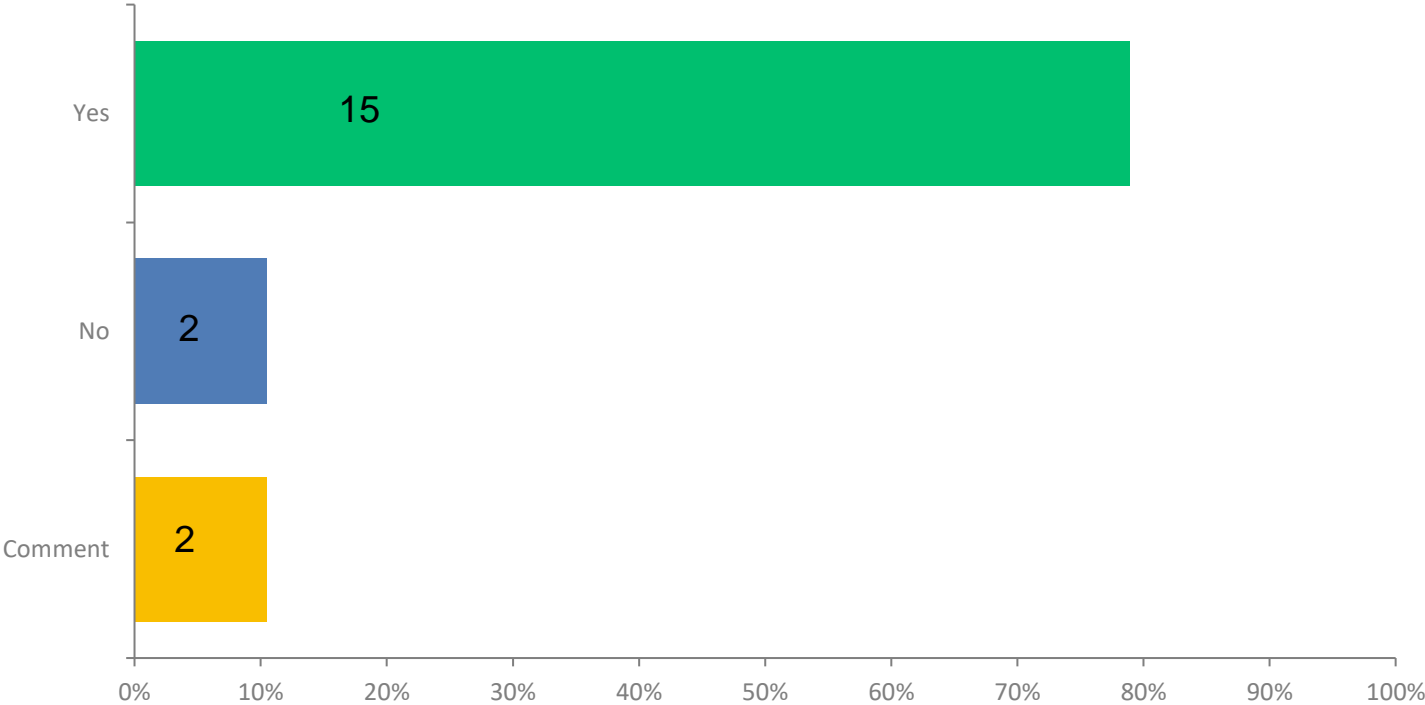
Q11: The Council of Governors meetings are well managed in accordance with the agenda.

Answered: 19 Skipped: 0



Q12: There is sufficient time for discussion and for Governors to contribute their views at the meeting.

Answered: 19 Skipped: 0

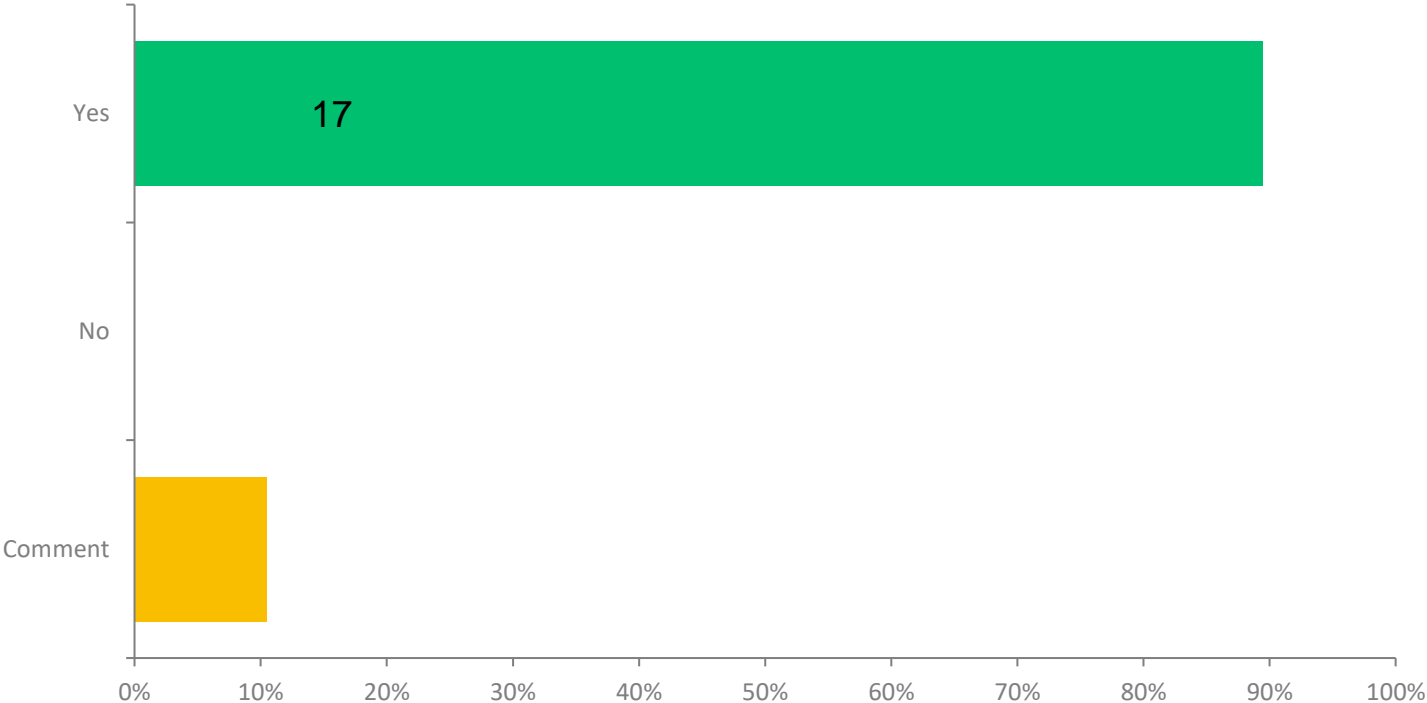


Q12: There is sufficient time for discussion and for Governors to contribute their views at the meeting.

- See my comment above, with so many agenda items and reports, it is difficult to provide sufficient time for discussion. Perhaps we should prioritise more tightly?
- The additional constituency meetings also give scope for discussion

Q13: The Council meeting agendas include appropriate topics for discussion

Answered: 19 Skipped: 0

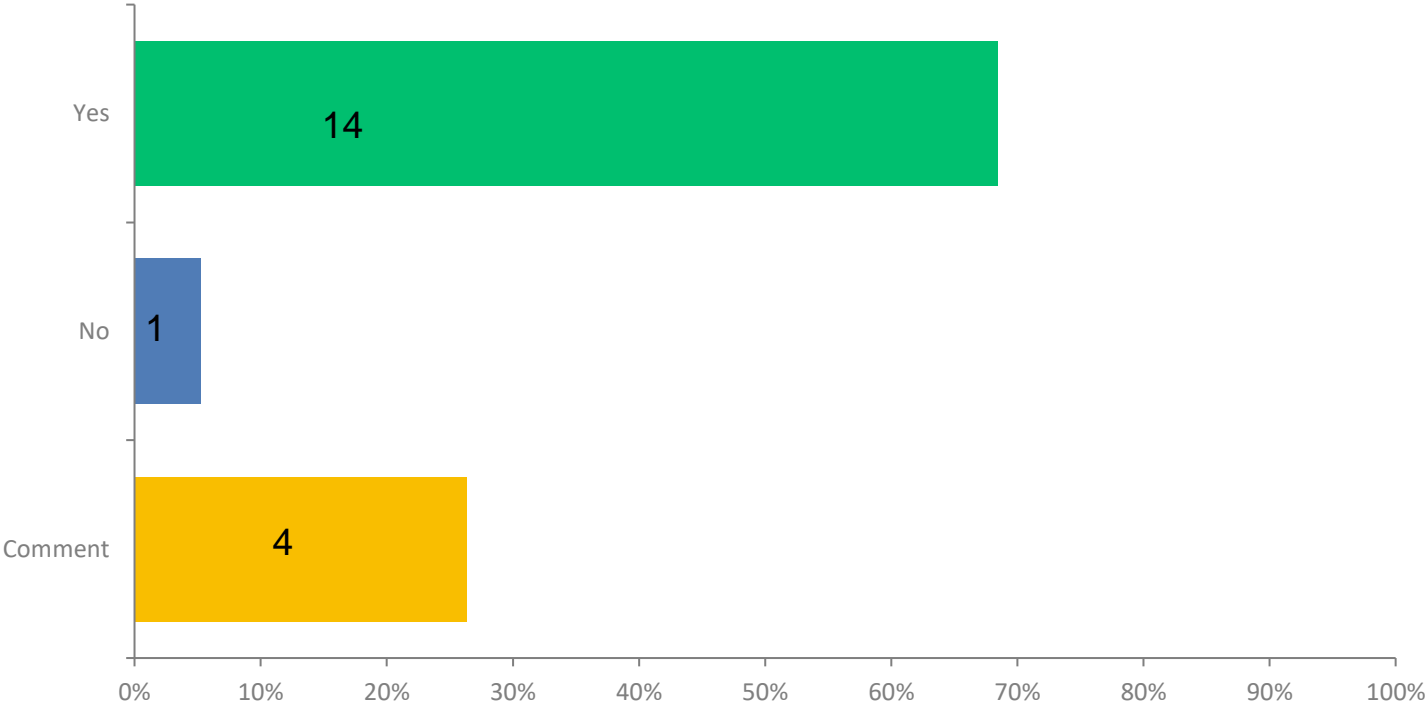


Q13: The Council meeting agendas include appropriate topics for discussion

- We get the agenda so late it is hard for us to feedback. Additionally, it seem the agenda is very much driven by what the Trust want to say rather than what governors might want to hear
- Governors agree and contribute to the agenda content

Q14: Information, papers and presentations provided for the meetings are easy to understand.

Answered: 19 Skipped: 0

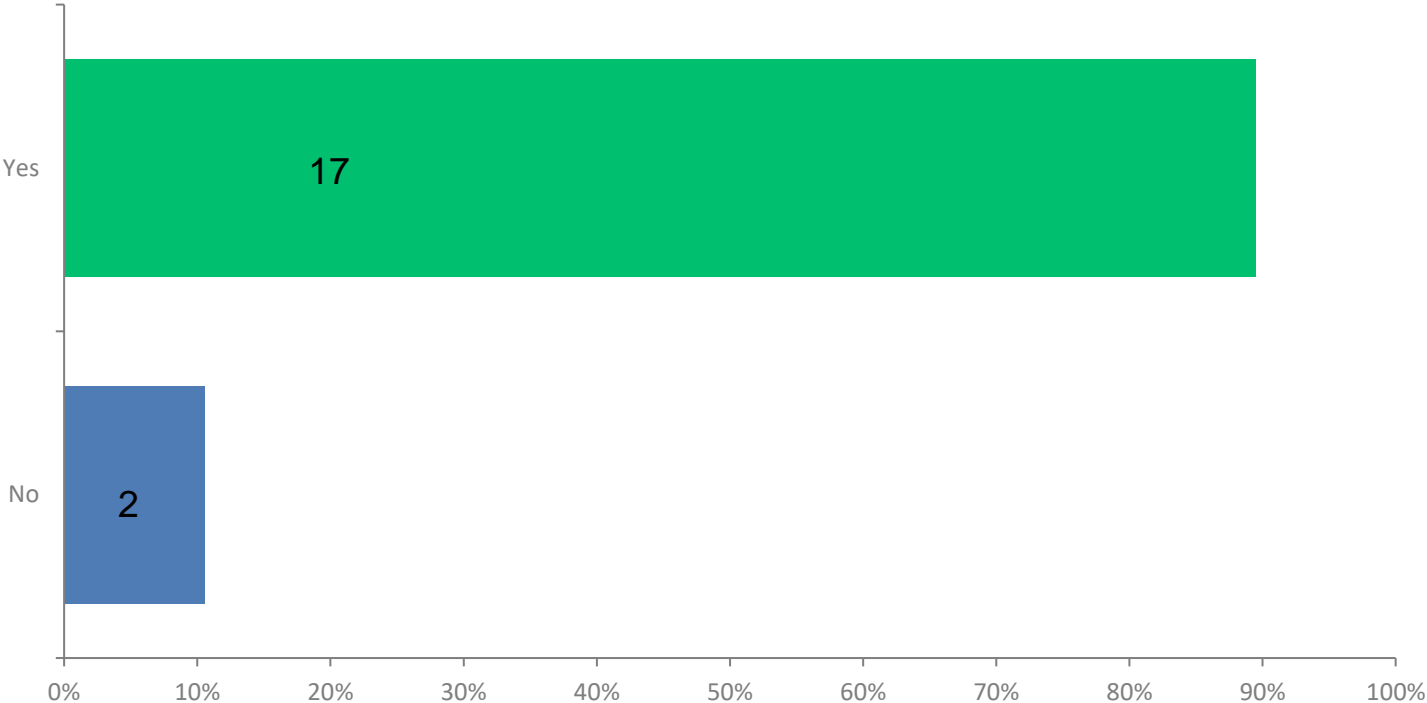


Q14: Information, papers and presentations provided for the meetings are easy to understand.

- Yes, but there are many of them!
- Much better now access is given to papers online
- Most are. Some can be more challenging.
- In most cases, Board papers can be difficult to follow

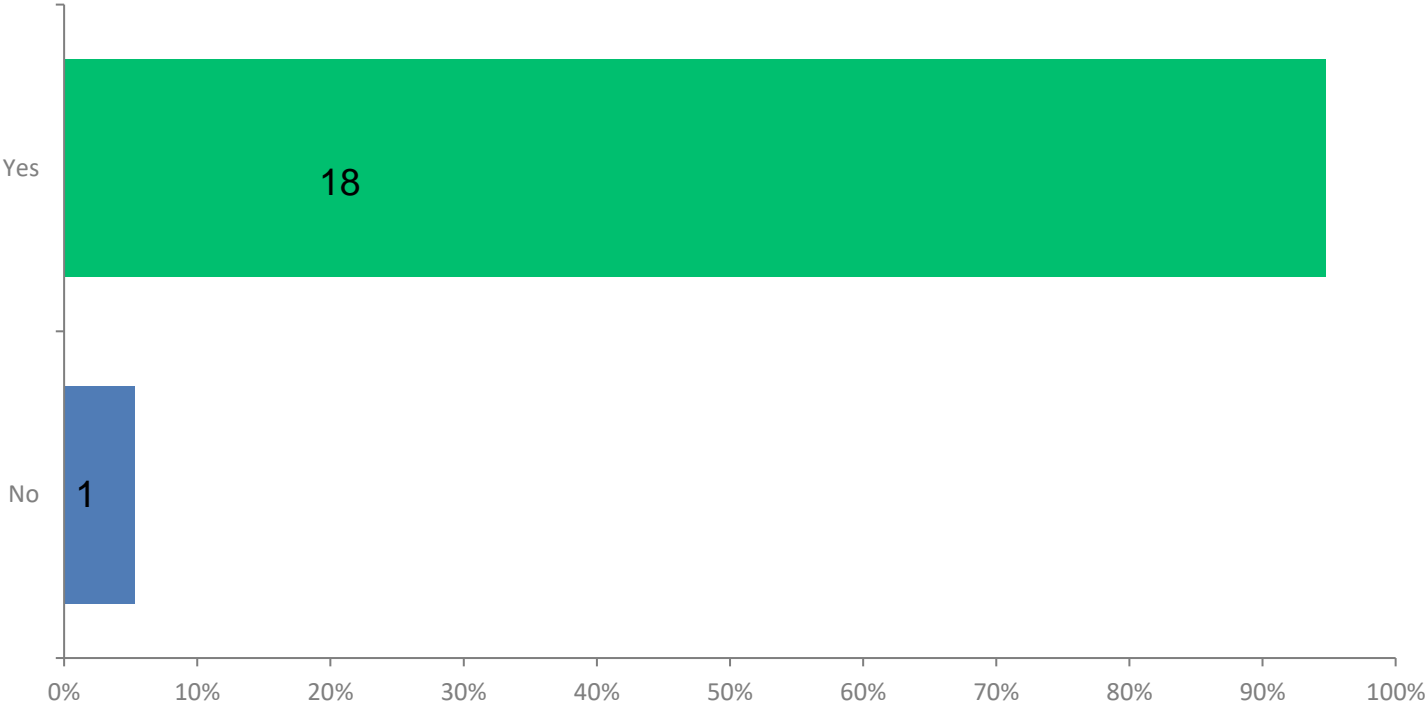
Q15: Information is circulated in a timely manner

Answered: 19 Skipped: 0



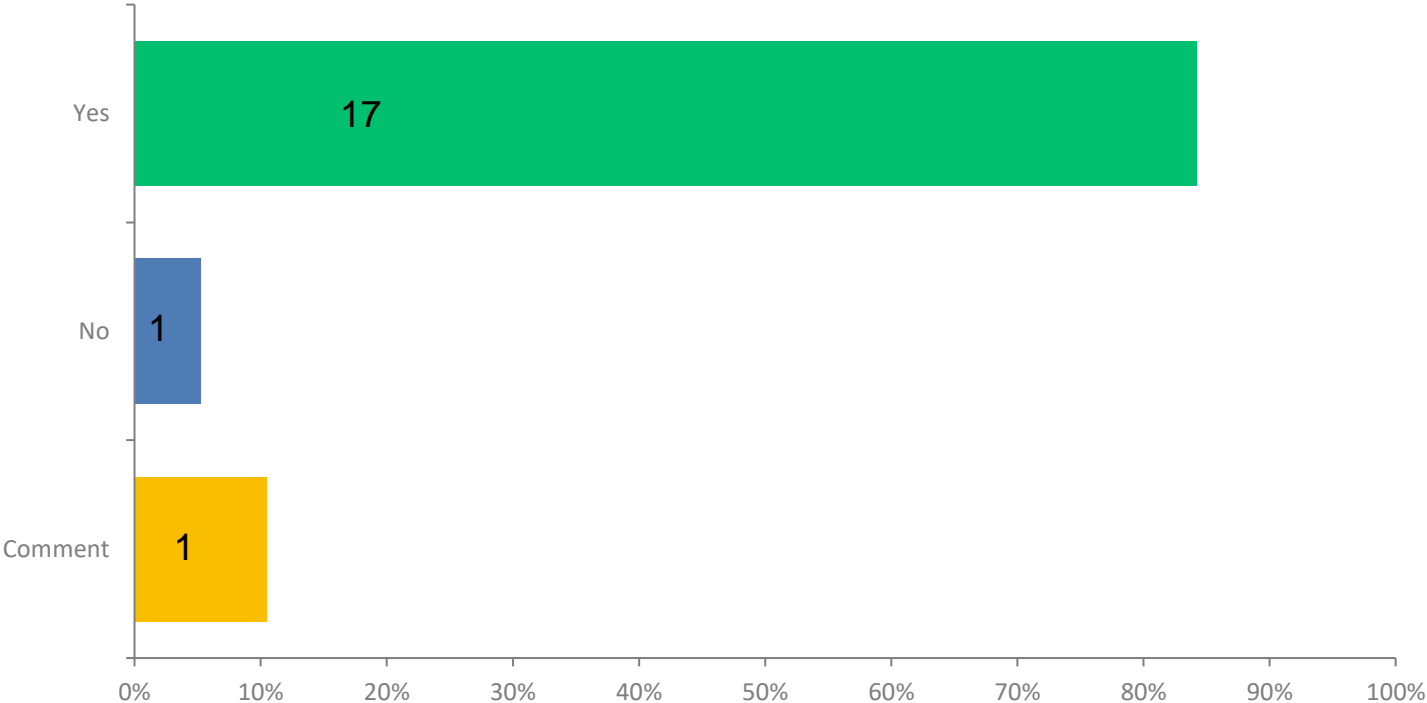
Q16: All members of the Council of Governors take a collective responsibility for Council decisions

Answered: 19 Skipped: 0



Q17: I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them.

Answered: 19 Skipped: 0

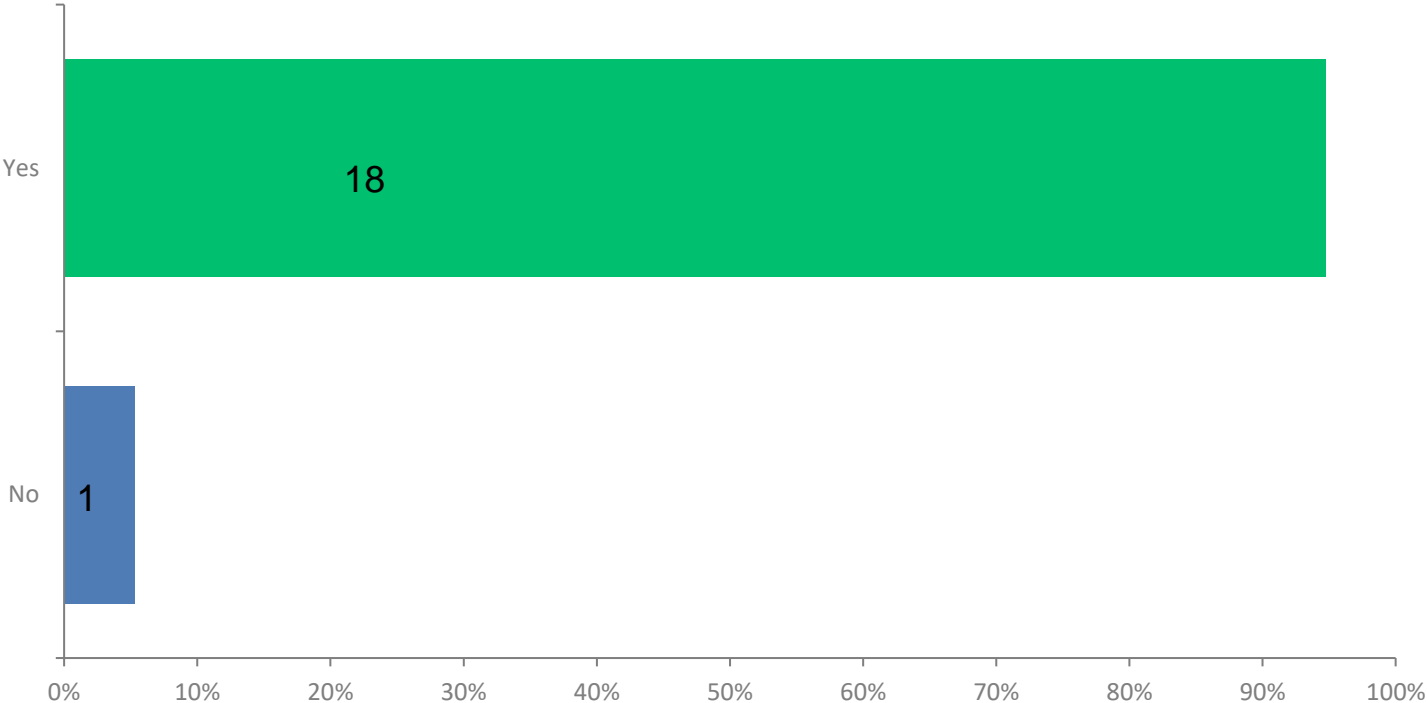


Q17: I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them.

- Not sure we get it right every time

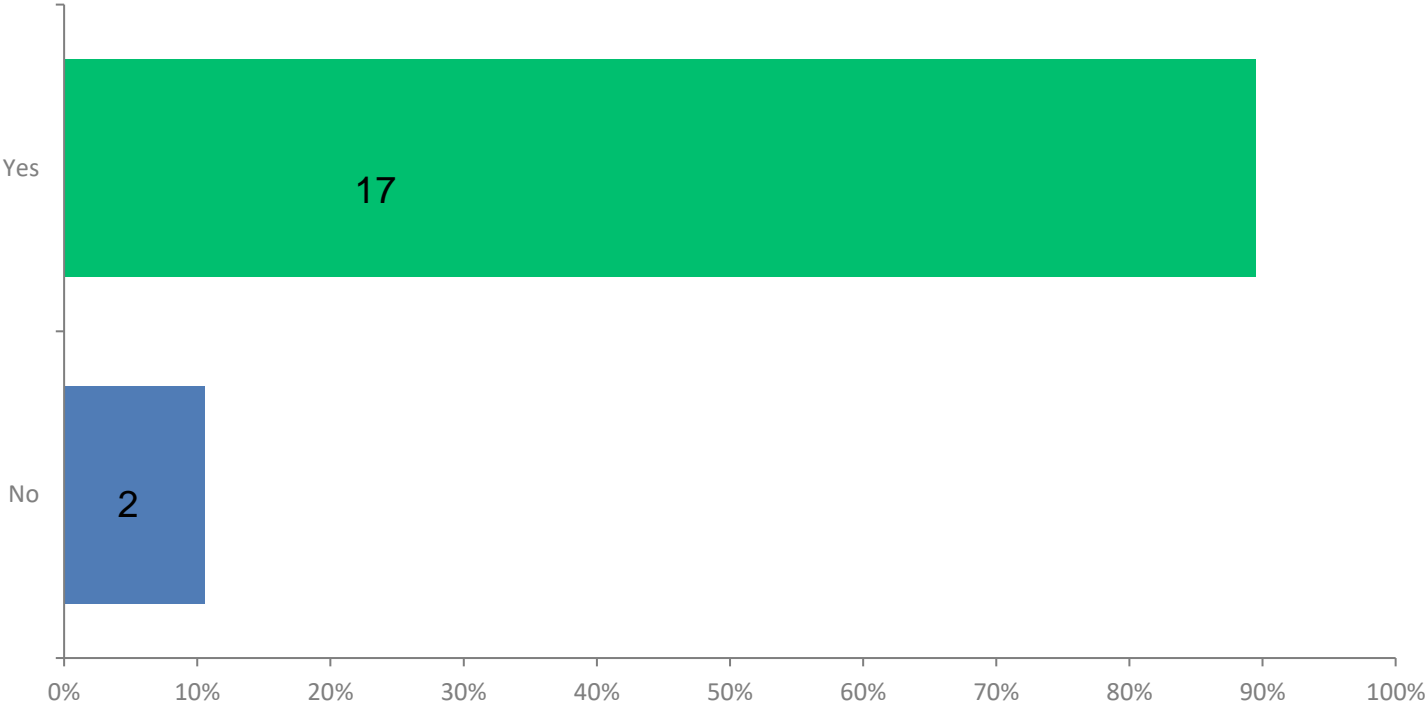
Q18: I am able to understand the key information published in the Trust's Annual Report and Accounts.

Answered: 19 Skipped: 0



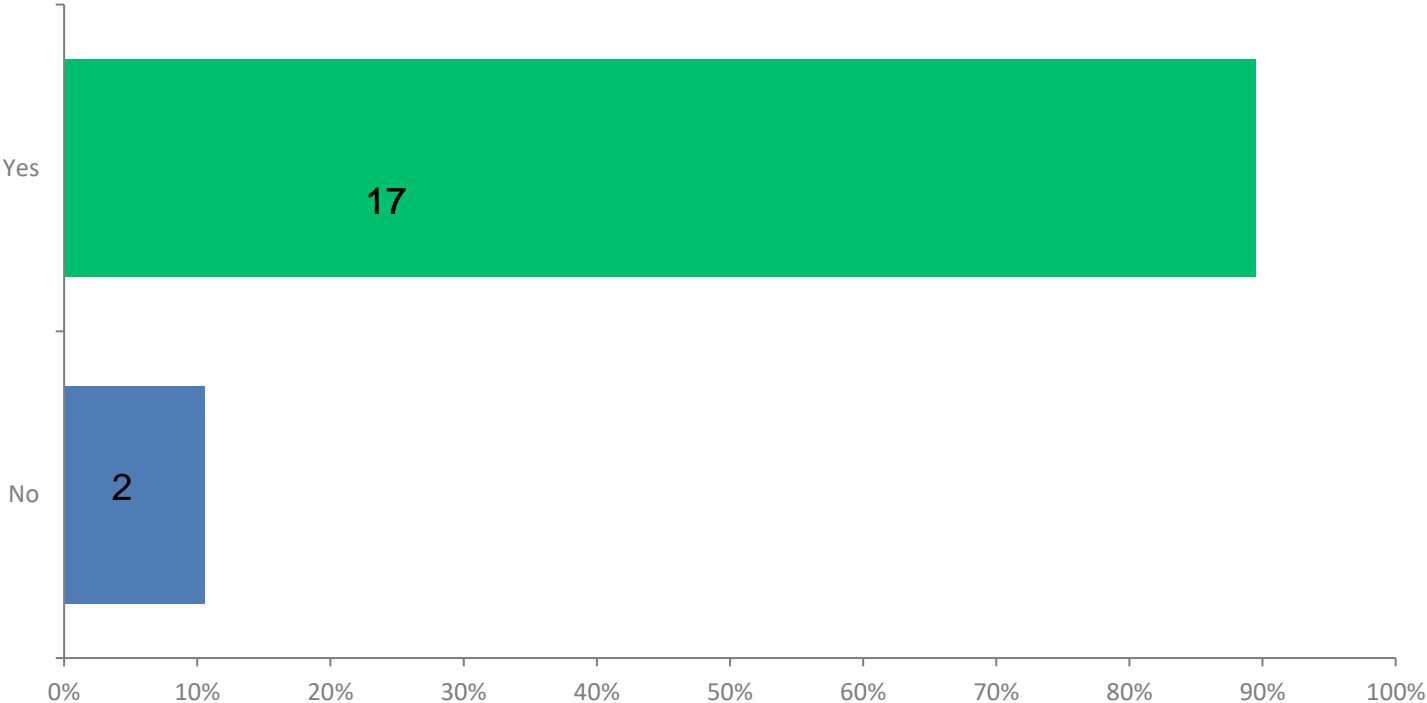
Q19: Channels of communication between Governors and the Trust are effective

Answered: 19 Skipped: 0



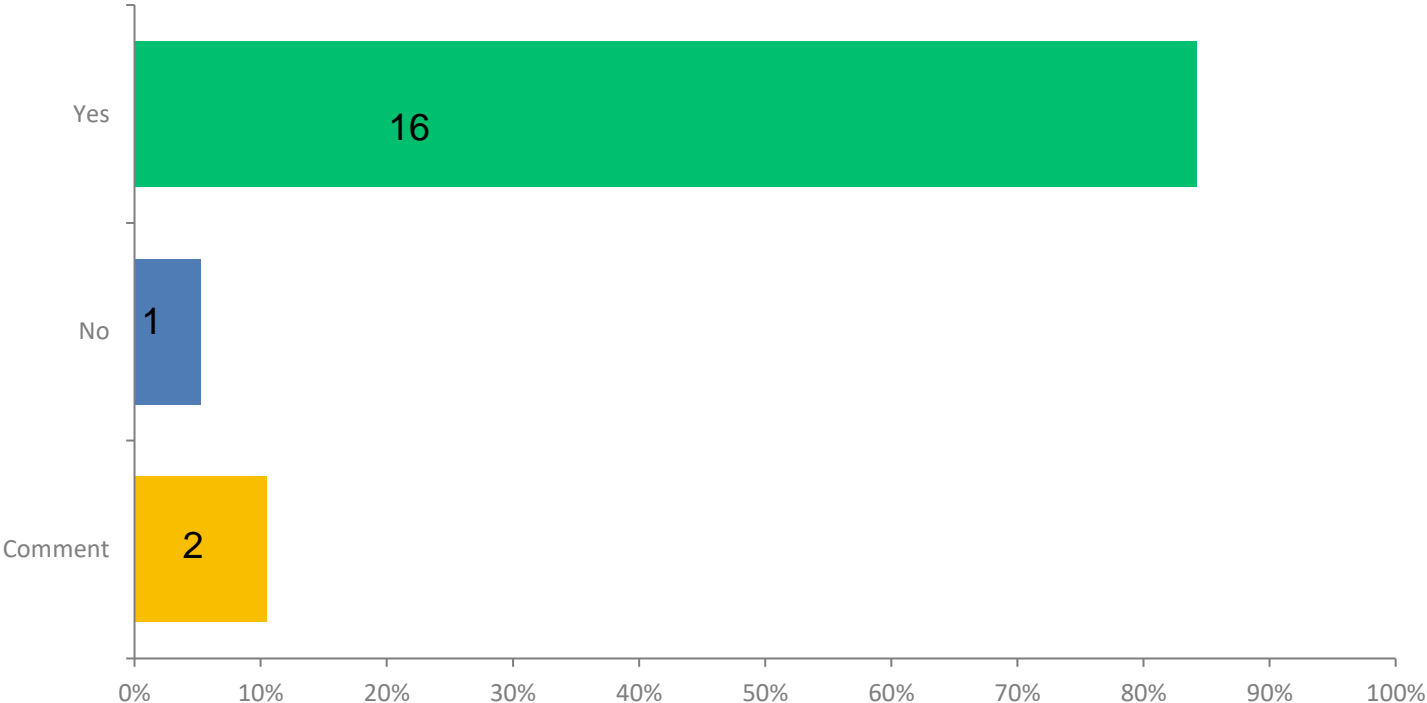
Q20: There is an effective induction for Governors

Answered: 19 Skipped: 0



Q21: I understand the skills I need as a Governor and the additional development I may require

Answered: 19 Skipped: 0

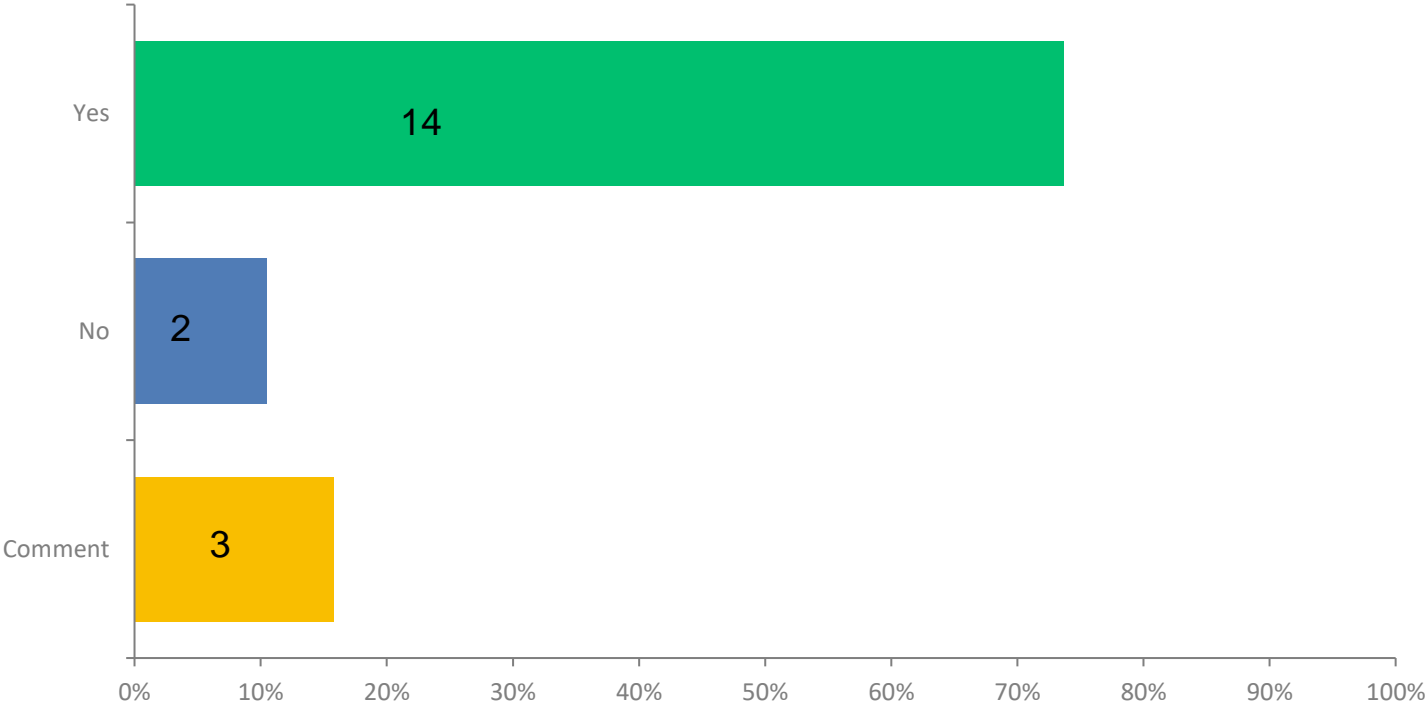


Q21: I understand the skills I need as a Governor and the additional development I may require

- I have attended an induction but would like to receive further development to fully understand my role
- Not sure new governors/candidates have sufficient information before committing to election

Q22: The Trust provides resources for developing and updating Governors' knowledge and capabilities where required.

Answered: 19 Skipped: 0



Q22: The Trust provides resources for developing and updating Governors' knowledge and capabilities where required.

- As a new Governor I would welcome further development
- More can be done to around training

Council of Governors

AGENDA REFERENCE:	COG/23/08/45		
SUBJECT:	Council of Governors Draft Terms of Reference 2023/24		
DATE OF MEETING:	10 August 2023		
ACTION REQUIRED	Approval		
AUTHOR(S):	John Culshaw, Trust Secretary		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:	All		
EXECUTIVE SUMMARY	<p>The Council of Governors is asked to review to and approve the Committee Terms of Reference.</p> <p>The key proposed amendments to the Council of Governors Terms of reference for 2022/23 are:</p> <ul style="list-style-type: none"> • Approve the Membership Strategy, was Membership and Engagement Strategy • Contribute to Members' and other stakeholders' understanding of the work of the Trust in line with the Working with People & Communities Strategy was engagement and communication strategies. • Receive quarterly reports on progress against the Trust Strategy via strategy highlight reports. • Receive reports from the Board on important sectoral or strategic issues including information on the ICS's integrated care strategy and ICB's five-year joint plan along with information on the Cheshire and Merseyside ICB's performance. • Change of job titles for Company Secretary and Corporate Governance & Membership Manager. <p>The Council of Governors Terms of Reference are included in full, changes are marked in red.</p>		
PURPOSE: <i>(please select as appropriate)</i>	Information	Approval ✓	To note
RECOMMENDATIONS	The Council of Governors is asked to approve the changes.		
PREVIOUSLY CONSIDERED BY	Committee N/A		
Agenda Ref.			
Date of meeting			
Summary of Outcome			

NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	None
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	None

TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS – V7

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on XX.XX.XXXX

Council of Governors - Terms of Reference

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

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

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

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

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

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

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

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

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

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

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

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

Some of the following may support this process and dialogue:

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

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

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

10. MINUTES

The Council of Governors will be supported by the **Company Secretary** and the **Corporate Governance & Membership Manager** who will agree the agenda with the Chair and produce all necessary papers. Minutes will be circulated promptly to all members as soon as reasonably practical.

11. REVIEW

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

TERMS OF REFERENCE REVISION TRACKER

Name of Committee	Council of Governors
Version	V7
Implementation Date	August 2023
Review Date	August 2024
Approved By	Council of Governors xx.xx.xxxx

REVISION			
Date	Section	Reason for Change	Approved By
V3 19.01.2017	5	Changes to section 5 for clarity on quorum – item as described in the Trust’s Constitution	CoG 19.01.2017
V3 19.01.2017	6	To include the named Committees established as Quality in Care and Governors Engagement Group	CoG 19.01.2017
V3 19.01.2017	10	The Council of Governors will be supported by the Secretary to the Trust Board.	CoG 19.01.2017
V3 17.05.2018	9	Changes to section 9 to provide clarity on the expectations relating to attendance.	CoG 17.05.2018
V3 17.05.2018	10	The Council of Governors will also be supported by the Head of Corporate Affairs.	CoG 17.05.2018
V3 13.08.2019		No changes to the ToR approved on 17 May 2019	CoG 13.08.2019
V4 13.08.2020	10	Change in title from Head of Corporate Affairs to Trust Secretary	CoG 13.08.2020
V5 12.08.2021	6	To remove the Quality in Care Group	CoG 12.08.2021
V6 11.08.2022	7	To add approval of the appointment of the Deputy Lead Governor	CoG 11.08.2022
V7 10.08.2023	8	Approve the Membership Strategy updated from membership & engagement strategy.	CoG 1-.08.2023

		<p>Contribute to Members' and other stakeholders' understanding of the work of the Trust in line with the Working with People & Communities Strategy</p> <p>Role titles updated Company Secretary Corporate Governance & Membership Manager</p> <p>Addition of:</p> <ul style="list-style-type: none"> • Receive quarterly reports on progress against the Trust Strategy via strategy highlight reports • Receive reports from the Board on important sectoral or strategic issues including information on the ICS's integrated care strategy and ICB's five-year joint plan along with information on the Cheshire and Merseyside ICB's performance. • Contribute to Members' and other stakeholders' understanding of the work of the Trust in line with the Working with People & Communities Strategy 	
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TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved By
13.08.2020	V3 replaced by V4	COG 13.08.2020
14.08.2021	V4 replaced by V5	COG 14.08.2021
11.08.2022	V5 replaced by V6	CoG 11.08.2022
10.08.2023	V6 replaced by V7	XX

REPORT TO TRUST BOARD

AGENDA REFERENCE:	COG/23/08/46
SUBJECT:	Working with People and Communities Strategy 2022-25 Annual Report (June 2022 to end of Q1 2023-24)
DATE OF MEETING:	2 August 2023
Action Required	For Information
AUTHOR(S):	Alison Aspinall, Head of Communications & Engagement
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications & Engagement
LINK TO STRATEGIC OBJECTIVES:	All
EXECUTIVE SUMMARY (KEY ISSUES):	<p>The Working with People and Communities Strategy (WWP&C) 2022-25 was approved at the May 2022 board meeting. It replaced the previous Patient and Public Participation and Involvement strategy 2019-22.</p> <p>The strategy focuses primarily on the Trust’s ambition to put the needs of patients at the centre of all service and capital developments where there is an impact on how and where patients/service users receive care.</p> <p>It aims to ensure that Warrington and Halton Teaching Hospitals NHS Foundation Trust fulfils its statutory obligations as set out in the legal duty to involve people in the planning, proposals and decisions regarding NHS services, as a minimum. It also seeks to embed within the Trust the principles of a ‘Start with People’ approach to ensure our planning and development of service delivers the best outcomes for patients, staff and the Trust.</p> <p>The strategy also aims to reflect that as an anchor institution in the two boroughs we serve, the trust has a key role to play in improving the economic, mental as well as physical health of our communities.</p> <p>This report provides an overview of the achievements and deliverables in the first year of the life of the strategy (from June 2022 to the end of Q1 2023-24) as well as providing an overview of the plans for the coming 12 months.</p> <p>Note: following the approval of the WHH WWP&C strategy NHS England published statutory guidance for trusts as well as place-based partnerships and ICBs titled ‘Working in partnership with people and communities’. Although the strategy is aligned with the principles of the guidance, a small amend has been made to the strategy to replace the ladder of engagement content with the framework for engagement and involvement now used by NHS England NHS Cheshire and Merseyside.</p> <p>Progress against plan Progress has been made in all four pillars of the strategy; however, it should be noted that there have been some</p>

	<p>areas where progress has not been at the anticipated pace. The reasons have been varied and include sickness absence, a three-month vacancy in engagement and involvement, change in role for a staff member and technological complexities.</p> <p>Objectives which have not been progressed as planned have been rolled over to the following year's work plan.</p> <p>A summary of the outputs and outcomes against each objective within the four pillars is included in the enclosed report.</p>			
PURPOSE: <i>(please select as appropriate)</i>	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Council of Governors is asked to note the progress made during the first year of the Working with People and Communities Strategy 2022-25.			
PREVIOUSLY CONSIDERED BY:	Committee	Trust Board		
	Agenda Ref.	TB/23/08/91		
	Date of meeting	2 nd August 2023		
	Summary of Outcome	noted		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i>	None			

Working with People and Communities Strategy 2022-25 – Annual Report (June 2022 to end of Q1 2023-24)

Pillar 1: Co-production/design in service change/ development

Recruit, train, deploy, maintain, recognise and reward patients and public who are ‘Experts by Experience’ to specific estate and service change programmes

Objective	Outputs and outcomes
<p>1. Grow Experts by Experience (EbyE) capacity to embed co-production in service design within WHH</p>	<ul style="list-style-type: none"> • Standard Operating Procedure for Expert by Experience involvement requests approved. • Engagement toolkit created on extranet to promote greater awareness of the legal duty to involve people in planning, proposals and decisions regarding NHS services and the benefits of such involvement for staff and patients. • Updates on Experts by Experience programme progress provided bi-monthly to Patient Experience Sub-Committee.
<p>2. Support EbyE recruitment and retention</p>	<ul style="list-style-type: none"> • More than 70 Experts by Experience registered with the Trust (end of June 2022). • Created online and printed Expert by Experience recruitment forms. • First Expert by Experience newsletter issued in December 2022.
<p>3. Enhance our programme for EbyE involvement</p>	<ul style="list-style-type: none"> • During the year EbyEs have been involved in user testing of the phlebotomy e-booking system implementation, digital services strategy survey, site visits to provide feedback on the enhancement of breast screening at Bath Street, surveys on the new hospitals programme and the naming of the Warrington and Halton Diagnostics Centre. • Seek information on Expert by Experience areas of interest at point of recruitment. • Surveys sent at the end of any Expert by Experience involvement and at the close of any major projects for both the Experts by Experience and the project leads, to support continuous improvement.

<p>4. Undertake consultation and engagement training to enable effective support for services</p>	<ul style="list-style-type: none"> • Attendance at NHS England Learning programme on service change and reconfiguration: preparing for public consultation in September 2022. • A six-week public consultation was conducted on proposals to cease provision of breast screening services at Kendrick Wing, Warrington hospital and centralise the service in Warrington at Bath Street Health and Wellbeing Centre. This consultation was fully informed by an Equality Impact Assessment and sought to involve those who may not traditionally have been considered including particular focus on members of the travelling community and members of the trans community. Feedback from NHSE Specialist Commissioning and local health and scrutiny committees on Trust consultations was positive and the process followed was robust and provided assurance.
<p>5. Ensure representation to support Place-Based integrated care delivery</p>	<ul style="list-style-type: none"> • Regular attendance on both the One Halton and Warrington Together Communications and Involvement Network meetings with partners. • Co-ordinated attendance by public governors for Halton and Warrington at the respective place-based People and Communities Voice forums. • Supported ICB engagement within our clinics on planned relocation of spirometry services from GP practices and transfer of services to WHH.
<p>6. Enhance our Member communications</p>	<ul style="list-style-type: none"> • Work undertaken to implement the Civica Membership database ahead of the 2022 governor elections and database cleansed. • Governor engagement events held at Warrington and Halton sites to promote opportunities to stand for election as a governor and to help people understand more about the role. The elections were supported by a communications campaign. • Work commenced with the Corporate Governance and Membership Manager to develop a format for a regular member e-bulletin to all those foundation trust members with a registered and valid email address.

Pillar 2: Accessible Information Standard (AIS)

Launch WHH AIS policy to support those with sensory impairments, learning disabilities and non-English speakers to access our services and participate equally in their care

Objective	Outputs and outcomes
1. Reconvene AIS Task and Finish Group	<ul style="list-style-type: none"> The group was reconvened in early 2022, with meetings held between March and October 2022. Items on the deployment plan were worked through including a campaign to launch the AIS Policy with and a Communication Passport document, but the roll-out of both was postponed due to technical challenges relating to the collation of a patient's accessible communication and information needs on the current EPR and the functionality to transfer this information to Synertec to generate letters in each patient's required accessible formats. Information on the campaign and the bespoke WHH animation created is available on the Accessible Information and Communication extranet page.
2. Patient Letters	<ul style="list-style-type: none"> Experts by Experience were engaged in a short workshop in June 2022 to sense check the findings of an earlier 'Letters Be the Best' workshop held in 2019. Representatives from the EPR team were in attendance and summarised feedback from the workshop was shared. Feedback from the workshop led to the general information accompanying each patient letter being updated with QR codes linking to the website, where visitors can use accessibility tools to access information in more detail. A phone number for PALS was also provided, to offer an alternative means of accessing information. This change was submitted for letters generated by Synertec and via operations to those services who generate their own patient letters.
3. Ensure website technical compliance with WCAG standards	<ul style="list-style-type: none"> A web accessibility upgrade to ensure compliance with WCAG 2.1 was completed by our external website provider in August 2022. A further housekeeping exercise was conducted by the Digital Content Officer to review accessibility of content starting in late 2022 and concluded by end of May 2023.
4. Accessible content creation	<ul style="list-style-type: none"> The Communications and Engagement team completed a training session on online accessibility in September 2022 to increase awareness of accessibility guidelines in relation to website, extranet, social media, video and design.

	<ul style="list-style-type: none"> • A checklist has been put in place within the communications team to aid the production of accessible content. • All videos and animations are now produced with subtitles. • Where possible BSL versions of content have been shared on social media, where these are available. Requests have been submitted to national/regional NHSE and UKHSA teams for BSL and alternative language versions of national campaign materials.
5. Patient Information	<ul style="list-style-type: none"> • Patient Information will be provided in alternative formats on request. • Patient information has been recorded onto audio CD at the request of patients to support communication needs.
6. Chat Bot pilot	<ul style="list-style-type: none"> • Although work was completed to develop the content for WHH, the project was put on hold due to issues with the Alder Hey software licence and has not been pursued at this time.
7. Signage/Wayfinding	<ul style="list-style-type: none"> • Signage and wayfinding signage is within the remit of the First Impressions workstream. • Refreshed branding guidelines available from late July 2023 will ensure all future signage is accessible.

Pillar 3: Reducing health inequalities

Using WHH 'Your health matters' approach and mapping health inequalities to geographical areas of Warrington North, Warrington South and Halton (Widnes and Runcorn)

Objective	Outputs and outcomes
<p>1. Strengthen 'Your health matters' engagement programme</p>	<ul style="list-style-type: none"> • A number of areas for engagement activity were identified to support awareness of preventable illness and reduce ill health. These were informed by the ICB and place level priorities including; respiratory, cardiac, diabetes, cancer (breast, bowel, cervical, prostate/urology). The ability to offer such sessions is dependent on capacity being available within the respective clinical areas. • Successful events have been held during the year out in the community including Diabetes Awareness Day, mouth cancer screening for Mouth Cancer Action month and supporting an event at The Gateway in Warrington for residents who have recently relocated from Hong Kong. Earlier this year two of our consultants from women and children's attended a Healthwatch Warrington Women's Health event to talk about menopause, fertility and cervical screening.
<p>2. Engage governors in your health matters and other involvement opportunities</p>	<ul style="list-style-type: none"> • All governors are invited to key events co-ordinated by the Trust's Communications and Engagement team, which during the first year have included charity fundraising events at Laskey Farm, Warrington Disability Awareness Day plus the Annual Members' Meeting marketplace. • Governors were also able to showcase the work they do with the Trust on engagement at the NHS Providers Governor Focus conference in May, when the 'Guide to being a WHH Governor' was selected to feature in a best practice showcase. The guide covers the role of a foundation trust governor but also provides useful information about the trust to support governors in answering questions from members and local community representatives.
<p>3. Support place-based activity and other key local events</p>	<ul style="list-style-type: none"> • Attendance was co-ordinated at an event for nationals from Hong Kong who have recently settled in the Warrington area, Women's event hosted by Healthwatch Warrington and Warrington Disability Partnership's Disability Awareness Day. • Market place attendance was co-ordinated for the ICB board which was held in Warrington in November.

4. Increase participation in research	<ul style="list-style-type: none"> Research opportunities are promoted when requested and the Pathway to Research initiative has been recently promoted via local media, social media, a pop-up stand in Warrington Hospital main entrance as part of activity for International Clinical Trials Day.
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Pillar 4: Reducing health inequalities

Use Trust estate and resources in partnership with others for the benefit of the wider community

Objective	Outputs and outcomes
1. Establish WHH's position as an anchor institution in our communities	<ul style="list-style-type: none"> The Trust shares information with staff, social media followers and partners on health improvement and economic wellbeing activities. This has been further aided by recent developments to provide more healthcare services out in the community.
2. Promote opportunities for work, training or volunteering	<ul style="list-style-type: none"> Clinical recruitment events are promoted across all social media channels and via our partner universities. Volunteers Week in June provided opportunities to share the range of volunteer roles in the Trust. Copies of the NHS health careers booklet '350 Careers, One NHS, Your Future' are taken to all public engagement events by members of the Communications and Engagement Team, governors and are shared widely by our apprenticeship and work experience teams at all events in schools, colleges and community events such as Disability Awareness Day and Armed Forces Day. Work experience is encouraged by the Trust and there is a formal process to follow, links to which are included in the 'Guide to being a WHH Governor' so that all trust representatives can provide information to prospective applicants.
3. Utilise local suppliers and venues	<ul style="list-style-type: none"> Off-site events are held at venues in the boroughs we serve, wherever possible. Suppliers for transport, promotional materials and print are sourced locally where cost effective to do so.

4. Give back to our communities

- We provide opportunities for our local schools and community interest groups to work with us on enrichment activities which benefit pupils and group members, as well as the Trust and our patients. Examples include a competition with Halton schools for designs to decorate the privacy glass at the front of Halton Health Hub at Runcorn Shopping City and the PossAbilities Signing Choir who regularly perform for staff, patients and visitors in Warrington main entrance. Our WHH Charity regularly go into schools to talk about the work of the charity and the difference it makes for patients as well as engaging pupils in useful workplace skills including setting up a project, fundraising, marketing and measuring success.

REPORT TO TRUST BOARD

AGENDA REFERENCE:	COG/23/08/47			
SUBJECT:	Communications and Engagement Dashboard Q1 2023-24			
DATE OF MEETING:	2 August 2023			
ACTION REQUIRED	For Information			
AUTHOR(S):	Alison Aspinall, Head of Communications & Engagement			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications & Engagement			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY (KEY ISSUES):	<p>The Q1 dashboard format has been refreshed to show not only the outputs of the Communications and Engagement Team, but to highlight the impact of key campaigns during the quarter.</p> <p>In this report the dashboard has highlighted:</p> <ul style="list-style-type: none"> • Active Hospitals campaign • Children and Young People's Outpatients video • Where best next? campaign <p>The dashboard includes examples of media releases issued during the quarter, plus engagement with social media, our website and internal communications channels.</p> <p>For the first time we have also been able to include metrics for the staff extranet following some changes by our web and extranet provider. The figures for the first month are partial due to the cutover period.</p> <p>An overview of the engagement and involvement activity undertaken during the quarter is also included.</p> <p>This quarter the dashboard also includes reference to the brand evolution work to ensure our WHH Trust brand is fully compliant with NHS brand and accessibility guidelines.</p> <p>The format of the dashboard has been updated to reflect the current branding approach and to improve accessibility.</p> <p>Feedback on the revised dashboard format is welcomed as we aim to further develop it as a useful report on communications and engagement activity in each quarter.</p>			
PURPOSE: (please select as appropriate)	Inform ation ✓	Approval	To note	Decision
RECOMMENDATION:	The Council of Governors is asked to note the progress made during the first year of the Working with People and Communities Strategy 2022-25.			

PREVIOUSLY CONSIDERED BY:	Committee	Trust Board
	Agenda Ref.	BM/23/08/90
	Date of meeting	2 nd August 2023
	Summary of Outcome	noted
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: (if relevant)	None	

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Communications and Engagement Impact report

Quarter 1 (April to June) 2023

The team

The Communications and Engagement team remit covers:

- Communications and Engagement Strategy development
- Communications planning and evaluation to support strategic projects
- Internal communications including content production for The Week and Team Brief
- External communications including media relations and stakeholder updates
- Digital communications including – content development for trust’s corporate social media channels and updates to the website
- Identity and branding
- Design work
- Engagement in our communities
- Experts by Experience programme
- Processing and review of clinical patient information
- Freedom of Information (FOI) requests

During the Q1 period (April to June 2023) the Communications and Engagement Team.....

- processed and allocated **132** separate communications ‘Job Request’ forms for design, film, photography and communications campaign support
- handled with **23** enquiries from local, regional and national print and broadcast media
- responded to **472** enquiries through the enquiries inbox
- received **158** Freedom of Information (FOI) requests
- processed and issued **153** FOI request responses

Q1 achievements overview

- Supported the Home for Easter/‘Where Best Next?’ campaign to support good discharge planning practices and improved patient/carer awareness.
- Supported ongoing communications to minimise the impact of industrial action
- Worked as part of the Warrington Together partnership to promote the development of the town centre Living Well Hub
- Showcased the trust’s ‘Guide to being a WHH Governor’ as best practice at the NHS Providers Governor Focus event in London on 23 May
- Promoted the Halton Clinical Research team and Pathway to Research opportunities as part of International Clinical Trials Day
- Worked with strategy team and partner organisations to deliver an event for the enhanced breast screening facilities at Bath Street on 22 June
- Engaged 17 staff and 23 patients in sharing their stories ahead of the NHS75 birthday celebrations in July
- Continued to develop our engagement and involvement offer including working with Aqua to develop a ‘Lived Experience’ training programme for our Experts by Experience
- Communications support for the Acute Respiratory Infection Virtual Ward including production of patient information leaflets and communications pack for pilot with Warrington East Primary Care Network.



The following slides detail the outputs and outcomes of key campaigns during the quarter

Active Hospitals

WHH programme to encourage inpatients to move more to prevent serious risks from hospital associated deconditioning.

To embed this approach, WHH participated in “National Reconditioning Games” and the challenge was on for wards to earn medals for their commitment to adopting the Active Hospitals approach.

- **January 2022:** patients active and out of bed in time for lunch = 12%
- **August 2022:** Active Hospitals launched, patients active and out of bed in time for lunch = 40%
- **November 2022:** Reconditioning Games began
- **April 2023:** Reconditioning Games ended.
- Outcomes 68% patients are active and out of bed in time for lunch. Feedback from staff and patients has been universally positive with 44 medals awarded to staff, 17 wards/teams successfully engaged and the highest medal count across all organisations participating in the North West
- **June 2023:** Active Hospitals shortlisted for HSJ Patient Safety Award

Comms support:

- [Patient promotional materials](#)
- [Staff promotional materials](#)
- Social media: content to promote active hospitals was scheduled fortnightly and celebration content when wards won bronze, silver and gold certificates were promoted



Children and Young People's Outpatients

Following the redevelopment of the Children and Young People's Outpatients department in 2022, support was requested for an opening event to promote the new facility.

The approach included a focus on making visits to hospital outpatient appointments a less stressful experience for children and their carers.

The concept agreed was for a video tour of the department with a 'cast' of children and young people acting as staff to take the viewer on the tour.

Thanks to the support of our amazing children, young people and their families an informative subtitled film was produced, taking viewers on a journey from Warrington main entrance, past the welcome desk and throughout the department.

An opening event was scheduled in the Easter holidays to 'premiere' the film for all the cast, their families and the project team project with an 'Oscars' ceremony at the end.

Unfortunately, national industrial action meant the event was cancelled, but the cast all received their Oscars.

The film has received more than 500 views within the first three months since publication and feedback from patients and families has been overwhelmingly positive.



Where best next?

The impact of longer than necessary hospital stays for our patients can include worse health outcomes for some and an increase in long-term care needs particularly for older and vulnerable people.

To support the annual 'Home for Easter' campaign (Wednesday 29th March to Thursday 6th April) we provided additional resources from the 'Where best next? - Why not home? Why not today campaign?' including nationally available materials and specific WHH resources:

Information for staff including:

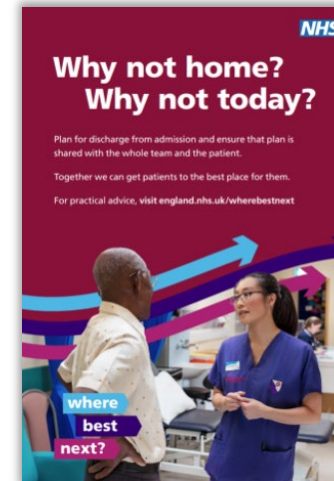
- Discharge Information Packs for each ward
- A [Top Tips video](#)
- An [Extranet Where Best Next page](#)
- A poster campaign
- GMWHH message and bulletin updates

Information for patients encouraging them to ask 'When am I going home?' including:

- website
- social media
- paid for editorial in external publications
- patient leaflets from the national campaign and a WHH patient letter

Feedback from the teams on the top tips video, extranet information and discharge packs has been positive so far.

Next steps are to continue promoting the 'Where best next?' resources and messaging with future 'WHH Home for...' campaigns.



Media

The **15** media releases/proactive external announcements issued during Q1 included:



Appeal for volunteers to support vital research work at WHH

[Read the release.](#)



Work begins on new Living Well Hub in Warrington town centre

[Read the release.](#)



Expanded breast screening at Bath Street Health and Wellbeing Centre now open

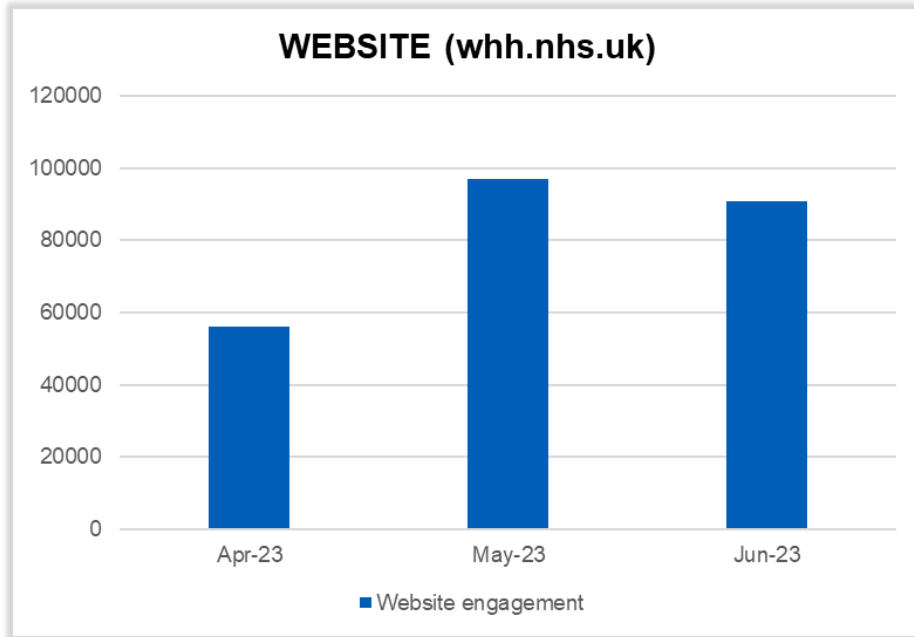
[Read the release.](#)



Halton and Warrington to celebrate 75 years of the NHS

[Read the release.](#)

Digital communications



Most viewed pages	Total page views – 243,591
/work-at-WHH	8,794
/Contact-us	8,130
/Blood-test-clinic	7,132
/Search-results	7,065

Social media



Facebook (12K followers)
Post reach: 387,746
Post engagement rate: 7.2%



Twitter (13.2K followers)
Impressions: 196,774
Post engagement rate: 1.4%

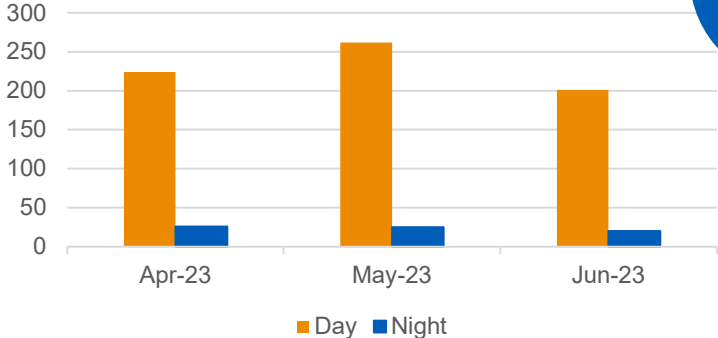


Instagram (3.5K followers)
Post reach: 105,253
Post engagement: 1,584



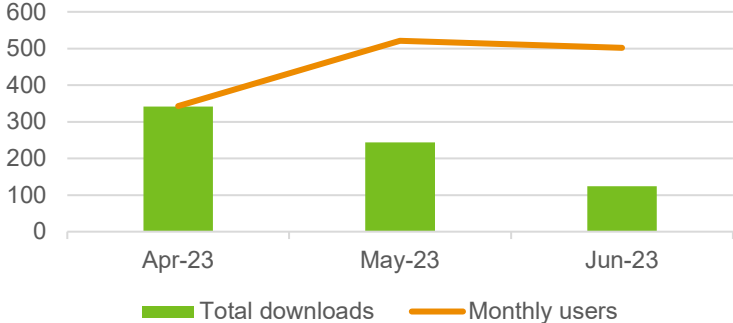
Internal communications

TEAM BRIEF ATTENDANCE

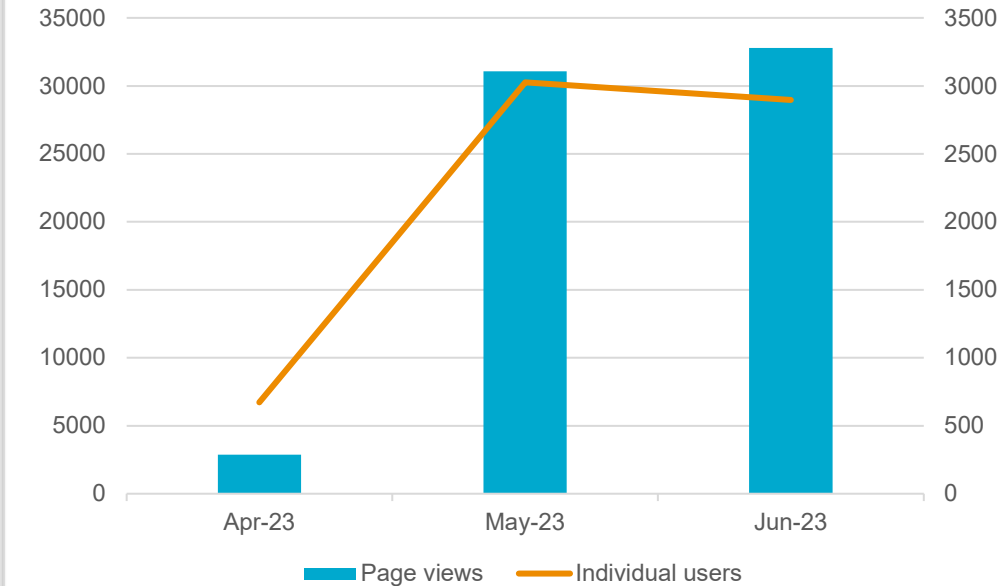


Total attendance in Q1:
758

STAFF APP



EXTRANET (extranet.whh.nhs.uk)



Most viewed pages	Total page views – 125,000
/search-results	8,384
/vacancies	5,532
/workspace	3,575

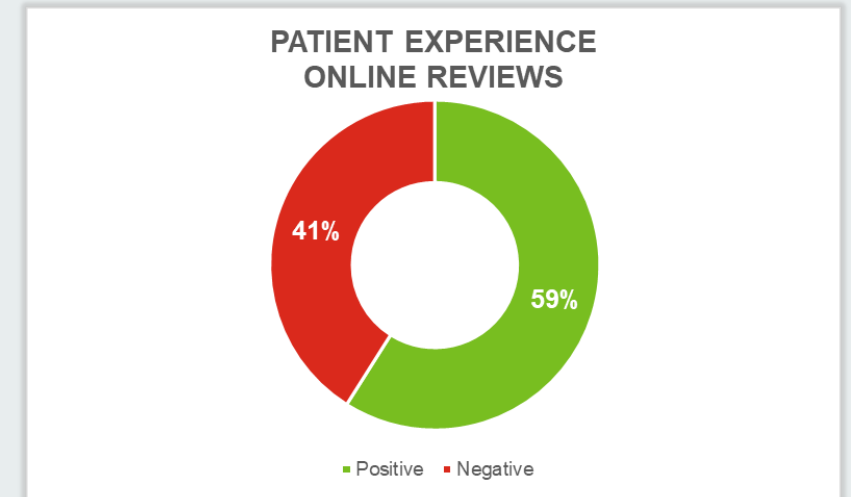
Engagement, Involvement & Insight

During Q1 (Apr to Jun 2023) we recruited **16** Experts by Experience

We received requests for engagement support for the following projects:

- Digital week survey
- Phlebotomy e-booking project
- Reception areas survey
- Experts by Experience input into the naming of the Community Diagnostic Hub
- Experts by Experience input into the design of branding for the One Halton Family Hubs

In June we invited the Experts by Experience involved in the design of our enhanced breast screening at Bath Street to be part of the opening event. This enabled them to view the finished clinic and to see how feedback had been incorporated.



A total of 39 online reviews from patients rating their WHH experience were published in Q1.

Sources of data:

- NHS Choices
- Google reviews
- I want great care

WHH brand refresh

Our Trust branding is being updated to ensure we are:

1. accessible to all, including those with a visual impairment
2. evidence-based and compliant with national NHS identity guidelines
3. clear and consistent in our messaging for staff, patients and the public

Important to note:

- Not a complete rebrand – our mission, vision and aims remain the same
- Gradual rollout - use up existing branded materials
- Accompanied by WHH brand guidelines and WHH Style guide
- Suite of templates for temporary signage and stationery

Core colours are white and NHS Blue

A curved 'swoosh' replaces the previous version with colours taken from the NHS colour palette – NHS Aqua Blue / NHS Orange / NHS Light Green



QUALITY



PEOPLE



SUSTAINABILITY



Working Together



Excellence



Inclusive



Kind



Embracing Change

Council of Governors

AGENDA REFERENCE:	COG/23/08/48			
SUBJECT:	Addendum to NHS Foundation Trust Governors Statutory Duties			
DATE OF MEETING:	10 August 2023			
ACTION REQUIRED	For Information			
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager.			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	<p>This report provides an overview of the NHS England Guidance: Addendum to your statutory duties which builds on the existing current guidance – Your statutory duties a reference guide for NHS foundation trust governors.</p> <p>The draft Addendum to your statutory duties – reference guide for NHS foundation trust governors was issued by NHS England (NHSE) on 27 May 2022 and was out for consultation until 8 July 2022.</p> <p>The Trust has undertaken a comprehensive review of the final publication and where relevant will take forward actions to ensure that Trust practice aligns with the guidance.</p> <p>The report also includes suggestions regarding the next steps in terms of best practice for holding to account and public representation.</p>			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note:			
PREVIOUSLY CONSIDERED BY	N/A			
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
NEXT STEPS:	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

Agenda	Addendum to NHS Foundation Trust Governors Statutory Duties	Agenda Reference	COG/23/08/48
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0. Background/Context

The draft addendum to your statutory duties – reference guide for NHS foundation trust governors was issued by NHS England (NHSE) on 27 May 2022 and was out for consultation until 8 July 2022.

The Trust has undertaken a comprehensive review of the new publication and where relevant will together with the Council of Governors take forward actions to ensure that Trust practice aligns with the guidance.

This is not statutory guidance, so Trusts have discretion over whether and how they choose to apply it. The addendum takes into account the introduction of Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs), and seeks to support Foundation Trusts to be influenced by their contribution to system working. It proposes that to support collaboration and system working, Councils of Governors will need to form a view of the interests of the public within a broader area than their immediate catchment area.

The publication is available here: [NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors](#)

In Summary :

There are no changes to CoG’s statutory duties in the 2006 Act, the addendum is based on the existing statutory duties and the principles of collaboration and system working.

It addresses:

1. Holding Non-Executive Directors to account.
2. Representing interests of Trust members and the public - in support of collaboration CoG should now form a rounded view of the interests of the ‘public at large’.
3. Approving significant transactions

1. Holding Non-Executive Directors to Account

The legal requirement is for the Council of Governors (CoG) to hold the Non-Executive Directors (NEDs) individually and collectively to account for the

performance of the Board of Directors. The Board is responsible for running the Trust and explaining/justifying their actions to CoG.

The role of the Council of Governors remains one of assurance of the performance of the Board, with CoG assessing what it believes are the key areas of enquiry and providing appropriate challenge. The Trust is expected to provide CoG with appropriate information and ensure governors have opportunities to meet with the Board to raise questions about the Trust's role in the system.

What are we currently doing at WHH:

- During CoG meetings there is the opportunity to receive feedback from and raise questions with both Executive & Non-Executive Directors.
- There is the opportunity to observe NED contributions at Committee Meetings via Governor Observers and their observation reports, at Board Meetings, including Part 2 which is observed by the Lead Governor and Council of Governors meetings and at Chair's Briefings which NEDs attend also.
- Governors obtain further information via representation on working groups and participation in observational visits.
- Governors have the opportunity to review the Annual report and Accounts

Holding to Account Addendum Considerations:

Increasingly the Trust will be judged against its contribution to the objectives of the ICS, with the Board's performance being linked to its contribution to system-wide delivery of plans; its collaboration with partners and other providers.

In holding NED's to account for the Board's performance CoG should consider:

- Whether the interests of the public at large have been factored into decision-making and seek assurance on the Board's performance in the context of the whole system and as part of the wider provision of health and social care.
- How the Board's decision making complies with the Triple Aim duty of better health and wellbeing for everyone; better quality of health services for all; sustainable use of NHS resources; as well as the role the Trust is playing in reducing health inequalities.

Next Steps:

At Council of Governors Meetings:

- Continue to maximise NED contributions at CoG and ensure opportunities for Governors' questions.
- Seek assurance on the Board's performance in the context of the whole system – demonstrate that the interests of public at large are factored into decision-making.

- Seek assurance that Board decision-making complies with Triple Aim duty - better health services for all; sustainable use of NHS resources, reducing health inequalities.
- Share updates through “Our Strategy 2023-25” progress report, the Chief Executive Report, and the Chair’s Report on the ICS’s integrated care strategy and ICB’s five-year joint plan along with information on the Cheshire and Merseyside ICB’s performance.

The Trust will Review:

- Governors’ training - including how to hold to account
- Content of governor induction programme & Governor Handbook
- The CoG **Terms of Reference** update (see agenda item GOG/23/08/49)

2. Statutory duties of CoG – Representing the interests of Trust members and the public

The National Health Service Act 2006 provides a duty for CoG to represent the interests of members of the Trust and the public.

To do this The Council of Governors should:

- Interact regularly with members of the Trust and the public to ensure it understands their views and to communicate information on Trust and system performance and planning.
- Be mindful of other bodies and organisations, eg Healthwatch, who also represent public interest, and seek to work collaboratively.
- Represent specific constituencies as per the constitution and also represent the interests of Trust members, the population of the Cheshire and Merseyside ICS and the public at large.

What are we currently doing at WHH:

- Welcome Trust members and members of the public to observe at Council of Governors and Trust Board meetings (part 1)
- Invite members and members of the public to the Annual Members’ Meeting, via various media channels, social media, emails to members, advertisements in local newspapers and on the Trust website.
- Participate in public engagement activities & events led by the Governor Engagement Group

Next Steps

The Council of Governors and the Trust are to consider strengthening mechanisms for considering the views of the wider public through:

- Building relationships with members and underrepresented groups

- Understanding the impact of the system and the Trust’s actions to address health inequalities.
- Seeking assurance that the Trust has considered the impact of any changes on the public using its services
- Seeking assurance that the Trust has assessed the impact of its decisions on the care being provided to patients across the ICS.

We will do this by:

- Developing a Membership Strategy to be approved by the Council of Governors and reporting on its implementation progress. This will be the responsibility of the Governor Engagement Group
- Progressing with the Working with People & Communities Strategy
- Review methods of engagement, to ensure a wider reach and two-way engagement (GEG)
- Work with our partners to plan and facilitate system-wide collaboration on engagement events and activities with members of the public
- Presenting quarterly progress highlight reports on “Our Strategy 2023-25”. In developing “Our Strategy 2023-25” the Trust has taken a holistic view of the health and public service landscape to ensure that our ambitions align with those of:
 - Our immediate stakeholders (e.g. Warrington Borough Council, Halton Borough Council, Warrington Together and One Halton)
 - Our neighbours and partner organisations across Cheshire and Merseyside
 - The ambitions set for the whole of the NHS by NHS England

3. Taking Decisions on Significant Transactions, Mergers, Acquisitions, Separations and Dissolutions

The emphasis in this section of the addendum is for Councils of Governors to ensure that the Board has followed due process, carried out due diligence and has engaged appropriately with the public, service users and system partners. As long as this has happened, the guidance proposes that Councils of Governors should not unreasonably withhold their consent for a proposal to go ahead. It also makes it clear that Councils of Governors need to consider the key risks the transaction is intended to address and the impact of those risks if consent is withheld.

The updated considerations set the duty in a system context and makes the point that CoGs may need to consent to transactions that are of benefit to the broader public and may not have an immediate benefit in their own organisation.

Governors will need to be assured that the process undertaken by the Board in reaching its decision was appropriate and that the interests of the wider health care system were considered.

All transaction proposals need to demonstrate a clear case for change to meet NHS England's assurance requirements in the context of new ways of working benefiting the broader public interest.

Next Steps:

The Trust does not have any decisions on Significant Transactions, Mergers, Acquisitions, Separations and Dissolutions scheduled. If a decision of this nature requires consideration, the Council of Governors will receive appropriate training and robust information around due process, due diligence and appropriate engagement with the public to enable them to make a well-informed decision.

The [WHH Constitution](#) states:

44. Mergers, Acquisition, Separation, Dissolution and Significant Transactions

44.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

44.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust approve entering into the transaction.

4. Actions and Recommendations

The Council of Governors is asked to note:

- The summary of the addendum to their statutory duties
- The next steps to apply the guidance in line with best practice at WHH

Council of Governors

AGENDA REFERENCE:	COG/23/08/49			
SUBJECT:	Chief Executives Report			
DATE OF MEETING:	10 August 2023			
ACTION REQUIRED	Approval			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE SPONSOR	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	This report provides the Council of Governors with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	The Council of Governors is asked to note the contents of this report.			
PREVIOUSLY CONSIDERED BY	Trust Board			
	Agenda Ref.	BM/23/08/82		
	Date of meeting	2 August 2023		
	Summary of Outcome	noted		
NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

SUBJECT	Chief Executive's Report	AGENDA REF:	CoG/23/08/49
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1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of a range of strategic and operational issues since the last meeting on 7th June 2023, some of which are not covered elsewhere on the agenda for this meeting.

2) KEY ISSUES

2.1 Overview of Trust Performance

Appendix 1 is a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete reported datasets. In this case, this is month 3 - June 2023. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

As I have stated previously, our single most important operational performance challenge remains length of stay, and there has been improvements in recent weeks (albeit during summer months), for both Warrington and Halton residents. Our total number of super-stranded patients with a length of stay greater than 21 days remains high at 124 (in my last Board report this figure was 118). However, the number of patients that do not meet the criteria to reside (NCTR) has come down substantially to 92 (in my last Board report this figure was 137). For Warrington Borough Council residents in hospital, this latter number is currently 51 (15.0%, the national average); for Halton Borough Council residents in hospital, it is 22 (21.6%). We are working the partners on improving these figures further, as well as working on own processes with regards to length of stay more generally.

The Trust continues to undertake an elective recovery programme although there has been disruption because of the impact of industrial action; the priority this year is now on the elimination of waiting lists longer than 65 weeks by the end of March 2024. Activity reports and dashboards are reported routinely at Executive Director Meetings, Quality Assurance and the Finance & Sustainability Committees.

2.2 Senior Leadership Changes

After seven years as Chief Finance Officer, and more recently as Deputy Chief Executive, Andrea McGee, will be leaving the Trust at the end of September to embark on a new life in Gibraltar.

Jane Hurst, Deputy Chief Finance Officer and Freedom to Speak Up Guardian, will be taking on the role of Acting Chief Finance Officer from 1st October whilst the process to make a permanent appointment is completed. Andrea will continue to work closely with Jane on ensuring a smooth transition and handover in the coming weeks.

2.3 Cheshire & Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative Update

The CMAST Leadership Board met on 7th July 2023 and considered a number of important issues which included an update on the progress being made through the Diagnostics Programme Board and a number of upcoming key infrastructure decisions which relate to:

- Prioritisation of multi-year system imaging capital allocations
- Process for managing system bids for endoscopy hubs and prioritisation of funding
- Pathology consolidation options appraisal and laboratory information management systems (LIMS) development

In addition, the CMAST Leadership Board received an update on the ICS and ICB Children's and Young People's (CYP) agendas and considered and supported proposals for the establishment of a CMAST paediatrics network which will enhance the collaborative's focus and delivery of this agenda.

Finally, the CMAST Leadership Board considered the dialogue taking place in different parts of the country in respect to bank workers and pay awards and the preparation for and approach to managing industrial action.

The CMAST Leadership Board also received the following documents:

- C&M ICS Activity Summary Report
- C&M ICS Finance Report

2.4 BMA Consultant Industrial Action

Hospital consultants across England began strike action for 48 hours from Thursday 20th July to Saturday 22nd July. This followed industrial action by junior doctors for a period of five days the week before.

This represents industrial action in the NHS on a scale we have not seen previously, with new and different challenges to which to respond. Consultants are our most senior doctors with many other staff groups dependent upon consultant supervision in order to be able to carry out many aspects of their roles. Our treatments and procedures are listed under, and supervised by, consultants and it has been important in our planning to ensure we provide only those clinical activities where we are assured there will be sufficient consultant supervision and service delivery in each of our specialty areas.

However, thanks to colleagues from across the Trust working tirelessly to ensure that our patients remain safe and well cared for, we had robust plans in place with as much assurance as possible so that we could continue to maintain safe care.

Our plans during consultant industrial action included:

- We provided, as a minimum, 'Christmas Day' consultant cover throughout, with additional cover as agreed with the BMA where required to ensure patient safety.
- Emergency and critical care cover was maintained throughout.
- Detailed plans were agreed in each Care Group to ensure sufficient consultant cover to keep our patients safe and deliver effective care.

- With elective care we prioritised patients with urgent, time sensitive conditions using the consultant cover we had available.
- All consultant sessions, clinical or not, were worked on site to ensure availability in case of an emergency.
- Any appointments or procedures that have been postponed due to industrial action have been rescheduled as soon as possible.

I would like to thank colleagues for their continued professionalism and unwavering commitment to providing the best care possible to our patients and keeping them safe throughout.

2.5 The NHS at 75

5th July 2023 saw the celebration of the 75th anniversary of the National Health Service.

Hospitals, especially district general hospitals, have been described as the cornerstone of the NHS since its inception in 1948. Our world is however changing rapidly. In 1948, the health service existed mainly to provide treatment for infections and injuries. The success of modern science and medicine, and specifically the NHS in rapid implementation and translation into everyday clinical practice is stark. Diseases like heart attacks, strokes and cancers, that would once upon a time shorten the lives of those in their forties, fifties and sixties, are now eminently treatable and people live another decade or two (or three). Now, most of the work of the NHS involves managing chronic long-term conditions such as diabetes, arthritis, lung and heart disease; mental health and obesity are growing problems and the number of people aged 85 and older is due to double over the next two to three decades, meaning social care is an urgent priority.

Healthcare in the NHS is better - safer, more effective and with a better patient experience - than ever before. One of the really big changes over the decades is the recognition of the importance of setting standards in patient care. The NHS only acquired a statutory duty of care quality in the late nineties, underpinned by the principles of clinical governance - effectiveness, risk management, patient experience and involvement, and communication.

Since the NHS was founded on 5th July 1948, it has always innovated and adapted to meet the needs of each generation. The founding principles remain as relevant and valued today as they were 75 years ago.

A range of national events took place on 5th July 2023, including an NHS75 service at Westminster Abbey alongside a Reception in Downing Street. WHH was well represented by staff at both of those national events.

WHH marked the occasion suitably, including (but not limited to), a ceremonial cutting of the cake.

2.6 Fourth Quality Academy Showcase

On 6th July we held our fourth annual WHH Quality Academy Showcase. This was our first face-to-face showcase event since the Covid-19 pandemic and it was wonderful to see so many people coming together to learn, reflect and celebrate many of the impressive efforts and achievements from our staff over the last year.

We were treated to two inspiring and thought-provoking keynote talks from Professor Michael West and Julia Wood, highlighting the importance of compassionate leadership, the value of focussing on joy in work, and some of the practical steps we can all take to promote both. Both keynote speakers set the scene so very well for the work we are taking forward on both the Patient Safety Incident Response Framework and the WHH Culture programme of work. Developing a culture of openness and learning will further enable improvement, together with a better and shared understanding of the issues we face. At this event we also hosted a series of 'breakout sessions', together with partner organisations, focussing on learning from claims and inquests, national clinical audit, research and development opportunities, quality improvement and innovation, and exploring tools to gather and learn from knowledge and experiences to help us tackle some of our big challenges.

Oral presentations from WHH colleagues included:

- Strategies for Improving Psychological Safety in an Acute Therapy Team (Joanna Thomas).
- "Sip 'til Send": Safe, Simple, Kind. Improving Preoperative Hydration (Dr Gemma Roberts and Rhianna Jones).
- WHH AHP 18 Month Strategic Workforce Plan - What, Why and Why Now? (Nisha Agarwal)
- Acute Kidney Injury - Improving Outcomes (Rebecca Hossbach, Dr Neil Bailey, and the Acute Care Team)
- Virtual Fracture Clinic: Reversing the Trend (Dr Morgan Marshall and Mr Curtis Robb).

The winners of the poster presentation competition were:

- First Prize: Molecular Testing for Enteric Pathogens Using the Serosep EntericBio® Gastro Panel 2 System (Charlie Fogg, Lauren McAdam, Graham Marshall, Hannah Gill - Microbiology Department)
- Highly Commended: A QIPP programme for monitoring diabetic retinopathy using OPTOS virtual clinics (Kirsty Eagers, Paras Agarwal, Ms Kaveri Mandal - Department of Ophthalmology)
- Highly Commended: Pre-Op Medications Advice QIPP (Dr S. Kim, E. Hill)
- People's Choice Winner (voted by attendees): A review of national and local guideline compliance for adult patients attending CAU/SDEC for IV Ferinject, with a focus on patient centred care and service improvement. (Emma Ridley, Jaclyn Proctor, Dr M Amin, Dr D Barahman, Dr M A

Islam, Dr C Muckian, Dr M Cooper, Jill Nuckley, Alicia Jones – CAU/SDEC).

2.7 Research & Development

Research & Development sits under the auspices of our Quality Academy and our drive for continuous quality improvement more generally.

We are pleased to be able to continue offering research participation to more and more of our population. In FY21-22, we recruited 742 participants, a figure we nearly doubled in FY22-23 to 1444.

Our Research Team were awarded the Research Delivery Team of the Year Award at the North West Coast Research Innovation Awards. This team are really going from strength to strength, with lots of collaborative working, not only within the Research Team directly but also across the wider organisation, including our finance team, medical and pharmacy colleagues. The success of building research through a supported system approach alongside Liverpool University Hospitals NHS Foundation Trust and the Clinical Research Network demonstrates the importance of relationships and cohesive working. It is wonderful to see our Trust recognised so directly.

I would like to highlight some of the studies of which we have been part:

- Dr Rita Arya, Consultant Obstetrician, is the lead for a study looking at implementing a screening programme for Group B Streptococcus for women in labour. It is an important study to help prevent maternal and infant sepsis. So far, nearly 1200 women have gone through the screening programme, with recruitment to this study expected to end in January 2024.
- Dr Tim Furniss, Consultant in Critical Care, and team have developed the critical care portfolio over the past 3 years, taking participants in research per year from 0 in FY19-20 to 106 in FY22-23. These studies are key to understanding how to manage some of our most unwell patients, including studies such as MARCH, looking at the use of mucoactives in acute respiratory failure. The team were recently commended by the MARCH study for recruiting 20 participants so far, making them joint 9th out of 55 sites that have recruited to this study.
- Gastroenterology Consultants Dr Patani and Dr Ramakrishnan, R&D Senior RN Rebekah Chan have been working with pharmacy, contracts, and finance, to be the first site to set up for an intervention for moderate to severe ulcerative colitis. Consequently, WHH was the first site to set up and recruit the first patient globally onto this trial in December 2022. This is massive achievement for WHH. This meant the team were the first and only place in the world able to deliver potentially life-changing medication to this participant. We now hope to be able to recruit more people to this trial.

2.8 Bowel Cancer Screening

It has been a year since we launched the Bowel Cancer Screening Colonoscopy Programme (BCSP colonoscopy) in the Warrington and Halton endoscopy units. Prior to April 2022, people in Warrington and Halton, over 60 and who were eligible for screening and had a positive stool FIT test (faecal immunochemical test - a screening test for colon cancer) were referred for colonoscopy in the main Hub centre at Aintree hospital. After taking bowel cleansing medications, they had to travel to Aintree. This obviously put many people off from opting into the screening programme.

In 2021, we decided to get our endoscopy units at Warrington and Halton accredited through a rigorous process. We are pleased that our JAG-accredited Endoscopy unit is now an accredited BCSP unit. This was the first step. The next step was to get BCSP accredited colonoscopists in our unit.

Three senior consultant endoscopists – Dr Bharathi, Dr Patani and Mr Pranesh decided to apply for the bowel cancer screening colonoscopist accreditation. They took an exam to test their knowledge about cancer, polyp recognition, and procedure complications. They had to have performed more than 1000 lifetime colonoscopies and have prior high JAG key performance standards (KPI). They then took the 'colonoscopy driving test' – involving doing two colonoscopies and a polypectomy while being assessed by two external BCSP colonoscopists in our regional centre at the Aintree endoscopy unit.

They all passed the tests, and we commenced the programme at WHH in April 2022. We have two BCSP lists at Warrington and one list at Halton with a view to extending the service to do more lists in future especially given that the screening programme has been recently extended to 56 years of age. Since we started doing these procedures locally, we have noted an increased uptake of colonoscopies as people prefer to get the procedures done locally.

2.9 Same Day Emergency Care (SDEC)

In July, SDEC also celebrated its one-year anniversary having seen just under 10,000 patients to date.

Same Day Emergency Care (SDEC) is the “provision of same day care for emergency patients who would otherwise be admitted to hospital” and allows for patients presenting at hospital with relevant conditions to be rapidly assessed, diagnosed and treated without being admitted to a ward, and, if clinically safe to do so, they will go home the same day their care is provided.

We have developed an innovative new referral pathway that enables local GPs to directly refer patients to SDEC, thus eliminating the need for review in Emergency Department first. During the consultation process with GPs when establishing SDEC there was an overwhelming request for a direct referral pathway which would eliminate the current antiquated, time-consuming and inefficient method of referral involving calling the Patient Flow Team to refer every patient. We worked closely with our GP partners to develop an ICE referral the GPs and AHPs could complete in the GP surgery, sending the patient directly to SDEC.

The referral pathway was initially trialled with one PCN (primary care network) and after a successful pilot was rolled out across the whole local system in October 2022. Since then, we have reviewed the referrals received via this pathway and they have largely been appropriate and suitable for management in an SDEC setting (less than 1 in 10 deemed inappropriate).

We maintain good links with our GP partners with monthly operational meetings and system reviews. Feedback from GPs has been overwhelmingly positive. We are now working with oncology colleagues to create a comparable pathway for oncology patients presenting with clinical conditions that can be managed as same day emergency care.

SDEC sits within the much wider Urgent & Emergency Care service across both hospital sites – our Warrington ED and Runcorn Urgent Treatment Centre, both of which have seen relentless pressure over many months (like much of the country).

We have continued investment in Urgent & Emergency Care over the last 12-24 months:

- £6.1m capital investment into SDEC build (as above)
- £2m capital investment for ED CT scanner
- £455k revenue investment for ED medical staffing
- £976k revenue investment for acute medical staffing
- £450k revenue investment in for further ED nurse staffing
- Ongoing recruitment for speciality doctors to support the emergency department
- Advanced Clinical Practitioner training programme supported across the CBU

2.10 Breast Screening

The Warrington, Halton, St. Helens, and Knowsley Breast Screening Service (WHSKBSS) is delivered by the team at WHH. This service provides routine breast screening, diagnostic and onward referral services to a population of approximately 92,000 from across the four boroughs. This service is commissioned by NHSE Specialist Commissioning and during a visit back in 2018, it was commented that the current aged estate in Kendrick Wing (from where the service was delivered) could be improved upon. Work then began to move clinical activity out of Kendrick Wing in two phases. Phase 1 being the creation of the Breast Care Centre within the Captain Sir Tom Moore Building at Halton and phase 2 being the expansion of breast screening services at Bath Street.

We have reconfigured how and where we deliver our breast services in Warrington and Halton. These changes were widely supported by two separate public consultations for both phase 1 and phase 2 of the changes. Additionally, during phase 2, previous service users were engaged through the Experts by Experience panel, ensuring that the patient voice was heard during the design phase of the project.

These changes have now been completed resulting in two exciting new facilities, one within the Captain Sir Tom Moore building (opened in Summer 2021) and the other an

expanded and new facility at Bath Street Health and Wellbeing Centre in Warrington (opened in May 2023).

Phase 1 was completed in the summer of 2021, at a cost of £1.8million. This Breast Care Centre at Halton provides breast assessment and symptomatic clinics in a modern, state of the art facility. Phase 2 of this project involved the creation of a new, expanded, and improved breast screening service at the Bath Street Health and Wellbeing Centre in Warrington. Previously, breast screening was split over the two sites - Kendrick Wing at the hospital and a smaller space at Bath Street. The completion of phase 2 means that this activity is now delivered from the one site, in a modern and more accessible facility.

This offers great improvements from both an efficiency and environment perspective for both staff and service users.

2.11 WHH Brand Refresh 2023

One of the areas where we have taken stock most recently, and listened to valuable feedback, is with our Trust brand.

Our brand is our identity; it's who we are and what we represent. It is how we are perceived and viewed by our patients and those who rely on our services, as well as the wider community. It is also the visual branding you see when you walk the corridors of our hospitals and wards or read one of our Trust letters and documents.

With that in mind, our Communications and Engagement Team have been busy working behind the scenes on refreshing our branding. The justification is three-fold: our branding needs to be consistent; it needs to be aligned with national NHS guidelines; and most importantly of all, it needs to be accessible – particularly for those with visual impairments. For instance, our previous colour schemes have not helped provide clarity where it is most needed.

Having a clear and uniform visual identity also means patients feel reassured that they will receive the best care and support from us (lots of research has been done nationally on this, and the NHS brand is one of the most widely recognised brands in the world). Such standards can often be perceived as surrogates for quality of care and service delivery. Our updated branding ticks all these boxes.

For clarity, this is very much a case of evolution, not revolution, and there is simply progression from what we have done before. The rollout has begun but I will stress that we will not be making these changes overnight. This will be a gradual process over a number of weeks and months, and any associated costs will be kept to an absolute minimum. We will not be wasting anything of which we have an existing supply.

To make the process as user friendly as possible we have created a WHH Brand Guidelines document as a reference point when producing accessible, visual content. It includes guidance on the use of colours (to ensure a big enough contrast for those with visual impairments), logo usage, imagery and other elements that reflect our Trust aims and values.

We have also taken this opportunity to develop our first WHH Style Guide. The WHH Style Guide is designed to support written content, again helping to make sure that everything we do is as accessible as it possibly can be.

This is an evolving process and feedback is always incredibly useful. This is another positive development for the Trust and another step forward on our 'moving to outstanding' journey.

2.12 Special Days/Weeks for professional groups

Since our last Board meeting in June 2023, several topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. These have included:

National Volunteers' Week: 1st – 7th June 2023
National Carers' Week: 5th – 11th June 2023
Clinical Audit Awareness Week: 19th – 23rd June 2023
National Estates & Facilities Day: 21st June 2023
South Asian Heritage Month: 18th July – 17th August 2023

2.13 Local political leadership engagement

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

2.14 Employee Recognition

Our *You Made a Difference Awards* are now about to enter their third year of operation. Nominations are reviewed and awards are made by a multi-professional panel. The Award for June 2023 is to be announced next month.

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

Chief Executive Award (June 2023): Halton Catering Team

I was delighted to give my own award to the Halton Catering Team for consistently getting some really great feedback from patients and staff (and their own management team). The Trust Board occasionally have patient food tasting sessions and we have been catered for by the Halton Catering Team more than once now, with some very tasty examples of patient food of which we can be proud.

Chief Executive Award (June 2023): Halton Catering Team

I was pleased to make a Chief Executive Award to Anaesthetic Department Administrator Kayleigh Barton. Kayleigh is not medically trained, but recently she was called to help as her next-door neighbour (in their forties) had collapsed. She found them in cardiac arrest and started CPR. This went on for over 30 minutes and when the first responders arrived from NWS, she continued to do CPR. Due to her bravery and hard work in challenging circumstances, the neighbour was successfully resuscitated, has made a good recovery and been discharged from hospital. For anyone, let alone someone who doesn't do this for a living and who has simply completed her in house mandatory life support training, this must have been a daunting experience, but Kayleigh is to be commended for having had the composure and skills to save a person's life.

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

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

Karen Eccles, Medical Secretary (Ophthalmology) - Surgical Specialities
Joanne McDonagh, Upper GI Cancer Navigator - Cancer Services
Karen Farnworth, Healthcare Assistant - Integrated Medicine & Community
Christine Shone, Appointments Clerk (Outpatients) - Clinical Support Services
Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive
Nadine MacDonald, Appliance Officer - Orthotics
Kathleen Parry, Healthcare Assistant (A3) - Medical Care
Paula Atherton & Audiology Team, Clinical Support Services
Layla Alani, Director of Integrated Governance & Deputy Chief Nurse
Thomas Fitzpatrick, Senior Safety & Risk Manager - Corporate Nursing
Dr Phyu Wai, Consultant Physician - Integrated Medicine & Community
Tom Coalbran, RTT Business Manager – Clinical Operations
Dr Alejandro Gomez, Consultant Physician - Integrated Medicine & Community
Ernesto Quider, Associate Director of Quality
Dr Mithun Murthy, Consultant Physician & Associate Medical Director

2.16 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under seal:

- Warrington Town Deal Living Well Hub build contract

3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in June 2023 and July 2023 since the last Trust Board Meeting.

- NHSE NW Region System Leadership (Monthly)
- C&M Provider Collaboration CEO Group (Monthly)
- C&M Acute and Specialist Trust (CMAST) Leadership Board (Monthly)
- C&M Acute and Specialist Trust (CMAST) Programme SROs (Monthly)
- CMAST Clinical Pathways Programme (Various)
- Steven Broomhead, Chief Executive, Warrington Borough Council
- Stephen Young, Chief Executive, Halton Borough Council
- Carl Marsh, ICB Place Director (Warrington)

- Anthony Leo, ICB Place Director (Halton)
- Warrington Wider System Sustainability Group (Monthly)
- Clinical Research Network Northwest Coast Partnership Group Meeting (Quarterly)

4) RECOMMENDATIONS

The Council of Governors is asked to note the content of this report.

5) APPENDICES

Appendix 1: CEO Dashboard – Month 3 (June 2023)

Appendix 1 - CEO Dashboard Month 3 – June 2023

Quality

Strategy

Operational Performance			
Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	95.00%	74.38%	
RTT 18 Weeks	92.00%	52.53%	
RTT 65+ Weeks	0	469	
A&E % patients seen within 4 hours	75.00%	68.74%	
A&E % waiting longer than 12 hours	< 2.00%	19.34%	
Cancer 14 Days	93.00%	83.62%	
Breast Symptomatic 14 days	93.00%	66.67%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	74.72%	
Cancer 62 Days Urgent	85.00%	53.62%	
Ambulance Handovers within 60 mins	100%	75.64%	
Discharge Summaries 24 hours	95.00%	91.05%	
Cancelled Operations – 28 days	0	0.04%	
Super Stranded Patients	Trajectory	117	
Theatre Utilisation	85.00%	86.40%	
Day cases	85.00%	89.89%	

Quality of Care			
Indicator	Target	Actual	SPC
Incidents open over 40 days	0	0	
Sepsis Screening Emergency	90.00%	76.00%	
Sepsis Screening Inpatients	90.00%	76.00%	
Sepsis Antibiotics Emergency	90.00%	80.00%	
Sepsis Antibiotics Inpatient	90.00%	68.00%	
Inpatient Falls	20.00% reduction	31	
VTE	95.49%	95.49%	
Pressure Ulcers	10.00% reduction	12	
Medication Reconciliation (24 hrs)	80.00%	50.00%	
Complaints over 6 months	0	0	
Healthcare Infections - MRSA	N/A	0 YTD	
Healthcare Infections – CDI (cumulative)	Less than 36 (2023/24)	4 YTD	
Healthcare Infections - E. coli (cumulative)	Less than 54 (2023/24)	22 YTD	
Healthcare Infections – Klebsiella (cumulative)	Less than 18 (2023/24)	3 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	Less than 2 (2023/24)	2 YTD	
Maternity Postpartum Haemorrhage >1500ml	Less than 3.7%	4.39%	
Maternity 3rd and 4th Degree tears	Less than 1.85%	0.87%	
Maternity Pregnancy Bookings before 10 weeks	75%	38.80%	
Maternity Pregnancy Bookings before 13 weeks	90%	82.50%	
MUST nutritional assessment completion	85%	60.72%	

Sustainability

People

Finance			
Indicator	Target	Actual	SPC
Income & Expenditure (culm)	-£6.17m	-£7.95m	
Capital Spend	£6.34m	£2.31m	
Cash Balance	£24.59m	£30.39m	
Better Practice Payment Code (culm)	95.00%	93.00%	
CIP In Year Delivered (culm)	£1.80m	£1.80m	
CIP Forecast (Recurrent)	£0.90m	£1.80m	
Agency Ceiling	Less than 3.7%	4.6%	

Workforce			
Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.90%	
Retention	85.00%	85.25%	
Core/Mandatory Training	85.00%	88.81%	
PDR Compliance	79.00%	71.95%	

- Community Diagnostic Centre (CDC)** – Phase 1 of the CDC programme at the Nightingale building went live on the 19th of June, including phlebotomy, ultrasound and spirometry services. Works to deliver Phase 2 at the Halton Hub (Shopping city) have commenced and clinical service delivery will commence this Winter. The design for Phase 3 (New Build CDC) is progressing with the planning application submission scheduled for August.
- Runcorn Town Deal Health and Education Hub** – RIBA Stage 3 floorplans and spatial designs signed off by all stakeholders. Cost plan ratified by cost consultant and projected to be within Town Deal programme budget.
- Overall Trust Strategy** – The refreshed Trust Strategy for 2023-2025 has been approved, along with outcome measures and KPIs, which will be monitored bi-annually to ensure delivery.

Council of Governors

AGENDA REFERENCE:	COG/23/08/50			
SUBJECT:	Chairs Report			
DATE OF MEETING:	10 August 2023			
ACTION REQUIRED	To note			
AUTHOR(S):	Steve McGuirk, Chairman			
EXECUTIVE SPONSOR	Steve McGuirk, Chairman			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY	<p>This report seeks to draw attention to matters that the Chair believes are of particular significance to the Board of Directors and not covered elsewhere on the Board agenda.</p> <p>This update draws attention to:</p> <ul style="list-style-type: none"> • Honour for WHH governor • New University NED to the Trust Board • Research Award • Paediatric Audiology situation update • Breast screening reconfiguration • Covid Public Inquiry • Long term Workforce Plan • Board Development Day • Industrial Action • CMAST Update • ICS Update <p>COG matters inc. Governor Focus Conference - NHS Providers</p>			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	<p>The Council of Goevrnors is asked to :</p> <p>i) To note the matters being brought to the attention of the Board.</p> <p>ii) To make any comments or ask any questions arising from the report.</p>			
PREVIOUSLY CONSIDERED BY	Trust Board			
	Agenda Ref.	BM/23/08/83		
	Date of meeting	2 August 2023		
	Summary of Outcome	noted		
NEXT STEPS:	None			

<i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: (if relevant)	None

SUBJECT	Chair's Report	AGENDA REF:	COG/23/08/50
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1. BACKGROUND/CONTEXT

This report highlights activity and strategic issues that, in the opinion of the Chair should be drawn to the attention of the Board, as well as seeking to represent the point of view of the Council of Governors at the Board level.

2. MEETINGS/ ENGAGEMENT SINCE PREVIOUS BOARD

The table outlining the activities of the Chair has not been possible to produce for this report but will be included in the next report.

3. KEY ISSUES TO DRAW TO THE BOARD'S ATTENTION

3.1 General Update

British Empire Medal for Governor

It is a pleasure to be able to report that one of our partner governors – Kuldeep Dhillon - was awarded the British Empire Medal (BEM) in the Kings Birthday Honours in June. In fact, Kuldeep's wife was also awarded the BEM, which is in recognition of the big difference they have made to the wellbeing of their local community over the past four decades.

Most relevant to the Trust, Kuldeep and his friends at the local Gurdwara in Latchford were responsible for providing, literally, thousands of meals for staff during the most intensive periods of Lockdown. This was wonderful initiative from our local Sikh community and incredibly well received. Congratulations Kuldeep.

New University NED

Jan O'Driscoll - the Dean of Lifelong Learning at Chester University - has now become the University's NED representative on the Board of Directors. Jan is very welcome, and we look forward to continuing to grow the partnership in the coming years.

Research award

The Trust's research and development department was recently honoured at the Northwest Coast Research and Innovation Awards, being named Research Delivery Team of the Year, at the annual awards event to recognise the best innovators and researchers in health and care across Cheshire, Merseyside, Lancashire, and South Cumbria.

The Clinical Research Unit (HCRU), based in the Nightingale Building at Halton Hospital, opened just over two years ago and during that time it has gone from strength to strength.

Among its achievements to date, it recruited the highest number of volunteers to a commercial Covid-19 vaccine study (sponsored by Moderna). It also secured a 'global first' by recruiting the first volunteer for an international Sanofi gastroenterology study looking at adults with moderate to severe ulcerative colitis.

We very much look forward to being involved in more research and this is also important in the context of our ambition to become a University Hospital in years to come.

Paediatric Audiology.

A national audit of children's specialist hearing testing was conducted towards the end of last year which raised concerns about how tests were performed at several hospitals across the country, including WHH. These are specialist tests known as ABR (auditory brainstem response) assessments and identify hearing loss in children as early as possible, so that they can receive the right support to develop the language and communication skills that are critical to their development.

Because of our concern, we paused our ABR testing service in February for a month (the service wasn't shut down) so we could put plans in place to make sure the testing was being undertaken to a high standard. We've since worked with an accredited organisation to resume our service and provided additional training to our audiology staff.

For most babies and children whose cases have so far been reviewed, the care they received was deemed appropriate and no further action is needed. For a small number, however, (around 40 children) a repeat test was needed to ensure that any potential hearing problems have been identified. There is still work to do as this continues to be an evolving and complex review, however we have already started making improvements and our teams remain as committed as ever to providing a high-quality audiology service for our youngest patients.

Breast Screening Service reconfiguration

Over the last couple of years, we have radically reconfigured our breast screening services, and the final piece of that jigsaw was put in place when we opened an expanded and new facility at Bath St Health and Wellbeing Centre in Warrington in May (though the 'official opening was a few weeks later). Previously, breast screening was split over the two sites - Kendrick Wing at the hospital and a smaller space at Bath St, and the completion the new facilities means that this activity is now delivered from the one site, in a modern and more accessible facility. This offers great improvements from both an efficiency and environment perspective for both staff and service users and sees the culmination of two years of hard work and significant investment in improved care.

Covid Public Inquiry Hearings

This is the independent public inquiry set up to examine the UK's response to and impact of the Covid-19 pandemic and learn lessons for the future, and it is Chaired by Baroness Heather Hallett, a former Court of Appeal judge. The Inquiry has been established under the Inquiries Act (2005), which means that the Chair will have the power to compel the production of documents and call witnesses to give evidence on oath.

The Chair was appointed in December 2021. Following a public consultation, the Chair wrote to the Prime Minister to recommend changes to the draft Terms of Reference. [The final Terms of Reference were received in June 2022.](#)

The Modules of the Inquiry are announced and then are opened in sequence, after which Core Participant applications are considered. Each module has a corresponding preliminary hearing and full hearing, details of which are published by the Inquiry. For information Hearings for Module 1 are currently taking place and are available to view either on YouTube, or the BBC also provides regular updates/ reports

Active modules:

1. [Resilience and preparedness](#)
2. [Core UK decision-making and political governance](#)
3. [Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK](#)
4. [Vaccines and therapeutics](#)

Future modules:

5. [Government procurement](#)
6. [Care sector](#)

Further modules will be announced in the coming months. Each module will investigate issues across the UK as a whole, including in the devolved administrations of Scotland, Wales and Northern Ireland, and will cover both 'system' and 'impact' issues including:

- Testing and tracing
- The Government's business and financial responses
- Health inequalities and the impact of Covid-19
- Education, children and young persons
- Other public services, including frontline delivery by key workers.

Long Term Workforce Plan

The first comprehensive workforce plan for the NHS was published in June. It is a comprehensive (and long-awaited) document that seeks to set out a strategic direction for the long term. Additionally, though, it seeks to signal action to be taken locally, regionally and nationally in the short to medium term to address current workforce challenges. The actions suggested fall into three priority areas:

- **Train:** significantly increase education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
- **Retain:** ensuring retention of staff we have by better supporting people throughout their careers, boosting the flexibilities offered to staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
- **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

Executive colleagues will work together with colleagues at regional and national level to develop clearer plans and activities to deliver the three priority areas over the coming months and indeed years.

Board Development Day

Members of the Board (including the Lead Governor) undertook an important development/ learning day recently. Key sessions included the new CQC Framework (though at this juncture there is no clear date for its introduction); the need to note the significance of the new NHS ED and I Improvement plan and the need to consolidate that with local planning (for example a new, WHH Mediation Framework), as well as the recent publication of with Northwest BAME Assembly.

3.2 Industrial action

This period has continued to see episodes of industrial action and, indeed, have escalated with the first ever strike action taken by senior consultants. There will be a more comprehensive update in other items on the agenda.

3.3 CMAST Update

The latest CMAST briefing is attached to the Chief Executive's Briefing and, in the spirit of not making comment for the sake of it, I do not propose to repeat that update in my report.

3.4 ICS Update

There was a meeting of the Integrated Care Partnership (ICP) in July and the minutes/papers may be found [here](#). It would be fair to say that the issues facing the ICP, not surprisingly, mirror those of WHH. The papers speak to the enormous financial challenges facing the system and the partners within it and make it clear that achieving the financial targets set out will be a huge challenge. At the same time, there is the continuing difficulty in trying to deliver recovery targets, a situation even further worsened because of the extensive industrial action. It is important to be upfront that the challenge for the Trust now and for the foreseeable future will be to try to improve but, realistically, to mitigate a worsening of performance in several key areas.

Governor Observation Visits

There have been two observation visits in this period, the first on 17 June A1(AMU), and the second on 14th July WardA5 on the Halton Campus. In both cases comprehensive reports were completed and have been taken forward for action by relevant Exec colleagues. It is worth drawing especial attention to the July visit as it was deliberately and consciously undertaken to be during a period of industrial action. There were some concerns expressed initially, given the situation and potential sensitivity, but the Executive Medical Director (to his credit) actively supported the visit as he felt it essential for governors (as patient representatives) to be able to observe for themselves any impact from the industrial action and the mitigating measures put in place.

3.5 Governors Q and A Sessions and Working Group

Governors have held two, Q and A sessions with the Chair since the last meeting - though the first of these was also undertaken as a Governor Nominations and Remunerations Committee Meeting to receive and approve the Chair's Annual Appraisal.

3. RECOMMENDATIONS

The Council of Governors is asked to:

- i) To note and make any comments or ask any questions arising from the report.

Council of Governors

AGENDA REFERENCE:	COG/23/08/51			
SUBJECT:	Bi-monthly Strategy Programme Highlight Report			
DATE OF MEETING:	10 th August 2023			
ACTION REQUIRED	To note			
AUTHOR(S):	Stephen Bennett, Head of Strategy & Partnerships			
EXECUTIVE SPONSOR	Lucy Gardner, Director of Strategy & Partnerships			
LINK TO STRATEGIC OBJECTIVES:	All			
EXECUTIVE SUMMARY:	The following Strategy Programme Highlight Report provides a progress update on key strategic projects and initiatives that underpin a number of WHH's strategic priorities.			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATIONS	Council of Governors			
PREVIOUSLY CONSIDERED BY	Committee Trust Board			
	Agenda Ref.			
	Date of meeting	2 nd August 2023		
	Summary of Outcome	Report noted for information		
NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring	None			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: (if relevant)	None			

Strategy Programme

Highlight Report – June 2023

Page	Project	SRO	Strategy Lead	Status
3-4	Stakeholder engagement overview	All		
5	Living Well Hub in Warrington	LG	SB/CL	
6	Runcorn Town Deal	LG	CM	
7	Halton Health Hub	LG	CM	
8	New Hospitals Programme	LG	CM/VR	
9	Community Diagnostic Centre	LG	SB/LZ	
10	WHH Green Plan	IW	VR	
11	Warrington Wider Estates Review	LG	CM	
12	Breast Service Reconfiguration – Phase 2	LG	CL	
13	C&M Pathology Network	LG	CM/VR	
14	Anchor Programme Development	LG	CL	
15	Development of Overall Trust Strategy	LG	SB	

Key code

	On track
	Potential delay that is recoverable and/or does not impact materially on completion date
	Likely material delay to completion date
	Placed on hold

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

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

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

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Carl Marsh	Place Director – Warrington Place	New Warrington Health and Wellbeing Strategy and role of Health & Wellbeing Board
Dr Ted Adams	Medical Director, Bridgewater Community Healthcare	Contribution and Collaboration agreement for Living Well Hub
Ian Triplow	CDC Programme Director Cheshire & Merseyside	Funding addendum for additional capital for CDC programme
Lauren Sadler	Transformation and Change Lead – Warrington Together Partnership	Warrington Place programme development
Jamie Foster	Partner, Hill Dickinsons	Initial discussions with core partners in Living Well Hub project around Collaboration and Contribution Agreement
Cath Jones	Director of Adult Social Services, Warrington Borough Council	Living Well programme across Warrington and Community-Led Support programme board
Sally Yeoman	CEO, Halton And St Helen’s Voluntary and Community Action	Wider determinants of health priorities
Barry Geden	Commissioner, Warrington ICB	Mobilisation of Community Spirometry service in CDC
Dave Thompson MBE	CEO, Warrington Disability Partnership	Expert advice re: design of Living Well Hub and disability access
Alison Cullen	CEO, Warrington Voluntary Action	Involvement of voluntary and charity sector in Living Well programme, Living Well Hub and Talking Points
Dave Pearman	General Manager, Runcorn Shopping City	Discussions around project plan to create CDC space within Halton Health Hub
Thara Raj	Director of Public Health, Warrington Borough Council	JSNA Steering Group and Healthy Weight initiative under Warrington Together Staying Well programme
Laurence Pullan	Head of Communications, Warrington Borough Council	Development of communications plan for Living Well Hub
Warrington Falls Steering Group	Various members	Opportunity to develop falls prevention offer within Living Well Hub

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Linda Buckley	MD Provider Collaborative, Cheshire & Merseyside	Regular catch up with Provider Collaborative leadership
Wesley Rourke	Operational Director, Economy, Enterprise and Property	Runcorn Shopping City, Levelling up, Runcorn Town Deal
Wayne Longshaw	Integration Director, STHK	Service collaboration opportunities
Steve Park	Growth Director, Warrington Borough Council	Local plan, new hospitals, Estates planning
Sinead Clarke	Associate Medical Director for System Quality and Improvement C&M ICS	Addressing health inequalities
Rick Howell	Strategic Lead Commissioning, WBC	Contribution and Collaboration agreement for Living Well Hub
Amanda Ridge	Associate Director Transformation and Partnerships- Warrington	Regular catch up with place-based transformation lead
Pat McGuinness	Associate Director Strategic Partnerships	MerseyCare delivery of services from Living Well Hub
Nikki Stevenson	Chair Medical Directors Network, CMAST	C&M fragile services
Warrington Together Digital Enabling Group	Various Members	Initial discussion around potential to develop a virtual hub for Warrington Place
Nichola Newton	CEO, Warrington Vale Royal College	Health and Social Care Academy, Living Well Hub
Tony Leo	Place Director, Halton	Place development
Sam Scott	CEO, Halton Housing	Wider determinants of health, health provision, independent living
UKSPF Local Partnership Group	Warrington Stakeholders, led by WBC	Allocation of UKSPF in Warrington
John Smith and Mark Swift	Liverpool City Region CA CEO, Wellbeing Enterprises	Active travel hub in Halton Health Hub

Project Overview

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Building works have commenced on site with good progress being made and an anticipated practical completion date of 7th November . Engagement with the 4 key partners in the project continues (Warrington Borough Council, Merseycare, Bridgewater and WHH). Moving towards agreeing the Collaboration and Contribution Agreement. Integration of the Living Well Hub with system-wide programmes of work continues . A Comms and Engagement plan has been produced under Warrington Together to promote the project. A photo shoot took place with key partners outside the Living Well Hub site to promote the signing of the lease and the start of build works. 	Total project value is £3.1m, which is funded via central government. Ongoing revenue implications and how they will be covered across all system partners are to be confirmed.			
	Upcoming Key Milestones	Date	Status	Comments
	Completion and signing of Collaboration and Contribution agreement between 4 core partners	Oct-23		
	Build work completed	Nov-23		
	Finalise timetable	Oct-23		
	Launch of Hub	Dec-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Formal agreement to be reached with all partners around ongoing financial and management arrangements of the Hub.	Significant impact on project if agreement is not reached. Alternative options will need to be considered.	12	All partners fully engaged in discussions around possible options and impacts.	8
Failure to: control costs within capital spend. Caused by: inaccurate initial costings or insufficient	Resulting in: potential requirement to reduce scope and therefore impact of the health and wellbeing hub.	12	<ul style="list-style-type: none"> Robust, accurate and timely costings of project. Realistic aspirations within the budget. Ensure a comprehensive 	9

Project Overview

WHH is a key partner within Runcorn Old Town’s submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Stage 3 plan presented at Oversight Group on 20.06.23. Some final amends requested following discussion with Estates and IPC colleagues. Public Engagement Event conducted at Runcorn Brindley Theatre on 09.06.2023 with detailed presentation from scheme architects Cassidy + Ashton. Continued engagement with clinical and non-clinical teams to maximise design opportunities. 	Total value of project as submitted through Runcorn Town Deal Programme: £3.89mil (across 5 years). Town Deal contribution: £2.85mil. Providers, including education, Council and Health bodies expected to meet remaining project costs of: £1.04m (across 5 years)			
	Upcoming Key Milestones	Date	Status	Comments
	RIBA Stage 3 Report Produced	May 23	Yellow	Sign off delayed to early July to allow for amendments to design. Not expected to impact on opening date.
	Planning Application Submitted	June 23	Yellow	To be submitted following design sign off
	Ongoing revenue funding principles ratified	Sept 23	Green	
	Opening	Summer 25	Green	

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: procure the programme to time and / or budget Caused by: programme overruns / unforeseen issues requiring spend	Failure of project, no health and education hub	8	Good partnership working arrangements, clear project governance, implementation of best practice from Halton Health Hub project	6
Failure to: reach formal agreement regarding ongoing financial and management arrangements Caused by: various causes	Alternative options for delivery will need to be considered	9	All partners fully engaged in discussions around options, mitigations and impacts	6

Project Overview

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

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Agreement that Phase 2 of the CDC programme will utilise vacant space to the right and rear of the current unit. Construction programme underway. Halton Borough Council Health Improvement Team now offer Tier 3 Weight Management and Smoking Cessation services from the hub, as w/c 26.06.2023. Negotiations ongoing with Liverpool City Region and Wellbeing Enterprises around provision of active travel pilot 	Phase 1 Programme Budget: £950.4k Phase 2 Programme Budget: £1.4m			
	Upcoming Key Milestones	Date	Status	Comments
	CDC Services within Halton Health Hub operational	Dec-23		
Active travel pilot / wellbeing worker to commence	Aug-23			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Failure to: secure long term sustainability of services Caused by: Ability to afford revenue costs over time	Resulting in: reconfigured service offer, delayed delivery	12	Revenue case agreed March 2021, additional controls agreed Autumn 2022, additional services in place demonstrating proof of concept	4

Project Overview

Development of new WHH hospital estate and infrastructure.

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

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Notification that Expression of Interest has not been approved by HM Government. Development of a Plan B to realise the Trust's new hospitals ambition. Financial and economic models developed by PA Consulting have been shared with the Trust, allowing us to use work in development of Plan B. A review of the new hospitals governance arrangements is underway to ensure all enabling projects, such as the community hubs, are aligned to and governed as part of the new hospitals. A refresh is underway of the Trust's Estates Strategy, which will incorporate a refreshed new hospitals plan. 	Agreed capital funding to progress with financial affordability model and benefits enhancement work has been spent as planned. Capital costs for the programme have been revised by Turner and Townsend, following a review from EDGE and updated drawings from Gilling Dodd. This will determine future budget requirements			
	Upcoming Key Milestones	Date	Status	Comments
	Workshop with senior stakeholders to inform new hospitals plans and estates strategy.	Aug-23		
Initial draft estates strategy for discussion.	Oct-23			

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

Project Overview

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

The final approved CDC Programme will cover three phases. Phase 1 (Completed) will develop a range of diagnostic services within the Nightingale Building at Halton. Phase 2 will see diagnostic services established within the Halton Health Hub at Runcorn Shopping City. Phase 3 will see the development of a small new build extension to the CSTM building on the Halton site to accommodate CT and MRI services.

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Phase 1 (Fast Track/Nightingale) has now been completed and handed over to the clinical services. Patient appointments commenced on the 16th of May. The Phase 2 works (Shopping City) have commenced, and the project is scheduled to complete end of November 2023. Patient activity is expected to commence in early December 2023. The design process for Phase 3 (New Build CDC) has started and sign off of the layout plans is expected by end July 2023. All required clinical and non-clinical equipment for the operation of the CDC has been procured. Recruitment for the additional posts for the CDC operation has started. 	Total programme budget allocated £15.59m capital			
	Upcoming Key Milestones	Date	Status	Comments
	Final sign off of New Build CDC designs by Execs.	Jul-23		
	Planning Permission for New Build Received	Nov-23		Completed
	Services within Halton Health Hub to commence	Dec-23		Revised date following amendment to plan.
	Services within new build CDC to commence	July -24		Revised date following amendment to plan.

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Availability of workforce across multiple specialties to staff a potential large scale CDC in the short to medium term	Will significantly impact on ability to operate enhanced capacity.	15	National discussions re: workforce development strategy.	10
Risk around requirement to deliver project rapidly and utilise available funding	Inability to deliver programme of works in full or impact on Trust capital programme in	15	Close working between the Trust, Kier and the regional CDC network	10



Project Overview

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

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> WHH was part of a joint ICS bid for Low Carbon Skills Fund, which would provide funding to engage expertise to produce a heat decarbonisation plan for WHH estate. The bid was submitted in April and outcome is still awaited. Solar panels have been installed on the roof of the new Forget-Me-Not Ward Summer House. ‘Tiger stripe’ bags are being introduced to support the segregation of waste not requiring destruction by incineration. Trust-wide comms to support reduction in unnecessary PPE usage to reduce waste produced and support cost improvement. Working with Veolia to support development of a bid for the next round of Public Sector Decarbonisation Scheme funding. 	<p>TBC. Significant investment will be required to enhance Trust estates to meet required carbon savings. External funding opportunities are being researched.</p>			
	Upcoming Key Milestones	Date	Status	Comments
	Public Sector Decarbonisation Scheme application preparation.	August 2023		

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

Project Overview

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

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

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> The estates review work and the asset map tool were used to inform and shape the Warrington Estates Strategy. A draft of the Strategy has been produced and was reviewed at Warrington’s Place Estates meeting in February 23, with input from the Trust. A final strategy is pending. Following initial scoping discussions, Warrington Borough Council were exploring opportunities to host the asset map online. An update is pending and is now linked to Warrington’s Estate Strategy Warrington’s Transforming Estates Enabling Group has been under review and an update in pending on how the group will operate. It is envisaged maintaining and utilising the Asset Map will form part of the groups remit and this will be confirmed once the review is complete. 	Total costs (inc. VAT) = £42,637 Externally funded via One Public Estate 8 funding agreement			
	Upcoming Key Milestones	Date	Status	Comments
	Agree digital solution for the asset map	Feb-23		Discussions still underway to identify a solution
	Partners to work through their individual opportunities identified in the Delivery Plan and report back on the outputs.	Jul-23		Awaiting reinstatement of Warrington Transforming Estates Group. Internal opportunities being progressed where linked to new hospitals programme “Plan B”

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

Project Overview

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

Progress since last report	Financial Implications/ Budget Update					
<ul style="list-style-type: none"> Service has commenced at Bath Street with the two new rooms fully operational A launch event took place on the 22nd June, this was well attended with senior representatives from WHH, CHP and Renova. The Mayor of Warrington, alongside one of our Experts by Experience officially opened the new facility. 	Upcoming Key Milestones			Date	Status	Comments
	Move second piece of equipment to Bath Street	May 23		Completed		
	Launch event at Bath street	Jun -23		Completed		
	Establish new 1GB internet connection through Virgin	July-23		Booked in for the 4 th July		
	Move all activity across to Bath Street from Kendrick Wing	Jun -23		Completed		

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

Project Overview

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

Progress since last report	Financial Implications/ Budget Update			
<ul style="list-style-type: none"> Check-in meeting held at end of June to confirm the next steps following the readiness assessment: <ul style="list-style-type: none"> Workstreams will be re-established in July. A Pathology Summit will take place in August to support delivery of the Target Operating Model. A project initiation document will be developed to detail outstanding work required for implementation. 	Financial implications to be worked up through development of Collaboration Agreement to Business Case.			
	Upcoming Key Milestones	Date	Status	Comments
	Laboratory Information Management System workshop	July 2023		
	Pathology Summit	August 2023		
	Project Initiation Document development by CMPN	August 2023		
FBC produced and reviewed by Board	TBC			

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
Cellular Pathology – Cohort of Pathologists nearing retirement.	Shortage of staff in service and difficulties in recruiting until service configuration confirmed.	16	Mutual aid being provided by STHK. Successful recruitment taken place. 192 of 205	4

Project Overview

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

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

Progress since last report	Upcoming Key Milestones	Date	Status	Comments
<ul style="list-style-type: none"> Reporting against the key strategic projects which constitute the anchor programme will become part of reporting against the Trust's overall strategy. A paper was shared with Trust Board in June for approval describing the reporting KPIs. Anchor institution signatory evidence document completed and returned ahead of the second C&M anchor panel meeting Connections have been made between the Trust's Active Hospitals work and the Cheshire and Merseyside Physical Activity Sub-Group, with a meeting scheduled to identify greater collaboration opportunities. Work is underway with therapy colleagues to embed strengths-based approaches to support patients to live well. This is connected to place initiatives. 	Anchor panel meeting to be held in July	July-23		

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

Development and subsequent delivery of overall WHH Trust strategy.

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

Progress since last report	Upcoming Key Milestones	Date	Status	Comments
<ul style="list-style-type: none"> Refreshed Trust strategy approved by Board in April 2023. Strategy booklet and summary strategy on a page created. Measures of success which will underpin the refreshed strategy and inform KPI reporting approved. Strategic priorities embedded into Care Group plans. Communications plan drafted. The Trust's strategic objectives and priorities have been shared with CMAST and PLACE partners to be incorporated into local plans and into the ICB joint forward plan. 	Service level strategic clinical priorities approved	Jun-23		
	Strategy designed and printed	Jun-23		
	Measures of success and KPI reporting arrangements agreed	Jun-23		

Risk description	Impact	Risk score	Mitigations	Mitigated risk score
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No risks identified to date.

Emergency Department Mock Inspection

Kimberley Salmon Jamieson
Chief Nurse, Deputy Chief Executive

22 June 2023

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Emergency Department Mock Inspection

- Areas of Focus – Emergency Department and Same Day Assessment Unit
 - CQC Kloes; Safe, Effective, Caring, Responsive, Well Led

Inspection Team
Internal inspection team: Nursing, Medical, Pharmacy and Operational
External assessors: Previous CQC Inspector
Mental Health Merseycare: Head of Nursing and Operations Manager

Recognised Challenges
Operational – 4 Hours, 12 hours
Mental Health – increase across adults minimum 65%
Staffing challenges
NWAS handover
Care on corridor

Areas still to be inspected: Halton UCC and Frailty Assessment Unit

Emergency Department

Domain	Areas for Improvement
<p>Well Led/ Safe/ Responsive/ Effective: Leadership</p>	<ul style="list-style-type: none"> • Helicopter View • Co-ordination of department • Decision making • Communication across disciplines • Visibility
<p>Safe/ Effective/ Responsive/ Caring Medicines Management</p>	<ul style="list-style-type: none"> • Wristbands • Communication with patients own medicines
<p>Safe/ Caring / Responsive/ Well Led/ Effective: Care Delivery</p>	<ul style="list-style-type: none"> • Nutrition and Hydration • Basic care delivery • Unclear understanding of escalation policy or corridor care protocol • Triage process unclear • A number of systems in use electronic / paper/ difficult to locate • Paediatric Resuscitation Trolley checklists not always completed • Awareness of sepsis and deteriorating patient audits / improvements required • Additional assurance required that the safeguarding pathway if being implemented corrected for vulnerable babies.
<p>Safe/ Well Led Data Protection</p>	<ul style="list-style-type: none"> • Notes trolley unlocked • PCs unlocked • Smartcards

ED Minors and Majors

Domain	Areas for Improvement
Safe/ Responsive/ Well Led: Care Delivery	Resuscitation checks inconsistent
Safe/ Responsive/ Well Led: Care Delivery	No emergency buzzers in cubicles where reviews undertaken (Minors)
Safe/ Responsive/ Well Led: Care Delivery	Absence of wristbands

ED Paediatrics

Domain	Areas for Improvement
Safe/ Responsive: Care Delivery	Inconsistent baseline observations
Caring	Play specialist cover
Safe/ Responsive: Leadership	2 Consultant posts out to advert
Safe/ Responsive: Care Delivery	Wristbands
Safe/ Responsive: Care Delivery	Resuscitation trolley checks
Safe/ Responsive: Care Delivery	Safeguarding pathways care of babies not audited

Estates Emergency Department and SDEC

Domain	Area for Improvement
Safe/ Well Led/ Caring	<ul style="list-style-type: none"> Reception area requires review of estates work including seating area
Safe/ Well Led	<ul style="list-style-type: none"> Signage including ambulatory care
Safe/ Well Led	<ul style="list-style-type: none"> Fire signage SDEC to be reviewed
Safe / Well Led	<ul style="list-style-type: none"> Air Conditioning – cable tied and not extracting air.
Safe / Well Led	<ul style="list-style-type: none"> Majors 2: Exposed pipes

Mental Health and Mental Capacity Act

Domain	Findings
Safe/ Responsive/ Well Led: Care Delivery	<ul style="list-style-type: none"> Core 24 positive feedback
Safe/ Responsive/ Well Led: Care Delivery	<ul style="list-style-type: none"> Inconsistent use Mental Health Triage Tool
Safe/ Responsive/ Well Led: Care Delivery	<ul style="list-style-type: none"> Inconsistent use of documentation
Safe/ Responsive/ Well Led: Care Delivery	<ul style="list-style-type: none"> Greater understanding of Mental Health required

Medicines Management

Domain	Areas for Improvement
Safe: Care Delivery	Standard of treatment rooms
Safe/ Responsive: Care Delivery	Fridge temperature escalation
Safe/ Responsive/ Well Led: Care Delivery	Wristbands

Areas of Good Practice

Domain	Areas of Good Practice
• Safe/ Responsive/ Caring: Care Delivery	• Positive experience of patient with mental health challenged shared
• Safe: Care Delivery	• SDEC clean and calm, supporting flow
• Safe/ Responsive/ Caring: Care Delivery	• Language line – video/ ipad good practice
• Safe/ Responsive/ Effective: Care Delivery	• Good relationships with NWAS
• Safe/ Responsive/ Caring: Care Delivery	• Positive patient experience shared with regard to discharge processes

Next Steps

- Action plan
- Discussion with CBU team and wider staff
- Support plan in place
- Review of urgent priorities
- Estates
- Patient experience
- Regular assurance checks
- Oversight M20

Council of Governors

AGENDA REFERENCE:	COG/23/08/57		
SUBJECT:	Any Other Business Public Members Database Cleanse		
DATE OF MEETING:	10 August 2023		
ACTION REQUIRED	Decision		
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager		
EXECUTIVE SPONSOR	Simon Constable, Chief Executive		
LINK TO STRATEGIC OBJECTIVES:	All		
EXECUTIVE SUMMARY	<p>As part of the Trust achieving Foundation Trust status in 2008, a membership recruitment campaign took place to recruit to support the Trust to achieve this goal.</p> <p>As many members were recruited 15 years ago, they are no longer engaged, and many do not realise they are members.</p> <p>We are proposing that the Trust undertakes a public members database cleanse, to remove inactive/unengaged members and to increase the number of email addresses we have on file for public members.</p> <p>This paper provides details of the proposed process for undertaking a data cleanse.</p>		
PURPOSE: (please select as appropriate)	Information	Approval	Decision ✓
RECOMMENDATIONS	The Council of Governors is asked to approve the process to carry out a data cleanse of the public membership database.		
PREVIOUSLY CONSIDERED BY	None		
	Agenda Ref.		
	Date of meeting		
	Summary of Outcome		
NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring	None		
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full		
FOIA EXEMPTIONS APPLIED: (if relevant)	None		

Agenda	Public Members Database Cleanse	Agenda Reference	COG/23/08/57
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Background/Context

As discussed by the Governor Engagement Group it is recognised that there is a gap active/engaged public membership.

This is evidenced by the turnout rate in our 2022 Governor Elections:

- Warrington North: 165 members voted (6.5%)
- Warrington South: 240 members voted (9.2%)

The Trust became a Foundation Trust in 2008, prior to this a membership recruitment campaign took place to recruit as many local people as possible to become a member, to support the Trust to achieve Foundation Trust Status. As many members were recruited 15 years ago, they are no longer engaged, and many do not realise they are WHH FT members.

There is no longer a percentage of population figure placed on Foundation Trust public membership to maintain Foundation Trust status.

We are proposing that the Trust undertakes a public members database cleanse, to remove inactive/unengaged members and to increase the number of email addresses we have on file for public members.

Civica Engage, the Trust's membership database providers, have confirmed that several other Trust nationally have undertaken similar exercises, and that each year more Trusts are requesting members to "opt in" to Foundation Trust Membership.

Governor elections are due to commence September/October, and it is therefore proposed that the database cleanse aligns with the elections. In doing this the process will be more cost efficient than undertaking a cleanse separately as there are Governor vacancies in three out of four of our public member constituencies, meaning the Trust will be contact the majority of members regardless.

The table below provides the current figures for WHH Foundation Trust membership along with figures for email addresses for public members, and the number of vacancies in each constituency for the upcoming 2023 WHH Governor Elections:

Member Type	Constituency	Email	Postal	Total	Vacancies
PUBLIC	Halton	695	2,712	3,407	No Election
PUBLIC	Rest of England	209	1,235	1,444	1
PUBLIC	Warrington North	552	1,880	2,432	1

PUBLIC	Warrington South		699	1,853	2,552	2
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The Proposed Process

- The process will be facilitated by Civica, the Trust’s Electoral return officers and membership database suppliers.
- Only postal members will be targetted (those we do not have an email address for), we will retain all members with email addresses.
- Halton (Postal 2,712) will receive a Membership Confirmation Letter, and no further communication about Governor Elections as they have no seats vacant. Included in the letter will be a free return post envelope to “opt in” to FT membership as well and an email address to reply to, to confirm they want to remain as a member.
- Rest of England; Warrington North & Warrington South postal members will receive a Elections Postcard with detail of Governor Elections and how to nominate themselves to be a Governor, as well as a Membership Confirmation Letter a free return post envelope to “opt in” to FT membership in a single envelope (only one cost for postage) as well and an email address to reply to, to confirm they want to “opt in” as a member.
- All Membership Letters will include the membership number to facilitate the exercise – together with Trust email in box for email response.
- The cut-off for receipt of Membership Letter will be close of Elections Nominations – 11 October to ensure the cleanse is completed prior to the data cut for ballot stage (19 October).

Benchmarking data was sought from other Trusts whom Civica have facilitated a data cleansing exercise for. Civica have confirmed that the Trust will likely receive a 10% return rate for postal members who wish to “opt in”.

Governor’s Decision Making

As per the WHH Constitution, as decision of this nature requires approval by the Council of Governors:

ANNEX 8 – MEMBERS - FURTHER PROVISIONS

Termination of membership

A member shall cease to be a member if:

1. *They die;*
2. *They resign by notice to the Trust Secretary;*
3. *They cease to be entitled under this Constitution to be a member of any of the Trust’s Constituencies;*
4. *They are expelled under this Constitution;*

5. It appears to the Trust Secretary that they no longer wish to be a member of the Trust, and after enquiries made in accordance with a process approved by the 43 Council of Governors, they fail to establish that they wish to continue to be a member of the Trust.

Next Steps

Should Governors approve the proposal, it is recognised that the Trust will have a much smaller number of public members. However, it is anticipated that these members will be more actively engaged with the Trust.

It is proposed that the Council of Governors supported by the Trust look to facilitate robust recruitment campaigns to actively recruit new engaged members. Highlighting the following benefits of membership:

Membership is completely free of charge to anyone over the age of 12 who lives locally or who has been a patient with our hospital. Members can be involved by:

- Participating in surveys or focus groups
- Participating in other opportunities to get involved with the work of the Trust
- Electing their governor representative, by voting in governor elections
- Standing for election as a governor
- Keeping in touch by receiving updates from the Trust

Recommendation

The Council of Governors is asked to:

- Approve the process to carry out a data cleanse of the public membership database.